

Resources for Resident Wellness

Alternatives for access to (out-of-network) Mental health Services

Supplemental Medical administered by HealthPlan Services

The Supplemental Medical plan, administered by HealthPlan Services, covers certain eligible medical expenses that are excluded by your Kaiser Permanente medical plan or that exceed those plans' benefit limits. This means that if a service or treatment for a medical condition is covered by your medical plan, the Supplemental Medical plan will provide coverage only after you reach the limits of your medical plan coverage.

In most cases, you may be required to provide authorized evidence of exclusion from your medical plan (a "denial of service" letter), indicating that your medical plan does not cover a given service or that you have surpassed the coverage maximum. Contact Frank A. Tyler via TEAMS or frank.x.tyler@kp.org for more information or assistance.

You are eligible if you are:

- an employee regularly scheduled to work 20 more hours per week and are enrolled in an eligible Kaiser Permanente HMO or EPO plan

You can also cover your eligible dependents that you have enrolled in your Kaiser Permanente medical plan. Click on the link in the More column for dependent eligibility requirements.

Reasonable and Customary

For all services covered under this plan, the plan reimburses a percentage of reasonable and customary charges, after the applicable deductible(s).

Reasonable and customary (R&C) is the usual fee charged in a geographic area by a medical provider for a specific medical procedure or service, which is determined by reviewing the cost of claims in your geographic area. If your doctor charges more than the "reasonable and customary fee" you will be responsible for paying your percentage and the additional amount above the reasonable and customary charges out of your own pocket.

Benefits Summary

The Supplemental Medical plan, administered by HealthPlan Services covers certain medically necessary services that are excluded by your Kaiser Permanente medical plan coverage. In addition, Supplemental Medical serves to extend certain coverage after the dollar or visit

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limitation under your medical plan coverage has been exhausted.

Your annual deductible depends on what level of coverage you have (as shown in the table below).

Plan feature	Coverage level
Annual deductible	Individual: \$100 Family: \$100 per person up to \$200 per family

If your health care provider charges more than the reasonable and customary charge for a service, you will be responsible for the excess charge.

You share the cost of the Supplemental Medical plan expenses through your annual deductible and coinsurance payments when you incur covered expenses. You must meet your annual deductible first before coinsurance can begin. HealthPlan Services will calculate your deductible and coinsurance payments.

Covered services must be deemed medically necessary for the treatment of an illness or injury and must be ordered by a licensed provider. Some services have specific limits or restrictions. See Benefit services at a glance located in the More column for more details about coverage.

Benefit services at a glance

If your Kaiser Permanente HMO or EPO provides benefits for any of the following services, the Supplemental Medical plan will provide reimbursement only when you exceed the HMO or EPO benefit coverage limits for that service.

In most cases, you may be required to provide authorized evidence of exclusion from your medical plan (a "denial of service" letter), indicating that your medical plan does not cover a given service or that you have surpassed the coverage maximum. See the "Getting a 'Denial of Service' letter" link in the More column for more information.

You may have to file a claim for reimbursement, so be prepared to pay the full amount charged at the time of treatment.

The following is a partial summary list of covered services (see website for more information @ [Benefit services at a glance \(kp.org\)](http://kp.org)):

Covered Service	Coverage level	More information link
Acupuncture	80% / 20% coinsurance	More
Chiropractic services	80% / 20% coinsurance	More

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Custodial care services - inpatient	50% / 50% coinsurance	More
Mental health services - inpatient	80% / 20% coinsurance	More
Mental health services - outpatient	80% / 20% coinsurance	More
Telemedicine Services - interactive visits using phone, video, messaging applications and email, when available	80% / 20% coinsurance	NA

Enrollment

The Supplemental Medical plan, administered by HealthPlan Services coverage is provided automatically when you enroll in an eligible Kaiser Permanente medical plan.

Coverage for you and your dependents begins on the same date your medical plan begins.

If you enroll in an ineligible medical plan or miss the enrollment timeframe, your next opportunity to be enrolled in the Supplemental Medical plan will be during the annual open enrollment period. Coverage elected during the annual open enrollment period begins on January 1 of the following year.

Filing a claim

You and/or your provider must submit a claim form.

Claims can be:

- filed online at www.hpsclaimservices.com
- faxed or mailed by completing the Health Benefits Claim form in the More column

If your provider provides direct billing, you can assign reimbursement to pay them directly. You will need to provide your HealthPlan Services participant number (referred to as your "Q9 number"). You may request it from HealthPlan Services' Customer Service at 1-800-216-2166.

The provider will need to file a claim each time that you receive services. If the claim is approved, HealthPlan Services will pay the provider directly. You will be responsible any applicable deductible and coinsurance amounts.

HealthPlan Services must receive all claims within 12 months from the date of service, otherwise they will be considered ineligible for processing and/or reimbursement.

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Contacts

For plan information call:
HealthPlan Services customer service
1-800-216-2166
Monday through Friday from 8 AM to 5 PM pacific standard time

Submit claims:
By Mail:
HealthPlan Services
P.O. Box 30537
Salt Lake City, UT 84130-0547

Online:
www.hpsclaimservices.com

Fax:
(877) 779-9873

Appeals of non-urgent care claims should be sent to:

Appeals & Reconsideration Unit
HealthPlan Services
3701 Boardman-Canfield Road, Building B
Canfield, OH 44406