

Oregon large employer groups

Changes and clarifications for contract year 2008

Kaiser Foundation Health Plan of the Northwest

These are preliminary 2008 contract changes. They do not include changes that may occur throughout the remainder of the year, including, but not limited to, mandated federal and state changes. Any additional changes or clarifications will be provided with your 2008 *Evidence of Coverage*. To the extent this preliminary summary of 2008 changes conflicts with, modifies, or supplements the information contained in your 2008 *Evidence of Coverage*, the information contained in your 2008 *Evidence of Coverage* packet shall supersede what is set forth below. This information is subject to approval by the Insurance Commissioner's office and therefore subject to change. Unless another date is listed, the changes in this document are effective when your group renews in 2008.

Items below pertain to all groups' *Evidence of Coverage* documents for Oregon large group plans, unless otherwise noted.

The products below are offered and underwritten by Kaiser Foundation Health Plan of the Northwest.

Changes apply to all medical plans (except Senior Advantage)

- Home health visits will be limited to 130 days per calendar year.
- The outpatient surgery cost share applies to all procedures performed in ambulatory surgery centers.
- Physical, occupational, and speech therapy will be limited to 20 visits per therapy, per calendar year.
- As contracts renew, groups will be billed directly for their COBRA members. We will no longer bill members or accept payment directly from members.
- Other group-specific changes may apply, such as movement to standard benefits. See rate exhibit for details.

Changes related to prescription coverage (except Senior Advantage)

- Drugs used for the *treatment* of sexual dysfunction are currently excluded from coverage, unless the group has purchased a sexual dysfunction rider. Effective January 1, 2008, drugs for the *prevention* of sexual dysfunction will also be excluded, unless the group has purchased the rider.
- Prescription drugs cannot be provided through mail delivery to members who permanently reside outside of Oregon and Washington.

Changes for deductible medical plans (except Senior Advantage)

- The following sentence will be added to the deductible definition in the *Evidence of Coverage*: "Deductible amounts include the deductible carryover amounts and annual deductible takeover amounts, as described in the 'Deductible and Lifetime Maximum' section of this *Evidence of Coverage*."

Changes for out-of-area medical plans (except Senior Advantage)

- Optical hardware, chiropractic care, prescription coverage, and alternative care will no longer be offered as base benefits. They will be offered as riders to access non-Plan services at the same copayment and coinsurance as in-network services.

Changes for Added Choice® (point of service) plans (except Senior Advantage)

- Bariatric surgery will be available in tiers 2 and 3 from PPO participating and out-of-network non-participating providers. Services will be subject to prior authorization by SHPS.
- Bereavement services will be available in tiers 2 and 3 from PPO participating and out-of-network non-participating providers at the primary care office visit copayment. This benefit is limited to no more than eight visits per 12-month period.
- Durable medical equipment will be available in tiers 2 and 3 from PPO participating and out-of-network non-participating providers.

- Infertility treatment will be available in tiers 2 and 3 from PPO participating and out-of-network non-participating providers.
- Physical therapy, occupational therapy, and speech therapy for children age 0–6 who have developmental disorders will be available in tiers 2 and 3 from PPO participating and out-of-network non-participating providers. Therapy limits apply.
- Renal dialysis will be available in tiers 2 and 3 from PPO participating and out-of-network non-participating providers.
- Treatment for temporomandibular joint disorders (TMJ) will be available in tiers 2 and 3 from PPO participating and out-of-network non-participating providers. Services will be subject to prior authorization by SHPS.
- Travel immunizations will be available in tiers 2 and 3 from PPO participating and out-of-network non-participating providers.

Changes for dental products

- The following exclusion will be added: Speech-aid prosthetic devices and follow-up modifications.
- The following exclusion will be added: Treatment to restore tooth structure lost due to attrition, erosion, or abrasion.
- *Dental PPO only*: The following exclusion will be added: Amalgams and composites are allowed one restoration per surface every 36 months.

- *Dental PPO only*: Root canals are covered once per tooth per lifetime. Re-treatment of root canal is limited to not more than once in twenty-four (24) months for the same tooth.

Contract clarifications for all large group plans (except Senior Advantage)

- We will terminate coverage for all COBRA members who permanently reside outside of the service area or who permanently move out of the service area and do not work for any employer at least 50 percent of the time within our service area. (This does not apply to members with an out-of-area plan.)

2008 contract changes and clarifications for group Senior Advantage members

This is a preliminary list. It is subject to change pending final approval. The changes in this document are effective on January 1, 2008, rather than when your group renews in 2008, unless otherwise noted.

Changes for group Senior Advantage plans

- The exclusion for acupuncture treatment for Senior Advantage members will be modified: Acupuncture treatment may be covered for certain medical conditions on a limited basis. A Plan physician must prescribe the treatment. Referrals, if needed, will be to the designated network of providers specializing in this service.

- The cost share for Medicare Part B-covered outpatient self-administered prescription drugs will change from the DME cost share to the applicable generic/brand prescription drug cost share.

Clarifications

- Prescription drugs cannot be provided through mail delivery to members who permanently reside outside of Oregon and Washington.
- The 2008 Senior Advantage *Evidence of Coverage* will be modified to reflect our practice of not charging for home dialysis drugs, equipment, and supplies.

Changes for Senior Advantage members with Part D

- For Part D prescription drugs that are covered out of network, there will be a 30-day supply maximum per prescription.
- Drugs used for the *treatment* of sexual dysfunction are currently excluded from coverage, unless the group has purchased a sexual dysfunction rider. Effective January 1, 2008, drugs for the *prevention* of sexual dysfunction will also be excluded, unless the group has purchased the rider.