



KAISER FOUNDATION HEALTH PLAN OF COLORADO  
Summary of 2010 Benefit Changes

Large Group/Non-Medicare

- Traditional HMO
- HSA-Qualified Deductible HMO
- Deductible/Coinsurance

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*Effective as contracts renew on or after January 1, 2010, unless otherwise noted*

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**CLARIFICATIONS**

**RADIOLOGY.** Medical/surgical procedures performed in radiology are subject to Copayment/Coinsurance as described below:

- Medical/surgical procedures received along with MRI, CT, PET and nuclear medical scans are subject to the special procedures Copayment/Coinsurance.
- Medical/surgical procedures received along with any other radiology Service (other than MRI, CT, PET and nuclear medical scans) are subject to the specialty care office visit Copayment/Coinsurance.

**GYNECOLOGICAL SERVICES (*Denver/Boulder Service Area only*).** Gynecological care visits provided in the gynecology department are subject to the specialty office visit Copayment/Coinsurance.

**LEGISLATIVE CHANGES AND CLARIFICATIONS**

**COLORECTAL CANCER SCREENINGS.** For contracts issued or renewed on or after July 1, 2009, colorectal cancer screening coverage for tests for the early detection of colorectal cancer and adenomatous polyps is as follows:

**Traditional HMO and Deductible/Coinsurance**

\$70 copay for colonoscopy (applies to all colonoscopies)

\$ 0 copay for flexible sigmoidoscopy (applies to all flexible sigmoidoscopies)

**HSA-Qualified Deductible HMO**

\$70 copay for colonoscopy\* (applies to all colonoscopies unless done for treatment purposes)

\$ 0 copay for flexible sigmoidoscopy\* (applies to all flexible sigmoidoscopies unless done for treatment purposes)

\*Plan deductible/coinsurance applies for colonoscopy and flexible sigmoidoscopy done for treatment purposes.

**COVERAGE FOR DEPENDENT STUDENTS.** For contracts issued or renewed on or after July 1, 2009, a qualifying dependent student will not lose coverage due to a physician-certified medically necessary leave of absence from, or any other change in enrollment at, an accredited college or school. The dependent may take a leave of absence for up to one year so long as the health plan continues to provide coverage for dependent children.

**FEDERAL MENTAL HEALTH PARITY LEGISLATION.** For contracts issued or renewed on or after October 3, 2009, mental health and substance use disorder benefits are subject to the same treatment limits and financial requirements as medical and surgical benefits. (Plans subject to a collective bargaining agreement and retiree only plans may not be subject to the terms of this legislation.)

**SPECIAL ENROLLMENT.** For contracts issued or renewed on or after July 1, 2009, additional special enrollment provisions apply due to loss of other coverage. A dependent must apply for enrollment within 90 days after being disenrolled from or losing eligibility for the Children's Basic Health Plan. An individual must apply for enrollment within 60 days after losing eligibility for Medicaid (except for termination for cause) or becoming eligible to receive premium assistance under Medicaid or the Children's Basic Health Plan.



**AUTISM SPECTRUM DISORDERS.** For contracts issued or renewed on or after July 1, 2010, coverage for autism spectrum disorders will be provided for children in accordance with State law, subject to an annual maximum benefit and other coverage requirements.

**PREVENTIVE HEALTH CARE SERVICES.** Effective January 1, 2010, the following preventive health care services will be covered (a) alcohol misuse screening and behavioral counseling interventions; (b) cervical cancer screening; (c) breast cancer screening with mammography; (d) cholesterol screening; (e) colorectal cancer screening coverage; (f) childhood immunizations; (g) influenza vaccinations; (h) pneumococcal vaccinations; and (i) tobacco use screening and tobacco cessation interventions.

**DESIGNATED BENEFICIARY AGREEMENTS.** Effective July 1, 2009, employers may choose to extend dependent coverage to designated beneficiaries pursuant to a valid Designated Beneficiary Agreement. The request to enroll a dependent as a result of a Designated Beneficiary Agreement must be made within 30 days from the date the individual became a dependent.

### **REMINDERS**

In accord with the “**WOMEN’S HEALTH AND CANCER RIGHTS ACT OF 1998**,” and as determined in consultation with the attending physician and the patient, we provide the following coverage after a mastectomy:

- Reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance.
- Prostheses (artificial replacements).
- Services for physical complications resulting from the mastectomy.