

2023 RENEWAL PORTFOLIO | VIRGINIA

Changes to 2023 Benefits

Virginia – 3 Tier Point-of-Service (3TPOS)

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., and Kaiser Permanente Insurance Company (KPIC)* are making to your small group 3TPOS health plan offerings effective upon your group's 2023 renewal date.

For more information, please refer to your *Summary of Benefits and Coverage (SBC)* and/or your *Evidence of Coverage (EOC)*.

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

KP VA Gold Flexible Choice 0/20/3TPOS/Vision

► *Self-Only Out-of-Pocket Maximum:*

- Option 1: increased from \$4,200 per individual to \$4,450 per individual
- Option 2: increased from \$4,350 per individual to \$4,650 per individual
- Option 3: increased from \$8,700 per individual to \$9,100 per individual

► *Family Out-of-Pocket Maximum:*

- Option 1: increased from \$8,400 per family to \$8,900 per family (not to exceed \$4,450 for any one family member)
- Option 2: increased from \$8,700 per family to \$9,300 per family (not to exceed \$4,650 for any one family member)

*Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP-MAS) underwrites the in-network tier (Option 1) and KPIC, a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the out-of-network coverage consisting of the participating provider tier (Option 2) and the non-participating provider tier (Option 3) of the POS plan.

- Option 3: increased from \$17,400 per family to \$18,200 per family (not to exceed \$9,100 for any one family member)

► *Specialty Care Office Visit:*

- Option 2: copay per visit increased from \$50 to \$55

► *Option 2: copay per visit increased from \$50 to \$55 for the following benefits:*

- Allergy Services
- Dialysis
- Accidental Dental Injury Services – office visit
- Telemedicine Services provided by the specialty care provider
- Therapy: Radiation and Chemotherapy visit
- After-Hours Urgent Care or Urgent Care Center
- Vision Services: Ophthalmologist visit
- Sleep Studies
- Private Duty Nursing

► *Inpatient Surgery Physician Services:*

- Option 1: copay per admission changed from No charge to \$40
- Option 2: copay per admission changed from No charge after deductible to \$50 after deductible

► *Outpatient Surgery Physician Services:*

- Option 2: copay per visit increased from \$50 after deductible to \$55 after deductible

► *Therapy – Habilitative and Rehabilitation Services:*

- Option 2: copay per visit increased from \$50 to \$60

► *Option 2: copay per visit increased from \$50 to \$60 for the following benefits:*

- Chiropractic Services
- Early Intervention Services
- Pulmonary Rehabilitation

► *Laboratory Outpatient and Professional Services:*

- Option 1: copay per visit increased from \$20 to \$25
- Option 2: copay per visit increased from \$30 to \$45

► *X-rays and Diagnostic Imaging:*

- Option 2: copay per visit increased from \$50 to \$60

Prescription Drugs

► *Rx Deductible:*

- Option 1: increased from \$200 to \$300
- Option 2: increased from \$200 to \$300

KP VA Gold Flexible Choice 500/20/3TPOS/Vision

► *Self-Only Out-of-Pocket Maximum:*

- Option 1: increased from \$4,200 per individual to \$4,450 per individual
- Option 2: increased from \$4,350 per individual to \$4,650 per individual
- Option 3: increased from \$8,700 per individual to \$9,100 per individual

► *Family Out-of-Pocket Maximum:*

- Option 1: increased from \$8,400 per family to \$8,900 per family (not to exceed \$4,450 for any one family member)
- Option 2: increased from \$8,700 per family to \$9,300 per family (not to exceed \$4,650 for any one family member)
- Option 3: increased from \$17,400 per family to \$18,200 per family (not to exceed \$9,100 for any one family member)

► *Specialty Care Office Visit:*

- Option 2: copay per visit increased from \$50 to \$55

► *Option 2: Copay per visit increased from \$50 to \$55 for the following benefits:*

- Allergy Services
- Dialysis

- Accidental Dental Injury Services – office visit
- Telemedicine Services provided by the specialty care provider
- Therapy: Radiation and Chemotherapy visit
- After-Hours Urgent Care or Urgent Care Center
- Vision Services: Ophthalmologist visit
- Sleep Studies
- Private Duty Nursing

► *Inpatient Surgery Physician Services:*

- Option 1: copay per admission changed from No charge after deductible to \$40 after deductible
- Option 2: copay per admission changed from No charge after deductible to \$50 after deductible

► *Therapy – Habilitative and Rehabilitation Services:*

- Option 2: copay per visit increased from \$50 to \$60

► *Option 2: Copay per visit increased from \$50 to \$60 for the following benefits:*

- Chiropractic Services
- Early Intervention Services
- Pulmonary Rehabilitation

► *Laboratory Outpatient and Professional Services:*

- Option 1: copay per visit increased from \$20 to \$25
- Option 2: copay per visit increased from \$30 to \$45

► *X-rays and Diagnostic Imaging:*

- Option 2: copay per visit increased from \$50 to \$60

Prescription Drugs

► *Rx Deductible:*

- Option 1: increased from \$200 to \$300
- Option 2: increased from \$200 to \$300

KP VA Gold Flexible Choice 1000/30/3TPOS/Vision

► *Self-Only Out-of-Pocket Maximum:*

- Option 1: increased from \$4,200 per individual to \$4,450 per individual
- Option 2: increased from \$4,350 per individual to \$4,650 per individual
- Option 3: increased from \$8,700 per individual to \$9,100 per individual

► *Family Out-of-Pocket Maximum:*

- Option 1: increased from \$8,400 per family to \$8,900 per family (not to exceed \$4,450 for any one family member)
- Option 2: increased from \$8,700 per family to \$9,300 per family (not to exceed \$4,650 for any one family member)
- Option 3: increased from \$17,400 per family to \$18,200 per family (not to exceed \$9,100 for any one family member)

► *Specialty Care Office Visit:*

- Option 2: copay per visit increased from \$60 to \$65

► *Option 2: Copay per visit increased from \$60 to \$65 for the following benefits:*

- Allergy Services
- Dialysis
- Accidental Dental Injury Services – office visit
- Telemedicine Services provided by the specialty care provider
- Therapy: Radiation and Chemotherapy visit
- After-Hours Urgent Care or Urgent Care Center
- Vision Services: Ophthalmologist visit
- Sleep Studies
- Private Duty Nursing

► *Inpatient Surgery Physician Services:*

- Option 1: copay per admission changed from No charge after deductible to \$50 after deductible
- Option 2: copay per admission changed from No charge after deductible to \$60 after deductible

► *Therapy - Habilitative and Rehabilitation Services:*

- Option 2: copay per visit increased from \$60 to \$70

► *Option 2: Copay per visit increased from \$60 to \$70 for the following benefits:*

- Chiropractic Services
- Early Intervention Services
- Pulmonary Rehabilitation

► *Laboratory Outpatient and Professional Services:*

- Option 1: copay per visit increased from \$30 to \$35
- Option 2: copay per visit increased from \$40 to \$55

► *X-rays and Diagnostic Imaging:*

- Option 2: copay per visit increased from \$60 to \$70

Prescription Drugs

► *Rx Deductible:*

- Option 1: increased from \$200 to \$300

► *Option 1:*

- Plan Pharmacy and Mail Delivery Thirty (30)-day supply copays changed as follows:
 - » Tier 1 Drugs: copay increased from \$20 to \$25
 - » Tier 2 Drugs: copay increased from \$45 after Rx deductible to \$60 after Rx deductible
- Plan Pharmacy Ninety (90)-day supply copays changed as follows:
 - » Tier 1 Drugs: copay increased from \$40 to \$50

- » Tier 2 Drugs: copay increased from \$90 after Rx deductible to \$120 after Rx deductible
- Mail Order Pharmacy (90)-day supply copays changed as follows:
 - » Tier 1 Drugs: copay increased from \$30 to \$38
 - » Tier 2 Drugs: copay increased from \$68 after Rx deductible to \$90 after Rx deductible

► *Option 2:*

- Participating Pharmacy copays changed as follows:
 - » Tier 1 Drugs: copay per 30-day prescription increased from \$40 to \$45 and copay per 90-day prescription increased from \$80 to \$90
 - » Tier 2 Drugs: copay per 30-day prescription increased from \$75 after Rx deductible to \$80 after Rx deductible and copay per 90-day prescription increased from \$150 after Rx deductible to \$160 after Rx 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 ሊያግዝዎት 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**)፡

Bàsɔ̀̀ Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̀ Bàsɔ̀̀-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béìn m̀ gbo kpáa. Đá **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 yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih **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) เรียน: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902 (TTY: 711)**.

اردو (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)**.