

2021 Group Agreement Summary of Changes and Clarifications Notice Effective July 1, 2021 through June 30, 2022

Kaiser Foundation Health Plan, Inc., Northern California Region ("Health Plan") is renewing your Group's *Group Agreement* ("Agreement"), including the *Evidence of Coverage* ("EOC") documents, effective 7/1/2021 (your Group's "Anniversary Date") by sending COUNTY OF SANTA CLARA ("Group") this *Group Agreement Summary of Changes and Clarifications Notice* ("Notice") in accord with the "Term of Agreement and Renewal" section of your *Agreement*. This *Notice* includes a summary of the changes and clarifications that will be effective when your *Agreement* is renewed on 7/1/2021 ("2021 Agreement") unless a different effective date is stated. Unless otherwise indicated, the changes and clarifications described here apply to each type of coverage that will be effective upon renewal of your *Agreement*. If you have not already received a *2021 Agreement*, please contact your broker or Health Plan account manager to obtain a copy. If your Group does not wish to renew your *Agreement*, your Group must give us advance written notice in accord with "Termination on Notice" in the "Termination of Agreement" section of your *Agreement*.

In certain circumstances, this summary may also include changes that we made to your *Agreement* during the 2020 plan year through an amendment. This summary does not include minor changes and clarifications that Health Plan is making to improve the readability of the *Agreement* or any changes we are making at your Group's request.

Your annual renewal information consists of this *Notice* and the rating documents ("*Rate Proposal*") in your customer renewal packet. For information about changes to your coverage, please refer to this *Notice*. For information about the Premiums that will be applicable to your *Agreement* upon renewal, please refer to the *Rate Proposal* delivered with your customer renewal packet. If you need another copy of your *Rate Proposal*, please contact your Health Plan account manager.

Note: Some capitalized terms in this *Notice* have special meaning. Please see the "Definitions" section of the applicable *EOC* document in your *Agreement* for terms you should know. In this *Notice* "Medicare EOCs" means Kaiser Permanente Senior Advantage *EOCs*, and "non-Medicare *EOCs*" means all *EOCs* other than Senior Advantage *EOCs*.

2021 Agreement

If you have not already received your *2021 Agreement* and your Group wants to make changes, please request them before your Anniversary Date. You will then receive your *2021 Agreement* shortly after you tell your Health Plan account manager about changes your Group wants to make. If you don't wish to make changes, you don't need to do anything to renew your *Agreement*. We will provide your Group with its *2021 Agreement* within 60 days after your Anniversary Date. If you would like to receive it sooner, please contact your Health Plan account manager.

We will provide the *2021 Agreement* to your Group online unless you have asked us to mail your Group a printed *2021 Agreement*. When we provide the *2021 Agreement* online, we will mail your Group a notice to let you know when the *2021 Agreement* is available to view and download.

Please keep in mind that unless your Group notifies us to make changes, your *2021 Agreement*, including the *EOC* documents, will reflect the same benefits and Cost Share information as your current *Agreement*, subject to the changes described in this *Notice*.

Global Changes to the Agreement, including EOC documents

Durable Medical Equipment

Please note that effective January 1, 2021, the following changes to the "Durable Medical Equipment ("DME") for home use" benefit will apply:

- In non-Medicare *EOCs*, peak flow meters, and blood glucose monitors and their associated testing supplies will no longer be subject to any Plan Deductible in nongrandfathered plans. **This is pursuant to IRS Notice 19-45, which allows, but does not require, health plans to provide additional items and services outside of a deductible to**

individuals diagnosed with specified chronic conditions. Peak flow meters are now listed as a separate line item in the "Durable Medical Equipment ("DME") for home use" cost share table in the "Cost Share Summary" section of all EOCs. Previously, peak flow meters were categorized under "Other Base DME."

- *In Medicare EOCs, peak flow meters will now be listed under "Other covered DME items" at **no charge**. Previously, peak flow meters were categorized under "Base DME items" and covered at either no charge or 20% Coinsurance*

High Deductible Health Plan (HDHP) HMO Deductible Amount

*For HDHP HMO plans, the Plan Deductible amount is subject to increase **if the U.S. Department of the Treasury changes the minimum deductible required in HDHP HMO plans.***

Home-delivered Meals

In all Medicare EOCs, we have added coverage for meal delivery service under "Meals" in the "Benefits and Your Cost Share" section.

House Calls

*Effective January 1, 2022, the Cost Share for house calls will be the same as the Cost Share for Primary Care Visits, Non-Physician Specialist Visits, or Physician Specialist Visits, as applicable, **to align the Cost Share with the visit type.***

Lab Tests

Effective January 1, 2021, the following lab tests: A1c, LDL, INR for persons with liver disease or certain blood disorders, and glucose quantitative blood tests, will be covered at no charge (not applicable to any deductible) in all Medicare EOCs.

Maternal Mental Health Conditions (AB 577)

*Effective January 1, 2020, the following conditions may make a Member eligible for completion of services from non-Plan providers, **in accordance with state law:***

- *Mental health conditions in pregnant Members that occur, or can impact the Member, during pregnancy or during the postpartum period including, but not limited to, postpartum depression. We may cover completion of these Services for up to 12 months from the mental health diagnosis or from the end of pregnancy, whichever occurs later*

Completion of services is described under "Completion of Services from Non-Plan Providers" in the "Getting a Referral" section of non-Medicare EOCs.

Medicare Part D Outpatient Prescription Drug Coverage

*In accordance with the Centers for Medicare & Medicaid Services requirements, the Senior Advantage Medicare Part D Catastrophic Coverage Stage threshold is increasing from **\$6,350 to \$6,550** for calendar year 2021.*

*If your drug plan includes a Coverage Gap Stage, the Initial Coverage Stage threshold is increasing from **\$4,020 to \$4,130** for calendar year 2021.*

Opioid Treatment Program Services

*In Medicare EOCs, Opioid Treatment Program Services will be covered at **no charge**.*

Prescription Drug Exclusion

*Effective January 1, 2021, we are excluding prescription drugs with an over-the-counter equivalent, **to help maintain affordability**. We have added the following language under "Outpatient prescription drugs, supplies, and supplements exclusion(s)" in the "Benefits" section of non-Medicare EOCs:*

- *Prescription drugs for which there is an over-the-counter equivalent (the same active ingredient, strength, and dosage form as the prescription drug). This exclusion does not apply to:*
 - ◆ *insulin*
 - ◆ *over-the-counter drugs covered under "Preventive Services" in this "Benefits" section (this includes tobacco cessation drugs and contraceptive drugs)*

- ◆ an entire class of prescription drugs when one drug within that class becomes available over-the-counter

Similar language has been added to Medicare *EOCs* for outpatient drugs, supplies, and supplements not covered by Medicare.

Silver&Fit® Healthy Aging and Exercise Program

In Medicare EOCs that include Silver&Fit, effective January 1, 2021, Members will have the option to receive all of the following:

- Basic gym membership
- Two home fitness kits from a variety of kits
- One "Stay Fit" kit from several kits. A few kits include an activity tracker

Previously, Members could choose one of the following options:

- A basic gym membership
- Two home fitness kits from a variety of kits

Global Clarifications to the Agreement, including EOC documents

About the Drug Formulary

In the "Outpatient Prescription Drugs, Supplies, and Supplements" section of the *EOC*, we have revised text under "About the drug formulary" for clarity and to better align with our drug formulary available on kp.org.

Age Limit of Dependent Children

Under "Age limit of Dependent children" in the "Eligibility as a Dependent" section of non-Medicare *EOCs*, we have clarified that a child must be under the age limit for Dependent children as of the effective date in order to enroll as a Dependent.

Calculating Premiums

Under "Calculating Premiums" in the *Agreement*, rate tables for Group coverage will no longer be consolidated when the rates for different categories of Members are the same. This may result in additional rate tables appearing in the *Agreement*.

If You Have a Baby

Under "Eligibility as a Dependent" in non-Medicare *EOCs*, we have replaced the section "Newborn Coverage" with a new section titled "If you have a baby," for clarity:

If you have a baby

If you have a baby while enrolled under this *EOC*, the baby is not automatically enrolled in this plan. The Subscriber must request enrollment of the baby as described under "Special enrollment" in the "How to Enroll and When Coverage Begins" section below. If the Subscriber does not request enrollment within this special enrollment period, the baby will only be covered under this plan for 31 days (including the date of birth), or until the date the baby is enrolled in other coverage, whichever happens first.

Preventive Services

In the "Preventive Services" section of non-Medicare *EOCs*, we have made the following changes for clarity:

- Simplified introductory language
- Added language explaining that certain preventive items listed on our website may not be covered in grandfathered plans

Prosthetics and Orthotics

In the "Prosthetics and Orthotics" section of *EOCs*, we have replaced the word "mastectomy" with the phrase "removal of all or part of a breast," to align with terminology used elsewhere in the *EOC*. This is not a change in coverage.

Urgent Grievances (SB 1052)

Under "Urgent procedure" in the "Grievances" section of non-Medicare *EOCs*, we have clarified that urgent grievances are sometimes referred to as "exigent," to align with state law. For clarity, we have also added two new bullet points to the list of grievances that may be considered urgent:

- You have received Emergency Services but have not been discharged from a facility and your request involves admissions, continued stay, or other health care Services
- You are undergoing a current course of treatment using a non-formulary prescription drug and your grievance involves a request to refill a non-formulary prescription drug