

Changes to 2014 benefits

The following provides information on some benefit changes we're planning to make to our Northern and Southern California regions' 2014 Kaiser Foundation Health Plan (KFHP) *Group Agreements*, including *Evidence of Coverage* documents, and Kaiser Permanente Insurance Company (KPIC) *Group Policies*, including *Certificates of Insurance (COI)* documents. Unless otherwise noted, these changes are effective as contracts renew starting January 1, 2014.

These changes may be subject to regulatory approval. This document does not include all changes that may be made for 2014. A summary of the most important changes and clarifications will be included in your 2014 renewal notice for KFHP coverage, and in your *Summary of Benefit Changes for 2014* for Kaiser Permanente Insurance Company (KPIC) coverage.*

Transgender services

Due to regulatory developments in California, transgender services are now being covered in all of Kaiser Permanente's California commercial plans. This change is effective immediately and will be included in our 2014 renewals. Covered services include sexual reassignment surgery and mastectomy with chest reconstruction, in addition to mental health and hormone therapy services. Cost sharing is the same as cost sharing for other medical services for the employer group's plan (e.g., inpatient hospital cost sharing, office visit cost sharing, etc). A load for these benefits will be included in your rate build-up report with your renewal.

Out-of-pocket (OOP) maximum and accumulation

Beginning with the 2014 plan year, the Affordable Care Act (ACA) requires nongrandfathered large group plans (except for retiree-only plans) to accrue

(continues)

cost sharing for any essential health benefits that the plan covers to a single OOP maximum that doesn't exceed \$6,350 for singles and \$12,700 for families. We're using the California definition of essential health benefits as the services for which cost sharing must accumulate to this OOP maximum. Depending on the plan, cost sharing for other services may also accrue to the OOP maximum.

For 2014, there is transitional relief for health plans accruing cost sharing for services administered by a separate administrator. For example, we'll rely on the transitional relief and not accumulate cost sharing for prescription drug services through another administrator to the single OOP maximum for 2014 plans.

Over-the-counter prescription coverage

In accordance with guidelines issued by the Department of Health and Human Services (HHS), nongrandfathered plans (except for retiree-only plans) will have certain over-the-counter drugs and items covered at \$0 cost sharing when prescribed by a plan physician. These include aspirin to reduce the risk of heart attack and stroke, oral fluoride for children to reduce the risk of tooth decay, folic acid for women to reduce the risk of birth defects, iron supplements for children to reduce the risk of anemia, and female contraceptives that don't require a prescription by law. This change is effective for all contracts, regardless of renewal date, on January 1, 2014.

BRCA counseling and testing

In accordance with guidelines issued by HHS regarding preventive services covered under the ACA, nongrandfathered plans (except for retiree-only plans) will cover genetic counseling and testing for mutations in BRCAs, the breast cancer susceptibility genes, with no cost sharing. We already cover these treatments, so the only change is that there will be no cost sharing when the testing meets certain criteria. This change is effective for all contracts, regardless of renewal date, on January 1, 2014.

*The traditional HMO and deductible HMO plans and the HMO portion of the POS plan are underwritten by Kaiser Foundation Health Plan, Inc. (KFHP). Kaiser Permanente Insurance Company (KPIC) underwrites the PPO and out-of-network portions of the POS plan, and the PPO and the Out-of-Area Indemnity plans. KPIC is a subsidiary of KFHP.

Information may have changed since publication.