



KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST

A Nonprofit Corporation

Evidence of Coverage COVID-19 Endorsement

This endorsement temporarily amends certain cost-shares for Members and other provisions of your Evidence of Coverage (EOC). Please keep it with your EOC for future reference.

This endorsement is effective March 5, 2020, until May 31, 2020, unless the date is extended by the Washington State Office of the Insurance Commissioner (OIC). This endorsement is not effective after the related state of emergency is ended by proclamation of the Washington State Governor. If the OIC issues additional emergency orders, we will post revised information at <https://healthy.kaiserpermanente.org/oregon-washington/health-wellness/coronavirus-information>.

1. **Benefits section and Benefit Summary.** We will cover the Services listed below in full, and you do not have to pay a Copayment, Coinsurance, or Deductible.
 - Diagnostic testing for COVID-19, diagnostic test panels for influenza A & B, norovirus and other coronaviruses, and respiratory syncytial virus (RSV) when ordered by your health care provider and meeting the Centers for Disease Control and Prevention criteria.
 - Health care provider visits to assess symptoms and obtain samples for testing. Visits include associated laboratory tests, radiology, office visits, Urgent Care, emergency room, drive-up and virtual care (telemedicine), and audio-only telephone visits.
 - Effective April 1, 2020, until May 31, 2020, upon diagnosis of COVID-19, treatment including hospital admission (if applicable) and home-based Services.
2. **Prior authorization requirements.**
 - Prior authorization is waived for testing and treatment related to COVID-19.
 - When a Member is determined to be ready for discharge from a hospital, we will expedite prior authorization within 24 hours for covered Services necessary in order to discharge to a long-term care facility or home. This includes, but is not limited to, authorization for Durable Medical Equipment. If insufficient time exists for the long-term care facility or home health service to receive approval prior to the delivery of care, prior authorization will be waived as an extenuating circumstance.
 - We will require prior authorization for the prescription drugs chloroquine and hydroxychloroquine.
3. **Prescription drugs.** We will allow you to obtain a one-time early refill of covered prescription medications for noncontrolled substances. For early refill requests, we will take into consideration patient safety risks for certain drug classes, such as opioids, benzodiazepines, and stimulants. Your prescription drug Copayment, Coinsurance, and/or Deductible will apply.
4. **Premium payment.** For employer groups and individual plan Members who did not pay their March Premium, we have extended the Premium payment period through April. We will reevaluate this practice at the end of April with respect to employer groups and individual plan Members who did not pay Premiums in March and/or April. We will provide a grace period of sixty (60) days for payment of Premium once the extended payment period ends.

- 5. How to obtain Services.** Please refer to the coronavirus webpage at the following link for up-to-date information:
<https://healthy.kaiserpermanente.org/oregon-washington/health-wellness/coronavirus-information>.

If you have any questions about this endorsement, contact Member Services at 503-813-2000 from the Portland area or 1-800-813-2000 from all other areas.

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