

COVID-19 Services Amendment

Kaiser Foundation Health Plan, Inc. (“Health Plan”) is amending your *Combined Membership Agreement, Disclosure Form, and Evidence of Coverage (“EOC”)* effective November 12, 2023, to apply Cost Share to COVID-19 Services as described below by providing the Subscriber this “COVID-19 Services Amendment” (“*Amendment*”) in accord with the “Term of this *EOC*, Renewal, and Amendment” section of your *EOC*. These changes are in response to 2022 legislation that revised California Health and Safety Code Section 1342.2 and I.R.S. Notice 2023-37. Please keep this Amendment with your *EOC*.

In accord with the “Term of this *EOC*, Renewal, and Amendment” section of your *EOC*, all amendments are deemed accepted by the Subscriber unless you give us written notice of non-acceptance within 30 days of the date of the notice, in which case the *EOC* terminates the day before the effective date of this *Amendment*. If you do not wish to accept this *Amendment*, you must send a written notice of termination as described under “How You May Terminate Your Membership” in the “Termination of Membership” section of your *EOC*.

Note: Some capitalized terms in this *Amendment* have special meaning. Please see the “Definitions” section of your *EOC* for terms you should know.

Cost Share Summary

In the “Outpatient imaging, laboratory, and other diagnostic and treatment Services” table, we have added rows below as follows:

- This table applies to *EOCs* for HSA-Qualified High Deductible Health Plans:

Outpatient imaging, laboratory, and other diagnostic and treatment Services

Description of Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Over-the-counter COVID-19 tests obtained from Plan Providers as described in this <i>EOC</i> (up to a total of 8 tests from Plan Providers and Non-Plan Providers per calendar month)	No charge		
Over-the-counter COVID-19 tests obtained from Non-Plan Providers as described in this <i>EOC</i> (up to a total of 8 tests from Plan Providers and Non-Plan Providers per calendar month, not to exceed \$12 per test, including all fees and taxes, if you obtain the test from a Non-Plan Provider)	50% Coinsurance	✓	
Laboratory tests to diagnose or screen for COVID-19 obtained from Plan Providers	No charge		
Laboratory tests to diagnose or screen for COVID-19 obtained from Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance	✓	

- This table applies to all other *EOCs* that include a Plan Deductible:

Outpatient imaging, laboratory, and other diagnostic and treatment Services

Description of Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Over-the-counter COVID-19 tests obtained from Plan Providers as described in this <i>EOC</i> (up to a total of 8 tests from Plan Providers and Non-Plan Providers per calendar month)	No charge		
Over-the-counter COVID-19 tests obtained from Non-Plan Providers as described in this <i>EOC</i> (up to a total of 8 tests from Plan Providers and Non-Plan Providers per calendar month, not to exceed \$12 per test, including all fees and taxes, if you obtain the test from a Non-Plan Provider)	50% Coinsurance	✓	
Laboratory tests to diagnose or screen for COVID-19 obtained from Plan Providers	No charge		
Laboratory tests to diagnose or screen for COVID-19 obtained from Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance	✓	

- This table applies to all *EOCs* that do not include a Plan Deductible:

Outpatient imaging, laboratory, and other diagnostic and treatment Services

Description of Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Over-the-counter COVID-19 tests obtained from Plan Providers as described in this <i>EOC</i> (up to a total of 8 tests from Plan Providers and Non-Plan Providers per calendar month)	No charge		
Over-the-counter COVID-19 tests obtained from Non-Plan Providers as described in this <i>EOC</i> (up to a total of 8 tests from Plan Providers and Non-Plan Providers per calendar month, not to exceed \$12 per test, including all fees and taxes, if you obtain the test from a Non-Plan Provider)	50% Coinsurance		
Laboratory tests to diagnose or screen for COVID-19 obtained from Plan Providers	No charge		

Description of Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Laboratory tests to diagnose or screen for COVID-19 obtained from Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance		

The “Diabetes supplies and amino acid-modified products” table is now called “Certain state-mandated items” and we have added rows below to that table as follows:

- This table applies to *EOCs* for HSA-Qualified High Deductible Health Plans:

Certain state-mandated items

Description of Certain State-Mandated Items	Cost Share at a Plan Pharmacy	Cost Share by Mail	Subject to Deductible	Applies to OOPM
Therapeutics for COVID-19 obtained from Plan Providers	No charge for up to a 30-day supply	Availability for mail order varies by item. Talk to your local pharmacy		
Therapeutics for COVID-19 obtained from Non-Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance for up to a 30-day supply	Not available	✓	

- This table applies to all other *EOCs* that include a Plan Deductible:

Certain state-mandated items

Description of Certain State-Mandated Items	Cost Share at a Plan Pharmacy	Cost Share by Mail	Subject to Deductible	Applies to OOPM
Therapeutics for COVID-19 obtained from Plan Providers	No charge for up to a 30-day supply	Availability for mail order varies by item. Talk to your local pharmacy		
Therapeutics for COVID-19 obtained from Non-Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance for up to a 30-day supply	Not available	✓	

- This table applies to all *EOCs* that do not include a Plan Deductible:

Certain state-mandated items

Description of Certain State-Mandated Items	Cost Share at a Plan Pharmacy	Cost Share by Mail	Subject to Deductible	Applies to OOPM
Therapeutics for COVID-19 obtained from Plan Providers	No charge for up to a 30-day supply	Availability for mail order varies by item. Talk to your local pharmacy		
Therapeutics for COVID-19 obtained from Non-Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance for up to a 30-day supply	Not available		

In the “Preventive Services” table, we have added rows below as follows:

- This table applies to *EOCs* for HSA-Qualified High Deductible Health Plans:

Preventive Services

Description of Preventive Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Immunizations (including the vaccine) for COVID-19 administered by Non-Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance	✓	

- This table applies to all other *EOCs* that include a Plan Deductible:

Preventive Services

Description of Preventive Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Immunizations (including the vaccine) for COVID-19 administered by Non-Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance	✓	

- This table applies to all *EOCs* that do not include a Plan Deductible:

Preventive Services

Description of Preventive Services	Copayment / Coinsurance	Subject to Deductible	Applies to OOPM
Immunizations (including the vaccine) for COVID-19 administered by Non-Plan Providers (except for providers of Emergency Services or Out-of-Area Urgent Care)	50% Coinsurance		

Introduction

The bulleted list under “About Kaiser Permanente” in the “Introduction” has been revised to read as follows:

We provide covered Services to Members using Plan Providers located in our Service Area, which is described in the “Definitions” section. You must receive all covered care from Plan Providers inside our Service Area, except as described in the sections listed below for the following Services:

- Authorized referrals as described under “Getting a Referral” in the “How to Obtain Services” section
- Covered Services received outside of your Home Region Service Area as described under “Receiving Care Outside of Your Home Region Service Area” in the “How to Obtain Services” section
- COVID-19 Services as described under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services,” “Outpatient Prescription Drugs, Supplies, and Supplements,” and “Preventive Services” in the “Benefits” section
- Emergency ambulance Services as described under “Ambulance Services” in the “Benefits” section
- Emergency Services, Post-Stabilization Care, and Out-of-Area Urgent Care as described in the “Emergency Services and Urgent Care” section
- Hospice care as described under “Hospice Care” in the “Benefits” section

How to Obtain Services

The bulleted list under “How to Obtain Services” has been revised to read as follows:

As a Member, you are selecting our medical care program to provide your health care. You must receive all covered care from Plan Providers inside our Service Area, except as described in the sections listed below for the following Services:

- Authorized referrals as described under “Getting a Referral” in this “How to Obtain Services” section
- Covered Services received outside of your Home Region Service Area as described under “Receiving Care Outside of Your Home Region Service Area” in this “How to Obtain Services” section
- COVID-19 Services as described under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services,” “Outpatient Prescription Drugs, Supplies, and Supplements,” and “Preventive Services” in the “Benefits” section
- Emergency ambulance Services as described under “Ambulance Services” in the “Benefits” section
- Emergency Services, Post-Stabilization Care, and Out-of-Area Urgent Care as described in the “Emergency Services and Urgent Care” section
- Hospice care as described under “Hospice Care” in the “Benefits” section

Emergency Services and Urgent Care

In the “Emergency Services” section, we have added the following bullets under “Your Cost Share”:

- If you receive COVID-19 laboratory testing or immunizations in the emergency department, you pay the Cost Share for an emergency department visit as described in the “Cost Share Summary” under “Emergency Services and Urgent Care”
- If you obtain a prescription in the emergency department related to your Emergency Medical Condition, you pay the Cost Share for “Most items” in the “Cost Share Summary” under “Outpatient prescription drugs, supplies, and supplements” in addition to the Cost Share for the emergency department visit

In the “Urgent Care” section, we have added the following bullets under “Your Cost Share”:

- If the Out-of-Area Urgent Care you receive includes a COVID-19 test, you may have to pay the Cost Share for a COVID-19 test as described in the “Cost Share Summary” under “Outpatient imaging, laboratory, and other diagnostic and treatment Services,” in addition to the Cost Share for the Urgent Care evaluation
- If you obtain a prescription as part of an Out-of-Area Urgent Care visit related to the condition for which you obtained Urgent Care, you pay the Cost Share for “Most items” in the “Cost Share Summary” under “Outpatient prescription drugs, supplies, and supplements” in addition to the Cost Share for the Urgent Care evaluation

Benefits

The bulleted list in the beginning of the “Benefits” section has been revised to read as follows:

Services are covered under this *EOC* as specifically described in this *EOC*. Services that are not specifically described in this *EOC* are not covered, except as required by state or federal law. Services are subject to exclusions and limitations described in the “Exclusions, Limitations, Coordination of Benefits, and Reductions” section. Except as otherwise described in this *EOC*, all of the following conditions must be satisfied:

- You are a Member on the date that you receive the Services
- The Services are Medically Necessary
- The Services are one of the following:
 - ◆ Preventive Services
 - ◆ health care items and services for diagnosis, assessment, or treatment
 - ◆ health education covered under “Health Education” in this “Benefits” section
 - ◆ other health care items and services
- The Services are provided, prescribed, authorized, or directed by a Plan Physician, except for:
 - ◆ covered Services received outside of your Home Region Service Area, as described under “Receiving Care Outside of Your Home Region Service Area” in the “How to Obtain Services” section
 - ◆ COVID-19 Services from Non-Plan Providers as described under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services,” “Outpatient Prescription Drugs, Supplies, and Supplements,” and “Preventive Services” below
 - ◆ drugs prescribed by dentists, as described under “Outpatient Prescription Drugs, Supplies, and Supplements” below
 - ◆ emergency ambulance Services, as described under “Ambulance Services” below
 - ◆ Emergency Services, Post-Stabilization Care, and Out-of-Area Urgent Care, as described in the “Emergency Services and Urgent Care” section
- You receive the Services from Plan Providers inside our Service Area, except for:
 - ◆ authorized referrals, as described under “Getting a Referral” in the “How to Obtain Services” section
 - ◆ covered Services received outside of your Home Region Service Area, as described under “Receiving Care Outside of Your Home Region Service Area” in the “How to Obtain Services” section

- ◆ COVID-19 Services from Non-Plan Providers as described under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services,” “Outpatient Prescription Drugs, Supplies, and Supplements,” and “Preventive Services” below
- ◆ emergency ambulance Services, as described under “Ambulance Services” below
- ◆ Emergency Services, Post-Stabilization Care, and Out-of-Area Urgent Care, as described in the “Emergency Services and Urgent Care” section
- ◆ hospice care, as described under “Hospice Care” below
- The Medical Group has given prior authorization for the Services, if required, as described under “Medical Group authorization procedure for certain referrals” in the “How to Obtain Services” section

A disclosure about reimbursement for COVID-19 Services from Non-Plan Providers has been added to “General rules, examples, and exceptions” under “Your Cost Share”:

Reimbursement for COVID-19 Services from Non-Plan Providers

If you receive covered COVID-19 Services from Non-Plan Providers as described under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services,” “Outpatient Prescription Drugs, Supplies, and Supplements,” and “Preventive Services” in the “Benefits” section, you may have to pay for the Services and file a claim for reimbursement. For information on how to file a claim, please see “Initial Claims” in the “the “Post-Service Claims and Appeals” section.

The following disclosure has been added under “Outpatient Imaging, Laboratory, and Other Diagnostic and Treatment Services”:

We cover laboratory tests to diagnose or screen for COVID-19 from Plan Providers or Non-Plan Providers, including a provider visit for purposes of receiving the test.

We cover up to a total of eight FDA-authorized over-the-counter COVID-19 tests per calendar month from Plan Providers or Non-Plan Providers. Over-the-counter tests are self-administered tests that deliver results at home and are available without a prescription. For purposes of this section, “Plan Provider” means a Plan Pharmacy, mail order delivery through our website at kp.org, or a participating retail pharmacy. For purposes of this section, a “Non-Plan Provider” means a pharmacy or online retailer that isn’t a Plan Provider. To find out more about coverage and limitations, including the current list of Plan Providers, visit our website or call Member Services.

We have revised the beginning of the “Outpatient Prescription Drugs, Supplies, and Supplements” section to indicate that we cover drugs prescribed by Non-Plan Providers that are not providers of Emergency Services or Out-of-Area Urgent Care if the prescription is for COVID-19 therapeutics (if you fill the prescription at a Plan Pharmacy, you may have to pay Charges for the item and file a claim for reimbursement as described in the “Post-Service Claims and Appeals” section). If you obtain a prescription from a Non-Plan Provider, we do not cover an office visit or any other services from the Non-Plan Provider.

The beginning of “Preventive Services” section has been revised to read as follows.

We cover a variety of Preventive Services from Plan Providers, as listed on our website at kp.org/prevention, including the following:

- Services recommended by the United States Preventive Services Task Force with rating of “A” or “B.” The complete list of these services can be found at uspreventiveservicestaskforce.org
- Immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. The complete list of recommended immunizations can be found at cdc.gov/vaccines/schedules
- Preventive services recommended by the Health Resources and Services Administration and incorporated into the Affordable Care Act. The complete list of these services can be found at hrsa.gov/womens-guidelines

Note: We cover immunizations to prevent COVID-19 that are administered in a Plan Medical Office or by a Non-Plan Provider. If you obtain this immunization from a Non-Plan Provider (except for providers of Emergency Services or Out-of-Area Urgent Care), we do not cover an office visit or any other services from the Non-Plan Provider other than administration of the vaccine.

Exclusions

The exclusion for “Services not approved by the federal Food and Drug Administration” has been revised to read as follows:

Services not approved by the federal Food and Drug Administration

Drugs, supplements, tests, vaccines, devices, radioactive materials, and any other Services that by law require federal Food and Drug Administration (“FDA”) approval in order to be sold in the U.S. but are not approved by the FDA. This exclusion applies to Services provided anywhere, even outside the U.S.

This exclusion does not apply to any of the following:

- Services covered under the “Emergency Services and Urgent Care” section that you receive outside the U.S.
- Experimental or investigational Services when an investigational application has been filed with the FDA and the manufacturer or other source makes the Services available to you or Kaiser Permanente through an FDA-authorized procedure, except that we do not cover Services that are customarily provided by research sponsors free of charge to enrollees in a clinical trial or other investigational treatment protocol
- Services covered under “Services in Connection with a Clinical Trial” in the “Benefits” section
- COVID-19 Services granted emergency use authorization by the FDA (COVID-19 laboratory tests, therapeutics, and immunizations must be prescribed or furnished by a licensed health care provider acting within their scope of practice and the standard of care)

Refer to the “Dispute Resolution” section for information about Independent Medical Review related to denied requests for experimental or investigational Services.

Post-Service Claims and Appeals

We have added “COVID-19 Services” wherever claims for “Out-of-Area Urgent Care” are mentioned. The process for requesting reimbursement for COVID-19 testing, therapeutics, or immunization Services from Non-Plan Providers is the same as the process for requesting reimbursement for Out-of-Area Urgent Care.

Helpful Information

We have added “COVID-19 Services” wherever claims for “Out-of-Area Urgent Care” are mentioned. The process for requesting reimbursement for COVID-19 Services from Non-Plan Providers is the same as the process for requesting reimbursement for Out-of-Area Urgent Care.