

2023 RENEWAL PORTFOLIO | DISTRICT OF COLUMBIA

Changes to 2023 Benefits

District of Columbia–HSA Qualified High Deductible Health Plan (HDHP)

Small employer group changes for contracts renewing on or after January 1, 2023

This document provides an overview of changes Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., is making to your small group HDHP health plan offerings effective upon your group's 2023 renewal date.

For more information, please see your renewal notice, renewal contract, or *Summary of Benefit Changes*.

The following changes apply to all HDHP plans unless otherwise noted:

Prescription Drugs

- ▶ The list of prescription drugs covered under the health plan's prescription drug plan will close, thus requiring medical necessity for coverage of drugs not on the formulary.

Manufacturer Prescription Drug Copay Coupon

- ▶ Approved manufacturer coupons can be used as payment for the cost sharing as allowed under the health plan's coupon program for outpatient prescription drugs and/or items that are covered under the Outpatient Prescription Drug Benefit. After the plan deductible is satisfied, the dollar value of the approved manufacturer coupon will apply toward copay, coinsurance, and out-of-pocket maximum.

The changes outlined below apply to the specified health plans as follows:

**KP DC Silver 3000/30/HSA/Vision
(formerly KP DC Silver 2500/30/HSA/Vision)**

- ▶ Self-Only Deductible: increased from \$2,500 to \$3,000 per individual
- ▶ Family Deductible: changed from \$5,000 for one or more family members combined to \$6,000 per family (not to exceed \$3,000 for any one family member)

KP DC Bronze 6000/50/HSA/Vision (formerly KP DC Bronze 6000/50/20%/HSA/Vision)

- ▶ Member Coinsurance: changed from 20% after deductible to the copays after deductible for the following benefits:
 - Inpatient Hospital Services and Skilled Nursing Facility: coinsurance changed to \$500 per admission after deductible
 - Inpatient Physician and Surgical Fees: coinsurance changed to \$50 per admission after deductible
 - Outpatient Surgery Facility/Outpatient Hospital: coinsurance changed to \$300 per visit after deductible
 - Outpatient Surgery Physician/Surgical Services: coinsurance changed to \$50 per visit after deductible
 - Emergency Services: coinsurance changed to \$250 per visit after deductible (waived if admitted to the hospital)
 - Mental Health Outpatient (other than office visits): coinsurance changed to \$50 per visit after deductible
 - Habilitative and Rehabilitative Services: coinsurance changed to \$70 per visit after deductible
 - Laboratory Outpatient and Professional Services: coinsurance changed to \$50 per visit after deductible
 - X-rays and Diagnostic Imaging: coinsurance changed to \$70 per visit after deductible

- Sleep Labs and Interventional Radiology: coinsurance changed to \$400 per visit after deductible
- Specialty Imaging: coinsurance changed to \$400 per test after deductible
- ▶ Member Coinsurance: changed from 20% after deductible to No charge after deductible for the following benefits:
 - Blood, Blood Products and Their Administration
 - Durable Medical Equipment, Prosthetics and Orthotics, TMJ Appliances
 - Home Health Care and Hospice Services
 - Medical Foods
 - Diabetic Equipment & Supplies: 20% coinsurance changed to No charge; not subject to deductible
 - Peak Flow Meters: 20% coinsurance changed to No charge; not subject to deductible

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

In the event of dispute, the provisions of the approved English version of the form will control.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**)።

Bàsɔ̀ò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: Ɔ jũ ké m̀ Bàsɔ̀ò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò bɛ́in m̀ gbo kpáa. Ɖá **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-777-7902** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-777-7902** (TTY: 711) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-777-7902** (TTY: 711).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902** (TTY: 711).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902** (TTY: 711).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902** (TTY: 711) पर कॉल करें।

Igbo (Igbo) NRUBAMA: O bụrụ na i na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-777-7902** (TTY: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902** (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-777-7902** (TTY: 711) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-777-7902** (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódílnih **1-800-777-7902** (TTY: 711).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902** (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-777-7902** (TTY: 711).

ไทย (Thai) หมายเหตุ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902** (TTY: 711).

اُردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902** (TTY: 711)۔

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902** (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902** (TTY: 711).