



The Plus Benefit:

More Choices. More Convenience. More Coverage.*



You already have access to the best of Kaiser Permanente through your Traditional HMO or DHMO¹ plan. But as a Plus member, you get even more.²

With Plus, your choices are covered. Choose to see any licensed provider, anytime, up to a set number of visits or covered outpatient medical services each year.³ And depending on your plan, you may also have some coverage when you fill prescriptions at non-Kaiser Permanente pharmacies.

Your Plus Benefits

Office Visits and Services⁴

You'll get a set number of visits you can use to see doctors who aren't associated with Kaiser Permanente (we refer to them as non-Plan Providers) for certain covered outpatient services. So if you have a provider you love, you don't have to switch. Your visits will still be covered, as long as you don't exceed the annual visit limit.

We've outlined the key services/items that count as a visit, covered under the Plus Benefit, below. We encourage you to review the list so you can better track the visits you use (but we'll also keep track for you).

You can use your visits for these types of items/services:⁴

- Routine office visits, including primary, preventive and specialty care, as well as mental health and chemical dependency
- Diagnostic lab tests, X-rays, special procedures, and selected articles of durable medical equipment provided during the office visit (each test, piece of equipment, and X-ray counts separately toward your limit)
- Physical, occupational and speech therapy office visits
- Allergy injections received at an office

What's the cost? Here's more good news. Your cost share (copayment or coinsurance) is the same as, or similar to, the cost share for these services in your HMO or DHMO¹ plan.⁵ However, your costs under the Plus Benefit DO NOT apply to your deductible (if applicable) or out-of-pocket maximum for the year.

What's not covered?

All other services, including but not limited to, inpatient services, outpatient surgery, prenatal, and maternity care are covered only under your HMO or DHMO plan benefits, which means you'll need to use an in-network provider. Services not covered under HMO or DHMO plan benefits will not be covered under your Plus Benefit.

*Colorado state law requires that an Access Plan be available that describes Kaiser Foundation Health Plan of Colorado's network provider services. To obtain a copy, please call Member Services, or visit [kp.org](https://www.kp.org).



Get the Most Out of Plus

To make the most of your Plus visits, you may want to save them for office visits with your favorite non-Plan Provider. You can do this by using the Kaiser Permanente network for labs, X-rays, and other procedures.⁴ That way, they’re covered by your HMO or DHMO¹ benefit, rather than Plus. We can send results to your non-Plan Provider.

Here are a couple of examples to show you how a little preparation can help you maximize your visits.

Scenario	What counts toward the “Plus” visit limit?
<p>Jack, a Plus member, hurts his finger. He visits a specialist (who is a non-Plan Provider).</p> <p>Suspecting it could be infected and/or broken, the specialist orders a lab test and X-ray and directs Jack to non-Plan Providers she regularly uses for these services.</p>	<p>Jack incurs three Plus visits:</p> <ul style="list-style-type: none">• Specialist office visit/ exam (he pays “Plus” copay)• Lab test from non-Plan Provider (he pays Plus coinsurance)• X-ray from non-Plan Provider (he pays Plus coinsurance)
<p>Jill, a Plus member, hurts her finger. Like Jack, she visits a specialist (who is a non-Plan Provider). The specialist orders a lab test and an X-ray.</p> <p>However, Jill tells the specialist that she wants these services done at nearby Kaiser Permanente facilities.</p> <p>She also gives the specialist a copy of the “Plus Benefit: Information for Physicians” flier, which outlines how to do this. So Jill is able to go to a Kaiser Permanente medical office for her lab work and X-ray. Results are then sent back to the specialist (non-Plan Provider) to determine next steps.</p>	<p>Jill incurs one Plus visit:</p> <ul style="list-style-type: none">• Specialist office visit/ exam (she pays her Plus copay)• She does not incur Plus visits for the lab work and X-ray.

Prescriptions

Coverage for out-of-network pharmacy depends on your plan, so before you fill any prescriptions, take a few minutes to review your Evidence of Coverage (found at kp.org/eoc).

- If your Plus Benefit includes out-of-network pharmacy coverage: you have a set number of prescriptions you can fill at a pharmacy outside the Kaiser Permanente network.
- If your Plus Benefit doesn't include pharmacy coverage, be sure to fill prescriptions at any Kaiser Permanente pharmacy, or one that's affiliated with your plan service area.⁶ Follow pharmacy guidelines for your HMO or DHMO¹ plan coverage.⁷

Questions?

Click

We've compiled a list of FAQs, which can be found at kp.org/formsandpubs. We encourage you to familiarize yourself with your specific plan details by reviewing your Evidence of Coverage, to better understand your plan, what's covered and your costs. Visit kp.org/eoc.

Call

We're always happy to help. Contact our Member Services team. They're available weekdays, between 8 a.m. and 6 p.m., MT.

Denver/Boulder
303-338-3800 (TTY 711)

Northern Colorado
1-844-201-5824 (TTY 711)

Southern Colorado
1-888-681-7878 (TTY 711)

Mountain Colorado
1-844-837-6884 (TTY 711)

Enjoy the added convenience and choices you get with Plus!

Information provided here is a summary only. For a list of services available with your plan, refer to your Summary of Benefits and Coverage. The information provided here is not a contract and is not intended for use as a Summary Plan Description, nor is it designed to serve as your Evidence of Coverage. Upon enrollment, your Evidence of Coverage will contain a description of your coverage, including benefits, exclusions, and limitations. Your Evidence of Coverage will prevail over this or any other plan summary.

1. HMO or DHMO plan is dependent on which plan your employer offers or that you have selected.
2. Kaiser Foundation Health Plan of Colorado, Inc., underwrites the Plus Benefit.
3. Please see the network provider directory for a list of providers included in your plan.
4. Each item/service counts as a separate Plus Benefit visit and will be applied toward your annual Plus Benefit visit limit even if it occurs on the same day or during a single visit to a provider. For additional details, please refer to your Evidence of Coverage.
5. Please see your Summary of Benefits and Coverage.
6. Subject to Kaiser Permanente formulary.
7. Depending on your specific plan provisions, maintenance medication refills must be filled at one of our Kaiser Permanente Plan medical office pharmacies or through the Kaiser Permanente mail order program, or the maintenance medication will not be covered.





Step-by-Step Guide to Filing a Claim

Before Your Visit:

Find out if you'll need to submit a claim.

- When making your appointment, be sure to ask your provider if they intend to submit the claim to Kaiser Permanente on your behalf.
- Please print and take the "Plus Plan Information for Physicians" flier, with you to the appointment. This flier will help them care for you, while keeping your costs more affordable. To access the flier, visit kp.org/formsandpubs (you'll need to register if you haven't already). Once you're there, select "Forms" from the menu on the left. In the middle of the screen, look for "Before your visit" and choose the "Plus Plan Information for Physicians."

At Your Provider's Office

Collect the Necessary Documentation

- On the day of the visit, take the "Plus Plan Information for Physicians" flier with you and give it to your provider.
- If they will be submitting the claim for your visit, please ask them to follow the instructions on the flier.
- If they confirm that you should submit the claim, **be sure to collect and keep** copies of:
 - Itemized bill(s) showing the amount charged, the amount you paid, as well as diagnosis or treatment codes.
 - Receipts for any charges you paid that show a zero balance.

After Your Visit

Gather Your Paperwork

- If you are submitting your claim, gather your itemized bill and receipt.
- Make copies for your records.
- Write "process under the Plus Benefit" at the top of the bill. This will ensure that the claim gets processed as quickly as possible.

Mail Everything to Kaiser Permanente

Send your itemized bill and receipts to the following address:

Kaiser Foundation Health Plan of Colorado
Claims Department
P.O. Box 373150
Denver, CO 80237-3150

Once we receive all the necessary information, our team will process it as quickly as possible. You should expect to receive payment within 30 days. If not, please call Member Services.

We'll keep track of your visits, and provide a summary on each Explanation of Benefits, which will be mailed to you after the claim for each office visit has been processed.