

San Francisco Health Service System Health Service Board

Rates & Benefits

Review and Approve Recommendation to Discontinue
Kaiser Permanente Multi-Region Medical/Rx Fully Insured
Retiree HMO Plans After 2026

Presented by Rin Coleridge, COXO

May 14, 2026

Staff Recommendation

Approve:

Discontinue offering Kaiser multi-region HMO plans currently available to retirees living in Washington, Oregon, and Hawaii after December 31, 2026

Agenda

- **Introduction**
- **Results of Evaluation**
- **Transition Resources**
- **Recommendation Summary**
- **Appendix**
 - Comparison of 2026 member contributions for the Kaiser multi-region HMO plans and available retiree PPO plans (including “Choice Not Available” contribution basis for these non-Medicare retirees in the PPO plan); and
 - Comparison of key plan design features between the PPO plan offerings and Kaiser Multi-Region HMO plan offerings.

Introduction

In 2018, the San Francisco Health Service System (SFHSS) introduced a new set of Kaiser Permanente (Kaiser) plans for retirees living in limited geographies outside of California where Kaiser has plans available. These six “multi-region” Kaiser non-Medicare retiree and Medicare retiree HMO plans were a discretionary program offered as a pilot. The pilot multi-region plans (collectively “KPMR”) are only available in three non-California regions — Washington State, Northwest (parts of Oregon and Southwest Washington), and Hawaii.

SFHSS intended to follow up with an evaluation of this pilot, but due to COVID-19, this evaluation never occurred.

SFHSS has completed the evaluation of whether retaining these six plans as part of the core portfolio of plan offerings is sustainable.

Any decisions related to the KPMR plans have no impact on the existing Kaiser California plans, which will continue.

Evaluation Results

Upon current evaluation, SFHSS recommends discontinuing the Kaiser multi-region plans after the current (2026) plan year for these reasons:

- Static growth and low enrollment for the KPMR plans.
- Niche offerings not available to majority of members.
- No premium impact or a premium reduction for a majority of members.
- Unable to offer alignment with Kaiser California benefits.
- Unable to develop one blended rate.
- Prioritize core benefits with limited staff.
- Network analysis reveals minimal impact to members from discontinuing KPMR.
- 91% of SFHSS of eligible retired population lives in California.
- Since 2018, SFHSS staff levels have decreased by 10%, all medical lives have increased by 16.03%.

Any decisions related to the KPMR plans have no impact on the existing Kaiser California plans, which will continue.

Enrollment Evaluation - KP Multi Regions

The following pages provide details for today's recommendation, as well as information on how SFHSS will support Kaiser multi-region HMO plan enrollees.

Current membership enrolled in each KPMR plan (members and their dependents):

	Non-Medicare Retirees and Dependents	Medicare Retirees and Dependents
Total Covered Lives		
Hawaii Region	19	65
Northwest Region	32	68
Washington Region	18	36

This population constitutes less than half of 1 percent of all retiree lives.

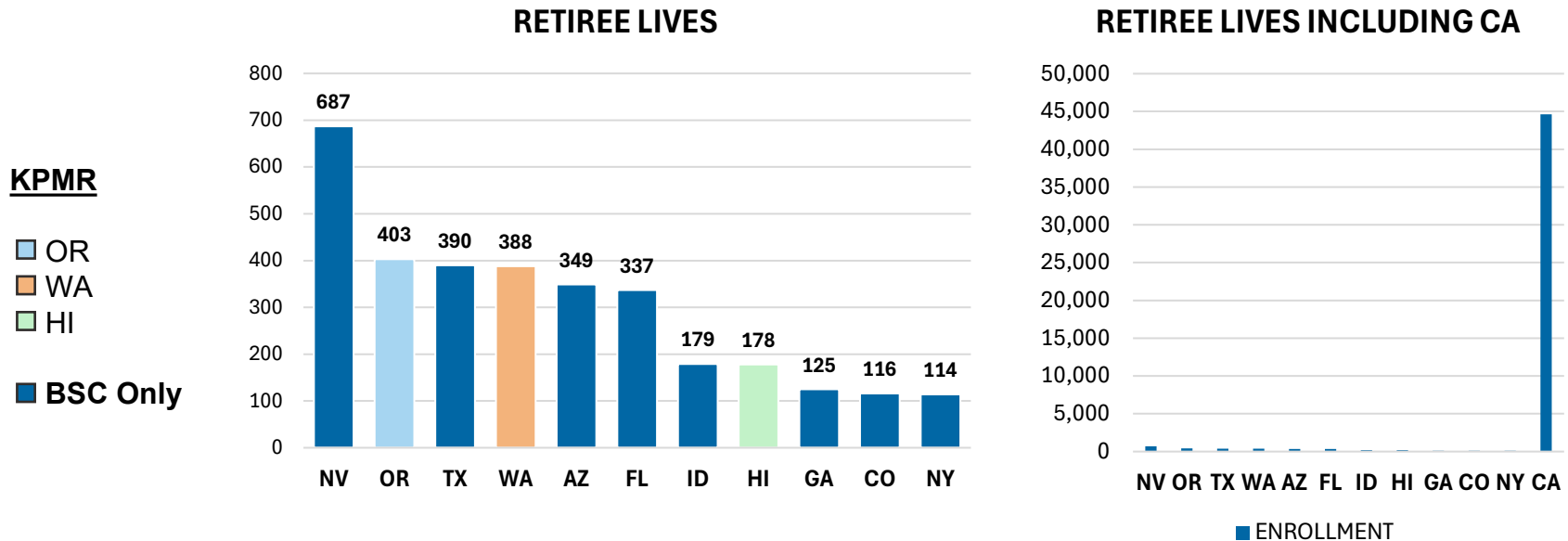
Enrollment Evaluation – 6-Year Average Percent Enrollment in KPMR

The percent of members and their dependents living in the KPMR areas that enroll in the KPMR plans is the minority percentage. The 6-Year average enrollment ranges from 19% in Hawaii to 29% in Washington.

Years	HAWAII			NORTHWEST REGION			WASHINGTON		
	Lives Enrolled in KPMR	Total Lives in Region	% Enrolled in KPMR	Lives Enrolled in KPMR	Total Lives in Region	% Enrolled in KPMR	Lives Enrolled in KPMR	Total Lives in Region	% Enrolled in KPMR
2021	57	330	17%	59	293	20%	32	129	25%
2022	64	405	16%	79	352	22%	42	151	28%
2023	81	413	20%	88	365	24%	52	174	30%
2024	78	394	20%	90	369	24%	53	173	31%
2025	81	392	21%	92	380	24%	51	172	30%
2026	84	403	21%	100	388	26%	54	178	30%
AVG ENROLLMENT			19%			24%			29%

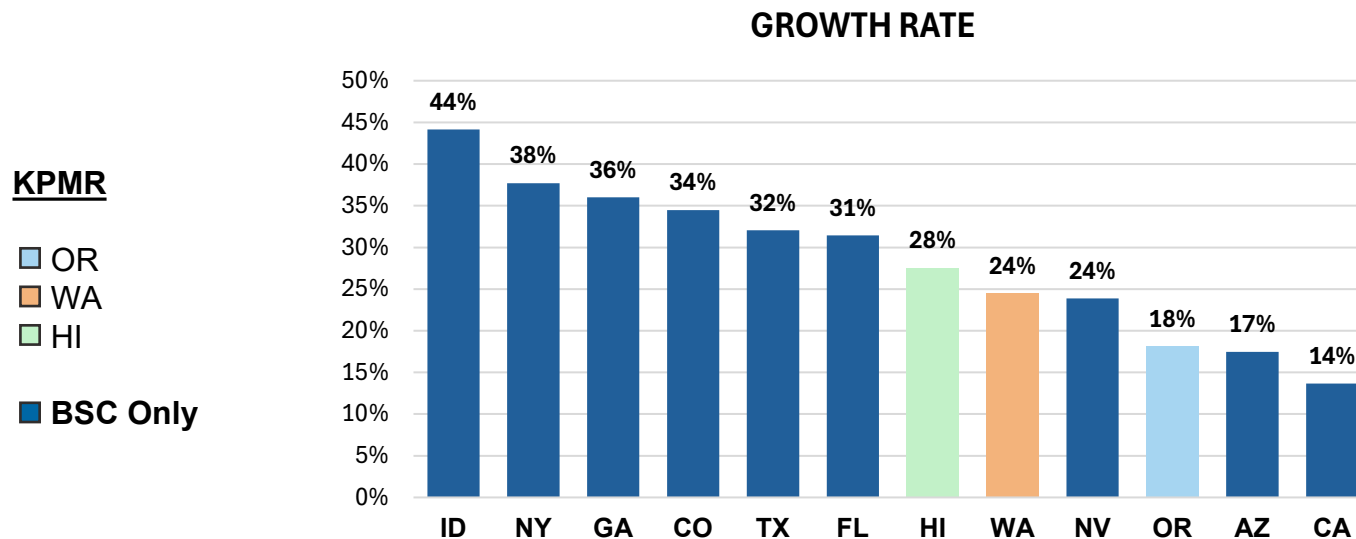
Population Evaluation – Retirees Outside of California

- Retirees live in every state of the United States plus the District of Columbia, Guam and Puerto Rico. Retirees in 3 areas outside of California have a choice of Kaiser and Blue Shield. All other retirees have one plan option.
- States with more or comparable numbers of retirees are not provided additional plan options, this includes other states with Kaiser.
- 44,607 of enrolled retiree lives are in California – 91% of all retirees and their dependents.



Population Evaluation – Retirees Outside of California

- While population is slowly increasing in the 3 KPMR regions, analysis of the migration shows retirees are preferring to move into other states.
- All other states and territories of the United States offer only Blue Shield PPO / MAPD PPO.
- California retirees grew by 14% which may seem small but because most retirees live in California, this equates to 6,103 lives vs under 100 people in each of the other states.



Premium Evaluation – Non-Medicare Members

- 25% of members would pay lower premiums* if enrolled in the Blue Shield non-Medicare PPO plan. Member premium cost savings range between \$73.75 – \$193.65 per month, or \$885.00 – \$2,323.80 annually.
- 75% of members would pay higher premiums* in the Blue Shield non-Medicare PPO plan. Member premium increases range between-\$76.87 – \$276.58 per month, or \$922.44 – \$3,318.96 annually.
 - Member exposure to the higher rates diminish within 1-3 years, as members age into Medicare.

Non-Medicare Medical Premiums (Monthly)	Kaiser Permanente HMO						Blue Shield of CA PPO
	HI		NW		WA		Member Pays
	Member Pays	No. of Members	Member Pays	No. of Members	Member Pays	No. of Members	
Retiree/Survivor Only	\$0.00	9	\$0.00	17	\$0.00	6	\$161.61
Retiree/Survivor +1 Dep w/out Medicare	\$535.21	3	\$685.83	7	\$805.77	5	\$612.08
Retiree/Survivor +2 Deps w/out Medicare	\$1,423.65	0	\$1,824.31	0	\$2,143.33	0	\$1,331.36
Retiree/Survivor +1 Dep w/Medicare Parts A & B	\$166.32	2	\$253.81	1	\$213.45	1	\$442.90
Retiree/Survivor +1 Dep w/Medicare Parts A & B +1 or more non-med Dep(s)	\$1,054.76	0	\$1,392.29	0	\$1,551.01	0	\$1,162.18

*Analysis conducted against 2026 rates. 2027 rates not available.

Premium Evaluation – Medicare Members

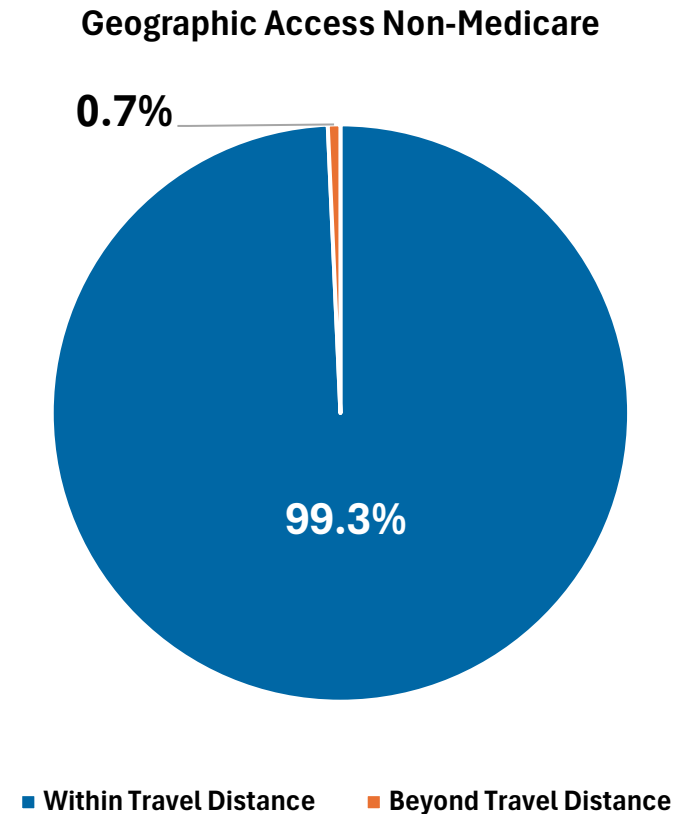
- 72% of members would pay the same or lower premiums* if enrolled in the Blue Shield Medicare plan. Member premium cost savings range upwards to \$654.56 per month, or \$7,854.72 annually.
- 28% of members would pay higher premiums* in the Blue Shield Medicare plan. Member premium increases range between \$27.48 – \$114.97 per month, or \$329.76 – \$1,379.64 annually.

Medicare Medical Premiums (Monthly)	Kaiser Permanente Senior Advantage HMO						Blue Shield of CA MAPD-PPO
	HI		NW		WA		Member Pays
	Member Pays	No. of Members	Member Pays	No. of Members	Member Pays	No. of Members	
Retiree/Survivor Only	\$0.00	36	\$0.00	32	\$0.00	23	\$0.00
Retiree/Survivor +1 Dep w/out Medicare	\$535.21	2	\$685.83	1	\$805.77	0	\$450.47
Retiree/Survivor +2 Deps w/out Medicare	\$1,423.65	0	\$1,824.31	1	\$2,143.33	0	\$1,169.75
Retiree/Survivor +1 Dep w/Medicare Parts A & B	\$166.32	13	\$253.81	18	\$213.45	6	\$281.29
Retiree/Survivor +1 Dep w/Medicare Parts A & B +1 or more non-med Dep(s)	\$1,054.76	0	\$1,392.29	0	\$1,551.01	0	\$1,000.57

*Analysis conducted against 2026 rates. 2027 rates not available.

Network Evaluation: Home ZIP codes of KPMR Enrolled Non-Medicare Members

- Average distance from home ZIP code to a primary care provider:
 - 142 / 142 ZIP codes are within 1.1 miles
- Average distance from home zip code to a specialist:
 - 142 / 142 ZIP codes are within 1.2 miles
- Average distance from home ZIP code to a hospital:
 - 139 / 142 ZIP codes are within 4.3 miles
 - 3 / 142 ZIP codes are within 21.3 miles

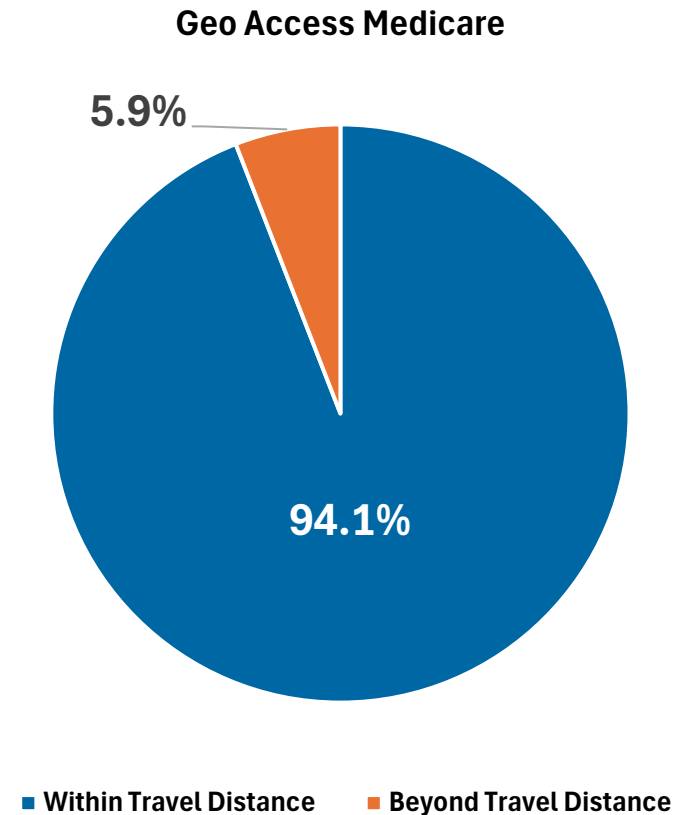


Network Evaluation: Home ZIP codes of KPMR Enrolled Medicare Members

- Average distance from home ZIP code to a primary care provider:
 - 135 / 142 ZIP codes are within 1.2 miles
 - 7 / 142 ZIP codes are within 19.1 miles

- Average distance from home zip code to a specialist:
 - 134 / 142 ZIP codes are within 1.2 miles
 - 8 / 142 ZIP codes are within 17.3 miles

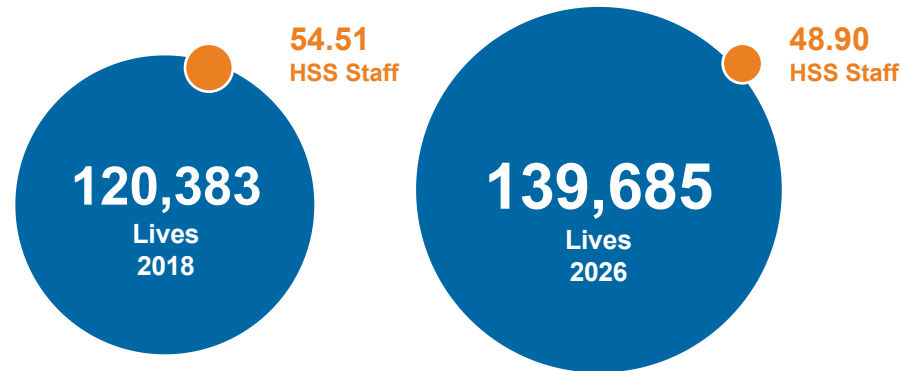
- Average distance from home ZIP code to a hospital:
 - 132 / 142 ZIP codes are within 5.1 miles
 - 10 / 142 ZIP codes are within 22.2 miles



This analysis is based on in-network providers. BSC MAPD PPO members do not have to use an in-network provider, as long as the provider accepts Medicare.

Staff Resources

Since 2018, SFHSS staff levels are down **10%**, all medical lives up **16.03%**. The recent layoffs included a 1652 position which was responsible for these premium payments.



Lives to HSS Staff			
	2018	2026	% Change
■ Lives	120,383	139,685	+16.03%
■ HSS Staff	54.51	48.90	-10%

Administrative Challenges

KPMR administration requires performing these activities for all 6 plans (Medicare and Non-Medicare plans for each region).

- **Annual maintenance**

- Review and approve all plan documents / collateral.
- Master application.
- Appendix to group agreement.
- Independent state regulatory requirements.
- Benefit administration system configuration and testing.
- Update plan descriptions.
- Detail rate calculations and programming.
- Trading partner agreement – electronic data interchange.
- Update materials on sfhss.org.
- Design, proof, copyedit KPMR specific retiree OE mailings.
- Payment system updates.

Administrative Challenges

KPMR administration requires performing these activities for all 6 plans (Medicare and Non-Medicare plans for each region).

- **Annual Maintenance Continued**

- Required disclosures.
- Governmental Accounting Standards Board (GASB) required audits and other regulatory reporting.

- **Ongoing Maintenance – Weekly / Monthly**

- Payment discrepancy reports – premium reconciliation.
- Enrollment discrepancy reports – Medicare compliance / enrolled – disenrolled.
- Staff must be able to provide details on the unique additional plans – due to low demand, increased contact time is necessary to provide explanation.

Administrative Challenges

KPMR administration requires performing these activities for all 6 plans (Medicare and Non-Medicare plans for each region).

▪ **Risks & Limitations**

- Financial impact due to delays in completing reconciliation.
- Degraded member experience.
 - Different eligibility, billing and enrollment contacts.
 - Different processes.
 - Different and unfamiliar rates. Manual calculation for pickups/refunds.
- Overcomplicating work effort requiring unique customization – increased administrative costs and complexity, considering low health plan participation rates.

Dedicated Support for Members Transitioning from Kaiser Multi-Region Plans to National PPO Plans

SFHSS Actions

Pre-Open Enrollment

8/26 – Approve plan microsite and outbound call scripts and tracker

9/26 – Postcard notifying of change with plan microsite & 800#

9/26 – Provide front-of-the-line support via dedicated queue in phone tree

9/26 – Follow-up email with links to microsite & 800#

Open Enrollment

9/26 – Custom OE letter and flyer explaining the change and how to find a doctor, Rx transition

10/12 – Follow-up email reminding of change, provider search, Rx transition, and continuity of care applications

10/1-10/20 – 3 Dedicated transition webinars to retiree groups

January 2027

Automatically enroll transitioning members in Non-Medicare PPO and MAPD PPO plans

Email instructions to secure new doctors, Rx refills, and microsite

Dedicated Support for Members Transitioning from Kaiser Multi-Region Plans to National PPO Plans

Blue Shield Actions

Pre-Open Enrollment

8/26 – Create dedicated blueshieldca.com/sfhss transition information

9/1 – Train concierge call center staff to assist with transition requests to find a provider, transition Rx, continuity of care

8/26 provide training to SFHSS staff

Open Enrollment

9/26 – Develop transition webinar on how to find a provider, transition their Rx, and apply for continuity of care

9/26 – Track transition call data and update microsite as-needed

10/26 – Host 3-4 transition webinars to retiree stakeholder groups

January 2027

Mail new ID cards with buck slip instructions for finding a provider and transition Rx

Outbound calls to new enrollees

Email instructions to download app, secure new doctors, Rx refills, continuity of care applications, and drive members to the microsite

Considerations for Staff Recommendation to Discontinue Kaiser Multi-Region Plans after 2026

- Members in these areas will have the same health plan options as all other out of state members. The Non-Medicare PPO plan and Medicare MAPD PPO plan are available for enrollment, consistent with other SFHSS retiree members living beyond California HMO plan offering service areas.
- Non-Medicare members living in these areas have access to national PPO plan at Choice Not Available contribution rates.
- BSC PPO's have broader coverage areas and access to more health care providers – HSS members in Washington, Oregon, and Hawaii reside in an additional 76 zip codes covered by BSC and not within the KPMR service area.
- HSS members have the choice of provider through the PPO design.
- Benefits are not being taken away. The medical benefit remains. The recommendation is to eliminate plan offerings.
- Minimal impact to overall membership.

Summary

- Specific market plan offerings and low enrollment levels
- Sustainability / Small department with limited resources
- Access to comprehensive medical benefits
- High touch transition

Staff Recommendation

Approve:

Discontinue offering Kaiser multi-region HMO plans currently available to retirees living in Washington, Oregon, and Hawaii after December 31, 2026

Appendix

- Comparison of 2026 member contributions for the Kaiser multi-region HMO plans and available retiree PPO plans (including “Choice Not Available” contribution basis for these non-Medicare retirees in the PPO plan)
- Comparison of key plan design features between the PPO plan offerings and Kaiser Multi-Region HMO plan offerings

2026 Member Contributions, Kaiser HMO vs PPO

Washington State Region

Overall Coverage Tier	Non-Medicare and Medicare Statuses	2026 Monthly Member Contribution ¹		BSC PPO vs KP WA Difference	Member Count
		KP WA	BSC PPO		
Retiree Only	Non-Medicare Retiree	\$0.00	\$161.61	\$161.61	5
	Medicare Retiree	\$0.00	\$0.00	\$0.00	23
Retiree + 1 Dependent	Non-Medicare Retiree/Non-Medicare Dependent	\$805.77	\$612.08	(\$193.69)	5
	Non-Medicare Retiree/Medicare Dependent	\$213.45	\$442.90	\$229.45	1
	Medicare Retiree/Non-Medicare Dependent	\$805.77	\$450.47	(\$355.30)	0
	Medicare Retiree/Medicare Dependent	\$213.45	\$281.29	\$67.84	6
Retiree + 2+ Dependents	Non-Medicare Retiree/Non-Medicare Dependents	\$2,143.33	\$1,331.36	(\$811.97)	0
	Non-Medicare Retiree/Medicare Dependent/ Non-Medicare 2nd+ Dependent(s)	\$1,551.01	\$1,162.18	(\$388.83)	0
	Medicare Retiree/Non-Medicare Dependents	\$2,143.33	\$1,169.75	(\$973.58)	0
	Medicare Retiree/Medicare Dependent/Non-Medicare 2nd+ Dependent(s)	\$1,551.01	\$1,000.57	(\$550.44)	0
	Medicare Retiree/Medicare Dependents	\$639.63	\$843.14	\$203.51	0

2026 Member Contributions, Kaiser HMO vs PPO

Northwest Region

Overall Coverage Tier	Non-Medicare and Medicare Statuses	2026 Monthly Member Contribution ¹		BSC PPO vs KP NW Difference	Member Count
		KP NW	BSC PPO		
Retiree Only	Non-Medicare Retiree	\$0.00	\$161.61	\$161.61	18
	Medicare Retiree	\$0.00	\$0.00	\$0.00	28
Retiree + 1 Dependent	Non-Medicare Retiree/Non-Medicare Dependent	\$685.83	\$612.08	(\$73.75)	5
	Non-Medicare Retiree/Medicare Dependent	\$253.81	\$442.90	\$189.09	0
	Medicare Retiree/Non-Medicare Dependent	\$685.83	\$450.47	(\$235.36)	2
	Medicare Retiree/Medicare Dependent	\$253.81	\$281.29	\$27.48	17
Retiree + 2+ Dependents	Non-Medicare Retiree/Non-Medicare Dependents	\$1,824.31	\$1,331.36	(\$492.95)	0
	Non-Medicare Retiree/Medicare Dependent/ Non-Medicare 2nd+ Dependent(s)	\$1,392.29	\$1,162.18	(\$230.11)	0
	Medicare Retiree/Non-Medicare Dependents	\$1,824.31	\$1,169.75	(\$654.56)	0
	Medicare Retiree/Medicare Dependent/Non-Medicare 2nd+ Dependent(s)	\$1,392.29	\$1,000.57	(\$391.72)	0
	Medicare Retiree/Medicare Dependents	\$760.71	\$843.14	\$82.43	0

2026 Member Contributions, Kaiser HMO vs PPO

Hawaii Region

Overall Coverage Tier	Non-Medicare and Medicare Statuses	2026 Monthly Member Contribution ¹		BSC PPO vs KP HI Difference	Member Count
		KP HI	BSC PPO		
Retiree Only	Non-Medicare Retiree	\$0.00	\$161.61	\$161.61	10
	Medicare Retiree	\$0.00	\$0.00	\$0.00	32
Retiree + 1 Dependent	Non-Medicare Retiree/Non-Medicare Dependent	\$535.21	\$612.08	\$76.87	2
	Non-Medicare Retiree/Medicare Dependent	\$166.32	\$442.90	\$276.58	2
	Medicare Retiree/Non-Medicare Dependent	\$535.21	\$450.47	(\$84.74)	2
	Medicare Retiree/Medicare Dependent	\$166.32	\$281.29	\$114.97	13
Retiree + 2+ Dependents	Non-Medicare Retiree/Non-Medicare Dependents	\$1,423.65	\$1,331.36	(\$92.29)	1
	Non-Medicare Retiree/Medicare Dependent/Non-Medicare 2nd+ Dependent(s)	\$1,054.76	\$1,162.18	\$107.42	0
	Medicare Retiree/Non-Medicare Dependents	\$1,423.65	\$1,169.75	(\$253.90)	0
	Medicare Retiree/Medicare Dependent/Non-Medicare 2nd+ Dependent(s)	\$1,054.76	\$1,000.57	(\$54.19)	0
	Medicare Retiree/Medicare Dependents	\$498.23	\$843.14	\$344.91	0

Plan Design Features – Non-Medicare Retirees (1 of 3)

Plan Features	BSC Non-Medicare PPO		Kaiser Permanente Non-Medicare Multi-Region Plans		
	In- Network	Out of Network	KPWA	KPNW	KPHI
Deductible and Out-of-Pocket Maximum	\$250 Deductible Retiree only \$500 Deductible + 1 \$750 Deductible + 2 or more Annual out-of-pocket max \$3,750/individual; \$7,500/family	\$500 Deductible Retiree only \$1,000 Deductible + 1 \$1,500 Deductible + 2 or more Annual out-of-pocket max \$7,500/individual	No Deductible Annual out-of-pocket maximum \$1,500/individual \$3,000/family	No Deductible Annual out-of-pocket maximum \$1,500/individual \$3,000/family	No Deductible Annual out-of-pocket maximum \$2,500/individual \$7,500/family
Routine Physical	100% covered after deductible	50% covered after deductible	No Charge	No Charge	No Charge
Most Preventive Immunizations and Inoculations	100% covered after deductible	100% covered after deductible	No Charge	No Charge	No Charge
Routine Pre/Post-Partum Care	85% covered after deductible	50% covered after deductible	No Charge	No Charge	No Charge
Office and Home Visits	85% covered after deductible	50% covered after deductible	\$20 co-pay	First 3 Office Visits: \$5 co-pay; Subsequent Office Visits: \$20 co-pay	\$15 co-pay
Inpatient Hospital Visits	85% covered after deductible	50% covered after deductible	\$100 co-pay per admission	\$100 co-pay per admit with no charge for physician/surgeon fees	10% coinsurance
Pharmacy: Generic Drugs	\$10 co-pay (30-day supply)	\$10 co-pay plus 50% coinsurance (30-day supply)	\$10 co-pay (30-day supply)	\$5 co-pay (30-day supply)	\$3 co-pay generic maintenance (30-day supply); \$15 co-pay other generic (30-day supply)
Pharmacy: Brand-Name Drugs	\$25 co-pay (30-day supply)	\$25 co-pay plus 50% coinsurance (30-day supply)	\$20 co-pay (30-day supply)	\$15 co-pay (30-day supply)	\$50 co-pay (30-day supply)
Pharmacy: Non-Formulary Drugs	\$50 co-pay (30-day supply)	\$50 co-pay plus 50% coinsurance (30-day supply)	Applicable preferred generic or preferred brand cost shares apply	\$15 co-pay (30-day supply)	\$50 co-pay (30-day supply)
Mail Order: Generic Drugs	\$20 co-pay (90-day supply)	Not covered	\$20 co-pay (90-day supply)	\$10 co-pay (up to 90-day supply)	\$30 co-pay (up to 90-day supply)
Mail Order: Brand-Name Drugs	\$50 co-pay (90-day supply)	Not covered	\$40 co-pay (90-day supply)	\$30 co-pay (up to 90-day supply)	\$100 co-pay (up to 90-day supply)
Mail Order: Non-Formulary Drugs	\$100 co-pay (90-day supply)	Not covered	Applicable preferred generic or preferred brand cost shares apply	\$30 co-pay (up to 90-day supply)	\$100 co-pay (up to 90-day supply)
Specialty Drugs	\$50 co-pay (30-day supply)	\$50 co-pay, plus 50% coinsurance (30-day supply)	\$10 co-pay generic (30-day supply) \$20 co-pay brand-name (30-day supply)	20% coinsurance (not to exceed \$100) for up to 30 day supply	\$200 co-pay (up to 30-day supply)

Plan Design Features – Non-Medicare Retirees (2 of 3)

Plan Features	BSC Non-Medicare PPO		Kaiser Permanente Non-Medicare Multi-Region Plans		
	In- Network	Out of Network	KPWA	KPNW	KPHI
Outpatient Diagnostic X-Ray and Laboratory	85% covered after deductible	50% covered after deductible; prior notification	No Charge	No Charge	Lab: \$15/day (basic) 20% coinsurance (specialty); Inpatient fee included in Hospital stay; X-ray: \$15/day
Hospital Emergency Room	85% covered after deductible; if non-emergency 50% after deductible	85% covered after deductible; if non-emergency 50% after deductible	\$100 co-pay per admission	\$100 co-pay per admission (waived if admitted)	\$100 co-pay per visit (in and out of area)
Urgent Care Facility	85% covered after deductible	50% covered after deductible	\$20 co-pay per visit	\$20 co-pay per visit	\$15 co-pay per visit (in service area), 20% coinsurance (out of area)
Inpatient Hospital/Surgery	85% covered after deductible; notification required	50% covered after deductible; notification required	\$100 co-pay per admission	\$100 co-pay per admission	Facility fee is 10% coinsurance and physician/surgeon fees are 10% coinsurance
Outpatient Hospital/Surgery	85% covered after deductible	50% covered after deductible	\$50 per visit with no charge for physician/surgeon fees	\$35 per visit with no charge for physician/surgeon fees	Facility fee is 10% coinsurance and physician/surgeon fees are 10% coinsurance
Physical/Occupational Therapy	85% covered after deductible; limitations may apply, see EOC	50% covered after deductible; limitations may apply, see EOC	Outpatient: \$20 per visit with 45 visit limit per year	Outpatient: \$20 per visit with 20 visit limit per therapy per year	\$15/visit (outpatient); 10% coinsurance (inpatient).
Acupuncture/Chiropractic	50% covered after deductible; \$1,000 max/year	50% covered after deductible; \$1,000 max/year	\$20 per visit up to 12 visits per calendar year // \$20 per visit up to 10 visits per calendar year	\$20 per visit up to 12 acupuncture visits per calendar year/\$20 per visit up to 20 chiropractic visits per calendar year	\$20 per visit; Chiropractic, Acupuncture, Massage Therapy combined 12 visits per calendar year
Home Medical Equipment	85% covered after deductible; notification required	50% covered after deductible; notification required	No Charge	No Charge	20% coinsurance
Diabetic Monitoring Supplies	Co-pays apply see pharmacy benefits	Co-pays apply see pharmacy benefits	No Charge for Diabetic equipment. Drug co-pays apply for Diabetic pharmacy supplies	No Charge	50% of applicable charges coinsurance
Prosthetics/Orthotics	85% covered after deductible; when medically necessary; notification required	50% covered after deductible; when medically necessary; notification required	No Charge	No Charge	Internal prosthetics have no charge and external prosthetics have a 20% coinsurance. Foot orthotics are not covered.

Plan Design Features – Non-Medicare Retirees (3 of 3)

Plan Features	BSC Non-Medicare PPO		Kaiser Permanente Non-Medicare Multi-Region Plans		
	In- Network	Out of Network	KPWA	KPNW	KPHI
Hearing Aids	85% covered after deductible; 1 aid per ear, every 36 months, up to \$2,500 each	50% covered after deductible; 1 aid per ear, every 36 months, up to \$2,500 each	Member pays nothing, limited to an allowance of \$3,000 maximum per ear during any consecutive 36-month period	Up to \$2,500 for ages 18 and over. For ages under 18, limit to one hearing aid per ear, every 36 months.	60% coinsurance
Inpatient Mental Health Hospitalization	85% covered after deductible; notification required	50% covered after deductible; notification required	\$100 co-pay per admission	\$100 co-pay per admission	10% coinsurance
Outpatient Mental Health Treatment	85% covered after deductible; notification required	50% covered after deductible; notification required	\$20 co-pay per visit	\$5 for first 3 days; then \$20 per day for additional days in the same Year	\$15 co-pay per visit
Inpatient Detox	85% covered after deductible; notification required	50% covered after deductible; notification required	\$100 co-pay per admission	\$100 co-pay per admission	10% coinsurance
Residential Rehabilitation	85% covered after deductible; notification required	50% covered after deductible; notification required	\$100 co-pay per admission	\$100 co-pay per admission	10% coinsurance
Skilled Nursing Facility	85% covered after deductible; up to 120 days/year; notification required; custodial care not covered	50% covered after deductible; up to 120 days/year; notification required; custodial care not covered	No charge with 100 day limit per year	No charge with 100 day limit per year	10% coinsurance for up to 120 days per calendar year
Hospice	85% covered after deductible; authorization required	50% covered after deductible; authorization required	No Charge	No Charge	No Charge
Care Access and Limitations Outside Service Area	Coverage worldwide. In- network and out-of-network percentages and co-pays apply.	Coverage worldwide. In- network and out-of-network percentages and co-pays apply.	Coverage outside of service area will vary based on the service required.	Coverage outside of service area will vary based on the service required.	Coverage outside of service area will vary based on the service required.

Plan Design Features – Medicare Retirees (1 of 3)

Plan Features	BSC MAPD	KPWA	KPNW	KPHI
Deductible and Out-of-Pocket Maximum	No Deductible Annual out-of-pocket maximum \$3,750/individual	No Deductible Annual out-of-pocket maximum \$2,500/individual	No Deductible Annual out-of-pocket maximum \$1,500/individual	No Deductible Annual out-of-pocket maximum \$2,500/individual
Routine Physical	\$0 co-pay	No Charge	No Charge	No Charge
Preventive Immunizations and Inoculations	\$0 co-pay if covered under Part B	No Charge	No Charge	No Charge
Office and Home Visits	\$5 co-pay PCP; \$15 co-pay specialist	\$15 co-pay	\$20 co-pay	\$15 co-pay
Hospital Visits	No Charge	\$100 co-pay per admission	\$100 co-pay per admission	\$50 per day for days 1 through 6 of your stay and \$0 for the rest of your stay
Pharmacy: Generic Drugs	\$5 co-pay (30-day supply)	\$15 co-pay (for 30-day supply)	\$5 co-pay (for 30-day supply)	\$15 co-pay (for 30-day supply)
Pharmacy: Brand-Name Drugs	\$20 co-pay (30-day supply)	\$30 co-pay (for 30-day supply)	\$15 co-pay (for 30-day supply)	\$50 co-pay (for 30-day supply)
Pharmacy: Non-Preferred Brand	\$45 co-pay (30-day supply)	\$30 co-pay (for 30-day supply)	\$15 co-pay (for 30-day supply)	\$50 co-pay (for 30-day supply)
Mail Order: Generic Drugs	\$10 co-pay (100-day supply)	\$30 co-pay (for 90-day supply)	\$10 co-pay (for up to a 90 day supply)	\$30 co-pay (for up to a 90-day supply)
Mail Order: Brand-Name Drugs	\$40 co-pay (100-day supply)	\$60 co-pay (for 90-day supply)	\$30 co-pay (for up to a 90 day supply)	\$100 co-pay (for up to a 90-day supply)
Mail Order: Non-Preferred Brand	\$90 co-pay (100-day supply)	\$60 co-pay (for 90-day supply)	\$30 co-pay (for up to a 90 day supply)	\$100 co-pay (for up to a 90-day supply)
Specialty Drugs	\$20 co-pay retail pharmacy up to 30-day supply \$40 co-pay mail/home delivery pharmacy up to 90-day supply	\$30 co-pay (for 30-day supply)	20% coinsurance up to \$100 maximum for specialty drugs (up to a 30-day supply), per prescription.	\$200 co-pay
Outpatient Diagnostic X-Ray and Laboratory	\$0 co-pay	No Charge	No Charge	No Charge

Plan Design Features – Medicare Retirees (2 of 3)

Plan Features	BSC MAPD	KPWA	KPNW	KPHI
Hospital Emergency Room	\$65 co-pay waived if admitted to the hospital within 24 hours	\$75 co-pay each visit, but waived if admitted	\$50 co-pay per visit	\$75 co-pay per admission (in-and out-of-area)
Urgent Care Facility	\$20 co-pay waived if admitted to the hospital within 24 hours	\$15 co-pay per visit	\$20 co-pay per visit	\$15 co-pay per visit
Inpatient Hospital/Surgery	\$150 co-pay per admission	\$100 co-pay per admission	\$100 co-pay per admission	\$50 per day for days 1 through 6 of your stay and \$0 for the rest of your stay
Outpatient Hospital/Surgery	\$100 co-pay per visit	\$50 per visit for outpatient surgery performed in a hospital facility or ambulatory surgical center.	\$35 co-pay per visit	\$50 co-pay per visit
Physical/Occupational Therapy	\$20 co-pay per visit	\$15 per each physical, occupational, and speech language therapy visit	\$20 co-pay per visit	\$15 co-pay per visit
Acupuncture/Chiropractic	\$15 co-pay 24 visits of each max per plan year	\$15 per visit, and up to 8-visits for Acupuncture; 3-visits for naturopathy; 10-visits for chiropractic; 10-visits medically necessary massage therapy	\$20 per visit for Acupuncture up to 12 visits per year; \$20 per visit for Chiropractic services up to 20 visits per year.	\$20 per visit for a maximum of 12 office visits per calendar year for both chiropractic and acupuncture services.
Home Medical Equipment	\$15 co-pay	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Monitoring Supplies	\$0 co-pay limited to certain brands	20% coinsurance	No Charge	20% coinsurance
Prosthetics/Orthotics	\$15 co-pay	20% coinsurance	20% coinsurance	No charge for surgically implanted internal devices. 20% coinsurance for all other covered internal devices. 20% of Applicable Charges for external prosthetic or orthotic devices and supplies (including wound care supplies)
Hearing Aids	Evaluation no charge \$5,000 allowance for hearing aid(s), combined for both ears, every 36	\$1,000 per ear allowance per 36-month period	Balance after \$2,500 allowance is applied for each hearing aid per ear every three years	Up to 2 hearing aids every 36 months with 60% of applicable charges of the lowest priced model

Plan Design Features – Medicare Retirees (3 of 3)

Plan Features	BSC MAPD	KPWA	KPNW	KPHI
Inpatient Mental Health Hospitalization	\$150 co-pay per admission	\$100 co-pay per admission	\$100 co-pay per admission	\$50 per day for days 1 through 6 of your stay and \$0 for the rest of your stay.
Outpatient Mental Health Treatment	\$5 co-pay group \$15 co-pay individual	\$15 co-pay per visit	\$20 co-pay per visit	\$15 co-pay per visit
Inpatient Detox	\$150 co-pay per admission	\$100 co-pay per admission	\$100 co-pay per admission	\$50 per day for days 1 through 6 of your stay and \$0 for the rest of your stay.
Residential Rehabilitation	\$150 co-pay per admission	\$100 co-pay per admission	\$100 co-pay per admission	\$50 per day for days 1 through 6 of your stay and \$0 for the rest of your stay.
Skilled Nursing Facility	No charge up to 100 days/benefit period; no custodial care	No charge for up to 100 days per benefit period	No charge for up to 100 days per benefit period	100 days per benefit period: \$0 for days 1 through 20 \$50 per day for days 21 through 100
Hospice	Hospice services are paid for by Original Medicare	Hospice services are paid for by Original Medicare	Hospice services are paid for by Original Medicare	Hospice services are paid for by Original Medicare
Post Discharge Meal Delivery	\$0 co-pay for 30 meals; 16 snacks, per discharge	Discounted pricing on various meal services	Discounted pricing on various meal services	Discounted pricing on various meal services
Routine Transportation	\$0 co-pay for 24 one-way trips to see a provider or pharmacy	No Charge for up to 6 round-way trips each year for non-emergent medical services	Not Covered	Not Covered