



What Does the Plan Cover?

This section explains many of the health care services and benefits that FAMIS members can get through Kaiser Permanente when they need them.

Some services are only covered if we approve them first. Our decision has to be made by a qualified health care professional. We will tell you and your child's doctor of our decision.

If your child gets services that are not covered benefits, or if your child gets them outside our network, Kaiser Permanente may not cover those services and you may have to pay for those services.

If you need more information on what your child's plan does and does not cover, or about prior approval, call Member Services.

Prior approval (Service authorization)

You may be required to get prior approval from your child's PCP for a covered service. If your child's PCP decides he or she needs a service that requires prior approval, the PCP will send a referral request to us for your child to receive this service. We will review the referral request and notify you of the decision when the review is complete.

Talk to your child's PCP if you need a prior approval for any covered service or medical equipment. If you have a question or are not sure if a certain benefit requires prior approval, call Member Services at 855-249-5025, 866-513-0008 TTY/TDD for help. If your child's benefits change, we will notify you 30 calendar days before the change.

You do not need prior approval for some services including, but not limited to:

- Care provided at your child's PCP office, including your child's PCP's nurse or doctor's assistant
- Emergency and urgent care services
- Family planning services
- Eye exams from an in-network eye doctor
- Preventive services

Copayments

You may be required to pay a copayment for some of the listed services. You are responsible for keeping track of the amount you spend on copayments during the benefit year. If the total of all copays paid by you and other FAMIS enrollees in your family reach the annual copayment maximum, you will no longer be required to pay copayments for the rest of the benefit year.

Copayment amounts vary with each service and by the FAMIS tier in which your child belongs. Your child's Kaiser Permanente member ID card indicates the amount you will pay for each service. If your child's copayment is \$2 for a routine office visit, you belong in the FAMIS-2 Tier. If your child's copayment amount is \$5 for a routine office visit, you belong in the FAMIS-5 Tier. Please pay attention to the copayment requirements for each service within your tier. You may be required to pay a copayment for a service that is not listed on the schedule. Contact Member Services if you have questions regarding copayments. American Indians and Alaska Natives are not required to pay copayments.

To make sure you are not overcharged after you have reached your annual copayment maximum, you must keep track of your payments and

receipts. Submit copayment receipts for yourself and your immediate family members enrolled in the FAMIS program to the FAMIS Central Processing Unit (CPU). Kaiser Permanente is **not** responsible for managing this process. DMAS will notify us when you have reached your annual copayment maximum.

Please mail your healthcare receipts to the **FAMIS CPU:**

FAMIS CPU

P.O. Box 1820
Richmond, VA 23218-1820
Toll Free: 866-873-2647

Hours of operation:
8 a.m.–7 p.m. M–F
9 a.m.–midnight Sa



FAMIS copayment schedule

Covered Services	FAMIS—2 Tier at or below 150% FPL	FAMIS—5 Tier above 150% FPL	American Indians and Alaska Natives
<ul style="list-style-type: none"> • Primary care visits • Specialist office visits • Outpatient services • Family planning services • Private duty nursing visits • Hearing aids (limited to 2 every 5 years) 	\$2 per visit	\$5 per visit	No copayment
<ul style="list-style-type: none"> • Preventive care • Pregnancy-related care • Well baby and well child visits • Hospice care • Medical supplies • Mammograms • Immunizations • Insulin pumps 	No copayment	No copayment	No copayment
Chiropractor services	\$2 per visit, limited to \$500 per calendar year	\$5 per visit, limited to \$500 per calendar year	No copayment
Durable medical supplies and equipment (including prosthetic and orthotic devices) & diabetic supplies and equipment	Supplies: \$0 Equipment: \$2 per item	Supplies: \$0 Equipment: \$5 per item	No copayment
Emergency room visits	\$2 per visit \$10 copayment per visit for non-emergency care	\$5 per visit \$25 copayment per visit for non-emergency care	No copayment

FAMIS copayment schedule

Covered Services	FAMIS—2 Tier at or below 150% FPL	FAMIS—5 Tier above 150% FPL	American Indians and Alaska Natives
Home health services	\$2 per visit; then covered at 100% up to 90 visits per year	\$5 per visit; then covered at 100% up to 90 visits per year	No copayment
Inpatient services, including behavioral health and substance abuse services	\$15 per admission; no copayment for physician inpatient care	\$25 per admission; no copayment for physician inpatient care	No copayment
Skilled nursing facility services	\$15 per admission; then covered at 100% up to 180 days	\$25 per admission; then covered at 100% up to 180 days	No copayment
Prescription drugs	\$2 per prescription for up to a 34-day supply; \$4 per prescription for up to a 90-day supply	\$5 per prescription for up to a 34-day supply; \$10 per prescription for up to a 90-day supply	No copayment
Vision services	<p>\$2 per visit</p> <p>Coverage for one pair of eyeglasses (one pair of frames and one pair of lenses) or contact lenses once every 24 months</p> <p>\$25 eyeglass frames</p> <p>\$35 single vision lenses</p> <p>\$50 bifocal lenses</p> <p>\$88.50 trifocal lenses</p> <p>\$100 contact lenses</p>	<p>\$5 per visit</p> <p>Coverage for one pair of eyeglasses (one pair of frames and one pair of lenses) or contact lenses once every 24 months</p> <p>\$25 eyeglass frames</p> <p>\$35 single vision lenses</p> <p>\$50 bifocal lenses</p> <p>\$88.50 trifocal lenses</p> <p>\$100 contact lenses</p>	No copayment
Annual copayment maximum	\$180 per family per calendar year	\$350 per family per calendar year	Not applicable

Services covered by Kaiser Permanente

Ambulance

We pay for an ambulance in an emergency or when medically necessary. We also pay if we call the ambulance to transfer your child between medical facilities.

Behavioral health and substance abuse services

Kaiser Permanente covers the following behavioral health services:

- Inpatient services up to 365 days per admission in a psychiatric unit of a general acute care hospital, including partial day treatment services (prior approval required)
- Inpatient substance abuse services in a substance abuse treatment facility (prior approval required)
- Outpatient member, family, and group behavioral health and substance abuse services
- Electroconvulsive therapy
- Medication management services
- Smoking cessation counseling
- Medications for children, adolescents, and pregnant women
- Care coordination services

Chiropractic services—prior approval required

We provide chiropractic service coverage up to \$500 per calendar year including examination, spinal manipulation, and outpatient chiropractic services to treat an illness or injury when it is medically necessary, appropriate, and approved by the health plan.

Clinic services, doctor visits, and outpatient services

We cover services which are preventive, diagnostic, therapeutic, rehabilitative, or palliative when it is medically necessary, appropriate, and approved in outpatient hospital settings, clinic facilities, and doctor offices.

There are some services we do not cover, including, but not limited to:

- Alternative medical services, including services of an acupuncturist, naturopath, massage therapist, or Christian Science nurse/sanatoria
- Disposable supplies for the home including, but not limited to, bandages, gauze, tape, and antiseptics
- Experimental and investigational procedures, including clinical trials
- Sexual reassignment

Cosmetic surgery—prior approval required

Cosmetic services are not covered unless performed for medically necessary physiological reasons. Cosmetic services are not covered except to:

- Correct a deformity resulting from disease, trauma or congenital abnormalities, which cause functional impairment; or
- Complete a therapeutic treatment as a result of such deformity

Court-ordered services

We cover court-ordered services when it is both medically necessary and a FAMIS covered service.



Dental services

Your child can get routine dental services through the Smiles for Children Program. The toll-free number is 888-912-3456.

Kaiser Permanente provides coverage for some dental-related services when it is medically necessary, appropriate, and approved, including:

- Anesthesia and hospitalization services for medically necessary dental services
- Dental services performed by a medical doctor or dentist as a result of a dental accident
- Preparation of the mouth for radiation therapy
- Medication for covered dental services
- Repair of cleft lip or cleft palate or both

Diabetic equipment and supplies

We provide coverage for the following when medically necessary:

- U.S. Food and Drug Administration (FDA) approved diabetic equipment
- Insulin pumps and supplies
- Home blood glucose monitors, lancets, blood glucose strips and insulin syringes and needles

Quantity limits may apply for home blood glucose monitors, lancets, blood glucose strips, insulin syringes and needles. In addition, some insulin delivery devices such as pens or cartridges require prior approval.

We do not cover diabetic shoes and inserts.

Durable Medical Equipment (DME) and medical supplies—prior approval required

We cover medical supplies and equipment when it is medically necessary, appropriate, and approved by your child's PCP.

Some of the medically necessary DME we cover include, but is not limited to, the following:

- Prosthetic services and devices including artificial arms, legs, and their necessary supportive attachments
- Orthotics including braces, splints, foot orthotics, or when recommended as part of an approved intensive rehabilitation program
- Ostomy supplies
- Apnea monitors and CPAP machines
- Remedial or adaptive devices such as implants or dental devices
- Wheelchairs
- Oxygen and oxygen equipment
- Positioning devices
- Supplies and equipment necessary to administer enteral nutrition and total parenteral nutrition

The following DME or supply items are not covered:

- Comfort, convenience, or luxury equipment or features
- Disposable supplies for the home including, but not limited to, bandages, gauze, tape, antiseptics, or medical supplies



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- Exercise or hygiene equipment
 - Non-medical items such as sauna baths or elevators
 - Modifications to your home or car
 - Electronic monitors of the heart or lungs, except infant sleep apnea monitors
 - Medical supplies and prosthetic devices that are not medically needed
 - Diapers for routine use for children under 3 years old who have not been toilet trained

Maintenance and necessary repair of medically needed DME will be covered. Equipment that has been damaged due to neglect or abuse will not be repaired or replaced.

Emergency, post-stabilization, and urgent care services

Emergency, post-stabilization (screenings and follow-up services needed to maintain or improve your condition), and urgent care services are covered without prior approval at no cost to you. Services are covered whether we tell you to go or you decide to go.

Family planning services and supplies

Family planning services and supplies are covered for your child without prior approval. This includes, but is not limited to:

- Services/supplies and drugs that delay or prevent pregnancy (including FDA-approved contraceptives)
- Family planning health education

We do not cover the following family planning services and supplies:

- Drugs, services, and procedures to treat erectile dysfunction

- Services to treat infertility or promote fertility
- Surrogacy services
- Voluntary sterilization such as tubal ligation or vasectomies

Hearing screenings and hearing aids

Hearing aids are covered when it is medically necessary, appropriate, and approved by your child's PCP. Hearing aids are covered twice every five years. Ear molds and hearing supplies, such as cleaning kits, are covered with each new hearing aid.

Newborn infants will be given a hearing screening before going home from the hospital.

Home health services—prior approval required

Home health services when it is medically necessary, appropriate, and approved are covered by the PCP for up to 90 visits per calendar year:

- Licensed nursing services
- Personal care services (help with walking, bathing, dressing, giving medicine, teaching self-help skills and/or essential housekeeping tasks)
- Home health aide services
- Physical therapy
- Hearing therapy
- Inhalation therapy
- Occupational therapy
- Speech-language therapy

We do not cover the following home health services:

- Community food service delivery arrangements
 - Custodial care that primarily requires patient protective services rather than definitive medical and skilled nursing care services
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- Domestic or housekeeping services unrelated to patient care
 - Medical social services
 - Services related to cosmetic surgery

Hospice services—prior approval required

We cover hospice care services for a member diagnosed with a terminal illness with a life expectancy of six months or fewer.

Inpatient hospital services—prior approval for non-emergency stays required

Inpatient hospital stays in general acute care and certified rehabilitation hospitals are covered. Medically necessary stays may be approved for up to 365 days per admission.

If your child is admitted to a hospital that is not in the Kaiser Permanente network, we will work with their doctor to transfer them to a hospital in our network.

We do not cover the following:

- A private room unless medically necessary
- Comfort items including
 - Television or Radio
 - Telephone
 - Visitor meals

Laboratory and X-ray services

We cover laboratory and X-ray services when it is medically necessary, appropriate, and approved by your child's PCP or licensed practitioner. We only cover lead testing as part of Well Baby Care and Well Child Care visits.

Organ transplants—prior approval required

We cover the following transplants for all members when it is medically necessary, appropriate, and approved by a doctor:

- Heart
- Kidney transplants for patients with dialysis dependent kidney failure
- Liver
- Single lung transplants
- Tissues, autologous, allogeneic or syngeneic bone marrow transplants
- Stem cell transplants for members with lymphoma and myeloma

We also provide coverage up to \$25,000 for reasonable and necessary procurement/donor related services.

Podiatry

Reasonable and necessary diagnostic medical or surgical treatment of disease, injury or defects of the foot is covered.

The following podiatric services are not covered:

- Routine foot care
- Treatment of structural misalignment not requiring surgery
- Cutting or removal of corns, warts or calluses
- Trimming of nails

Private duty nursing—prior approval required

Medically necessary private duty nursing is covered under the following conditions:

- Care is medically necessary and documented by a provider
 - Care is provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN)
 - The nurse is not a relative of the member's family
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Prescription drug coverage

Kaiser Permanente covers drugs on our preferred drug list. The preferred drug list is approved and updated regularly by our doctors, pharmacists, and other health care professionals. This list allows us to choose drugs that are safe and effective.

If you would like to check on the coverage of a specific drug, please contact Member Services. You may get a copy of our preferred drug list at kp.org/formulary or by calling Member Services.

There may be times when a preferred drug is not the right drug for your child's condition. Your child's MAPMG doctor or participating provider can request coverage of a non-preferred drug for your child if the doctor believes it is medically necessary. If you have questions or disagree with the decision, you can contact Member Services. If you pay out of pocket, and the drug is later determined to be medically necessary, you can request a refund.

Prior approval for prescription drugs

If your child has prior approval for a prescription drug from another FAMIS or Medicaid health plan, we will cover it.

Your child's MAPMG doctor or participating provider can request prior approval for coverage of a medication. Kaiser Permanente will act on such requests within one business day. You and your doctor will be notified in writing when a prescription is denied for coverage. For any questions about the prior approval process for prescription drugs, please call Member Services.

Pregnancy related services

It is important that if your child becomes pregnant, she sees her PCP or Ob/Gyn for care. We cover prenatal and postpartum care including, but not limited to, the following:

- Prenatal assessment, education, nutritional assessment, and counseling and postpartum services up to 60 days after the pregnancy has ended
- HIV testing and counseling/tests for sexually transmitted infections
- Pap smear
- Certified nurse midwife services



- Services to treat a medical condition that may complicate pregnancy
- Smoking cessation counseling and drugs
- Well Baby Care from birth, including blood lead testing
- Immunizations

After your child delivers her baby, they both may stay in the hospital until the PCP or Ob/Gyn officially discharges them. If the new mom leaves the hospital early, she will be asked to have an office visit or in-home nurse visit within 48 hours of discharge to make sure everyone is well.

Second opinions

If you are not sure about a medical opinion, you can get a second opinion. Your child's plan covers a visit to another MAPMG doctor or participating provider for a second opinion at no cost to you.

Skilled nursing facility care—prior approval required

We provide coverage for medically necessary services that are provided in a skilled nursing facility for up to 180 days per admission.

Telemedicine

We cover telemedicine services when it is medically necessary, appropriate, and approved by your child's doctor. Telemedicine is the real time or near real time two-way transfer of medical information between health care professionals using audio/video to diagnose medical conditions.

Therapy services—prior approval required

The following therapy services are covered when it is medically necessary, appropriate, and approved by Kaiser Permanente:

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- Audiology
 - Chemotherapy
 - Inhalation therapy
 - Intravenous therapy
 - Occupational therapy
 - Physical therapy
 - Radiation therapy
 - Renal dialysis
 - Speech therapy

Transportation

We do not provide transportation for routine services to and from providers of covered medical services.

Vision

Eye screening and refractive exams for eyeglasses and contact lenses, and medically necessary treatment for diseases of or injuries to the eye are covered.

We provide vision coverage for all members when prescribed by an optometrist or a doctor skilled in diseases of the eye for the following:

- Routine eye examinations once every 24 months
- One pair of eyeglasses (one pair of frames and one pair of lenses) or contact lenses when medically necessary once every 24 months.
- Infant vision screening

Exclusions and limitations

There are certain services that we do not cover but instead are covered by DMAS and certain services that are not covered by either Kaiser Permanente or DMAS. This section describes the exclusions and limitations for covered services.

Services covered by DMAS

The following services are provided by DMAS, not Kaiser Permanente. We will work with you to coordinate these services:

- Abortions, only if DMAS determines they meet the requirements of the law.
 - Routine dental services through the Smiles for Children Program. Call Smiles for Children at 888-912-3456 for more information.
 - School health services, which are any service given on school property for special education students that include physical therapy, occupational therapy, speech language pathology, and skilled nursing services.
 - Early intervention services through the Infant and Toddler Connection of Virginia. Your child's PCP must sign an Individualized Family Service Plan to get these services. Contact Infant and Toddler Connection at 804-786-3710 for more information about these services.
 - Behavioral health services covered by DMAS (no other Community Mental Health Rehabilitative Services other than those listed below are covered by DMAS):
 - Case management for children at risk of serious emotional disturbance
 - Community behavioral health rehabilitative services
 - Inpatient behavioral health services given in a state psychiatric hospital
 - Intensive-in home services
 - Behavioral health crisis intervention
 - Residential Treatment Facility Services (RTF) Level C
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- Temporary detention orders
 - Therapeutic day treatment
 - Treatment Foster Care Case Management

For information on how to access these services, contact the FAMIS CPU toll free at 866-873-2647.

Services not covered by Kaiser Permanente or DMAS

The services below are not covered by Kaiser Permanente or DMAS:

- Alternative medical services, including services of an acupuncturist, naturopath, massage therapist, or Christian Science Nurse/Sanatoria
 - Assisted living services
 - Certain behavioral health services including, but not limited to, the following:
 - Substance abuse crisis intervention
 - Case management for adults with serious mental illness
 - Mental health day treatment/partial hospitalization services for adults
 - Psychosocial rehabilitation
 - Intensive community treatment
 - Crisis stabilization
 - Mental health support
 - Substance abuse day treatment
 - Opioid treatment
 - Residential substance abuse treatment for pregnant and post partum women
 - Substance abuse case management
 - Levels A, B, and C residential treatment for children and adolescents under 21 (group homes)
 - Community food service delivery arrangements
 - Cosmetic dental services, unless performed for medically necessary physiological reasons
 - Domestic or housekeeping services unrelated to patient care
 - Drugs, service, and procedures to treat erectile dysfunction
 - Experimental and investigational procedures, including clinical trials
 - Eye surgery solely for the purpose of correcting refractive defects of the eye, such as myopia, hyperopia, or astigmatism (e.g. LASIK)
 - Infertility services
 - Medical social services
 - Payment of a claim or any other demand or request for payment for a service received from a referral prohibited by law
 - Routine foot care, including treatment of structural misalignment not requiring surgery, cutting or removal of corns, warts, or callus
 - Routine infant formula
 - Services for incarcerated individuals/inmates
 - Sexual reassignment
 - Surrogacy services
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