



KAISER FOUNDATION HEALTH PLAN OF COLORADO

Summary of 2021 Benefit Changes

Large Group/Non-Medicare

Traditional HMO Plans

(Unless otherwise noted, changes are effective upon renewal on or after January 1, 2021)

CLARIFICATIONS

There are no changes at this time.

BASE PLAN CHANGES

Service Area – The Northern, Denver/Boulder and Southern Colorado Service Area boundaries will be consolidated into one single Service Area. As a result of this consolidation, Health Plan's Cross Market Access policy will be eliminated. This change does not apply to Select Plans.

Outpatient Rehabilitation and Habilitation Services – Cost share for Rehabilitation and Habilitation Services for the treatment of Autism Spectrum Disorders will not exceed the cost share for Primary care services.

Prescription drug refills – Members will be required to use Kaiser Permanente Medical Office Building pharmacies or the Kaiser Permanente mail order prescription service for prescription drug refills or ongoing maintenance drugs. The initial prescription can be obtained at any Plan Pharmacy.

Prescription Drug Structure – Plans will have the following four-tiered prescription drug structure:

- Generic Preferred
- Brand Preferred
- Generic/Brand Non-Preferred
- Specialty

Expanded Preventive Services – For non-grandfathered plans and grandfathered plans with ACA prevention coverage, these additional screening services are provided at no cost share for members diagnosed with specific chronic conditions.

- A1c testing for individuals diagnosed with diabetes;
- LDL testing for individuals diagnosed with heart disease;
- INR testing for individuals diagnosed with liver disease and/or bleeding disorders; and;
- Retinopathy screening for individuals diagnosed with diabetes.

CHANGES DUE TO LEGISLATION

Colorado HB19-1301 Coverage for Breast Imaging (Does not apply to Grandfathered Plans)–

Expanded coverage for breast cancer screening services (diagnostic imaging for further evaluation or supplemental imaging within the same calendar or contract year based on factors including high risk breast density), when deemed appropriate by the member's health care provider and within appropriate use



guidelines as determined by the American College of Radiology or the National Comprehensive Cancer Network.

If services are deemed appropriate by the member's health care provider and within appropriate use guidelines as determined by the American College of Radiology or the National Comprehensive Cancer Network, then the member would have no cost share for those services.

Colorado HB20-1061 Pharmacists' Ability to Prescribe and Dispense HIV Infection Prevention Medications – Effective July 13, 2020 (not upon renewal), FDA-approved medications for the prevention of HIV infection, when prescribed and dispensed by a pharmacist, shall not be subject to prior authorization or step therapy requirements.

Out-of-Pocket Maximum (OPM) – The 2020 maximum OPM is \$8,550 for an individual and \$17,100 for a family.

REMINDERS

In accord with the “**WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**,” and as determined in consultation with the attending physician and the patient, we provide the following coverage after a mastectomy:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance.
- Prostheses (artificial replacements).
- Services for physical complications resulting from the mastectomy.

NOTE: To the extent this Summary of 2021 Benefit Changes conflicts with, modifies or supplements the information contained in your 2021 renewal packet, the information contained in your 2021 renewal packet shall supersede what is set forth above.