

3-Tier POS Plan^{1,2}



Services always available in the HMO In-Network Provider Tier

If you choose a Participating or non-Participating Provider at a higher cost share, you can still get your routine lab work and diagnostic X-rays performed at Kaiser Permanente medical offices in the HMO In-Network Provider Tier to help control your health care costs.³

You can also fill your medications prescribed by Participating and non-Participating Providers at a Kaiser Permanente pharmacy and likely pay less.³

For more information, call Customer Service at **1-855-364-3184 (TTY 711)**, Monday-Friday, 8 a.m.-6 p.m.

Balance your health care with 3 different options

The 3-Tier POS plan enables you to receive care from providers in the HMO In-Network Provider Tier, Participating Provider Tier,⁴ or from any licensed physician or facility you choose in the Non-Participating Provider Tier. You can mix and match as needed, giving you flexibility to make the choices right for you. It's about keeping you healthy and providing the resources you need with virtually unlimited physician choice.

HMO In-Network Provider Tier

You'll pay copayments for the care you routinely need, such as office visits, and many preventive services are covered at 100 percent. Some services (e.g., transplants, skilled nursing, and most durable medical equipment) are only covered in the HMO In-Network Provider Tier. Some services are subject to a deductible.

Participating Provider Tier⁵

You'll pay higher copayments for routine office visits. Many preventive services are covered at 100 percent. Your out-of-pocket maximum and your cost share for most services, if covered in all tiers, will be higher in the Participating Provider Tier than in the HMO In-Network Tier.

Non-Participating Provider Tier

You can see any licensed doctor you choose. You will have to satisfy a deductible first, and your costs are generally the highest in this tier. You may have to pay upfront for services and submit a claim for reimbursement. You will be responsible for the difference, if any, between the cost of the service and the payment your non-Participating Provider received from Kaiser Permanente Insurance Company (KPIC). The provider may bill you for the balance of expenses.

Note: Not all services are covered in each tier. If you have questions about your benefits, please consult your plan documents or contact Customer Service.

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	HMO In-Network Provider Tier	Participating Provider Tier	Non-Participating Provider Tier
Preventive care⁶	No charge for preventive health services	No charge for preventive health services.	Deductible has to be met first, then pay your applicable coinsurance.
Copayments/coinsurance	Costs are predictable, with set copayments for routine office visits.	Higher costs than the HMO In-Network Provider Tier	Higher copayments and coinsurance than the HMO In-Network and Participating Provider Tiers.
Deductible and coinsurance³	Deductible has to be met first, then pay your applicable coinsurance. Deductible and Coinsurance may accumulate toward the out-of-pocket maximum.		Deductible has to be met first, then pay your applicable coinsurance. Coinsurance may accumulate toward the out-of-pocket maximum.
Choice of providers	<p>Members can choose to receive care from more than 1,000+ primary care physicians and specialists at any of our Kaiser Permanente medical offices, as well as from network community providers in their service area.⁷</p> <p>Visit kp.org/findadoctor to search by ZIP code or keywords.</p> <p>For other questions, please call Customer Service at 1-855-364-3184 (TTY 711), Monday-Friday, 8 a.m.-6p.m.</p>	<p>The Participating Provider⁵ network includes the First Health Network. The First Health Network can also be accessed within a Kaiser Permanente state (CA, CO, GA, HI, MD, OR, VA, WA, and the District of Columbia).</p> <p>When receiving care outside of a Kaiser Permanente state, the Participating Provider network is the Cigna PPO Network.⁸ With network physicians and specialists nationwide, there's a good chance your personal doctor is already in our Participating Provider Tier</p> <p>To find Participating Providers in the network, check online at: kp.org/kpic-colorado for the most up-to-date information.</p> <p>For assistance finding a provider, visit kp.org/kpic-colorado or call 1-855-364-3184 (TTY 711), Monday-Friday, from 8 a.m.-6 p.m.</p>	<p>Go to any licensed physician or facility not associated with the HMO In-Network Provider or Participating Provider Tier.</p> <p>When you get care from a non-participating provider, you may be asked to pay at the time of service and will need to file a claim for reimbursement. After you've satisfied your deductible, we'll reimburse you based on your cost share level.³ You'll need to file a claim to be reimbursed.</p> <p>To obtain medical claim forms, contact Customer Service at 1-855-364-3184 (TTY 711), Monday-Friday, 8 a.m.-6 p.m.</p>

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	HMO In-Network Provider Tier	Participating Provider Tier	Non-Participating Provider Tier
<p>Prior approval of medical services⁹</p> <p><i>For prior approval requirements for outpatient prescription drugs, please see Prescriptions.</i></p>	<p>Your HMO In-Network Provider will arrange for prior authorization, if required, for certain services.</p>	<p>Pre-certification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.</p> <p>Your participating provider is required to obtain pre-certification.</p> <p>Contact Permanente Advantage at 1-888-525-1553 (TTY 711) for questions about pre-certification.</p>	<p>Pre-certification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.</p> <p>You are required to obtain pre-certification. However, your physician, hospital, or authorized representative may obtain pre-certification on your behalf.</p> <p>If you do not obtain pre-certification for covered services that require it, you may be required to pay a penalty and/or the entire expense, which will not count toward any applicable deductible, coinsurance, or out-of-pocket maximum.</p> <p>Contact Permanente Advantage at 1-888-525-1553 (TTY 711) to initiate pre-certification.</p>
<p>Emergency</p>	<p>When it comes to emergency care, you're covered anywhere in Colorado, the nation, and the world.</p>		
<p>Online Health Resources</p>	<p>All members who select a Kaiser Permanente doctor in the HMO In-Network Provider Tier as their primary care physician have access to services on kp.org and can email their doctor's office, request/view/cancel routine appointments, get most lab results, order prescription refills, and more. Members who have chronic conditions, such as asthma, heart disease, diabetes, etc., will find support through our chronic care management programs and online tools.</p> <p>All members have access to a wide range of preventive health resources and information on kp.org. Get support to lose weight, manage stress, stop smoking, and more with our <i>Healthy Lifestyle</i> programs. Search health and drug encyclopedias, download current drug formularies, member publications, and more.</p>		

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Prescriptions ¹⁰	<p>Denver/Boulder members can go to any Kaiser Permanente medical office pharmacy. Members living outside of the Denver/Boulder area can go to any Kaiser Permanente pharmacy or any network pharmacy provider in their service area.</p> <p>Visit:</p> <p>kp.org/facilities to find a Kaiser Permanente medical office pharmacy.</p> <p>kp.org/rxrefill to use mail order pharmacy.</p> <p>kp.org/formulary for a list of covered drugs and restrictions, including prior authorization.¹¹ Call Monday-Friday, 8 a.m.-6 p.m.</p> <p>1-866-523-6059 (TTY 711) to order prescription refills.</p> <p>1-866-244-4119 (TTY 711) to learn about our formulary.</p>	<p>The Participating Pharmacy network is MedImpact.¹² Go to any participating MedImpact network pharmacy nationwide, including most major drugstore chains and many other retail pharmacies. The pharmacy will collect your cost share.</p> <p>To verify if a specific pharmacy participates, or to obtain a complete list of participating pharmacies call MedImpact at 1-800-788-2949 (TTY 711), Monday-Friday, 8 a.m.-6 p.m.</p> <p>For a list of covered drugs and restrictions, including prior authorization, please visit kp.org/kpic-colorado.¹¹</p>	<p>You have the option of using a pharmacy not associated with Kaiser Permanente or the MedImpact network, in which case you may need to pay full price, then submit a claim to MedImpact for reimbursement. There is no mail-order service with this pharmacy option. Claim forms can be found at: kp.org/kpic-colorado.</p> <p>For a list of covered drugs and restrictions, including prior authorization, please visit kp.org/kpic-colorado.¹¹</p>

The information provided here is a summary only. 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 (EOC) or Certificate of Insurance (COI). Upon enrollment, your EOC or COI will contain a description of your coverage, including benefits, exclusions, and limitations. Your EOC or COI will prevail over this or any other plan summary such as your Summary of Benefits and Coverage.

1. Kaiser Foundation Health Plan of Colorado, Inc. (KFHP), underwrites the HMO Network Provider Tier and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the Participating Provider Tier and Non-Participating Provider Tier of the 3-Tiered POS Plan.
2. Colorado state law requires that an Access Plan be available that describes the carrier's network provider services. To obtain a copy of Kaiser Foundation Health Plan of Colorado's Access Plan describing its HMO In-Network Provider, please call Member Services or visit [kp.org](https://www.kp.org). To obtain a copy of KPIC's Access Plan describing its Participating Provider Network, please call Customer Service at **1-855-364-3184** or visit [kp.org/kpic-colorado](https://www.kp.org/kpic-colorado).
3. Services may or may not be subject to deductible. Deductible may count toward the satisfaction of your out-of-pocket maximum. Payments to satisfy your Participating Provider Tier deductible also apply to your HMO In-Network Provider Tier deductible; however, payments to satisfy your HMO In-Network Provider Tier deductible may apply only to the HMO In-Network Provider Tier.
4. Kaiser Permanente Insurance Company is contracted with First Health. First Health is a brand name of First Health Group Corp.
5. For its Participating Provider Network, KPIC has contracted with the First Health® Network. The list of participating providers in the First Health® Network for KPIC is subject to change without notice.
6. Preventive care includes adult preventive care exams and screenings, well-woman care, immunizations, and well-child care (exams and immunizations in accordance with medical guidelines). See your EOC for details.
7. Choice of providers varies by plan and availability at the time of selection.
8. The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna PPO Network is available through Cigna's contractual relationship with the Kaiser Permanente health plans. The Cigna PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.
9. For both the Participating and Non-Participating Provider Tiers, referrals aren't required, but some services – surgery, hospitalization, MRIs, PET scans, and CT scans, for example – require pre-certification. Prior authorization may be required in the HMO In-Network Provider Tier. See your COI or EOC for a list of services that may require pre-certification or prior authorization, respectively.
10. Coverage and refills of maintenance medications depend on your specific plan provisions: (a) For the HMO In-Network Provider Tier, 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; (b) For the Participating Provider Tier, maintenance medication refills must be filled at one of the participating MedImpact pharmacies or through the MedImpact mail order program or the maintenance medication will not be covered; and (c) For the Non-Participating Provider Tier, mail order is not available. For the HMO In-Network Provider Tier, prescription refills can only be delivered by mail to an address within the State of Colorado.
11. Certain drugs may require prior authorization, step therapy, quantity and/or age limits.
12. KPIC has contracted with MedImpact. The list of participating MedImpact providers is subject to change without notice. Log on to [medimpact.com](https://www.medimpact.com) (be sure to sign up as a registered MedImpact member to get a correct listing), and follow the prompts for a list of participating MedImpact pharmacies.