

2021 | KAISER PERMANENTE NORTHWEST

PRODUCT TRAINING

SMALL GROUP + INDIVIDUAL & FAMILY (KPIF)

AGENDA

TOPICS

The Kaiser Permanente model of care

Updates and reminders

2021 small business medical plans

2021 small business dental plans

2021 KPIF medical plans

2021 KPIF dental plans

Q&A

A photograph of a female doctor with dark hair, wearing a white lab coat and a stethoscope, smiling warmly at a young child. The child is seen from the side, wearing a light blue shirt. The background is slightly blurred, showing a clinical setting. The entire image has a blue tint.

THE KAISER PERMANENTE MODEL OF CARE

KAISER PERMANENTE NORTHWEST



Doctors focus on providing the right care, not unnecessary testing or treatment



Working together to manage our members' overall health



Closing health gaps



Care all under one roof



High-quality care for maternity, cancer, cardiac, and more

KAISER PERMANENTE NORTHWEST REGIONAL SERVICE AREA

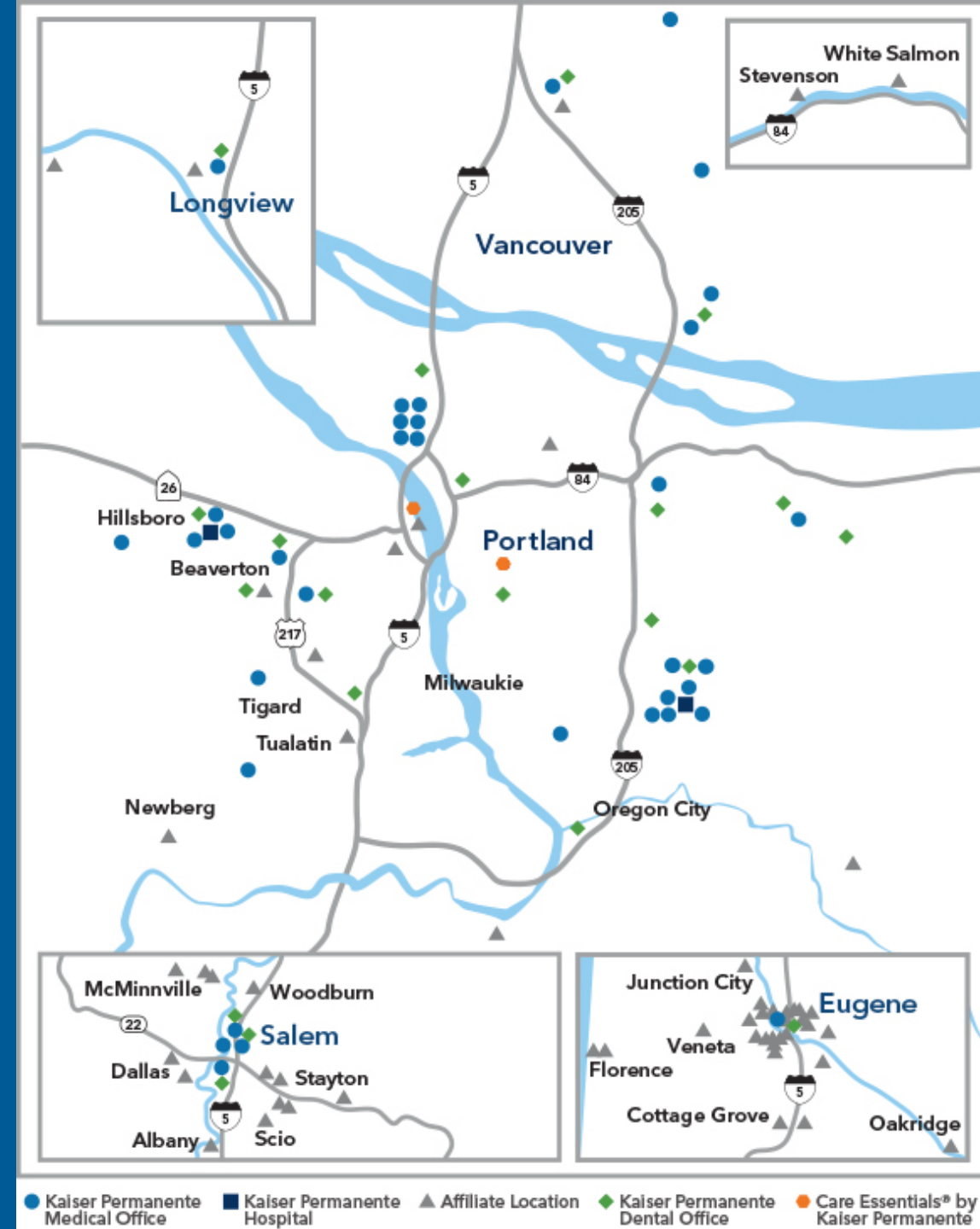
35 MEDICAL OFFICES

21 DENTAL OFFICES

2 KAISER PERMANENTE HOSPITALS

+ affiliate providers available in-network

COVID-19 Updates: To help ensure the safety of our members, staff, and community, we may temporarily close or limit in-person services at some of our medical and dental facilities. Members can still get the care they need, including emergency care, e-visits, phone or video visits, and more.



CARE DURING THE COVID-19 PANDEMIC

- Reimagining care
- Working with local and state government
- Precautions and sanitation in medical and dental offices
- PPE use, conservation, and monitoring
- Continuous updates to testing protocols
- Clinical trials
- Waiving COVID-19 member out-of-pocket cost shares through 2020

For the most up-to-date information, please visit kp.org/coronavirus.



KAISER PERMANENTE'S CONNECTED APPROACH TO TELEHEALTH

Advantages of telehealth at Kaiser Permanente



Convenience is key

We help your employees get care anywhere, in a way that fits their lifestyle.



By phone



By email



By video



With e-visits

UPDATES AND REMINDERS



KAISER PERMANENTE CHASE GARDENS MEDICAL OFFICE

NEW MEDICAL OFFICE LOCATION OPENED ON MAY 5, 2020



360 S. GARDEN WAY – EUGENE

- Kaiser Permanente Northwest is pleased to announce the move from our previous Downtown Eugene Medical Office to our new Chase Gardens Medical Office.
- Kaiser Permanente continues to expand access and service to our growing membership in Lane County.
- Our new location conveniently brings together:
 - Primary care
 - Lab services
 - Imaging services
 - Pharmacy (same-day and next-day prescription delivery also available)

Take a virtual tour at lanekp.org

EXPERIENCE KP

DISCOVER KAISER PERMANENTE'S VALUE

The best way to discover the Kaiser Permanente difference, is to experience it firsthand with behind the scenes look of our medical facilities.

Experience KP entitles you to have a:

- One-on-one talk with a physician leader
- Hands on demonstration of our industry-leading health information technology
- Private guided virtual tour of our medical offices

Contact your account manager to schedule an Experience KP virtual tour or visit kp.org/vr to virtually explore one of our facilities today.

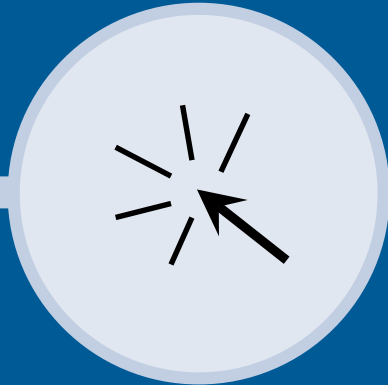


MAKING IT EASY TO WELCOME NEW MEMBERS

MEMBER ONBOARDING

New Member Welcome Desk
1-888-491-1142

kp.org/newmember
welcome site



Anytime

ID card and
quick guide to
getting started



Personalized
welcome book

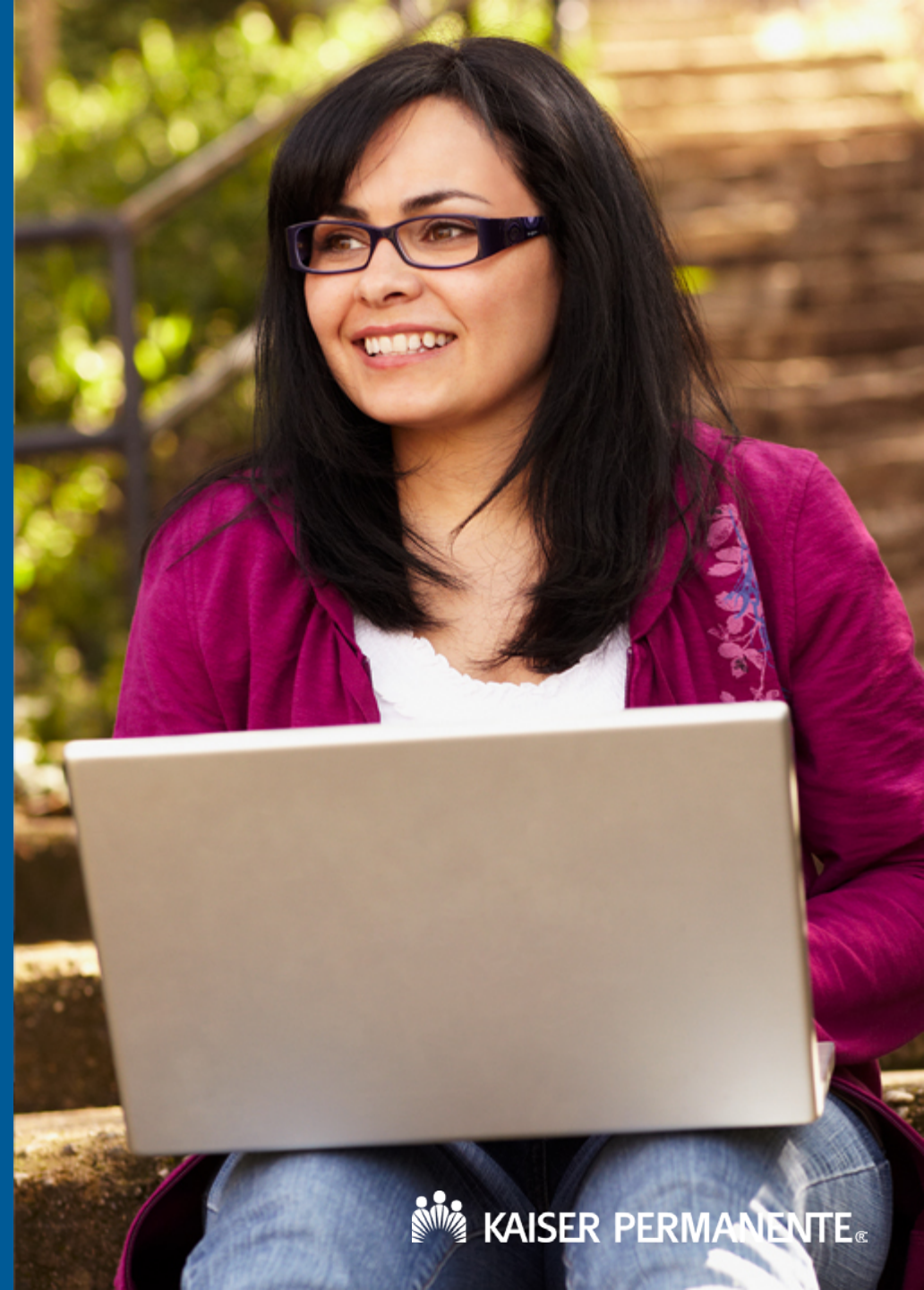


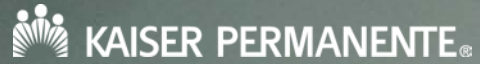
Within 1 to 10 days of coverage starting

SIMPLE STEP-BY-STEP WELCOME PROGRAM

Account.kp.org

- Find enrollment materials and forms.
- View your book of business for group and individuals.
- Manage group renewals.
- Employer group account maintenance:
 - Manage membership.
 - Order ID cards.
 - View and pay bills.
 - Update employee demographic information.
- Sign in to account.kp.org to find out more.





2021 SMALL BUSINESS PLANS PRODUCTS AND UPDATES

Oregon and Southwest Washington

Small Group Commissions and Bonuses

2021 COMMISSIONS

Medical — no change

\$14 PMPM for all small groups

Dental — no change

\$2.50 PMPM for all small groups

See 2021 Commission Schedule for standard New Sale and Renewal bonus information.



KPNW 2021 Small Group Medical Rates

OREGON & WASHINGTON

2021 Oregon rate filing: average 3.5% increase

- Q1 4.0%
- Q2 3.7%
- Q3 3.5%
- Q4 3.2%

2 geographic areas:

Portland Metro and Eugene-Springfield: Multnomah, Washington, Clackamas, Yamhill, Lane, Linn, Benton counties

Salem: Marion and Polk counties

2021 Washington **PRELIMINARY** rate filing

- Average 5.8% increase
- 2 geographic areas: Clark and Cowlitz counties



KPNW 2021 Small Group Dental Rates

OR SG Family

- -4.9% on renewing HMO plans
- 0% on renewing PPO plans

OR SG Pediatric

- +10.0% on renewing PPO plans
- (Offering 3 new HMO plans, which are priced 10% below the PPO price point)

WA SG Adult

- -10.73% on renewing HMO plans
- +8.21% on renewing PPO plans

WA SG Pediatric

+6.49% on renewing PPO plans



2021 SMALL BUSINESS MEDICAL PLANS

2021 OR Medical Plan Changes

WHAT'S NEW

- KP OR Gold 2000/40
- KP OR Silver 5500/50

WHAT'S BEING DISCONTINUED

- No plans are being discontinued for plan year 2021

WHAT'S CHANGING

2020 plan year	2021 plan year
KP OR Gold 600/35 3T POS	KP OR Gold 500/35 3T POS
KP OR Gold 650/35 3T POS OOA	KP OR Gold 500/35 3T POS OOA
KP OR Bronze 5500/50	KP OR Bronze 7000/50
KP OR Bronze 8150/40	KP OR Bronze 8550/40
KP OR Bronze 5200/20% HSA	KP OR Bronze 6900/0% HSA

2021 OR Medical Plans

Product Type	Platinum	Gold	Silver	Bronze
HMO: Traditional, nondeductible plans	KP OR Platinum 0/20	KP OR Gold 0/30		
DHMO: Traditional, deductible plans	KP OR Platinum 250/20 KP OR Platinum 500/20	KP OR Gold 1000/20 KP OR Gold 1500/35 KP OR Gold 2000/40 KP Oregon Standard Gold	KP OR Silver 2500/45 KP OR Silver 3500/40 KP OR Silver 4500/45 KP OR Silver 5500/50 KP Oregon Standard Silver	KP OR Bronze 7000/50 KP OR Bronze 8550/40 KP Oregon Standard Bronze
HDHP: HSA-qualified high deductible plans			KP OR Silver 2800/25% HSA	KP OR Bronze 6900/0% HSA
Added Choice: POS plans	KP OR Platinum 250/20 3T POS	KP OR Gold 500/35 3T POS KP OR Gold 1000/20 3T POS	KP OR Silver 2500/45 3T POS	
Added Choice: OOA plans	KP OR Platinum 250/20 3T POS OOA	KP OR Gold 500/35 3T POS OOA KP OR Gold 1000/35 3T POS OOA	KP OR Silver 2500/45 3T POS OOA	

All plans except Standard plans are available with embedded adult vision exam & hardware and/or alternative care.

HMO, DHMO, and HDHP plans: Qualified small employers who wish to claim the small business health care tax credit must select a plan without buy-up coverage. Choice Products are not qualified plans for purposes of the tax credit.

Adult vision hardware and exam: hardware allowance of \$200/2-year period for ages 19 and older and vision exam covered at primary office visit cost share.

Alternative Care: \$20 chiropractic and acupuncture, \$25 massage therapy(limit 12 per year)/\$1,000 max per enrolled member.

2021 WA Medical Plan Changes

WHAT'S NEW

- KP WA Gold 2000/40
- KP WA Silver 5500/50

WHAT'S BEING DISCONTINUED

- No plans are being discontinued for plan year 2021

WHAT'S CHANGING

2020 plan year	2021 plan year
KP WA Gold 600/35 3T POS	KP WA Gold 500/35 3T POS
KP WA Gold 1000/30 PPO Plus	KP WA Gold 1000/35 PPO Plus
KP WA Bronze 5500/50	KP WA Bronze 7000/50
KP WA Bronze 8150/40	KP WA Bronze 8550/40
KP WA Bronze 5200/20% HSA	KP WA Bronze 6900/0% HSA

2021 WA Medical Plans

Product Type	Platinum	Gold	Silver	Bronze
HMO: Traditional, nondeductible plans	KP WA Platinum 0/20	KP WA Gold 0/30		
DHMO: Traditional, deductible plans	KP WA Platinum 250/20 KP WA Platinum 500/20	KP WA Gold 1000/20 KP WA Gold 1500/35 KP WA Gold 2000/40	KP WA Silver 2500/45 KP WA Silver 3500/40 KP WA Silver 4500/45 KP WA Silver 5500/50	KP WA Bronze 7000/50 KP WA Bronze 8550/40
HDHP: HSA-qualified high deductible plans			KP WA Silver 2800/25% HSA	KP WA Bronze 6900/0% HSA
Added Choice: POS plans	KP WA Platinum 250/20 3T POS	KP WA Gold 500/35 3T POS KP WA Gold 1000/20 3T POS	KP WA Silver 2500/45 3T POS	
PPO: PPO Plus OOA plans	KP WA Platinum 250/20 PPO Plus	KP WA Gold 1000/35 PPO Plus	KP WA Silver 2500/45 PPO Plus	

All plans available with embedded adult vision exam and hardware.

Adult vision hardware and exam: \$200 hardware benefit allowance every 2-year period for ages 19 and older and vision exam covered at primary office visit cost share.

A photograph of an older man and woman looking at a tablet together. The man is pointing at the screen. The woman is looking down at the tablet. They are both smiling.

Group Senior Advantage

ADMINISTRATIVE CHANGES

As groups renew in 2021:

- Medicare Only subgroups will be closed.
- Alleviate administrative issues with regards to billing and benefits administration groups may have experienced, will not affect the member's current benefits.

Logistics:

- Existing members will be relocated to new subgroup:
 - Family members will be rejoined, where applicable.
 - If no family member exists, member will be moved to the plan with the lowest commercial rate in the package of benefits the employer offers.
 - Future enrollees will remain on current subgroup with any family members where applicable.



Group Senior Advantage

ADMINISTRATIVE CHANGES CONTINUED

Rating:

Medicare Primary

Oregon/Washington — For members who enroll in part B and assign in to KP, premium charged will be the group Senior Advantage rate provided on the quote or within the group's renewal packet.

Medicare Secondary

Oregon — Member premium will be the same rate of the plan offered to all other employees under age 65. If group offers multiples plans, rate will be based on plan they are on at the time of enrollment.

Washington — Member premium will be the commercial MLR rate of the subgroup they are on at the time of enrollment, according to age tier (likely 64+).

Note: Same rating methodology for MSP applies to members who enroll in or defer part B.

2021 SMALL BUSINESS DENTAL PLANS

CONVENIENT, HIGH-QUALITY DENTAL CARE AND COVERAGE

Flexible coverage options:
Traditional plan
PPO plan



21 DENTAL OFFICES

Eugene, OR, to
Longview, WA
Many co-located
with or near a KP
medical facility



162 KP DENTISTS

Plus a network of
415,000+ PPO
dentists nationwide



GENERAL DENTISTRY SPECIALTY CARE

Including
orthodontics,
endodontics, oral
surgery, periodontics



RIGHT CARE AT THE RIGHT TIME

Urgent dental care
available 24 hours a
day, 7 days a week
Saturday dental
cleanings at select
locations
Virtual dentistry
options, including
video, phone, and
email



MEDICAL-DENTAL INTEGRATION (MDI)

Integration with
electronic health record,
co-location, and
coordination with
medical team for better
patient outcomes

VIRTUAL DENTISTRY

100% INTEGRATED — \$0 COSTS

A virtual visit with a dentist may cover a member's dental history, assess the severity of the concern, and provide recommendations and next steps.

- Telephone advice 24 hours a day, 7 days a week
- Telephone and video visits (available after a member is triaged)
- Dental advice email on kp.org and the Kaiser Permanente app*
- Ability to email patient photos through kp.org and Kaiser Permanente app*

*Available for members with both KP medical and dental.

2021 KAISER PERMANENTE **DENTAL VALUE**

OREGON AND WASHINGTON

Overall

- Stand-alone Dental, down to 2 lives
- Dual Dental plan offering available (1 Traditional plan + 1 PPO Choice plan)
- No waiting periods for major or orthodontia services
- PreventaMax feature on all Family and Adult plans; preventive and diagnostic services do **not** reduce annual benefit maximum
- KP integrated medical and dental electronic health record
- PPO out-of-network dentists reimbursed 90th UCC

kp.org/dental/nw

2021 Dental Plan Changes (OR)

WHAT'S DIFFERENT FOR 2021

New benefit for 2021

Dental implant coverage on select Traditional plans

- KP OR Family Traditional 100 \$100 Ded/\$2000 Max + Implant
- KP OR Family Traditional 100 \$2000 Max + Ortho/Implant
- KP OR Family Traditional 100 \$100 Ded/\$2500 Max + Implant
- KP OR Family Traditional 100 \$2500 Max + Ortho/Implant

New plans for 2021

Traditional network pediatric plans

- KP OR Traditional 80 Pediatric Dental Plan
- KP OR Traditional 100 Pediatric Dental Plan
- KP OR Traditional 100 + Ortho Pediatric Dental Plan

Changes to existing plans for 2021

None

2021 Traditional Plans (OR)

Family Dental

Family Dental	Traditional Family 100				Traditional Family 80
Benefit Maximum Annual (Adults 19+ only)	\$2,500	\$2,000	\$1,500	\$1,000	\$1,000
Deductible Annual (3x's family)	\$50 or \$100	\$0, \$50 or \$100	\$0, \$50 or \$100		\$0, \$50 or \$100
Pediatric Annual Out-of-Pocket Maximum (18 and under)	\$350 / \$700		\$350 / \$700		\$350 / \$700
Office Visit Copay	\$10		\$10		\$10
Preventive & Diagnostic*	\$0		\$0		20%
Basic Services**	20%		20%		20%
Oral Surgery, Periodontics & Endodontics**	20%		20%	50%	20%
Major Restorative & Prosthetics**	50%		50%		50%
Nitrous Oxide	\$25 (13+ years old) \$0 (12 years and under)		\$25 (13+ years old) \$0 (12 years and under)		\$25 (13+ years old) \$0 (12 years and under)
Implants**	50% up to Benefit Maximum; available with \$100 deductible		No coverage		
Medically Necessary Orthodontia (18 and under only)**	50%		50%		50%
Cosmetic Orthodontia	50% up to \$1,500 lifetime max benefit; available on plans with \$100 deductible				

*Preventive & diagnostic service does not apply to adult annual benefit maximum.

**Deductible applies.

2021 Family Choice PPO Dental Plans (OR)

	Choice Family 100		Choice Family 80	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefit Maximum Annual (Adults 19+ only)	\$2,500, \$2,000, \$1,500 and \$1,000		\$1,000	
Deductible Annual (3x's family)	\$50 or \$100		\$50 or \$100	
Pediatric Out-of-Pocket Maximum (Individual / Family) (in-network only)	\$350 / \$700	N/A	\$350 / \$700	N/A
Preventive & Diagnostic*	\$0	\$0	20%	20%
Basic Services**	20%	20%	20%	20%
Oral Surgery**	20%	20%	20%	20%
Periodontics & Endodontics**	20%	20%	20%	20%
Major Restorative & Prosthetics**	50%	50%	50%	50%
Nitrous Oxide	\$25 (13+ years old) \$0 (12 years and under)		\$25 (13+ years old) \$0 (12 years and under)	
Medically Necessary Orthodontia (18 and under only)**	50%	50%	50%	50%
Cosmetic Orthodontia	50% up to \$1,500 lifetime max benefit; available on plans with \$100 deductible			

*Preventive & diagnostic service does not apply to adult annual benefit maximum.

**Deductible applies.

2021 OR Traditional and PPO Choice Pediatric Dental Plans

OREGON

ACA-compliant pediatric dental plan is required for groups with small group medical plans.

Oregon Choice Traditional and PPO Choice pediatric dental plans are available stand-alone.

3 plans available on both Traditional and PPO Choice:

- Traditional 80, Traditional 100, Traditional 100 with cosmetic orthodontia
- Choice 80, Choice 100, Choice 100 with cosmetic orthodontia
- In-network \$350/\$700 out-of-pocket maximum

kp.org/dental/nw

2021 Oregon Traditional Pediatric Dental Plans

Plans available stand-alone

	Traditional Pediatric 100 + cosmetic orthodontia	Traditional Pediatric 100	Traditional Pediatric 80
Deductible Annual	\$50 individual / \$150 family	\$50 individual / \$150 family	None
Out-of-Pocket Maximum (Individual / Family)	\$350 / \$700	\$350 / \$700	\$350 / \$700
Preventive & Diagnostic	\$0	\$0	20%
Basic Services*	20%	20%	75%
Oral Surgery*	20%	20%	75%
Periodontics & Endodontics*	20%	20%	75%
Major Restorative & Prosthetics*	50%	50%	75%
Nitrous Oxide	\$25 (13+ years old) \$0 (12 years and under)	\$25 (13+ years old) \$0 (12 years and under)	\$25 (13+ years old) \$0 (12 years and under)
Medically Necessary Orthodontia*	50%	50%	50%
Cosmetic Orthodontia	50% up to \$1,500 lifetime max benefit	N/A	N/A

Pediatric dental for members aged 18 and younger.
*Deductible applies.

2021 Oregon PPO Choice Pediatric Dental Plans

Plans available stand-alone

	Choice Pediatric 100 + cosmetic orthodontia		Choice Pediatric 100		Choice Pediatric 80	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Annual	\$50 individual/\$150 family		\$50 individual/\$150 family		None	
Out-of-Pocket Maximum (Individual / Family)	\$350 / \$700	N/A	\$350 / \$700	N/A	\$350 / \$700	N/A
Preventive & Diagnostic	\$0		\$0		20%	
Basic Services*	20%		20%		75%	
Oral Surgery*	20%		20%		75%	
Periodontics & Endodontics*	20%		20%		75%	
Major Restorative & Prosthetics*	50%		50%		75%	
Nitrous Oxide	\$25 (ages 13+), \$0 (ages under 13)		\$25 (ages 13+), \$0 (ages under 13)		\$25 (ages 13+), \$0 (ages under 13)	
Medically Necessary Orthodontia*	50%		50%		50%	
Cosmetic Orthodontia	50% up to \$1,500 lifetime max benefit		N/A		N/A	

Pediatric dental for members aged 18 and younger.
*Deductible applies.

2021 Dental Plan Changes (WA)

WHAT'S DIFFERENT FOR 2021

New for 2021

Dental implant coverage on select plans

- KP WA Adult Traditional 100 - \$100 Ded/\$2000 Max + Implant
- KP WA Adult Traditional 100 - \$2000 Max + Ortho/Implant
- KP WA Adult Traditional 100 - \$100 Ded/\$2500 Max + Implant
- KP WA Adult Traditional 100 - \$2500 Max + Ortho/Implant

Changes for 2021

None

2021 Traditional Dental Plans (WA)

Adult (Only)	Traditional Adult 100				Traditional Adult 80
Benefit Maximum Annual	\$2,500	\$2,000	\$1,500	\$1,000	\$1,000
Deductible Annual (3x's family)	\$50 or \$100	\$0, \$50, or \$100	\$0, \$50, or \$100		\$0, \$50, or \$100
Office Visit Copay	\$10		\$10		\$10
Preventive & Diagnostic*	\$0		\$0		20%
Basic Services**	20%		20%		20%
Oral Surgery**	20%		20%	50%	20%
Periodontics & Endodontics**	20%		20%	50%	20%
Major Restorative & Prosthetics**	50%		50%		50%
Nitrous Oxide	\$25		\$25		\$25
Implants**	50% up to Benefit Maximum; available with \$100 deductible		No coverage		
Cosmetic Orthodontia	50% up to \$1,500 lifetime max benefit; available on plans with \$100 deductible				

Adult dental for members aged 19 and older.

*Preventive & diagnostic service does **not** apply to annual benefit maximum.

**Deductible applies.

2021 Adult Choice PPO Dental Plans (WA)

	Adult Choice 100		Adult Choice 80	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Benefit Maximum Annual	\$2,500, \$2,000, \$1,500, or \$1,000		\$1,000	
Deductible Annual (3x's family)	\$50 or \$100		\$50 or \$100	
Preventive & Diagnostic*	\$0		20%	
Basic Services**	20%		20%	
Oral Surgery**	20%		20%	
Periodontics & Endodontics**	20%		20%	
Major Restorative & Prosthetics**	50%		50%	
Nitrous Oxide	\$25		\$25	
Cosmetic Orthodontia	50% up to \$1,500 lifetime max benefit; available on plans with \$100 deductible			

Adult dental for members aged 19 and older.

*Preventive & diagnostic service does **not** apply to adult annual benefit maximum.

**Deductible applies.

2021 Adult Choice PPO Dental Plans

WA ADULT WITH PEDIATRIC COSMETIC ORTHODONTIA	Adult Choice 100 + Pediatric Orthodontia			
	In-Network	Out-of-Network	In-Network	Out-of-Network
	Benefits for adults aged 19+		Benefits for children aged 18 and younger	
Benefit Maximum Annual	\$1,500		None	
Deductible Annual	\$100 individual / \$300 family			
Preventive & Diagnostic*	\$0		No coverage	
Basic Services**	20%		No coverage	
Oral Surgery**	20%		No coverage	
Periodontics & Endodontics**	20%		No coverage	
Major Restorative & Prosthetics**	50%		No coverage	
Nitrous Oxide	\$25		\$25 (ages 13+), \$0 (ages under 13)	
Cosmetic Orthodontia (18 years and younger only)	No coverage		50% up to \$1,500 lifetime max benefit	

*Preventive & diagnostic service does not apply to adult annual benefit maximum.

**Deductible applies.

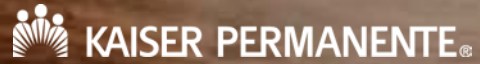
2021 Washington PPO Choice Pediatric Dental Plans

Plans available stand-alone

	Choice Pediatric 100 + Cosmetic Orthodontia		Choice Pediatric 100	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Annual	\$50 individual / \$150 family		\$50 individual / \$150 family	
Out-of-Pocket Maximum (Individual / Family)	\$350 / \$700	N/A	\$350 / \$700	N/A
Preventive & Diagnostic	\$0		\$0	
Basic Services*	20%		20%	
Oral Surgery*	20%		20%	
Periodontics & Endodontics*	20%		20%	
Major Restorative & Prosthetics*	50%		50%	
Nitrous Oxide	\$25 (ages 13+), \$0 (ages under 13)		\$25 (ages 13+), \$0 (ages under 13)	
Medically Necessary Orthodontia*	50%		50%	
Cosmetic Orthodontia	50% up to \$1,500 lifetime max benefit		No coverage	

Pediatric dental for members
aged 18 and younger.
*Deductible applies.

QUESTIONS FOR SMALL GROUP?



2021 KAISER PERMANENTE FOR INDIVIDUALS AND FAMILIES PLANS **PRODUCTS AND UPDATES**

Oregon and Southwest Washington





2021 KPIF MEDICAL PLANS

DIRECT AND EXCHANGE

2021 OR Medical Plan Changes

WHAT'S NEW

- KP OR Bronze 8550/75

WHAT'S BEING DISCONTINUED

- KP OR Catastrophic 8150/0

WHAT'S CHANGING

2020 plan year	2021 plan year
KP OR Gold 1000/20	KP OR Gold 1500/30
KP OR Silver 2500/35	KP OR Silver 2500/40*
KP OR Silver 3500/35	KP OR Silver 4500/40*
KP OR Bronze 5000/50	KP OR Bronze 5500/50

*Change applies to CSR versions of plan as well.

2021 OR Medical Plan Changes

On Exchange (HealthCare.gov)

	Gold	Silver	Bronze	#
HMO	KP OR Gold 0/20			1
DHMO	KP OR Gold 1500/30 KP Oregon Standard Gold Plan	KP OR Silver 2500/40 KP OR Silver 4500/40 KP Oregon Standard Silver Plan	KP OR Bronze 5500/50 NEW KP OR Bronze 8550/75 KP Oregon Standard Bronze Plan	8
HDHP			KP OR Bronze 6900/0% HSA	1
Total (On)	3	3 (+9 CSRs)	4	10 (19)

Off Exchange

	Gold	Silver	Bronze	#
HMO	KP OR Gold 0/20			1
DHMO	KP OR Gold 1500/30 KP Oregon Standard Gold Plan	KP OR Silver 2500/40 KP OR Silver 4500/40 KP Oregon Standard Silver Plan	KP OR Bronze 5500/50 NEW KP OR Bronze 8550/75 KP Oregon Standard Bronze Plan	8
HDHP		KP OR Silver 3000/20% HSA*	KP OR Bronze 6900/0% HSA	2
Total (Off)	3	4	4	11

Bold = Cost share changes for 2021

NEW = New plan

Blue = Oregon Standard plan

On Exchange = 10 plans (with 9 CSR plans)

Off Exchange = 11 plans

*Silver 3000/20% HSA offered Off Exchange only

Note: Does not include American Indian/Alaska Native CSR totals.

2021 WA Medical Plan Changes

WHAT'S NEW

- KP Cascade Gold
- KP Cascade Silver
- KP Cascade Bronze

WHAT'S BEING DISCONTINUED

- KP WA Catastrophic 8150/0

WHAT'S CHANGING

2020 plan year	2021 plan year
KP WA Gold 1000/20	KP WA Gold 1500/30
KP WA Silver 2500/35	KP WA Silver 2500/40 ¹
KP WA Silver 3500/35	KP WA Silver 4500/40 ²
KP WA Bronze 5000/50	KP WA Bronze 6350/65
KP WA Bronze 6500/50	KP WA Bronze 8550/75
KP WA Bronze 6000/30% HSA	KP WA Bronze 6900/0% HSA

¹Change applies to CSR versions of plan as well. | ²Plan moved to only off exchange for plan year 2021.

2021 WA Medical Plan Changes

On Exchange (Washington HealthplanFinder)

	Gold	Silver	Bronze	#
HMO	KP WA Gold 0/20			1
DHMO	KP WA Gold 1500/30 NEW KP Cascade Gold	KP WA Silver 2500/40 NEW KP Cascade Silver	KP WA Bronze 6350/65 KP WA Bronze 8550/75 NEW KP Cascade Bronze	7
HDHP			KP WA Bronze 6900/0% HSA	1
Total (On)	3	2 (+6 CSRs)	4	9 (15)

Bold = Cost share changes for 2021
NEW = New Washington Standard plan

On Exchange = 9 plans plus 6 CSR plans
Off Exchange = 8 plans – 8 with Pediatric Dental embedded

*Silver 3000/20% HSA offered Off Exchange only

Note: Does not include American Indian/Alaska Native CSR totals.

Off Exchange

	Gold	Silver	Bronze	#
HMO	KP WA Gold 0/20			1
DHMO	KP WA Gold 1500/30	KP WA Silver 2500/40 KP WA Silver 4500/40	KP WA Bronze 6350/65 KP WA Bronze 8550/75	5
HDHP		KP WA Silver 3000/20% HSA*	KP WA Bronze 6900/0% HSA	2
Total (Off)	2	3	3	8

2021 KPIF DENTAL PLANS

DIRECT AND EXCHANGE



2021 Oregon Dental Portfolio**

FAMILY TRADITIONAL PLANS

PLAN NAME	KP OR Dental 100	KP OR Dental 80H	KP OR Dental 80L
DEDUCTIBLE (Annual)	\$50 individual \$100 family	None	\$100 individual \$300 family
BENEFIT MAXIMUM (Annual, applies to members 19 and older only)	\$1,000	\$1,000	None
OUT-OF-POCKET MAX (Annual, applies to members 18 and younger only)	\$350 individual \$700 family	\$350 individual \$700 family	\$350 individual \$700 family
BENEFITS	Member Pays		
OFFICE VISIT COPAY	\$0	\$0	\$0
PREVENTIVE & DIAGNOSTIC	\$0	20%	20%
BASIC RESTORATIVE	20%*	75%	50%*
ORAL SURGERY	20%*	75%	50%*
PERIODONTICS	20%*	75%	50%*
ENDODONTICS	20%*	75%	50%*
MAJOR RESTORATIVE/PROSTHETICS	50%*	75%	50%*
ORTHODONTIA — Medically Necessary only (Pediatric members 18 and younger only; members 19 and older are not covered)	50%	50%	50%
NITROUS OXIDE	\$0 (<13 yrs), \$25 (13+ yrs)	\$0 (<13 yrs), \$25 (13+ yrs)	\$0 (<13 yrs), \$25 (13+ yrs)

*Subject to deductible.

**Not available as a stand-alone dental option. Plans available ON/OFF Exchange.

2021 Washington Dental Portfolio**

ADULT TRADITIONAL PLANS: OFF EXCHANGE

PLAN NAME	KP WA Dental 100	KP WA Dental 80
DEDUCTIBLE (Annual)	\$50 individual \$100 family	\$100 individual \$300 family
BENEFIT MAXIMUM (Annual)	\$1,000	None
BENEFITS	Member Pays	
OFFICE VISIT COPAY	\$0	\$0
PREVENTIVE & DIAGNOSTIC	\$0	20%
BASIC RESTORATIVE	20%*	50%*
ORAL SURGERY	50%*	50%*
PERIODONTICS	50%*	50%*
ENDODONTICS	50%*	50%*
MAJOR RESTORATIVE/PROSTHETICS	50%*	50%*
NITROUS OXIDE	\$25	\$25
ORTHODONTIA	Not available	
*Subject to deductible. **Not available as a stand-alone dental option. Available to members 19 years and older. Plans available OFF Exchange only.		

2021 Washington Dental Portfolio

EMBEDDED PEDIATRIC TRADITIONAL PLANS

Embedded in these Medical plans:	<ul style="list-style-type: none"> KP WA Gold 0/20 with Pediatric Dental KP WA Gold 1500/30 with Pediatric Dental 	<ul style="list-style-type: none"> KP WA Silver 2500/40 with Pediatric Dental KP WA Silver 4500/40 with Pediatric Dental KP WA Bronze 6350/65 with Pediatric Dental KP WA Bronze 8550/75 with Pediatric Dental 	<ul style="list-style-type: none"> KP WA Silver 3000/20% HSA with Pediatric Dental 	<ul style="list-style-type: none"> KP WA Bronze 6900/0% HSA with Pediatric Dental
DEDUCTIBLE (Annual)	None	None	Subject to Medical deduct.	Subject to Medical deduct.
OUT-OF-POCKET MAX (OOPM) (Annual; applies through the end of the <u>year</u> in which member turns 19)	Subject to Medical OOPM	Subject to Medical OOPM	Subject to Medical OOPM	Subject to Medical OOPM
BENEFITS	Member Pays			
OFFICE VISIT COPAY	\$0	\$0	\$0	0%+
PREVENTIVE & DIAGNOSTIC	\$0	\$0	\$0	0%+
BASIC RESTORATIVE	50%*	50%*	50%*+	0%+
ORAL SURGERY	50%*	50%*	50%*+	0%+
PERIODONTICS	50%*	50%*	50%*+	0%+
ENDODONTICS	50%*	50%*	50%*+	0%+
MAJOR RESTORATIVE/PROSTHETICS	50%*	50%*	50%*+	0%+
ORTHODONTIA Medically Necessary Only**	50%*	50%*	50%*+	0%+
NITROUS OXIDE	\$0 (<13 yrs) \$25 (13-19 yrs)*	\$0 (<13 yrs) \$25 (13-19 yrs)*	\$0 (<13 yrs) \$25 (13-19 yrs)*+	0%+
<p>*Accumulate to medical Out-Of-Pocket Maximum. **Orthodontia — cosmetic and self-referred are not covered. +Cost share applies after medical deductible/accumulates to medical deductible. Plans available OFF Exchange only.</p>				

2021 Washington Dental Portfolio

PEDIATRIC TRADITIONAL PLANS: ON EXCHANGE

PLAN NAME	KP WA Pediatric Dental 100
DEDUCTIBLE (Annual)	\$50 individual \$150 max per family
OUT-OF-POCKET MAXIMUM (Annual)	\$350 individual \$700 max per family
BENEFITS	Member Pays
PREVENTIVE	\$0
BASIC RESTORATIVE	20%*
PERIODONTICS	20%*
ENDODONTICS	50%*
ORAL SURGERY	50%*
MAJOR RESTORATIVE/PROSTHETICS	50%*
ORTHODONTIA — Medically Necessary ONLY	50%*
NITROUS OXIDE	\$0 (<13 yrs), \$25 (13-19 yrs)
*Subject to deductible. All benefits accumulate to out-of-pocket maximum, except Medically Necessary Ortho. Available to members 18 years and younger.	

Applications, Tools, and Resources

SIGN ME UP 2.0: ONLINE QUOTING AND APPLICATION TOOL

- Online quoting and enrollment tool for off-exchange (direct) plans
- Create a personal “URL link” that can be emailed to your client or embedded on an agency website
- Check the status of your clients off-exchange applications
- Visit **kp.org/applyonline** to get started
- If you need assistance with your SMU account, contact national broker support services
 - Broker Services Team: **1-844-394-3978** option 4, or email **kpif@kp.org**



Applications, Tools, and Resources

SUBMITTING A PAPER APPLICATION:

Applications can be faxed to:

- Oregon: 1-866-920-6473
- Washington: 1-866-920-6475

Applications can be mailed, but please note that the effective date is based on the received date.

Canceling coverage:

Members can ask to terminate their coverage via a written letter submitted to Kaiser Permanente.

- Fax to: 1-866-846-2650



Applications, Tools, and Resources

MAKING PLAN CHANGES:

- Off-exchange (direct) members can use our new online account change form tool for simple plan changes.*
 - Visit kp.org/planchange to submit simple plan changes for direct plans.
- For all other plan changes and outside of open enrollment, direct members can still use our paper account change form.
 - Fax to: 1-866-846-2650
- To get this form and other materials, visit account.kp.org.
- On-exchange members must contact their health benefit exchange for plan changes.

*This tool will only be available during open enrollment.



Billing*

*When mailing a payment, the payment received date will be used — not the mailed date or any other date.

Direct Members

- For recurring payment, please have invoice handy.
- **Online:** kp.org/payonline
- **Phone:** 1-877-729-5590
- **Mail:** Send check or money order to:
Kaiser Foundation Health Plan
P.O. Box 34157
Seattle, WA 98124-1157

Exchange Members

- **Initial Payment:** Can be made through FFM portal OR KP will mail binder invoice. Note: Client is not a member until the binder payment is received.
- **Online:** Register on kp.org/premiumbill for one-time payments or monthly automatic payments. Autopay is simple, secure, and available at no cost. Please reference Billing ID.
- **Phone:** 1-844-524-7370
- **Mail:** Send check or money order to: *Kaiser Foundation Health Plan*
P.O. Box 60508
City of Industry, CA 91716-0508

ENROLLMENT OPTIONS

2020 Open Enrollment Period (OEP) for 2021 Coverage

- **Oregon Residents**
Starts: November 1, 2020
Ends: December 15, 2020
- **Washington Residents***
Starts: November 1, 2020
Ends: January 15, 2021

*To obtain coverage effective January 1, 2021, we must receive a completed application by December 15, 2020.

2021 Special Enrollment Period (SEP)

- Need information on qualifying events, timelines, and what types of proof are accepted for coverage? Find out more at kp.org/specialenrollment.

Renewals

Renewals

- Renewals are sent only to subscribers. If you want to review your book of business, please visit **account.kp.org**.
- If members would like to receive a paperless renewal, they can visit **kp.org/paperlessrenewals** to learn more.
- On Exchange: FFM and Washington Healthplanfinder
 - Renewal notices will be received before their required notification requirement.
- Off Exchange/Direct
 - Renewal notices will be received before their required notification requirement.

KPIF Commissions

2021 COMMISSIONS

Beginning January 1, 2021, Kaiser Permanente Northwest* will transition to paying commissions on a per-member-per-month basis. This is a change from the existing one-time per-member-per-year payment schedule.

Medical — PMPM payment

\$12 PMPM for all KPIF

Dental — PMPM payment

\$2.50 PMPM for all KPIF

- Commission payment will be made based on receipt of premium from member.
 - If premium is paid for a month, commission is also paid for the corresponding month.
 - Commissions will be caught up if a premium is missed and then caught up by the member at a later date.
- Commission will be paid on the subscriber, spouse/partner, and up to 3 dependents.

See 2021 Commission Schedule for additional information.



Your Kaiser Permanente Team



National Broker/Producer Support Services

Telephone Support Solutions: 1-844-394-3978

Option 1: Enrollment Status and Membership

- Application, enrollment, plan status
- Billing inquiries
- Current plan and product information
- Member administration requests
- Evidence of coverage and ID cards

**Option 2 is for CA compensation services*

Option 3: Northwest Compensation

- Appointments
- Book of business reconciliation and compensation, transfers, reports
- Commissions
- Broker of record

Option 4: New Sales

- Plan, benefits, rates
- Application submissions
- SMU technical support

For more information, email us at kpif@kp.org

KPIF REGIONAL SALES AND ACCOUNT MANAGEMENT



Melissa Hand

Account Manager

Office: 503-813-3545

Cell: 503-457-6766

Fax: 503-813-2821

melissa.m.hand@kp.org



Heather Williams

Senior Territory Manager

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A man and a woman are sitting on concrete steps outside a modern building with large glass windows. The woman, on the left, has long reddish-brown hair and is wearing a light blue button-down shirt and dark blue pants. She is holding a smartphone in her right hand. The man, on the right, has a beard and is wearing a light blue blazer over a patterned shirt and khaki pants. He is holding a tablet computer with both hands, and they are both looking at it with smiles. The background shows the building's facade and some greenery.

QUESTIONS?

A close-up photograph of a person's hands in a light blue shirt writing on a document with a silver pen. The person's left hand is resting on the document, and their right hand is holding the pen. A watch is visible on the person's left wrist. The background is softly blurred, showing more of the person's shirt and the desk. The text 'THANK YOU.' is overlaid in white, bold, sans-serif font on the left side of the image.

THANK YOU.