

# Supplemental Medical Plan

**Y**our Kaiser Foundation Health Plan (KFHP) provides basic medical coverage. The Supplemental Medical Plan covers certain medical expenses that are excluded by KFHP or that exceed KFHP benefit limits.

This means that if a service or treatment for a medical condition is covered by KFHP, the Supplemental Medical Plan will provide coverage only when you reach the limits of your KFHP coverage. No benefits are payable under the Supplemental Medical Plan if KFHP coverage is available to you.

This brochure highlights the Supplemental Medical Plan coverage. If there are any omissions or conflicts between the information in this brochure and the plan document, the plan document always governs.

## WHO ADMINISTERS THE SUPPLEMENTAL MEDICAL PLAN?

The Supplemental Medical Plan is administered by Harrington Health. You can contact Harrington Health at 1-800-216-2166 from 8 a.m. to 5 p.m. Pacific Time.

## HOW DOES THE PLAN WORK?

Here is a quick overview of the Supplemental Medical Plan. You will find more information in the sections that follow.

- You may receive treatment from any licensed provider.
- You must meet an annual deductible before benefits begin.
- You share the cost of covered services by paying “coinsurance.” Coinsurance is a percentage of the “reasonable and customary charges” for the service rendered. The Supplemental Medical Plan does not reimburse copayments or coinsurance under KFHP coverage.
- You may have to file a claim for reimbursement, so be prepared to pay the full amount charged at the time of treatment.

## WHAT ARE MY COSTS?

You share the cost of the Supplemental Medical Plan expenses through your annual deductible and coinsurance payments when you incur covered expenses. Harrington Health will calculate your deductible and coinsurance payments. If monthly premiums are required, they will be automatically deducted from your paycheck.

## HOW MUCH IS THE DEDUCTIBLE?

Your annual deductible depends on what level of coverage you have.

Coverage	Annual deductible
Individual	\$50
Family	\$50 per person up to \$100 per family

## HOW MUCH IS THE COINSURANCE AMOUNT THAT I HAVE TO PAY?

After you pay the annual deductible, you share the cost of covered services by paying coinsurance. Here's how it works. When you incur covered services —

- Harrington Health will authorize payment of a percentage of the reasonable and customary (R&C) charges.
- Harrington Health determines R&C charges by reviewing the cost of services in your geographic area.
- Harrington Health will generally pay 80% of the R&C charges for covered services. For some specific benefit services, Harrington Health will pay 50% of the R&C charges.
- You will be responsible for the remaining percentage, either 20% or 50%, of the R&C charges.
- If your healthcare provider charges more than the R&C charge, you will be responsible for the excess charge.

## IS THERE A LIFETIME MAXIMUM FOR BENEFITS?

Yes. The maximum lifetime benefit through the Supplemental Medical Plan coverage is \$300,000 per illness.

## DO I NEED TO SUBMIT A CLAIM FOR REIMBURSEMENT?

If providers allow you to assign reimbursement directly to them, the provider will file the claim with Harrington Health. You don't have to file it yourself. The provider will need to file a claim each time you receive services. You pay the deductible and any required coinsurance when you receive care.

If providers do not allow you to assign reimbursement directly to them, you have to file a claim. You will need to file a claim each time you receive services. You will have to pay the full amount of the charge to the provider for the service when it is rendered, and you will be reimbursed after you file a claim.

## HOW DO I FILE A CLAIM?

Contact your local human resources office for a claim form and follow the instructions for its completion. Attach an itemized statement for each service being claimed on the form. This itemized statement may not be handwritten and must include all of the following information:

- The patient's name
- The date(s) of service(s)
- Diagnosis or diagnosis code(s)
- The type of service rendered and service code
- The charge for each service
- The provider's name, address, phone number, and tax ID number

If a letter from KFHP is required, make sure you attach it before sending in the completed form. **All claims must be received by Harrington Health within one year from the date of service.**

**WHERE DO I GET A LETTER INDICATING THAT SERVICES ARE NOT AVAILABLE FROM KFHP?**

If you have reached the maximum KFHP benefit or if a service is excluded from coverage by KFHP, you may obtain a letter from one of the following sources, depending on your region:

- Your local Kaiser Permanente Membership Services office
- Your treating physician's medical department
- Your Human Resources benefits representative

A letter is not required for acupuncture or chiropractic services in locations where KFHP does not provide coverage for these services.

The letter must state that the patient has coverage under KFHP and that:

- Treatment of the medical condition is not available at KFHP
- The service is excluded, or
- The participant has exceeded plan limits for the service.

**WHERE DO I SEND MY CLAIM?**

Send your claim, along with an itemized statement and any required letter from KFHP to Harrington Health at:

Harrington Health  
PO Box 30537, Salt Lake City, UT, 84130-0547

**HOW LONG WILL IT TAKE HARRINGTON HEALTH TO PROCESS MY CLAIM?**

In most cases, your claim will be processed within one month from the date Harrington Health receives it, if no additional information is necessary. Missing, incomplete, or unclear information will result in a denied claim. After your claim is processed, Harrington Health will send you an Explanation of Benefits (EOB), showing how your benefit was calculated. If all or part of your claim is denied, the EOB will explain the appeal process.

**DOES COORDINATION OF BENEFITS APPLY?**

Yes. When the patient has group insurance coverage in addition to the Supplemental Medical Plan, you may receive benefits under both plans.

- **IF YOU ARE THE PATIENT**, send the original claim to Harrington Health. Keep a copy. After you receive settlement from Harrington Health, send a copy of the original claim and the Explanation of Benefits from Harrington Health to the other insurance carrier, along with the claim form required by the other insurer.
- **IF YOUR SPOUSE OR ELIGIBLE DOMESTIC PARTNER IS THE PATIENT**, send the original claim to the other insurance carrier first. Keep a copy. After you receive settlement from the other insurer, send a copy of the original claim and the Explanation of Benefits from the other insurer to Harrington Health, along with the completed claim form required by Harrington Health.
- **IF A CHILD IS THE PATIENT**, you and your spouse or eligible domestic partner are together, and:
  - Your birthday comes first each year, Harrington Health settles the claim first.
  - Your spouse or eligible domestic partner has a birthday that comes before your own each year, the other insurance carrier settles first, and Harrington Health settles the claim after the other insurer pays.
- **IF A CHILD IS THE PATIENT** and you and your spouse are divorced or separated, the insurance carrier of the parent with custody settles the claim first. The parent without custody's insurance carrier settles the claim last.
- **IF THE PATIENT IS COVERED BY MEDICARE**, send the claim to Medicare first.

**WHEN DOES THE SUPPLEMENTAL MEDICAL PLAN COVERAGE END?**

Coverage under the Supplemental Medical Plan ends on the last day of the month in which your employment with Kaiser Permanente ends, or in which you no longer meet the eligibility requirements. Coverage for your dependents will end when your coverage ends, or at the end of the month in which they no longer meet eligibility requirements.

When coverage ends, you and your dependents may continue health care coverage for a limited period of time under the Consolidated Omnibus Reconciliation Act (COBRA). Contact your benefits representative for more information about COBRA.

Your group coverage under the Supplemental Medical Plan may not be converted to an individual plan.

**WHERE CAN I GET MORE INFORMATION ABOUT THE SUPPLEMENTAL MEDICAL PLAN?**

You can contact Harrington Health at **1-800-216-2166** Monday through Friday from 8 a.m. to 5 p.m. Pacific Time.

**WHAT DOES THE SUPPLEMENTAL MEDICAL PLAN COVER?**

The Supplemental Medical Plan covers medically necessary services that are not covered under your KFHP medical plan. If KFHP provides benefits for **any** of the following services, the Supplemental Medical Plan will provide reimbursement **only** when you exceed the KFHP benefit coverage limits for that service. Please refer to the chart below and on the following page for more information on covered services.

Service	Coverage Level	Maximum	Restrictions
Acupuncture	80%/20% coinsurance	N/A	<ul style="list-style-type: none"> <li>■ Must be performed by a Licensed Acupuncturist.</li> <li>■ Services must be medically necessary. Ongoing pain management services that do not improve your underlying medical condition are not considered medically necessary and will not be covered.</li> </ul>
Alcohol and Chemical Dependency — Inpatient	80%/20% coinsurance	N/A	Letter indicating services are not available from KFHP is required.
Alcohol and Chemical Dependency — Outpatient	80%/20% coinsurance	N/A	Letter indicating services are not available from KFHP is required.
Blood, Blood Products, Blood Transfusions, and Administration	80%/20% coinsurance	N/A	Must not be available through KFHP coverage.
Chiropractic Services	80%/20% coinsurance	N/A	Only chiropractic manipulation is covered.

Service	Coverage Level	Maximum	Restrictions
Custodial Care Services — Inpatient	50%/50% coinsurance	N/A	<ul style="list-style-type: none"> <li>■ Evidence of total &amp; permanent disability required.</li> <li>■ Custodial care must be intended to help the person meet the activities of daily living.</li> <li>■ Facility must be licensed.</li> <li>■ Benefit is subject to case management.</li> </ul>
Custodial Care Services — Outpatient Home Health Care Services	50%/50% coinsurance	N/A	<ul style="list-style-type: none"> <li>■ Evidence of total &amp; permanent disability required.</li> <li>■ Custodial care must be intended to help the person meet the activities of daily living.</li> <li>■ Skilled, in-home nursing care is not covered.</li> <li>■ Benefit is subject to case management.</li> <li>■ Visits must begin within 14 calendar days of a hospital or nursing home stay unless a physician certifies the home health care is in lieu of a confinement.</li> <li>■ Caregiver must be licensed.</li> </ul>
Dental Care for Accidental Injuries	80%/20% coinsurance	N/A	<ul style="list-style-type: none"> <li>■ Only for services related to an accidental injury.</li> <li>■ Treatment must be received within 12 months of the accidental injury.</li> <li>■ You must exhaust benefits under KFHP or KFHP-sponsored dental plan first</li> </ul>
Durable Medical Equipment — Rental or Purchase	80%/20% coinsurance	N/A	<ul style="list-style-type: none"> <li>■ Includes wheelchairs, braces, hospital beds, and durable medical supplies.</li> <li>■ Letter indicating services are not available from KFHP required.</li> </ul>
Hospice Care	100%	Home care limited to 100 visits	Letter indicating services are not available from KFHP required.
Infertility Services	80%/20% coinsurance	N/A	<ul style="list-style-type: none"> <li>■ Letter indicating services are not available from KFHP required.</li> <li>■ Surrogacy services are not covered.</li> </ul>
Jaw Joint Disorder Treatment	80%/20% coinsurance	N/A	Letter indicating services are not available from KFHP required.
Mental Health Services — Inpatient	80%/20% coinsurance	N/A	Letter indicating services are not available from KFHP required.
Mental Health Services — Outpatient	80%/20% coinsurance	N/A	Letter indicating services are not available from KFHP required.
Physical, Occupational, Respiratory, Speech, Radiation Therapy	80%/20% coinsurance	N/A	Treatment Plan may be required.
Podiatry	80%/20% coinsurance	N/A	Letter indicating services are not available from KFHP required.
Skilled Nursing Facility — noncustodial room and board and ill-patient physician visits	80%/20% coinsurance	N/A	Letter indicating services are not available from KFHP required.
Skilled Nursing Facility — custodial	50%/50% coinsurance	N/A	Facility must be licensed.

## WHAT IS NOT COVERED BY THE SUPPLEMENTAL MEDICAL PLAN?

- Allergy Testing and Treatment
- Ambulance Service
- Anesthesia
- Assisted Living Rental Fees
- Blood, Blood Products, Blood Transfusions and their administration, if offered by KFHP
- Chelation Therapy
- Chemotherapy
- Contact Lenses
- Contraceptives
- Corrective Eye Surgery
- Cosmetic Services
- Dental Care/Treatment not related to an accident
- Dermatology
- Diagnostic Laboratory Tests, X-ray Services, and Other Diagnostic Tests, including Electrocardiograms, Mammograms, and Pap Smears
- Dialysis and Transplants
- Education, Training, or Instruction
- Education Therapy
- Electronic Voice Producing Machines
- Emergency Room Visits
- Employer's Medical Clinic
- Experimental or Investigational Care
- Eye Examinations for Eyeglasses
- Eyeglass Frames and Lenses
- General Health Services not addressed to a specific condition
- Health Education Publications
- Hearing Aids and Hearing Tests
- Hypnotherapy
- Immunization in general use
- Immunosuppressive Drugs
- Injectable Medications
- Inpatient Dressings, Casts, Durable Medical Equipment
- Intensive Care
- Internally-Implanted, Time-Released Drugs (including contraceptives)
- Kaiser Copays and Coinsurance
- Luxury Services
- Massage Therapy
- Medical Office Visits
- Non-FDA-Approved Drugs
- Obesity Treatment
- Obstetrical Services
- Operating and Recovery Room Charges
- Personal items
- Physician Home Visits
- Preventive Care, including Routine Physical Exams and Gynecological Visits
- Prenatal Care
- Prescription Copayment/Prescription prescribed for a non-covered service
- Prescription Drugs provided in connection with services normally provided by KFHP
- Private Room
- Reconstructive Surgery
- Radioactive Materials used for therapeutic purposes
- Routine Office Visits
- Services for which no charge is made
- Treatment for medical conditions resulting from participation in a felonious activity
- Ultraviolet Light Treatment
- Visiting Nurse Home Visits
- Well Baby Care

The following is a partial listing of services not covered by the Supplemental Medical Plan. If an item is not on this list, you should call Harrington Health before incurring expenses to find out if specific services will be covered.

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