

# MEMBER handbook

YOUR INTRODUCTION TO KAISER PERMANENTE





### Personal notes

Kaiser Permanente Customer Service Center **808-432-5955** (Oahu), **1-800-966-5955** (Neighbor Islands), or **1-877-447-5990** (TTY for the hearing/speech impaired), Monday to Friday, 8 a.m. through 5 p.m., and Saturday, 8 a.m. to noon.

My clinic's phone number: \_\_\_\_\_

My personal physician's name: \_\_\_\_\_

My Kaiser Permanente medical record number: \_\_\_\_\_

This *Member Handbook* is not intended for and does not apply to the following members:

- Federal Employees Health Benefits Program members
- Kaiser Permanente Added Choice Plan members
- Kaiser Permanente for Individuals and Families Plan members
- Kaiser Permanente Medicare Cost members
- Kaiser Permanente QUEST and QUEST-Net members
- Kaiser Permanente Senior Advantage members

If you are a member of one of the above plans, please refer to the handbook that applies to your plan. If you have questions about which handbook applies to you, or for instructions on obtaining the correct handbook, please contact our Customer Service Center.

This handbook provides general information, not medical advice. And it does not provide information concerning the scope of your coverage. For complete details on your benefit coverage, including exclusions, limitations, and plan terms, please call the Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

**Information in this handbook is current as of October 2010 and may be subject to change without notice.**

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# welcome

## TO KAISER PERMANENTE

Living well means knowing what it takes to stay healthy and be happy. This *Member Handbook* provides you with a look at some of our services and programs that can help you get the most out of life. It explains what to do when you need care and how to take advantage of your membership to help you live well and feel your best.

### **Our philosophy and mission— caring for the whole you**

At Kaiser Permanente, we're dedicated to helping you get healthy and stay healthy. To encourage you to become an active participant in your health care, we offer many programs to help you evaluate the state of your health as well as your health risks. We work with you to help you feel good—in mind, body, and spirit.

Families just like yours have relied on Kaiser Permanente for quality health care since 1958. Kaiser Permanente consists of three entities—Kaiser Foundation Health Plan, Inc.; Kaiser Foundation Hospitals; and Hawaii Permanente Medical Group,

Inc. (HPMG). All three work together to provide you with a broad range of medical care, benefits, and services.

We provide services through our own hospital, Kaiser Permanente Moanalua Medical Center on Oahu, as well as our outpatient medical clinics on Oahu, Maui, and Hawaii. On the Neighbor Islands, Kaiser Permanente physicians are on staff at the community hospitals, which we use along with other qualified local facilities and providers. On Kauai, Lanai, and Molokai, we've contracted with multiple providers that our members can see for primary care. For more information, see "Getting care on Kauai, Lanai, and Molokai" on page 28.





The quality of care and service you receive is extremely important to us. All of our physicians (members of HPMG), contracted providers (physicians and other licensed practitioners), and facilities must meet our credentialing, licensing, and performance requirements.

It's important to remember that you must receive all your care from Kaiser Permanente physicians. If you need a service or type of care that your health care team can't provide, your physician may refer you to a contracted practitioner. If your physician does refer you to a contracted practitioner, we'll cover that service according to your health plan benefits.

In most cases, you'll be responsible for paying the same supplemental charges that you would pay if you had received the services from a Kaiser Permanente practitioner. These charges are due when you receive care. Please refer to your *Benefits Summary*, which you may obtain from your employer or group administrator. If you have questions about your benefits, please contact our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

# interpreter SERVICES

We offer interpreter services at no charge. If you need an interpreter during your next doctor visit, inform the appointment clerk when scheduling your appointment. For all other questions, call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). A Customer Service representative will provide an interpreter over the phone. Members who are deaf, hard of hearing, or speech impaired may call toll free **1-877-447-5990** (TTY). Our interpreter services are available only at Kaiser Permanente facilities. Requests for Kaiser Permanente members outside Kaiser Permanente facilities will be reviewed on a case by case basis, and Kaiser Permanente will provide interpretive services if the servicing non-Kaiser Permanente facility is not able to provide such service.

## 中文

我們提供免費口譯服務。如果您下次向醫師求診時需要口譯人員協助，預約門診時請告知約診人員。如有任何其他問題，請撥打 **808-432-5955** (歐胡島) 或 **1-800-966-5955** (其他島嶼) 聯絡本公司的客戶服務中心。客戶服務代表會透過電話為您提供口譯服務。失聰、有聽力或語言障礙的會員可撥打免費電話：**1-877-447-5990** (TTY)。我們的口譯服務僅於 Kaiser Permanente 機構提供。Kaiser Permanente 會員若要求在 Kaiser Permanente 機構以外的地點提供口譯服務，則需根據個案情況審核，如果服務的非 Kaiser Permanente 機構無法提供此類服務，則 Kaiser Permanente 會提供口譯服務。

## 'Ōlelo Hawai'i

Aia he kōkua manuahi me ka unuhi 'ōlelo 'ana. Inā makemake 'oe i kekahi mea unuhi 'ōlelo i kou hele hou 'ana i ke kauka e noi i ka mea ho'opa'a manawa ma ke ke'ena kauka i po'e kōkua no ka unuhi 'ōlelo 'ana. Inā he mau nīnau hou a'e pili ana i nā pono 'ē a'e, e kelepona aku i ke kīko waena kōkua ma ka helu **432-5955** (O'ahu) a i'ole **1-800-966-5955** (na mokupuni 'ē a'e). Na ka 'elele o ka mea kōkua (customer service representative) e ho'opa'a i mea unuhi 'ōlelo nou ma ke kelepona. Hiki i ka lālā kuli a i'ole ka lālā pilikia me ka lohe 'ana a me ke kama'ilio 'ana ke ka'a 'ike ma ka helu **1-800-447-5990** (TTY). Hiki i ke kōkua manuahi me ka unuhi 'ōlelo 'ana he lālā mau ke ho'ohana ma nā pono lako o Kaiser Permanente wale nō. E kōkua no ho'i ka hui Kaiser Permanente ma ka loiloi 'ia 'ana o nā noi kōkua ma ke 'ano o ka noi'i kōkua a e kōkua no ho'i ka hui Kaiser Permanente ma ka ha'awi 'ana i mea unuhi inā e hiki 'ole i ka hui i pili 'ole me Kaiser Permanente ke kōkua mai.

## Ilocano

Idiyami dagiti libre a serbisyo ti mangiyulog ti pagsasao. No kasapulam ti mangiyulog ti pagsasao iti sumaruno a panagpadoktormo, pakaammoam ti appointment clerk no itudingmo ti appointment mo. Para kadagiti amin a dadduma a saludsod, tawagan ti Customer Service Center mi iti **808-432-5955** (Oahu) wenno **1-800-966-5955** (Neighbor Islands). Mangtedto ti maysa a mangibagi iti Customer Service ti mangiyulog ti pagsasao babaen ti telepono. Dagiti miyembro a saan a makangeg, marigatan a makangeg, wenno adda diperensiya ti panagsaoda ket mabalin a tumawag ti libre iti **1-877-447-5990** (TTY). Dagiti serbisyomi a panangiyulog ti pagsasao ket maited laeng kadagiti pasilidad ti Kaiser Permanente. Dagiti kiddaw para kadagiti miyembro ti Kaiser Permanente iti ruar dagiti pasilidad ti Kaiser Permanente ket maadalto segun iti kaso, ken mangtedto ti Kaiser Permanente kadagiti serbisyo a panangiyulog ti pagsasao no saan a maited ti mangserserbi a saan-a-Kaiser Permanente a pasilidad ti kasta a serbisyo.



#### 日本語

Kaiser Permanenteでは医療通訳サービスを無料で提供しております。次回の来診時に通訳がご入り用の場合は、ご予約の際に予約受付係にお知らせください。その他のご質問はカスタマーサービスセンター：**808-432-5955**（オアフ島） / **1-800-966-5955**（近隣の島）にお電話ください。カスタマーサービスでは通訳が電話の対応をいたします。また聴覚障害あるいは言語障害をお持ちの方はテレタイプライターサービス**1-877-447-5990**もご利用いただけます。なお私どもの医療通訳サービスは、Kaiser Permanenteの医療施設でのみご利用いただけることにご留意ください。その他の医療機関においてKaiser Permanenteの通訳派遣を希望される場合には、個々の事情をもとに派遣の有無を決定いたします。また、Kaiser PermanenteはKaiser Permanente以外の医療機関で同様の医療通訳サービスが受けられない場合に通訳サービスを提供いたします。

#### Tagalog

Iniaalok namin ang mga libreng serbisyo ng tagapagsalin. Kung kailangan mo ng tagapagsalin sa iyong susunod na pagpapatingin sa doktor, ipagbigay-alam sa appointment clerk kapag itatakda mo ang iyong appointment. Para sa lahat ng iba pang mga katanungan, tawagan ang aming Customer Service Center sa **808-432-5955** (Oahu) o **1-800-966-5955** (Neighbor Islands). Magbibigay ang isang kinatawan ng Customer Service ng isang tagapagsalin sa pamamagitan ng telepono. Ang mga miyembrong may kapansanan sa pandinig, nahihirapang makarinig, o may diperensiya sa pagsasalita ay maaaring tumawag nang libre sa **1-877-447-5990** (TTY). Ang aming mga serbisyo ng tagapagsalin ay ibinibigay lamang sa mga pasilidad ng Kaiser Permanente. Ang mga kahilingan para sa mga miyembro ng Kaiser Permanente sa labas ng mga pasilidad ng Kaiser Permanente ay pag-aaralan depende sa kaso, at magbibigay ang Kaiser Permanente ng mga serbisyo ng tagapagsalin kung ang nagbibigay-serbisyo na pasilidad na hindi-Kaiser Permanente ay hindi maibigay ang ganoong serbisyo.

#### 한국어

통역 서비스를 무료로 제공해 드립니다. 다음 진료 때 통역이 필요한 경우, 진료 예약시 담당 직원에게 말씀해 주십시오. 다른 문의 사항이 있으면 고객센터 **808-432-5955**(오아후 섬의 경우) 또는 **1-800-966-5955**(이웃 섬의 경우)로 연락 주십시오. 고객센터센터 상담원이 전화 통역을 제공해 드릴 것입니다. 청각장애인, 난청이신 분 또는 언어장애가 있는 분은 수신자부담 전화번호인 **1-877-447-5990**(TTY)으로 연락 주십시오. 통역 서비스는 Kaiser Permanente 시설에서만 이용 가능합니다. Kaiser Permanente 시설 바깥의 Kaiser Permanente 회원을 위한 요청은 사례별로 검토하여 Kaiser Permanente가 아닌 서비스 시설이 통역 서비스를 제공할 수 없는 경우에만 Kaiser Permanente가 이 서비스를 제공할 것입니다.



#### Gagana Samoa

Matou te ofoina atu tautua o le faamatalaupū e le togotia. Afai e te fia maua se faamatala upu I le isi taimi e te oo mai ai I le foma'i, ta'u I le failautsi e faia asiasiga pe a faatulaga le isi taimi e te oo mai ai. Mo fesili uma, valaau le matou Ofisa Tautua I le **1-808-432-5955** (Oahu) poo **1-800-966-5955** (Motu Tua'oi). E avatu e le tagata o le Ofisa Tautua se faamatalaupū I le telefoni. O totino e tutuli taliga, faigata ona faalogo, pe le lelei le tautala, e mafai ona valaau mai e le togotia I le **1-877-447-5990** (TTY). Na'o nofoaga o le Kaiser Permanente e maua ai tautua faamatalaupū. O ni talosaga mai totino o le Kaiser Permanente o loo I fafo atu o nofoaga o le Kaiser Permanente, e iloilo ta'itasi uma, ma e avatu e le Kaiser Permanente tautua tau faamatalaupū pe afai e le faia e le nofoaga i fafo atu o le Kaiser Permanente lea tautua.

#### Español

Ofrecemos servicios gratuitos de interpretación. Si necesita un intérprete durante su próxima visita al médico, avísele al encargado de las citas cuando haga su siguiente cita. Si tiene alguna otra pregunta, llame a nuestro Centro de Servicio al Cliente al **808-432-5955** (Oahu) o **1-800-966-5955** (en las islas vecinas). Un representante de Servicio al Cliente le comunicará con un intérprete por teléfono. Los miembros con problemas auditivos o del habla pueden llamar al número sin costo **1-877-447-5990** (línea TTY). Nuestros servicios de intérpretes están disponibles solamente en los centros de Kaiser Permanente. Las solicitudes de los miembros de Kaiser Permanente fuera de nuestros centros se revisarán en cada caso y Kaiser Permanente proporcionará servicios de interpretación en caso de que el centro tratante ajeno a Kaiser Permanente no pueda ofrecerlo.

#### Tiếng Việt

Chúng tôi cung cấp miễn phí dịch vụ thông dịch. Nếu quý vị cần một thông dịch viên trong lần thăm khám kế tiếp, hãy thông báo cho nhân viên xếp lịch hẹn khi đặt hẹn. Nếu có thắc mắc khác, hãy gọi Trung Tâm Dịch Vụ Khách Hàng của chúng tôi qua số **808-432-5955** (Oahu) hoặc **1-800-966-5955** (Các Đảo Lân Cận). Sẽ có một đại diện Dịch Vụ Khách Hàng cung cấp thông dịch viên qua điện thoại. Đối với hội viên khiếm thính, nặng tai hoặc khiếm thanh có thể gọi số miễn cước **1-877-447-5990** (TTY). Dịch vụ thông dịch của chúng tôi chỉ được cung cấp tại các cơ sở của Kaiser Permanente. Yêu cầu của các hội viên Kaiser Permanente ngoài các cơ sở Kaiser Permanente sẽ được xem xét từng trường hợp. Kaiser Permanente sẽ cung cấp dịch vụ thông dịch nếu cơ sở phục vụ không phải của Kaiser Permanente không thể cung cấp dịch vụ như thế.



# emergency

## SERVICES

We cover emergency care from Plan providers and non-Plan providers anywhere in the world. If you think you're having an emergency, go immediately to the Emergency Department. Don't take the time to call Kaiser Permanente, as precious time may be wasted. If you think you need an ambulance, call 911.

Accidents, pain, and unexpected health problems may occur after our regular hours of operation. While most minor illnesses or injuries are best treated by your personal physician, an unexpected physical trauma or illness can happen anytime. That's why you should know all your options for getting the care you need.

An Emergency Medical Condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

Examples of an emergency medical condition include, but are not limited to:

- Heart attack or stroke symptoms, such as chest pain, sweating, severe headaches, inability to move an arm or leg, or inability to speak or smile.
- Extreme difficulty breathing.

- Sudden or extended loss of consciousness.
- Uncontrollable bleeding.
- Sudden loss of vision.

The copayment for an Emergency Department visit varies depending on your plan benefits. Refer to your *Benefits Summary*, which you may obtain from your employer or group administrator, for a description of coverage for emergency services.

For all urgent and non-life-threatening medical conditions, you must go to a Kaiser Permanente clinic or to our Moanalua Medical Center on Oahu in order for coverage to apply. Continuing or follow-up care from non-Kaiser Permanente practitioners is not covered.

If you're admitted to a non-Kaiser Permanente facility, you or a family member must notify Kaiser Permanente within 48 hours after care begins (or as soon as reasonably possible) by calling the phone number on the back of your Kaiser Permanente identification (ID) card. This must be done, or your claim for payment may be denied. We may arrange for your transfer to a Kaiser Permanente facility as soon as it is medically appropriate.

# after-hours AND urgent care

## SERVICES

For advice during clinic hours, call your local clinic. For medical problems or questions you may have after our clinics are closed you may call our After-Hours Advice Line.

### After-Hours Advice Line

This service is available exclusively to Kaiser Permanente members. Registered nurses can provide advice when medically appropriate or direct you to the appropriate place for care. You'll need to provide your member identification number (shown on the front of your Kaiser Permanente ID card) or the member ID number of the person for whom you are calling.

The After-Hours Advice Line is open:

- Monday–Friday, 5 p.m.–8 a.m. next day
- Saturday, noon–Monday, 8 a.m. Holidays, 8 a.m.–8 a.m. next day
- Oahu: **808-432-7700**
- Neighbor Islands: **1-800-467-3011**
- TTY (toll free): **1-877-447-5990** for the hearing/speech impaired

Kaiser Permanente also offers secure online services through My Health Manager at **kp.org**. This powerful resource allows you to perform many health-related activities from the convenience of your computer, such as viewing most lab test results, e-mailing your doctor's office (for nonurgent concerns), ordering prescription refills, and more. At **kp.org**, you can also research featured health topics and access our up-to-date health encyclopedia for a wide range of useful information.

For medical problems related to any type of poison or chemical, call the Hawaii Poison Center:

- **1-800-222-1222**
- Open 24 hours a day, 7 days a week



### After-hours care

We provide extended, nonemergency, nonroutine care after the clinics are closed.

At our Moanalua Medical Center on Oahu, after-hours care is available:

- Monday–Friday, 5–10 p.m.
- Saturday, 1–10 p.m.
- Sunday and holidays, 8 a.m.–10 p.m.

Please call **808-432-7700** to make an appointment before your visit. You can park in the Moanalua Medical Center garage and use the main entrance to the hospital (go to the third floor, module 3D). The cost for an after-hours clinic visit is the same as for a routine clinic appointment.

At our Maui Lani Clinic on Maui, after-hours care is available:

- Monday–Friday, 5–8 p.m.
- Saturday, noon–5 p.m.
- Sunday and most holidays, 8 a.m. to 5 p.m.
- Closed on Christmas Day and New Year's Day

Please call **(808) 243-6050** to make an appointment before your visit. The cost for an after-hours clinic visit is the same as for a routine clinic appointment.

### Urgent care

#### On Oahu

Our Honolulu Clinic's Urgent Care Department provides nonemergency, nonroutine care to walk-in patients. Our doctors at this clinic can provide care for many minor physical traumas and related problems, including sprains, dislocations, and lacerations. Because this is a walk-in service, your wait time will depend on the severity of your condition. For more information, call **808-432-2000**.

At our Honolulu Clinic, urgent care is available:

Monday–Saturday, 8 a.m.–6 p.m.

Closed Sunday and holidays

The cost for an urgent care visit is the same as for a routine clinic appointment.

#### On the Big Island

There are several urgent care centers on the Big Island which have contracted with Kaiser Permanente. Your regular office copayment will be collected at the time of service. If, upon review, your medical need is considered not urgent, then you will be sent a bill for the full cost of care, including prescriptions.

#### Hilo Urgent Care Center, LLC

- Hilo location:  
45 Mohouli Street  
Hours: Monday-Friday, 8:30 a.m. to 9 p.m.  
Saturday and Sunday, 9:30 a.m. to 4 p.m.

Phone: **808-969-3051**

- Keaau location:  
16-590 Old Volcano Hwy.  
Hours: Monday-Friday, 8:30 a.m. to 6 p.m.  
Closed Saturday and Sunday

Phone: **808-966-7942**

#### Keauhou Urgent Care Center

- Keauhou Shopping Center  
(across from the theater)  
76-6831 Alii Drive, Kailua-Kona  
Hours: Open every day from 9 a.m. to 7 p.m.

Phone: **808-322-2544**

If the urgent care physician gives you a prescription, your options are to fill it:

- At a Kaiser Permanente pharmacy, if the urgent care physician says you can wait for the clinic to reopen to fill your prescription and start your medication.
- At a retail pharmacy in the community. You will need to pay the full price for

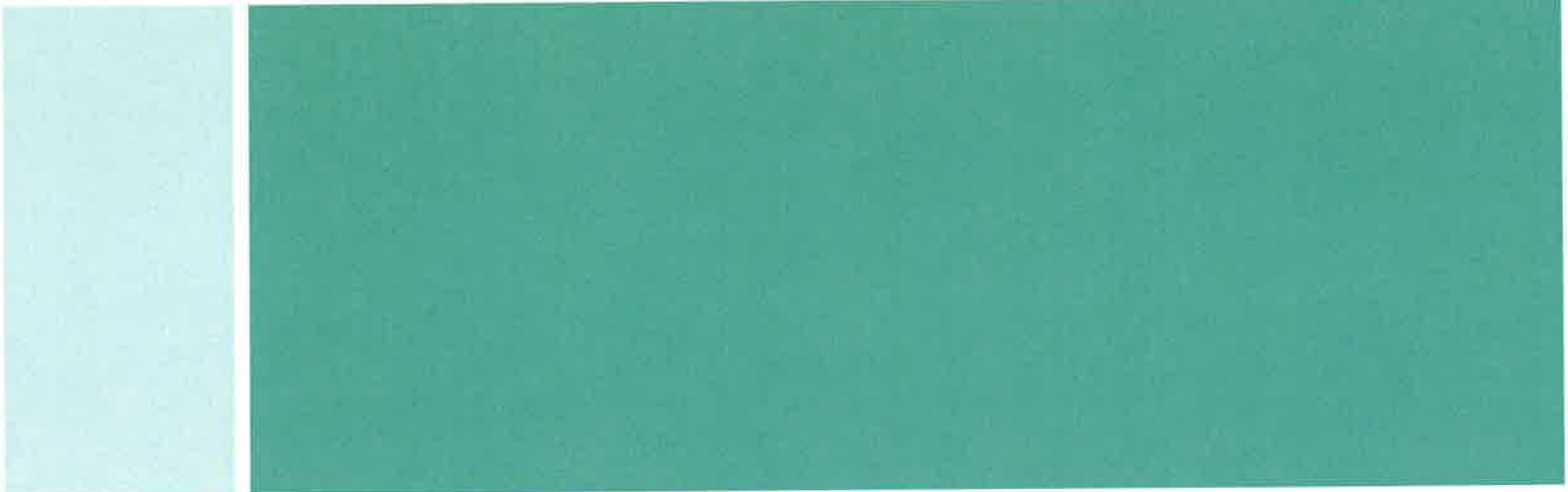
the medication and file a claim with Kaiser Permanente by sending your name, medical record number, paid receipts, and medical documentation to the following address within 90 days (or as soon as reasonably possible) after you received the care. Please note that if, upon review, your medical need is considered not urgent, then we will be unable to reimburse you for the medication.

- Kaiser Foundation Health Plan, Inc.  
Attn: Claims Administration  
80 Mahalani Street  
Wailuku, HI 96793

#### On Maui

For urgent care on East Maui, Hana Health Clinic has contracted with Kaiser Permanente. Your regular office copayment will be collected at the time of service. If, upon review, your medical need is considered not urgent, then you will be sent a bill for the full cost of care, including prescriptions.

- Hana Health Clinic  
4590 Hana Highway, Hana  
Hours: Monday, 7 a.m. to 8 p.m.



Tuesday to Thursday, 7 a.m. to 5 p.m.  
Friday, 8 a.m. to 5 p.m.  
Saturday, 8 a.m. to noon

Phone: **808-248-8294**

If the urgent care physician gives you a prescription, your options are to fill it:

- At a Kaiser Permanente pharmacy, if the urgent care physician says you can wait for the clinic to reopen.
- At a retail pharmacy in the community. You will need to pay the full price for the medication and file a claim with Kaiser Permanente by sending your name, medical record number, paid receipts, and medical documentation to the following address within 90 days (or as soon as reasonably possible) after you received the care. Please note that if, upon review, your medical need is considered not urgent, then we will be unable to reimburse you for the medication.
- Kaiser Foundation Health Plan, Inc.  
Attn: Claims Administration  
80 Mahalani Street  
Wailuku, HI 96793

# YOUR rights AND responsibilities

As a health care team, we treat each other, our members, and our community as part of our ohana. We support each other to provide quality care for the health and well-being of our families and the community. We acknowledge the importance of these needs and strive to exceed expectations.

You are our partner in your health care, and your participation in decisions about your health care is important. Your willingness to speak with your doctor and other health care practitioners about your needs can help us provide you with the right type of care.

For detailed information about your rights to privacy, please refer to your *Notice of Privacy Practices* on our Web site at [kp.org](http://kp.org). Simply click on the "Privacy practices" link at the bottom of the page, and then click on the "Hawaii" link. Or contact our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

## Your rights

As a person using our services, you have specific rights regardless of your age, cultural background, gender, gender identity, sexual orientation, financial status, national origin, race, or religion, or disability.

You have a right to:

- **Receive information about Kaiser Permanente**, our services, our health care practitioners and providers, and your rights and responsibilities.
- **Get information about the people who provide your health care**, including their names, professional status, and board certification.
- **Be treated with consideration, compassion, and respect**, taking

into account your dignity and individuality, including privacy in treatment and care.

- **Make decisions about your medical care.** This includes advance directives to have life-prolonging medical or surgical treatment given, ended, or stopped; withholding resuscitative services; and care at the end of life. You have the right to assign another person to make health care decisions for you, to the extent allowed by law.
- **Discuss all medically necessary treatment options**, regardless of cost or benefit coverage.
- **Voice your complaints freely, without fear of discrimination or retaliation.** If you are not satisfied with how your complaint was handled, you may have us reconsider your complaint.
- **Make recommendations** regarding Kaiser Permanente's *Member Rights and Responsibilities* statement.
- **Be involved and include your family in the planning** of your medical care. You have the right to be informed of the risks, benefits, and consequences of your actions. You may refuse to participate in experimental research.
- **Choose your primary care physician, change your primary care physician, or obtain a second opinion** within Kaiser Permanente. You also have the right to consult with a non-Plan doctor at your own expense.



- **Establish a relationship with a specialist or qualified practitioner of women's health services** to assure your continuing care for specific conditions.
- **Receive information and discuss with your doctor your medical condition, available treatment options, alternatives, and diagnosis** in a manner appropriate to your condition and ability to understand.
- **Obtain language interpretation services** when required to understand your care and services.
- **Be involved in the consideration of bioethical issues.** You have the right to contact our Bioethics Committee for help in resolving ethical, legal, and moral matters relating to your care.
- **Be informed of the relationship between Kaiser Permanente and other health care programs, providers, and schools.**
- **Be informed about how new technologies are evaluated** in relation to benefit coverage.
- **Receive the medical information and education you need** to participate in your health care.
- **Give informed consent** before the start of any procedure or treatment.
- **Have access to medically necessary services and treatment including emergency treatment, and covered benefits,** in a timely and fair way. Services should not be arbitrarily denied or reduced in amount, duration or scope solely because of diagnosis, type of illness, or condition.
- **Have your cultural, psychological, social, and spiritual needs considered and respected.**
- **Be assured of privacy and confidentiality of all communications and records related to your care and have your confidentiality protected.** You or a person you choose can request and receive a copy of or access your medical records and request to amend or correct the record, within the limits of the law. In addition, you have the right to limit, restrict or prevent disclosure of protected health information.
- **Be treated in a safe, secure, and clean environment** free from physical and drug restraints except when ordered by a doctor or, in the case of an emergency, when it is necessary to protect you or others from injury.
- **Receive appropriate and effective pain management** as an important part of your care plan.

## YOUR RIGHTS AND RESPONSIBILITIES (CONTINUED)

- **Get an explanation of your bill and benefits regardless of how you pay.** You have the right to know about our available services, referral procedures, and costs.
- **Receive other information and services** required by various state or federal programs.
- **When appropriate,** be informed about the outcomes of care, including unanticipated outcomes.

### Your responsibilities

**As a partner in your health care, you have a responsibility to:**

- **Provide accurate and complete information** about your present and past medical conditions.
- **Follow the treatment plan agreed on by you and your health care practitioner.** You have a responsibility to inform your health care practitioner if you do not understand or cannot follow through with your treatment.
- **Understand your health problems** and participate in developing mutually agreed-upon treatment goals, to the extent possible.
- **Identify yourself** appropriately and use your Kaiser Permanente identification card in accordance with Kaiser Permanente policies and procedures.
- **Cooperate with our staff** to help ensure proper diagnosis and treatment of your illness or condition.
- **Keep your appointments** or, if you cannot keep them, cancel appointments in a timely manner.
- **Know your benefit coverage and its limitations.**
- **Cooperate in signing a release form when you choose to refuse recommended treatment or procedures.**
- **Realize the effects your lifestyle has on your health** and understand that decisions you make in your daily life, such as smoking, can affect your health.
- **Be considerate of others** by respecting the rights and feelings of the staff and respecting the privacy of other patients.
- **Refrain from disturbing or disrupting operations and administration,** and cooperate with our staff to allow services to other patients to be performed without interruption.
- **Follow all hospital, clinic, and health plan rules and regulations,** including respecting hospital visiting hours.
- **Pay your bills** when they're due and cooperate in the proper processing of third-party payments.
- **Inform us** when you or your covered dependents change addresses.



## YOUR RIGHTS AND RESPONSIBILITIES (CONTINUED)

### Hospital patient rights

As a person receiving our services, you have specific rights regardless of your age, cultural background, gender, gender identity, sexual orientation, financial status, national origin, race, religion, or disability.

As a patient in the Moanalua Medical Center, you also have the right to:

- **Receive information about your rights and responsibilities** when you're admitted.
- **Receive orderly transfer and discharge** for your welfare, for other patients' welfare, or other causes as determined by your physician. Also, you have the right to receive reasonable advance notice and discharge planning by qualified hospital staff to help ensure appropriate post-hospital placement and care.
- **Request visits by clergy** at any time and participate in social and religious activities, unless doing so infringes on the rights of other patients or would compromise your medical care.
- **Receive and use your own clothing and possessions** as space permits, unless doing so infringes on the rights of other patients, is in violation of hospital safety practices, or would compromise your medical care.
- **Receive reasonable accommodations for private visits.** If couples are patients in the facility, they may share a room if one is available and if doing so does not compromise their medical care.
- **Manage your personal financial affairs.** In the event Kaiser Foundation Hospital agrees to manage your personal funds, we will explain the conditions under which these responsibilities will be exercised.
- **Access appropriate educational services** when a child or adolescent patient's treatment necessitates a significant absence from school.
- **Protection from requests to perform services for Kaiser Foundation Hospital** that are not included for therapeutic purposes in your plan of care.
- **Be free from any form of restraint or seclusion** as a means of coercion, discipline, convenience or retaliation as specified in federal regulations on the use of restraints and seclusion.
- **File a complaint in the hospital** by first asking to speak with the department manager or supervisor. If you are not satisfied with the response, please contact Hospital Administration, which is located on the first floor of the hospital or reached through the operator at **808-432-0000**. If the concern cannot be resolved by the hospital, you may contact The Joint Commission by either calling **1-800-994-6610** or e-mailing [complaint@jointcommision.org](mailto:complaint@jointcommision.org).

## Care when you need it

We're committed to providing the services you need, when you need them.

- If you need a same-day appointment, call the appointment line at your clinic.
- If you need advice during regular clinic hours, call the clinic where your personal physician is located or any other Kaiser Permanente clinic. Always use a Kaiser Permanente clinic or one of our contracted facilities when seeking nonemergency care during clinic hours. Clinic hours vary, so consult *Our Physicians and Locations Directory* or go to our online facility directory at **kp.org**. Both include listings of our clinics, telephone numbers, and hours.

To obtain a copy of our directory, please contact our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

## Privacy information

Your privacy is important to us. Our physicians and employees are required to keep your protected health information (PHI) confidential whether it is oral, written, or electronically transmitted. We have policies, procedures, and other safeguards in place to help protect your PHI from improper use and disclosure in all settings, as required by state and federal laws.

We will release your PHI when you give us written authorization to do so, when the law requires us to disclose information, or under certain circumstances when the law permits us to use or disclose information without your permission. For example, in the course of providing

treatment, our health care professionals may use and disclose your PHI in order to provide and coordinate your care, without obtaining your authorization.

Your PHI may also be used without your authorization to determine who is responsible to pay for medical care and for other health care operations purposes such as quality assessment and improvement, customer service, and compliance programs. If you are enrolled in Kaiser Permanente through your employer or employee organization, we may be allowed under the law to disclose certain PHI to them, such as information regarding health plan eligibility or payment, or regarding a workers' compensation claim. Sometimes, we contract with others (business associates) to perform services for us and in those cases, our business associates must agree to safeguard any PHI they receive.

Our privacy policies and procedures include information about your right to see, correct or update, and receive copies of your PHI. You may also ask us for a list of our disclosures of your PHI, which we are required to track under the law.

For a more complete explanation of our privacy policies, please request a copy of our Notice of Privacy Practices, which is on our Web site (**kp.org**) and in our medical offices, by calling our Customer Service Center. If you have questions or concerns about our privacy practices, please contact our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).



# IMPORTANT phone numbers

## In Hawaii

### Customer Service Center

Monday–Friday, 8 a.m.–5 p.m.

Saturday, 8 a.m.–noon

Oahu **808-432-5955**

Neighbor Islands **1-800-966-5955**

TTY (toll free) **1-877-447-5990**

for the hearing/speech impaired

### After-Hours Advice Line

Monday–Friday, 5 p.m.–

8 a.m. next day

Saturday, noon–Monday, 8 a.m.

Holidays, 8 a.m.–8 a.m. (next day)

Oahu **808-432-7700**

Neighbor Islands **1-800-467-3011**

TTY (toll free) **1-877-447-5990**

for the hearing/speech impaired

### After-Hours clinic hours

#### Moanalua Medical Center

Monday–Friday, 5–10 p.m.

Saturday, 1–10 p.m.

Sunday and holidays, 8 a.m.–10 p.m.

Please call **808-432-7700** to make an appointment before your visit.

#### Maui Lani Clinic

Monday–Friday, 5–8 p.m.

Saturday, noon–5 p.m.

Sunday and holidays, 8 a.m.–5 p.m.

Closed on Christmas Day and

New Year's Day

Please call **808-243-6050** to make an appointment before your visit.

### Urgent care clinic hours

#### Honolulu Clinic

Monday–Saturday, 8 a.m.–6 p.m.

Closed Sunday and holidays

Walk-ins are welcome. Your wait time will depend on the severity of your condition. For more information, call **808-432-2000**.

### Hawaii Poison Center

**1-800-222-1222**

24 hours a day, 7 days a week

### Hawaii State Department of Commerce and Consumer Affairs – Insurance Division

Oahu **808-586-2790**

Maui **808-984-2400**

Hawaii **808-974-4000**

Kauai **808-274-3141**

### Hawaii Med-QUEST Division

#### (Medicaid)

Monday–Friday, 7:45 a.m.–4:30 p.m.

Oahu **808-586-5390**

### Occupational Health Services

For additional information or to schedule an appointment

Oahu **808-432-2208**

Neighbor Islands (toll free) **1-888-683-2208**



### Prescription refills

Kaiser Permanente's automated prescription refill line  
 Oahu **808-432-7979**  
 Neighbor Islands (toll free) **1-888-867-2118**

### Automated Refill Center

Monday–Friday, 8:30 a.m.–5 p.m.  
 Oahu **808-432-5510**  
 Neighbor Islands (toll free) **1-866-250-1805**  
 TTY (toll free from your island) **711** or **1-877-447-5990** For the hearing/speech impaired

### Outside Hawaii

Kaiser Permanente offers medical care in nine states and the District of Columbia. You may receive certain services as a visiting member when you travel to one of the following areas. For information about medical care, please call during regular business hours. Kaiser Permanente service areas are subject to change at any time.

**California** **1-800-464-4000**

**Colorado**  
 Denver/Boulder/Longmont **303-338-3800**  
 Colorado Springs (toll free) **1-888-681-7878**  
 Other areas **1-800-632-9700**

**District of Columbia** **1-800-777-7902**

**Georgia**  
 Metropolitan Atlanta **404-261-2590**

**Idaho**  
 Group Health Cooperative (toll free) **1-888-901-4636**

**Maryland**  
 Baltimore area **1-800-777-7902**

**Ohio** **1-800-686-7100**

**Oregon**  
 Portland area **503-813-2000**  
 Other areas **1-800-813-2000**

**Virginia** **1-800-777-7902**

**Washington**  
 Kaiser Permanente **1-800-813-2000**  
 Group Health Cooperative (toll free) **1-888-901-4636**

# WHO TO call FOR help

The Customer Service Center can help you understand your health plan.

## Customer Service Center

When you need help understanding your health plan, just call:

Monday–Friday, 8 a.m.–5 p.m.

Saturday, 8 a.m.–noon

Oahu **808-432-5955**

Neighbor Islands and  
outside the Hawaii

service area **1-800-966-5955**

TTY **1-877-447-5990**

for the hearing/speech impaired

Or visit **kp.org**.

**When you have questions, ask us. We can help you understand:**

- Your benefits.
- How to file an appeal.
- How to change your address on our records.
- How to replace your Kaiser Permanente ID card.
- Professional qualifications of our primary and specialty practitioners.

**The following are also available upon request:**

- Conditions under which Kaiser Permanente may change premium rates and the factors that may affect changes in the rates.
- Provisions related to renewing your coverage.
- The geographic area served.

If you have questions about claims and billing, please call our Patient Financial Services Department at **808-432-5340** (Oahu) or toll free **1-888-597-5340** (Neighbor Islands)



### Member satisfaction procedure

We welcome your comments and concerns. They are an encouragement when we meet your expectations and an opportunity for improvement when we fall short. You may provide your comments and concerns to your personal physician or the departmental supervisor. You may also use the *Let Us Hear From You* customer feedback forms found in all Kaiser Permanente clinics, or call or write to our Customer Service Center. We'll respond within 30 days of receiving your comments and concerns.

### Our address

Kaiser Foundation Health Plan, Inc.  
Customer Service Center  
711 Kapiolani Blvd.  
Honolulu, HI 96813

### Phone numbers

Oahu **808-432-5955**  
Neighbor Islands **1-800-966-5955**  
TTY **1-877-447-5990**  
for the hearing/speech impaired

### About quality care

Each year, Kaiser Permanente drafts a quality summary report that identifies the goals, objectives, and activities we use to improve care and service to members and our community. For a free copy of this report, please call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). You may also view the report on our Web site at **kp.org**.

# BECOMING A member

## OF KAISER PERMANENTE

### Who may enroll

You and your eligible dependents may enroll if you live in the Hawaii service area of Oahu, Maui, Kauai, Lanai, Molo-kai, and Hawaii at the time of enrollment. After enrollment, you must continue to live in the Hawaii service area in order to remain a member. Subscribers who work, but don't live, in the Hawaii service area may also enroll.

As the subscriber, you may enroll within 31 calendar days of becoming a newly eligible employee or during your employer group's open enrollment period. There is generally a 30-day waiting period after your application has been submitted. The following family dependents may enroll with you:

- Your spouse.
- Your and/or your spouse's dependent children (biological, adopted, or step) under age 26.
- Your and/or your spouse's disabled children (biological, adopted, or step) who are incapable of self-sustaining employment because of a physically- or mentally-disabling injury, illness, or condition that occurred prior to reaching age 26, and receive 50 percent or more of their support and maintenance from you or your spouse. You must apply for continued enrollment for disabled dependents and you must furnish proof of the incapacity and dependency within 31 calendar days

of any request from us.

- Any other person who is under age 26, for whom you or your spouse is (or was before the person's 18th birthday) the court-appointed guardian, and with whom you are living in a parent-child relationship.
- Newly eligible dependents, such as a new spouse, a newborn child, or children placed with you for adoption, **if you apply and pay any applicable dues within 31 calendar days of their becoming eligible** to enroll (that is, date of marriage, date of birth, or date of placement for adoption) and provide us with any documentation we may reasonably request.

For a listing of special enrollment provisions, see page 59.

### Timely enrollment

As the subscriber, you may enroll any newborn or adopted child who newly attains eligibility to become a family dependent. To do so, submit a change of enrollment form to your employer group **and** have your employer group submit the completed enrollment form to Kaiser Permanente within 31 calendar days of the newborn's birth or of the date the adopted child was placed for adoption. **If we fail to receive the completed enrollment form by this deadline, the newborn or adopted child may not be enrolled until your employer group's next open enrollment period.**





### Effective date for newborns

An eligible newborn's membership is effective from birth if he or she is enrolled within 31 calendar days of birth. **However, coverage is subject to your plan's terms and restrictions.** For example, if your newborn is delivered by or receives care from a non-Kaiser Permanente practitioner (aside from covered emergency services), the care will not be covered.

For mothers who are covered by a non-Kaiser Permanente insurer, and plan to obtain their prenatal care from a non-Kaiser Permanente physician, plan to have their baby delivered by a non-Kaiser Permanente physician, and then decide to enroll the newborn under the father's Kaiser Permanente plan, any care the newborn received from non-Kaiser Permanente physicians and providers will not be covered. Planned deliveries at non-Kaiser Permanente facilities are not covered.

If you have questions, please call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). For a full description of plan terms, you may also refer to your *Group Medical and Hospital Service Agreement*, which is available from your employer or group administrator.

### Effective date for newborns/children who are subjects of a petition to adopt

An eligible newborn who is the subject of a petition for adoption by the subscriber and who has been treated from birth by a Kaiser Permanente Hawaii physician will have a membership effective date from birth (coverage will be subject to your plan terms and restrictions) if you give Kaiser Permanente written notice of your intent to adopt the newborn prior to birth or within 31 calendar days of the birth of the newborn.

An eligible newborn or child who is the subject of a petition for adoption by the subscriber and who has not been treated from birth by a Kaiser Permanente physician has a membership effective date (coverage will be subject to your plan terms and restrictions) from the earlier of:

- The first calendar day following receipt by Kaiser Permanente of a document authorizing the subscriber to consent to treatment of the newborn/child.
- The date the child is placed for adoption via court order, if Kaiser Permanente receives notification of the placement within 31 calendar days of the placement. We may request a copy of such court order.

## BECOMING A MEMBER OF KAISER PERMANENTE (CONTINUED)

### Who is ineligible for this plan

You are not eligible to enroll if you or a family member have had entitlement to receive services through Kaiser Foundation Health Plan, Inc., terminated for any of the reasons listed under "Termination of your membership," or if you don't meet plan eligibility criteria.

### If you become eligible for Medicare

Medicare is the federal health insurance program for people 65 or older, some people under 65 with certain disabilities, and people of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant). To obtain information about your eligibility or benefits under Original Medicare, you may call **1-800-MEDICARE (1-800-633-4227)** or visit the [medicare.gov](http://medicare.gov) Web site.

When you reach 65 or become eligible for Medicare, a change in your premium may occur. If you become eligible for Medicare, you may continue your Kaiser Permanente membership in addition to Original Medicare or you may be eligible for enrollment in Kaiser Permanente Senior Advantage, our Medicare Advantage plan. Prospective Senior Advantage plan enrollees must reside in the Senior Advantage Hawaii service area of Oahu, Maui, and Hawaii (except for ZIP codes 96718, 96772, and 96777). For more information about whether you qualify to enroll in Senior Advantage, please call our Customer Service Center at **1-800-805-2739** from 8 a.m. to 8 p.m., seven days a week.

### Your Kaiser Permanente identification card

You'll need to present your Kaiser Permanente ID card, along with a valid photo ID card, to receive care and service from us. Please carry your Kaiser Permanente ID card with you at all times. If it's lost or damaged, call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands), or sign on to [kp.org](http://kp.org) to request a new one. Both new and returning Kaiser Permanente members should carry a temporary ID card (found on the last page of the enrollment form) for at least 10 days or until the permanent one is mailed to you.

It's a good idea to write down your medical record number on the first page of this handbook. We may provide your medical record number to your employer or group administrator for enrollment and billing purposes. Please present a valid photo ID with your Kaiser Permanente ID card. Minors may present a school photo ID. The parent or legal guardian may present his or her photo ID if a minor does not have a photo ID. We ask for photo IDs as part of our effort to protect your medical information and prevent identity theft.

### Protecting you from health care fraud

Fraud and identity theft are growing problems everywhere. We take protecting you and your medical information seriously. One way we do this is by checking your Kaiser Permanente ID card and a photo ID when you come in for care.

We're committed to ethical conduct, integrity in our work, and compliance with all regulatory requirements. We provide training and resources to help our employees and physicians protect your privacy and prevent fraud and identity theft. We monitor our systems and operations to detect signs of misconduct and are committed to taking corrective action as needed.

If you see anyone using your information or our resources improperly, call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). For more information about how we're working to protect you, visit [kp.org/protectingyou](http://kp.org/protectingyou).

### Medical record number

This number is your unique membership number. Please provide this number when calling us for an appointment. Here's an example of what your ID card looks like.



# MAKE YOUR care PERSONAL

Good health care begins with your building a relationship with your personal physician.

One of the most important decisions you'll make as a member is choosing your personal physician. Your doctor is your health care advocate, your direct link to all Kaiser Permanente facilities, and your source for referrals to specialists. Your personal physician will work with you to help you meet your health goals so that you can live well.

You may select your personal physician from any of our available providers. You can also change your personal physician at any time and for any reason. When you make a selection, it is effective immediately.

## How to choose your doctor

**Step 1:** Select the clinic location where you plan to receive the majority of services. Most members select a clinic that is convenient to their home or work.

**Step 2:** Decide what kind of doctor is best for you and your family. You may choose a doctor from one of the three primary care options. Please note that some clinic locations don't have all three primary care options.

- **Family Medicine** cares for members of all ages and specializes in caring for entire families.
- **Internal Medicine** specializes in

medical and preventive care for adults.

- **Pediatrics** focuses on the specialized needs of children from birth to the age of 21.

**Step 3:** Review the profiles of the available physicians. You have several resources to choose from:

- **Physician biography cards**, which provide background information on each facility's/department's physicians. You can find these cards at reception counters in our clinics.
- *Our Physicians and Locations Directory*.
- Our Web site, [kp.org](http://kp.org).

**Step 4:** Call your clinic and notify the receptionist of your preferred physician.

For more information on how to select or change your personal physician, please contact our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

## Appointments

Services offered by our clinics are listed in *Our Physicians and Locations Directory*. Please call the appointment number at your clinic during office hours



for nonemergency health problems or for routine examinations. Please let us know the reason for your visit when you call to schedule your appointment.

For easier scheduling, please have your Kaiser Permanente ID card ready. You'll also need to present this ID card, along with a valid photo ID, when you check in at the clinic. Be prepared to give the appointment clerk your medical record number (located just above your name on your Kaiser Permanente ID card), your personal physician's name, and your medical history so we can better direct your care. **Please be ready to provide information about any other health plan coverage you may have. Please bring your other health plan ID cards and present them with your Kaiser Permanente ID card and photo ID.** You may also ask to speak to an advice nurse at any time for health information.

If you need to cancel or reschedule an appointment, call the 24-hour appointment cancellation line of your Kaiser Permanente clinic so we can offer this time to other members who may need it.

If you're bringing a child in for treatment and the child is not your own, you must have an *Appointment of Representatives Authorized to Consent to Treatment of a Minor* form, which a parent needs to sign in the presence of a Kaiser Permanente staff member. To obtain this form, please

contact our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). You can also bring a notarized Health Care Power of Attorney form. We will not be able to treat the child without one of these forms.

### Self-referrals and specialists

At Kaiser Permanente, you don't need a referral to make appointments for the following services and departments:

- Alcohol and drug treatment
- Behavioral Health Services
- Eye examinations for glasses and contact lenses
- Family Medicine
- Health Education
- Internal Medicine
- Medication counseling
- Obstetrics/Gynecology
- Occupational Health Services
- Pediatrics
- Social Work
- Travel Medicine

You'll need a referral to see a specialist for services not listed above. Your Kaiser Permanente personal physician can refer you to a specialist when it's medically necessary.

## MAKE YOUR CARE PERSONAL (CONTINUED)

### Getting care on Kauai, Lanai, and Molokai

Kaiser Permanente has contracted with independent primary care providers on Kauai, Lanai, and Molokai to care for our members on these islands. As a member, you can choose your own personal physician and go to him or her directly for all your primary care needs as well as the management of your care, including the coordination of specialty care and referrals. You may choose your personal physician from doctors in the fields of general practice, family medicine, internal medicine, or pediatrics. For a list of services and departments you can see without a referral, please review the Self-referrals section on the previous page. An authorized referral is required for specialty care. Your personal physician is your partner to coordinate your overall medical care.

For a directory of primary and specialty care physicians, call our Customer Service Center at **1-800-966-5955** or TTY (toll free) **1-877-447-5990** for the hearing/speech impaired, Monday through Friday from 8 a.m. to 5 p.m. and Saturday from 8 a.m. to noon. Or you can visit our Web site at **kp.org**. Hospital care is available on Kauai at Wilcox Memorial Hospital, West Kauai Medical Center, and Sam Mahelona Memorial Hospital for urgent or emergency care. Hospital care is also available on Molokai at Molokai General Hospital, and on Lanai at Lanai Community Hospital. Specialty hospital care may be directed and/or transferred to Kaiser Permanente Moanalua Medical Center. Ancillary services are available via contracts locally with appropriate

providers for services such as home health, skilled nursing facilities, lab tests, diagnostic imaging, hospice, durable medical equipment, and pharmacy.

Our goal is to provide you with the highest possible quality of care at the most affordable cost to you, and that may mean recommending that you get treated on Oahu. Coach airfare is paid as a courtesy for qualified Hawaii members upon referral by a contracted Kaiser Permanente doctor. Travel restrictions exist for certain conditions and areas of service.

### Connecting you with our “family of self-care tools”

At Kaiser Permanente, helping members like you get and stay healthy is one of our highest priorities.

Using our Web site, you can access the latest healthy lifestyle and medical information right from your own home—anytime, day or night. From our online health and drug encyclopedias to programs that can help you manage and improve your health, you'll find the resources you need at **kp.org**.

Whether you'd like to quit smoking, lose weight, control your cholesterol, start a fitness program, manage your diabetes, or reduce stress, we're here to help.

We understand that making lifestyle changes isn't easy. That's why we offer a broad range of self-care tools designed to help you succeed—one step at a time. We encourage you to use these tools at your convenience. (We regret that certain “secure features” of our

online tools are not currently available for members living on Kauai, Molokai, or Lanai. These members may not be able to email physicians and see lab results but they can access [kp.org](http://kp.org), including the Total Health Assessment and online Healthy Lifestyle Programs.)

### My Health Manager

Linked directly to your medical record, My Health Manager gives you the power to manage your health online at [kp.org](http://kp.org). You can e-mail your doctor's office, order prescription refills, view most lab tests results, request routine appointments, check past office visit information, look up future appointments, and more. These free, time-saving features can help you spend less time managing your health and more time enjoying it.

To use the secure features of My Health Manager, start by going to [kp.org/register](http://kp.org/register). Once you register, you can sign on to [kp.org](http://kp.org) with your user ID and password. Registration is quick and easy—you'll be able to get connected in a single visit, without having to wait for your password to be e-mailed to you.

### Connect to better health online, with HealthMedia®

Kaiser Permanente Hawaii offers you many ways to improve your lifestyle with free customized online programs designed to help you succeed in creating a healthier lifestyle. These programs are brought to you in collaboration with HealthMedia, and we offer them only to our members.

To select the program you want, choose from the listing below, then sign on to [kp.org/healthylifestyles](http://kp.org/healthylifestyles). Fill out the online questionnaire and you'll receive a customized guide to the program you specify. With most programs we'll even follow up with personalized e-mails to help keep you on track. You can start measuring your success within weeks of completing your program.

**Assess your health:** Take an in-depth look at the health choices you make each day with HealthMedia® Succeed™, and get a personal plan for improving your well-being and the quality of your life. You can save your summary of results in your electronic medical record so you can discuss next steps with your Kaiser Permanente health care team.

**Manage ongoing health conditions:** Are you living with an ongoing health condition? When you join HealthMedia® Care™ for Your Health, you'll receive a plan for managing your symptoms, medication, and treatment, as well as encouraging reminders for making healthy lifestyle changes.

**Manage chronic pain:** Is chronic pain interfering with your sleep, mood, physical activity, work performance, or personal relationships? If so, HealthMedia® Care™ for Pain can help you regain control of your life.

**Lose weight:** HealthMedia® Balance™ gives you personalized strategies for reaching your ideal weight with a program that's helped thousands of people lose weight and keep it off.

**Eat right:** HealthMedia® Nourish™ gives you personalized strategies for making smart and delicious food choices to increase your energy level, manage your weight, and live a longer, healthier life.

## MAKE YOUR CARE PERSONAL (CONTINUED)

### Connect to better health online, with HealthMedia® (continued)

**Reduce stress:** HealthMedia® Relax™ gives you personalized strategies for relieving and preventing stress by taking the time to learn about your specific needs.

**Quit smoking:** HealthMedia® Breathe™ gives you customized strategies to quit smoking. This award-winning program has helped others succeed. See how it can help you.

**Keep diabetes under control:** HealthMedia® Care™ for Diabetes provides you with a personalized plan to help you keep track of your tests and doctor visits, and offers useful tips for staying healthy.

**Understand depression:** If depression is affecting your life, HealthMedia® Overcoming™ Depression can help you understand what triggers your condition and suggest steps you can take to manage symptoms.

**Manage insomnia:** Not getting enough sleep can have a serious impact on your overall well-being. Use HealthMedia® Overcoming™ Insomnia to find ways to deal with this issue and develop techniques for getting a better night's sleep.

**Manage back pain:** Give yourself the support you need by evaluating your back pain with HealthMedia® Care™ for Your Back. Learn how to help keep your back pain under control.

### ChooseHealthy™

As a Kaiser Permanente Hawaii member, you have access to discounts on health products and services through ChooseHealthy. ChooseHealthy is a comprehensive health Web site offering a directory of complementary health care providers,

information about complementary health care services, and discounts on health and wellness products such as:

- Acupuncture
- Massage therapy services
- Fitness club memberships
- Chiropractic care
- Herbs, vitamins, and supplements
- Health and fitness books and videos

Through ChooseHealthy, you also have access to a new online feature called FitnessCoach®. This convenient resource offers personalized meal and exercise plans, telephone coaching on various health topics, and an array of tools such as online trackers that make it easy to monitor your progress on your computer.

You can use any contracted provider from ChooseHealthy, and no referral from your personal physician is required. You're responsible for paying the contracted provider's discounted fees at the time you receive care.

Visit [kp.org/choosehealthy](http://kp.org/choosehealthy) to learn more about this program, sign up, or take an online tour. Once you've joined, you'll be able to search for complementary health information, shop for health products at the online store, or locate a complementary health care provider.

You can also call toll free **1-877-335-2746** to request a list of contracted providers, a member brochure, a product listing, or other information about ChooseHealthy. ChooseHealthy is a product of American Specialty Health Incorporated.



### 10,000 Steps®\*

Enjoy the benefits of a healthier lifestyle with our 10,000 Steps program. It's designed to help you increase your physical activity level and work toward walking 10,000 steps each day. You're encouraged to use a pedometer, and you can track your progress online once you register. The online portion of the program includes tools for verifying the average number of steps you take per day or per week. It also provides other resources for increasing your physical activity and enjoying healthy eating. As a participant, you'll also receive motivational e-mails with helpful tips for eight weeks. Take your first step by going to [kp.org/10000steps](http://kp.org/10000steps).

\*10,000 Steps® is a registered trademark of HealthPartners, Inc.

### Advance Health Care Directives

At Kaiser Permanente Hawaii, we support your right to make decisions regarding your health care, and we want to know how to manage your health care when you can no longer tell us. In fact, we encourage you to make these important decisions now, when you're healthy. With an Advance Health Care Directive, you can take charge of your health care and help ensure that your wishes will be respected.

By putting your wishes in writing, you can be sure that your family and health care team will know your preferences if

you become unable to make decisions for yourself. And by clarifying your wishes when you're able to think clearly about them, you free your family from having to make difficult decisions for you. Your completed document(s) will be available 24 hours a day from Kaiser Permanente.

The Patient Self-Determination Act, which became effective December 1991, requires hospitals and other health care providers to inform patients about their rights regarding Advance Health Care Directives.

- **End-of-life decisions:** You have the right to give instructions about your own health care. You may express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive. These include artificial nutrition and hydration (tube feeding and intravenous fluids) as well as pain-relief medication. Discuss these important decisions with your family and doctor.
- **Health Care Power of Attorney:** Health Care Power of Attorney allows you to name another individual as your agent to make health care decisions for you. You may choose to have your agent make decisions for you immediately or only when you become incapable of making your own decisions.

You may name an alternate agent to act for you if your first agent is unwilling, unable, or unavailable to make decisions for you. Unless related

## MAKE YOUR CARE PERSONAL (CONTINUED)

### Advance Health Care Directives (continued)

to you, your agent may not be an owner, operator, or employee of a health care institution (for example, Kaiser Permanente). It is important to discuss your wishes in detail with your agent and your family.

#### → Organ and tissue donations:

Donating your organs for transplant is one of the greatest gifts you can give. The need is great—thousands of seriously ill individuals nationwide are waiting for organ donations, including hundreds in Hawaii. Your heart could save the life of a young mother with cardiovascular disease, your corneas could help a grandmother see her grandchildren clearly, and your kidneys could free two people from a lifetime of painful dialysis treatments.

Organs and tissues that can be donated include the heart, heart valve, liver, kidneys, lungs, pancreas, corneas, and bones.

It's important to tell your family and physician of your wishes to donate organs or tissue so that they can honor your decision. Your family must give permission; without it, your organs and tissues cannot be donated.

For more information, contact the Organ Donor Center of Hawaii at **808-599-7630**.

→ **Refusal of treatment and/or medical services for adults:** You may choose to refuse a treatment and/or medical services that may be used in your medical care. This includes the refusal of blood and/or blood products for adults if you have beliefs or other reasons that prohibit their use. There is a form for you to sign, available upon request, declaring your refusal of a treatment and/or medical services in your care at Kaiser Permanente. You should inform your physician of your wishes.

This is an overview of advance directives. If you would like a forms packet, please contact our Customer Service Center at **808-432-5955** (Oahu), **1-800-966-5955** (Neighbor Islands), or 711 or TTY (toll free) **1-877-447-5990** for the hearing/speech impaired.

We can also provide you with all the forms you need at our free classes on advance directives. For more information and a class schedule, call **808-432-2260**, Monday through Friday, or visit our Web site at **kp.org**.

# USING YOUR plan

For more information on services covered by your plan, please call our Customer Service Center at 808-432-5955 (Oahu) or 1-800-966-5955 (Neighbor Islands), or visit our Web site at [kp.org](http://kp.org).

## Paying for your visit

Once you've registered with our clinic receptionist, we will collect your office visit copayment then direct you to your provider.

When you plan for your visit, please remember that all supplemental charges, such as office visit, lab, X-ray, other test, procedure, or prescription medication copayments, are due on the same day that you receive services. You may pay with cash, personal check, or credit card, including Visa®, MasterCard®, Discover®, and American Express®.

You may be billed additional supplemental charges for services performed after you've paid and left the clinic. For example, your doctor may need to send tissue samples or specimens for further testing. These additional services, which are based on initial test results, are performed to help your doctor provide you with high-quality care.

We may request deposits prior to your appointment for certain high-cost services or items related to procedures you've been scheduled for. We may also require payment in advance for services not covered under your health plan benefits. You'll be notified in advance when we require deposits or prepayments.

If you have questions about billing, please call our Patient Financial Services Department at **808-432-5340** (Oahu) or toll free **1-888-597-5340** (Neighbor Islands).

## Preventive care guidelines

You can make a positive impact on your health just by following some basic health guidelines and by getting recommended medical screening tests. It has been scientifically proven that certain healthy lifestyle habits can go a long way toward helping keep you well and potentially add years to your life. These habits include not smoking; eating a low-fat, high-fiber diet; wearing seat belts; and maintaining a regular exercise program.

As your health care partner, we'll do our part by focusing on early detection and timely treatment of disease. To monitor your health and identify symptoms at an early stage, we ask that you follow these preventive care guidelines. The services listed can be obtained through your health care team.

The preventive care guidelines on pages 34 to 38 are for healthy adults and children with no symptoms of illness. Your doctor may recommend that you have some of these tests more often based on the information you provide, including your age, medical history, and lifestyle. Children need frequent health examinations to have their growth and development monitored and to receive immunizations. Preventive care schedules often incorporate these aspects into each visit. The schedules allow for some variation.

## USING YOUR PLAN (CONTINUED)

### Preventive-Care Guidelines for Children and Adolescents

| AGE             | VACCINATION*   | CHECKUP                                   |
|-----------------|--|---|
| Birth           | Hep B (Hepatitis B)  |   |
| 2 weeks         |  | Well-child visit                          |
| 2 months        | DTaP (diphtheria/tetanus/acellular pertussis), Hib ( <i>Haemophilus influenzae type B</i> ), 2nd Hep B, Polio vaccine, Pneumococcal conjugate vaccine (PCV), 1st rotavirus oral vaccine  | Well-child visit                          |
| 4 months        | 2nd DTaP, 2nd Hib, 2nd Hep B (repeat if combo), 2nd Polio vaccine, 2nd PCV, 2nd rotavirus oral vaccine   | Well-child visit                          |
| 6 months        | 3rd DTaP, 3rd Hib, 3rd Hep B, 3rd Polio vaccine, 3rd PCV, influenza annually to age 18, 3rd rotavirus oral vaccine (by age 32 weeks)   | Well-child visit                          |
| 9 months        | Complete blood count, TB (tuberculosis) skin test  | Well-child visit                          |
| 12 to 13 months | MMR (measles/mumps/rubella) 1st Hep A (Hepatitis A), varicella (chicken pox)   | Well-child visit                          |
| 15 months       | 4th DTaP, 4th PCV  | Well-child visit (when indicated)         |
| 18 months       | 4th Hib, 2nd Hep A, catch-up vaccinations as needed, 5th PCV as needed   | Well-child visit                          |
| 2 to 5 years    | TB skin test once between the ages of 4 to 6 years, 5th DTaP, 2nd MMR, 2nd varicella (chicken pox), 4th polio, 5th PCV as needed   | Every year                                |
| 6 to 13 years   | TDaP (tetanus/diphtheria/acellular pertussis) booster at 11 years if more than 5 years from last DTP (diphtheria/tetanus/pertussis)/DTaP/DT (diphtheria/tetanus), then every 10 years; HPV (human papillomavirus) vaccine for females age 11 to 18; meningococcal age 11 to 18 (opt) | Every 2 years                             |
| 14 to 18 years  | TDaP booster if not given at 11 to 13 years, then Td (tetanus/diphtheria) every 10 years; complete blood count for females (once); annual chlamydia test if sexually experienced   | Every year—health risk behavior screening |

\*Vaccine schedule subject to change based on Centers for Disease Control and Prevention and American Academy of Pediatrics recommendations.

As research continues in preventive medicine, we're committed to revising our guidelines as new information emerges. We ask you to partner with us in your health care by living a healthy lifestyle and following these preventive care guidelines for you and your family.

## Safety and health

| AGE*                  | RECOMMENDATION                 | COMMENTS   |
|-----------------------|--------------------------------|--|
| Infant                | Ensure safe sleeping           | Babies should sleep on their sides or backs (not stomachs) to help prevent sudden infant death syndrome (SIDS).  |
| Infant                | Avoid sun exposure             | Sun exposure is the direct cause of skin cancer. Keep your baby covered up when outside or use a sunscreen specifically formulated for infants.                        |
| Infant/toddler        | Prevent injuries and accidents | Childproof your home with childproof latches, outlet covers, and other safety devices.   |
| Infant/toddler        | Provide proper nutrition       | Feed your baby with breast milk, if possible, for at least the first year. Low-fat diets are not recommended for infants and toddlers.                                 |
| Infant/toddler        | Prevent tooth decay            | Only give your baby bedtime bottles containing water. Liquids with natural or artificial sugar, such as milk or juice, contribute to tooth decay (and ear infections). |
| Infant/toddler        | Travel safely                  | Always put your child in an age-appropriate, approved car seat. Car seats should be installed in the back seat only.   |
| School age/adolescent | Practice good oral hygiene     | Brush regularly with a fluoride toothpaste, and floss daily to prevent gum disease.  |
| School age/adolescent | Prevent injuries and accidents | Always wear a seat belt. Use safety equipment, such as helmets and other protective gear, when riding a bicycle, skating, and playing sports.                          |
| School age/adolescent | Avoid alcohol                  | Don't drink. Don't ride in a car with a driver who has been drinking.  |
| School age/adolescent | Say no to tobacco and drugs    | Don't smoke or chew tobacco. Don't take drugs. If you want to quit, talk to your health care practitioner—we can help.   |

## USING YOUR PLAN (CONTINUED)

| AGE*                      | RECOMMENDATION   | COMMENTS   |
|---------------------------|--|--|
| School age/<br>adolescent | Limit sun exposure   | Apply sunscreen before going out in the sun and reapply regularly. Wear long-sleeved shirts, hats, and sunglasses whenever possible.                         |
| School age/<br>adolescent | Eat a balanced diet  | Have 5 or more servings of fruits and vegetables every day. Limit fat and cholesterol. Eat foods high in fiber, iron, and calcium.                           |
| School age/<br>adolescent | Exercise regularly   | Participate in sports or some other form of exercise for at least 60 minutes each day.   |
| Adolescent                | Prevent sexually transmitted diseases and unintended pregnancy | Abstinence is your best protection. If you are sexually active, always practice safer sex and use contraception.   |
| All                       | Avoid accidental poisoning                                     | Keep medications, household chemicals, and other dangerous substances locked up and out of reach. Post the Poison Control Center number near your telephone. |
| All                       | Install smoke detectors  | Check alarms once a month and change the batteries yearly.   |
| All                       | Prevent firearm accidents                                      | Encourage gun safety. Lock up guns and keep ammunition separate.   |
| All                       | Provide clean air  | Don't allow anyone to smoke in your house, your car, or around your child.   |

\***Infant**=birth to 24 months, **Toddler**=24 to 48 months, **School age**=48 months through 10 years, **Adolescent**=11 through 18 years, **All**=birth through 18 years.

## Preventive-Care Guidelines for Adults

| ACTION  | AGE                  | FREQUENCY   |
|---|----------------------|---|
| <b>VACCINATIONS</b>   |                      |   |
| Td (tetanus/diphtheria)   | 18 and older         | Once every 10 years;  |
| TDaP (tetanus/diphtheria/<br>acellular pertussis)   | 18 to 64 years       | TDaP in place of Td one time  |
| Influenza (flu)   | 18 years and older   | Once every year   |
| Pneumococcal (pneumonia)  | 65 years and older   | Once; earlier if certain high-risk conditions exist   |
| HPV (human papillomavirus) vaccine series for females who have not been previously vaccinated | 11 to 26 years       | Once (series of 3 injections)   |
| <b>CANCER RISK SCREENINGS</b>   |                      |   |
| iFOBT (stool blood test for colorectal cancer screen)   | 50 to 75 years       | Once a year   |
| Flexible sigmoidoscopy  |                      | Every 5 years (with iFOBT prior and at year 3)  |
| Optional colonoscopy (speak to your doctor)   |                      | Every 10 years  |
| Mammogram   | 40 to 74 years       | Every 1 to 2 years  |
| Pap test  | 21 to 65             | Every 1 to 2 years until age 29 and every 3 years after 3 normal Pap tests in consecutive years ages 30 to 65 |
| <b>OTHER PREVENTIVE SERVICES</b>  |                      |   |
| Blood pressure  | 18 years and older   | Every 2 years   |
| Lipid evaluation  | Men and women age 18 | Once if never done before   |
|   | Men from 35 years    | Every 5 years   |
|   | Women from 45 years  |   |

## USING YOUR PLAN (CONTINUED)

| ACTION                                     | AGE            | FREQUENCY   |
|--|----------------|---|
| Bone mineral density test for osteoporosis | 65 years       | Once  |
| <b>SEXUALLY TRANSMITTED DISEASES</b>       |                |   |
| Chlamydia test                             | 18 to 25 years | Once a year for sexually active women   |
| <b>SELF-CARE AND RISK COUNSELING</b>       |                | <b>COUNSELING</b>   |
| Tobacco use                                | All            | Don't smoke and avoid secondhand exposure.  |
| Substance abuse                            | All            | Avoid or quit drugs; limit alcohol.   |
| Excessive sun exposure                     | All            | Use a sunscreen daily with a minimum rating of SPF (sun protection factor) 15.        |
| Physical activity                          | All            | At least 30 minutes of moderate activity per day, 5 days per week.                    |
| Diet                                       | All            | 5 servings of fruit and vegetables a day, plenty of fiber. Limit fat and cholesterol. |
| Injury/accident prevention                 | All            | Always wear seat belts; don't drink and drive; lock firearms in a safe place.         |
| Sexual practices                           | All            | Avoid HIV/STDs and practice safe sex.   |
| Pregnancy prevention                       | All            | Always use effective birth control.   |

Kaiser Permanente covers a variety of preventive care services, which are services that do one or more of the following: 1) Protect against disease, such as in the use of immunizations; 2) Promote health, such as counseling on tobacco use; and/or 3) Detect disease in its earliest stages before noticeable symptoms develop, such as screening for breast cancer. If you have questions about coverage of medical services mentioned in this grid, please see your *Benefits Summary* or contact our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).



## Hospitalization

Kaiser Permanente Hawaii's Moanalua Medical Center is a broad-service hospital staffed and equipped to provide inpatient medical, surgical, obstetrical, and pediatric care for acute illness and injury. The Moanalua Medical Center also includes an ambulatory surgery center, an ambulatory treatment center, a clinical decision unit, physicians' offices, an outpatient clinic, and extensive ancillary support services, including laboratory, pharmacy, and diagnostic imaging. Your admission to the hospital is based on a physician's review of your medical condition. For planned admissions, such as elective (nonurgent) surgery, the admitting physician will notify you during an office visit or by phone when to report to the hospital. If it is an emergency, you'll be cared for immediately by the appropriate medical professionals.

On the Neighbor Islands, our physicians will direct you to a Kaiser Permanente-designated hospital on your island, which may include Maui Memorial Medical Center, Kona Community Hospital, Hilo Medical Center, North Hawaii Community Hospital, West Kauai Medical Center, Sam Mahelona Memorial Hospital, Molo-kai General Hospital, or Lanai Community Hospital.

If you must be hospitalized, our physicians and medical team will provide you with quality medical care and service. They also will work closely with you in planning for a smooth and timely discharge.

Depending on your medical condition, your physician will determine the best setting for your follow-up care after you leave the hospital. Possible settings include your home with follow-up care in the clinics, your home with home-health visits, or admission to short-term or long-term skilled nursing facilities. Other members of your health care team may assist you in continuing care plans. These members may include your nurse, a clinical nurse specialist, a continuing care coordinator, or a case manager.

## Joint Commission accreditation for Kaiser Foundation Hospital and Oahu Home Health

The Joint Commission is an independent, not-for-profit organization founded in 1951. It is dedicated to continuously improving the safety and quality of the nation's health care through the accreditation process.

Organizations voluntarily undergo a survey by a full team of Joint Commission experts every three years. After being surveyed, the organizations are awarded accreditation status if they demonstrate compliance with the Joint Commission's nationally recognized health care standards.

Kaiser Foundation Hospital (Moanalua Medical Center) and the Oahu Home Health Agency have voluntarily taken part in the accreditation process for many years. The most recent survey of our facilities was completed in May 2009, with accreditation status awarded to both entities.

## USING YOUR PLAN (CONTINUED)

### Joint Commission accreditation for Kaiser Foundation Hospital and Oahu Home Health (continued)

As an accredited organization, our goal is to provide you with outstanding care. If you have a concern about the quality of care and/or patient safety in the hospital or Oahu Home Health, please contact Hospital Administration. You may find them on the first floor of the hospital, or you can reach them through the hospital operator at **808-432-0000**. If your concerns are not resolved by the hospital, you may contact the Joint Commission's Office of Quality Monitoring at **1-800-994-6610** or by e-mailing [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

### Patient safety

Kaiser Permanente is committed to being a national leader in patient safety. We strive to provide care that is reliable, effective, consistent, and safe. We believe that patient safety is every patient's right and every person's responsibility.

To foster mutual responsibility and accountability for patient safety throughout Kaiser Permanente, we'll continue to implement activities broadly aimed at achieving the following ideals:

- **Safe Culture:** Create and maintain a strong, unified patient safety culture, with patient safety and error-reduction embraced as shared organizational values.
- **Safe Care:** Ensure that the actual and potential hazards associated with high-risk procedures, processes, and patient care populations are identified, assessed, and controlled in a way that demonstrates continuous improvement and moves the organization toward the ultimate objective of ensuring our patients' freedom from accidental injury or illness.
- **Safe Staff:** Ensure that our staff has the knowledge and competence to safely perform required duties and improve system safety performance.
- **Safe Support Systems:** Identify, implement, and maintain support systems that provide the right information to the right people at the right time. This includes responsible reporting.
- **Safe Place:** Design, construct, operate, and maintain the environment of care as well as evaluate, purchase, and utilize equipment and products in a way that enhances the efficiency and effectiveness with which safe health care is provided.
- **Safe Patients:** Engage the patient and his or her family, as appropriate, in reducing medical errors and improving overall system safety performance.

It's important that you take an active role in ensuring your own patient safety. Here are some ways you can work with your medical team to help keep yourself safe when visiting our medical offices or as a patient in the hospital:

- **Ask questions:** It's OK to ask questions and to expect answers you can understand.
- **Know the members of your medical team:** All health care professionals must wear identification badges. Don't hesitate to ask them to show their identification badges.
- **Wash your hands:** Hand washing prevents the spread of infections. Wash your hands after you move around the room, touch things, or use the bathroom. Don't hesitate to ask your medical team and visitors if they have washed their hands.
- **Share important health information with your medical team:** Several staff members may ask you the same questions— that's OK. It's part of making sure you receive safe care. Discuss all of the medications you're taking, including herbal and over-the-counter medications.
- **Know how to use your medications:** If you don't understand why you're taking a medicine, ask. Ask about side effects and what food or drinks to avoid when taking any medication. Read the labels and all warnings. Make sure that it's the medication ordered for you and that you know what to expect.
- **Make sure that you're receiving the correct treatment:** Make sure that all staff members check your identification wristband (if in the hospital) when you receive medication or treatments. When visiting our medical offices, make sure staff members check your name and birth date. Bringing proper identification, including a photo ID, helps to ensure that we have the correct member when registering you for services.
- **Get all your test results:** Don't assume that the results of your test are OK—always ask for your results. Ask when and how you can expect to receive them.
- **Before you leave the medical offices or hospital:** Make sure you know what you need to do next and who to contact if you have questions.
- **Always carry a list of your current medications with you:** Make sure that you keep an updated list of your medications with you, including the doses and how often you're taking each one. When you're admitted to the hospital, your health care team can make sure that your medications don't interfere with your current treatment and won't interact with other medications. Make sure you also list any over-the-counter and herbal medications.

## USING YOUR PLAN (CONTINUED)

### Patient safety (continued)

If you have concerns about patient safety or quality of care while in the hospital or home health facility: Please speak with the physician in charge or ask for the department manager. If you still have concerns, please contact Hospital Administration, which is located on the first floor of the hospital and can be reached through the hospital operator at **808-432-0000**. If your concern cannot be resolved through Hospital Administration, you can contact the Joint Commission's Office of Quality Monitoring at **1-800-994-6610** or by e-mailing [complaint@jointcommission.org](mailto:complaint@jointcommission.org).

### New medical technologies receive thorough review

Doctors depend on research and advances in science to give their patients a better and sometimes longer life. Our Interregional New Technologies Committee, made up of physicians and scientists from across Kaiser Permanente nationwide, studies medical advances to ensure they are tested, safe, and helpful. By continually reviewing medical advances and our benefit coverage, we strive to provide advanced, effective, and efficient medical care. If you would like to know more about the review process for medical technologies in relation to benefit coverage, please call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

### Occupational Health Services

Occupational Health Services focuses on keeping Hawaii's employees healthy and working. Work-related injury care, employment physicals, commercial driver's license examinations, and employer-requested substance abuse testing are a few of the services available to our members and nonmembers as well. These services are not covered under your benefit plan.

If you experience a work-related injury, call and ask for an appointment with Occupational Health Services. Our Occupational Health Services clinics are located in Kaiser Permanente's Honolulu, Waipio, Wailuku, Hilo, and Kona Clinics. These clinics offer medical care for work-related illnesses and injuries, and a variety of prevention and safety services geared to the workplace.

We have clinics with specially trained occupational health physicians who are supported by registered nurses and medical assistants. Our administrative staff is available to assist you with all the paperwork associated with workers' compensation claims.

After-hours or urgent care is available at the Moanalua Medical Center, Honolulu Clinic, and Maui Lani Clinic. Please check the scheduled hours at these clinics. The Moanalua Medical Center's Emergency Department provides emergency care for work-related injuries 24 hours a day, 365 days a year. Follow-up care is normally scheduled at the Occupational Health Services clinic most convenient for you.

## Pharmacy services

Pharmacies are located in most Kaiser Permanente clinics and are open during clinic hours. Selected non-Kaiser Permanente pharmacies are available at certain locations. Members may get prescriptions filled and buy over-the-counter medications and supplies at Kaiser Permanente pharmacies or selected non-Kaiser Permanente pharmacies.

Coverage for prescription drugs varies depending upon your benefit plan. If you have a prescription drug benefit, show your Kaiser Permanente ID card when filling your prescriptions.

## Drug formulary

Kaiser Permanente Hawaii uses a drug formulary to help make sure that the most appropriate and effective prescription medications are available to you. The formulary is a list of medications that have been approved by our multidisciplinary Pharmacy and Therapeutics (P&T) Committee. Members of the P&T Committee include Kaiser Permanente physicians, registered nurses, pharmacists, and a physician assistant.

Our drug formulary allows us to choose drugs that are safe, effective, and a good value for you. We review our formulary regularly so that we can compare new drugs and remove drugs that can be replaced by newer, more effective medications. The formulary also helps us restrict drugs that can be toxic or otherwise dangerous if misused.

Our drug formulary is considered a closed formulary, which means that medications on the list are usually covered under the prescription drug benefit, if you have one. However, drugs on our formulary may not be automatically covered under your prescription drug benefit because these benefits vary depending on your plan. If you would like to check on the coverage of a specific drug, or have questions about any limitations on prescribing or access to drugs, please contact a pharmacist at any Kaiser Permanente pharmacy.

Non-formulary drugs are those that are not included on our drug formulary. These include new drugs that have not been reviewed yet, drugs that our clinicians and pharmacists have decided to leave off the formulary, or a different strength or dosage of a formulary drug that we don't carry in Kaiser Permanente pharmacies.

Even though non-formulary drugs are generally not covered under our prescription drug benefit plan options, your Kaiser Permanente doctor can request a non-formulary drug for you. If formulary alternatives have failed and use of the non-formulary drug is medically necessary, you may purchase your prescription at your usual drug copayment or receive a refund on prescriptions for which you have already paid full price, provided the drug isn't an exclusion under the prescription drug benefit. Non-formulary drugs are not usually stocked in our pharmacies, so it may take a little longer to have your prescription filled.

## USING YOUR PLAN (CONTINUED)

### Understanding your medications

Kaiser Permanente pharmacists provide information and advice on prescription and over-the-counter medicines, as well as herbal supplements. You're encouraged to speak to your pharmacist whenever you have a concern about your medication. Some Kaiser Permanente pharmacists, known as clinical pharmacists, will work directly with you and your physician on complex drug therapies, such as blood thinners, asthma, cancer, diabetes, hepatitis, kidney problems, high blood pressure, and high cholesterol. Clinical pharmacy services may be requested through your physician.

### Prescription refills

Save time and money on refills! If you have prescription drug coverage, you can get a 90-day supply of qualified prescription drugs covered under your drug rider for the price of 60 by using our convenient mail order service.\* And we pay the postage!

You can order your refills at your convenience, 24/7, using one of the methods below.

- For the quickest turnaround time, order online at [kp.org](https://www.kp.org).
- Order via our automated prescription refill service by calling **808-432-7979** (Oahu) or **1-888-867-2118** (Neighbor Islands). You'll have the following options:
  - To check your order status, press 1.
  - To order refills, press 2. You will be asked to enter your medical record

number and prescription number. Then press 1 to receive your refill via mail order.

- To listen to detailed instructions, press 3.
- Order using our mail-order envelope, available at all Kaiser Permanente clinic locations.
- Order via our Pharmacy Refill Center at **808-432-5510** (Oahu), or toll free **1-866-250-1805** (Neighbor Islands), Monday through Friday, 8:30 a.m. to 5 p.m. TTY users may call **1-877-447-5990**.

So the next time you've used two-thirds of your existing supply of prescription medications, try using one of these convenient options.

If you must pick up your prescriptions at a clinic pharmacy, refillable prescriptions are usually ready for pickup at the designated pharmacy in one business day. Prescriptions requiring a physician's approval are usually ready in two business days. Call the pharmacy or Kaiser Permanente Hawaii's automated prescription refill line in advance to make sure that your prescription is ready. Orders not picked up within one week are returned to stock.

\*We are not licensed to mail medications out of state. There are restrictions for delivery of certain medications and supplies, including but not limited to controlled medications, injections, medications affected by temperature, and medications excluded by Kaiser Permanente's Pharmacy & Therapeutics Committee.

For pharmacy locations where you can get your prescriptions and refills, please check *Our Physicians and Locations Directory*.

### Fee-for-service offerings\*

In addition to medical services covered by your health plan benefits, Kaiser Permanente offers a range of popular services for a fee. These services are not covered by your health plan benefits and you must pay for them. All services are provided by Kaiser Permanente physicians and staff, following the same quality and care standards we use for covered services.

## The Vision Correction Center by Kaiser Permanente

### LASIK vision correction

Attend a free seminar with a Kaiser Permanente ophthalmic surgeon or book a one-on-one consultation with an optometrist to see if you are a candidate for LASIK surgery to correct nearsightedness, farsightedness, or astigmatism. Call the Laser Vision Coordinator at **808-432-2619** for information. Neighbor Island residents may call the toll-free hotline **1-888-699-3937** and leave a message for a call back. Members and the general public are welcome.

### Premium intraocular lens implants (IOL)

If you have cataracts and facing surgery to remove them, ask your eye care specialist about premium lens implants. While standard lens implants provide long distance vision, you may still need

reading glasses or bifocals for near vision. Upgrading to Premium IOLs may provide you with an improved range of vision and less dependence on glasses.

Premium lens implants are an optional upgrade and not covered by insurance or Original Medicare. For more information or to schedule a consultation, call **808-432-2619** or the Eye Care Advice Line at **808-432-2600**.

\* Kaiser Permanente members typically have coverage for medically necessary eye examinations, which are generally conducted at Kaiser Permanente facilities. Otherwise, the services described here are provided on a fee-for-service basis, separate from and not covered under your health plan benefits. Clinical services are provided by providers or contractors of Hawaii Permanente Medical Group, Inc. Results of services vary among patients and cannot be guaranteed. Hawaii Permanente Medical Group, Inc., Kaiser Foundation Health Plan, Inc., and Kaiser Foundation Hospitals have a financial interest in the provision of these services. For specific information about your health plan benefits, please see your *Benefits Summary*.

## The Aesthetic Center by Kaiser Permanente

### Cosmetic Skin Care Services

Cosmetic skin care services are offered at Mapunapuna, Honolulu, Hawaii Kai, and Waipio Clinics and at the Moanalua Medical Center. Surgical services include removal of skin tags, growths and benign moles. Various methods of brown spot treatments are offered. Injectables include Botox®, Dysport®, Restylane®, Juvederm®, Perlane®, and Radiesse®. Aesthetician services for

## USING YOUR PLAN (CONTINUED)

microdermabrasion, chemical peels, and pharmaceutical grade skin care products are also offered. Services vary by location. Members and the general public are welcome. Call **808-432-5670** for an appointment.

### Cosmetic Plastic Surgery

Cosmetic Plastic Surgery procedures are performed at the Moanalua Medical Center by board certified cosmetic plastic surgeons. Services include breast augmentation, lift, or reduction; tummy tuck; arm, body, and thigh lifts; liposuction; and facial procedures, including brow, face, and neck lifts, and nose reshaping. Members and the general public are welcome. Call **808-432-5670** for a consultation.

### The Hearing Center by Kaiser Permanente

Ordering and fitting of nationally recognized hearing aids are available at The Hearing Center by Kaiser Permanente, located at Honolulu, Hawaii Kai, Waipio, and Wailuku Clinics. Also available are updated assistive listening technology and equipment that enhance the sounds of your life. Members and the general public are welcome. On Oahu, call **808-432-2155**; on Maui, call **808-243-6191**.

Most Kaiser Permanente members typically have coverage for medically necessary hearing examinations, and some members may be able to apply a supplemental hearing aid benefit to their purchases. For specific information about your health plan benefits, please see your *Benefits Summary*.

### Transportation services

If you need transportation to clinic appointments, Kaiser Permanente provides free shuttle service between our Moanalua Medical Center and the following facilities:

- Honolulu Clinic
- Kahuku Clinic
- Kapolei Clinic
- Koolau Clinic
- Mapunapuna Clinic
- Nanaikeola Clinic
- Waipio Clinic
- Honolulu Airport's Interisland Terminal

Please check the posted schedules at each location for departure and arrival times. Shuttle schedules may change on short notice. Refer to the Clinic Shuttle Schedule bulletin board for the current schedule. You can also view the schedule online at [kp.org/shuttle](http://kp.org/shuttle).

The vans make every effort to leave their destinations promptly, so it's important to check the schedules and be on time.

- This service is provided as a courtesy for Kaiser Permanente members who can walk without assistance.
- For your safety, wheelchair, car seat, motorized scooter, and large suitcase/bulky item services are not available.
- Shuttle service hours are Monday to Friday except holidays.
- For departures from Moanalua Medical Center and Honolulu Clinic, sign-in is required. At Moanalua Medical Center, the sign-in sheet is located



at the security table next across from the information desk in the lobby. At our Honolulu Clinic, sign up at the table next to the security office in the lobby. For departures from all other clinics, please tell the clinic cashier that you would like to ride the shuttle.

- A maximum of ten (10) passengers is allowed on the shuttle except for Leeward area clinics, where the maximum is seven (7) passengers.
- Sign-in is not required for the airport shuttle.
- Car seats and wheelchair service are not available.
- If you live on Maui, Kauai, or the Big Island and need transportation assistance to Oahu for medically necessary care, please contact the Travel Department at **808-243-6589** (Maui) or **1-800-214-6572** (Kauai, Big Island, and Oahu).

### Neighbor Island Concierge

If you have to go to Oahu for medically necessary care, our Neighbor Island Concierge can assist with coordinating your medical appointments. Our concierge can also offer shuttle and ground transportation information, hotel and housing recommendations, along with tips on making the most of your stay.

Our Neighbor Island Concierge is located in the main lobby of the Moanalua Medical Center, directly behind the information desk, and can also be reached at **808-432-8359 (808-432-UFLY)**, Monday through Friday, 7:30 a.m.-4 p.m.

### Travel Medicine Clinic

Before you travel to a foreign destination, visit our Travel Medicine Clinic at the Honolulu Clinic. You don't need a referral. We can help reduce your health risks by offering immunizations, medications, and educational materials. You'll receive a medical consultation and advice based on your itinerary, and if necessary, you can come back for a health evaluation and screening when you return from your trip. You can also purchase travel supplies, such as insect repellent. Call **808-432-2365** to schedule an appointment.

You can also schedule Travel Medicine appointments at our Wailuku Clinic by calling **808-243-6540** or at our Kona Clinic by calling **808-334-4400**.

### Vision Essentials by Kaiser Permanente

Our team of opticians, optometrists, and ophthalmologists are committed to providing high-quality vision services that improve your quality of life. Our Vision Essentials by Kaiser Permanente locations, conveniently located in our medical offices, offer one-stop service with a broad selection of competitively priced eyewear. If eligible, you may apply your Kaiser Permanente optical benefit. For information about your optical benefits, please review your *Benefits Summary*, which you may obtain from your employer or group administrator, or you can contact an optician at your clinic for details.

## USING YOUR PLAN (CONTINUED)

### Great eyewear at great prices

At our Vision Essentials by Kaiser Permanente locations, you can browse our large selection of stylish and competitively priced frames and lenses, sunglasses, readers, and accessories to find eyewear that will complement your lifestyle. Most eyeglass repairs and servicing are done on site. Optical sales staff members are available to assist you with selection, fitting, and adjustments, and to answer your questions about the latest innovations in frame and lens technology.

We also provide contact lens services, solutions, and supplies. For your convenience, once you've ordered contacts at one of our Optical Centers, you can reorder on our Web site at [kp2020.org](https://kp2020.org). To order contact lenses by phone, call **808-432-2610** (Oahu) or **1-866-424-7908** (Neighbor Islands).

Discounts on eyeglasses, sunglasses, contact lenses, and over-the-counter optical supplies are available to Kaiser Permanente members. Please visit one of our Vision Essentials by Kaiser Permanente locations for details, or check out our Web site at [kp2020.org](https://kp2020.org) to learn about our specials and promotions.

### Eye care coverage in base benefit

All Kaiser Permanente members have an eye exam benefit as part of the base health plan coverage. The eye exam screens for eye conditions related to injuries or disease of the eye, including glaucoma or cataracts. Also included is routine eye examinations for eyeglasses.

Your eye exam information as well as your corrective vision prescription are

stored in your electronic medical record, which is accessible to your entire Kaiser Permanente health care team.

### Our optical center locations

Visit your nearest Vision Essentials by Kaiser Permanente location for a new pair of eyeglasses or contacts, an eye examination, or to get care for your medical condition (such as glaucoma or cataracts). Contact an optician at your clinic for assistance or for more information regarding your optical benefits.

For our optical center locations, please check *Our Physicians and Locations Directory*, or visit [kp2020.org](https://kp2020.org).

### Utilization management

Utilization management (UM) describes the various methods we use to ensure you receive the right care at the right time in the right place. Kaiser Permanente's Utilization Management Program uses the advice and cooperation of practitioners and providers to ensure quality, cost-effective care for members. By providing you with the medical care you need when you need it, we help you stay healthy. In addition, we continuously monitor and evaluate our services. Some of these services include:

- **Review of hospital admissions:** We want to make sure that your admission is medically necessary and that you receive the care you need. We use nationally recognized Medicare and *InterQual* criteria as guides. Many other health systems across the nation use these same guidelines.
- **Review of referred services:** We want to make sure that if we send

you to a non-Kaiser Permanente physician or provider for covered medically necessary care, you receive the same high-quality care that we expect from our own staff. We review referrals for specific plan benefits, current eligibility, and medical appropriateness, and will direct you to a credentialed physician or provider who has met our quality standards.

- **Review of post-service claims:** We review bills or requests for payment for care that has already been provided to determine specific plan coverage, current eligibility, whether we authorized the care, and the medical appropriateness of the care. If approved, payments are made according to your specific plan benefits.
- **Case management services for certain medical conditions:** We have nurses and other care practitioners with specialized education and training in areas such as asthma, congestive heart failure, diabetes, and HIV. Our case managers work with you, your family, and your personal physician to help you maintain your health at the highest level possible.
- **Clinical pharmacist services:** We have pharmacists who work in the clinics along with your personal physician and are available for individual counseling and education to help manage your medications. All you need to do is ask your personal physician or the pharmacist in your clinic.
- **Care maps and clinical practice guidelines:** We have written tools available for your doctor to review.

These tools are like road maps and have been developed based on clinical evidence. They are available for your care team to follow to best meet your medical needs.

Kaiser Permanente physicians, employees, and affiliated practitioners (professionals who contract with Kaiser Permanente) who make decisions about patient medical treatments and service have a primary focus on providing the level of care that is appropriate for our members' needs. All utilization management decision-making is based on evidence that services and care are medically necessary and appropriate. There is no reward for denying care and there are no financial incentives that encourage denial of coverage of services that may result in underutilization.

For any UM inquiries during regular business hours, call our Customer Service Center:

Oahu **808-432-5955**

Neighbor Islands **1-800-966-5955**

Our Customer Service Center is available from 8 a.m. to 5 p.m., Monday through Friday, and 8 a.m. to noon on Saturday.

After regular business hours and on holidays, call:

Oahu **808-432-7100**

Neighbor Islands **1-800-227-0482**

After regular business hours, your message will be forwarded to our Utilization Management team and your call will be returned the next business day. You may also fax us at **808-432-7419**.

If, at any time, you feel you are not receiving coverage for an item or service

## USING YOUR PLAN (CONTINUED)

that you believe is medically necessary, you have the right to make a request for services or supplies you have not received, or to file a claim for payment of charges you've incurred. If you don't agree with our decision regarding your request, you have the right to request an appeal, according to the procedures described in the "How to file an appeal" section.

### Requests for services or supplies you have not received

#### Standard decision

You may request that we provide health care services or supplies you have not received but believe you're entitled to receive through Kaiser Permanente. These requests should be submitted in writing to the following address:

**Kaiser Foundation Health Plan, Inc.**  
Attn: Authorizations and Referrals  
Management  
2828 Paa St.  
Honolulu, HI 96819

Your written submission should include your name, the patient's name and medical record number, the specific service or supply you're requesting, and any comments, records, or other information you think is important for our review. We have the right to require that you provide all documents and information that we deem necessary to make a decision. If you don't provide any information requested in regard to any request for coverage, claim for payment, or related appeal, or if the information you provide does not show entitlement to the coverage or payment you request, this could

result in an adverse decision.

You may appoint someone to make this request on your behalf. If you choose to appoint a representative, you must name this person in writing and state that he or she may file the request on your behalf. Both you and your representative must sign and date this statement, unless the person is your attorney. When necessary, your representative will have access to your medical information as it relates to the request. If you prefer, you may call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) to request an *Appointment of Representative* form.

Our standard decision will be made within 14 calendar days from the date we receive your non-urgent pre-service request. If we cannot decide your request within 14 calendar days because we don't have sufficient information or because of other special circumstances, we'll send you a written notice of the circumstances requiring an extension of time and the date by which we expect to render a decision. If we determine that your request is not covered, we'll send you a denial notice, which will include the specific reason for the denial, reference to the health plan provisions on which our denial is based, and your appeal rights. You can ask us to reconsider our decision by filing an appeal if you disagree with our denial decision.

### Expedited decision

You may ask that we decide your request on an expedited basis if we find, or if your health care provider states, that waiting for a standard decision may:

- seriously jeopardize your life or health,
- seriously affect your ability to regain maximum functioning, or
- subject you to severe pain that cannot be adequately managed.

You or your health care provider may request an expedited decision anytime by calling toll free to **1-866-233-2851**, or by faxing, writing, or delivering your request to the same address listed for standard decisions. Our fax number is **808-432-5691**. The fax number for appeals is listed in the "How to file an appeal" section.

Specifically state that you want an expedited decision. If your request qualifies for expedited review but you don't provide us with sufficient information to determine coverage, we'll inform you within 24 hours of our receipt of your request and give you at least 48 hours to provide us with the specified information. Once we have the information needed to decide your request for expedited review, we will make our decision within 72 hours. If we decide that your request is not covered, we'll send you a denial notice, which will include the reason for the denial and your appeal rights. If you disagree with our decision, you can ask us to reconsider our decision by filing an appeal, using the appeal procedures described

in the "How to file an appeal" section.

You may appoint someone to file your expedited request on your behalf by following the steps described earlier in the "Standard decision" section. If a health care provider with knowledge of your condition makes a request for an expedited decision on your behalf, we don't require you to appoint your health care provider in writing.

### How to file a claim for payment

If you receive medical care from a non-Kaiser Permanente practitioner or provider, you may submit a claim for payment of the charges you incurred. The following services are the only types of care that may be covered from non-Kaiser Permanente practitioners:

- A written referral that we have authorized when your Kaiser Permanente physician refers you for care that is not available from Kaiser Permanente,
- Emergency care,
- Out-of-area urgent care when you temporarily travel outside the Hawaii service area.

We review claims for out-of-plan emergency care and out-of-area urgent care after the services have been provided. If you, your family members, or practitioners call us during an emergency or urgent episode, we'll confirm your membership status. However, we will not authorize coverage or payment at that time. When we receive the claim(s) and medical information, we'll determine

## USING YOUR PLAN (CONTINUED)

### How to file a claim for payment (continued)

whether the services are covered by your Kaiser Permanente plan. Filing a claim does not guarantee payment of that claim. If approved, reimbursement is made to providers according to your health plan benefits. If you paid for services, you may file a claim by sending the patient's name and medical record number, paid receipts, medical documentation, and a written statement describing the sequence of events to the following address within 90 days (or as soon as reasonably possible) after the patient received the out-of-plan emergency or out-of-area urgent care:

**Kaiser Foundation Health Plan, Inc.**  
Attn: Claims Administration  
80 Mahalani St.  
Wailuku, HI 96793

If you have questions related to filing a claim, please contact the Customer Service Center at the number listed below. If you have questions specific to a claim already submitted, including the status of your claim, the amount paid, information related to your cost or the date the claim was paid, if applicable, please call Claims Administration at **808-243-6610** (Maui) or toll free at **1-877-875-3805** (Oahu and Neighbor Islands).

You may appoint someone to file the claim on your behalf by naming this person in writing and stating that he or she may file the claim on your behalf. When necessary, your representative will have access to medical information about you that relates to the request.

Our standard decision will be made within 30 calendar days from the date we receive your post-service claim for payment. If we don't have sufficient information to make a decision, we'll send you a written notice about the next steps available to you. If we determine that your claim is not covered, we'll send you a denial notice, which will include the specific reason for the denial, reference the health plan provisions on which our denial is based, and state your appeal rights. If you disagree with our denial decision, you can file an appeal by following the appeal procedures described in the "How to file an appeal" section.

You may request a free copy of (1) all documents and information relevant to your request for payment or coverage; (2) any rule, guideline, or protocol we relied upon in denying the service or supply you requested; and (3) the identity of any experts whose advice was obtained by us in connection with our denial of your request. You can request the information by calling our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

### How to file an appeal

#### Standard appeal

If we deny your request for payment or coverage, you have the right to file an appeal and ask that we reconsider our decision. Generally, we'll issue a written notice that tells you the specific reasons why we denied coverage or payment for the item or service. The notice will describe your appeal rights and how

to file an appeal. You must submit your appeal within 180 days of the date of our denial notice.

You may appoint someone to file the appeal on your behalf. If you choose to appoint a representative, you must name this person in writing and state that he or she may file the appeal on your behalf. Both you and your representative must sign and date this statement, unless the person is your attorney. Appeals filed on your behalf by anyone without your written authorization may not be opened. When necessary, your representative will have access to medical information about you that relates to the request. If you prefer, you may call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) to request an *Appointment of Representative* form. You may file your appeal by mailing or delivering your request to:

**Kaiser Foundation Health Plan, Inc.**  
Attn: Regional Appeals Office  
2828 Paa St.  
Honolulu, HI 96819

You should include in your appeal your name, your medical record number, the date, the nature of our decision that you're appealing, and all comments, documents, and other information you want us to consider regarding your appeal. You may fax your appeal to **808-432-5667** or file it by electronic mail at [KPHawaii.Appeals@kp.org](mailto:KPHawaii.Appeals@kp.org). If you have questions about the appeals process, you may call our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Standard appeals must be filed on weekdays during office hours, from 7 a.m. to 7 p.m. The receipt date for appeals filed after office hours or on weekends will be the next business day.

When received, your appeal will be prepared for internal review by our Regional Appeals Committee. Generally, we'll provide you with our written decision within 30 calendar days. Appeal reviews will consider all information you submit (whether or not that information was submitted with your initial request for payment or coverage), will be decided by a different reviewer than the person who denied your initial request, and will not give deference to the initial decision you're appealing. If you choose you may also present verbal remarks in-person or by phone to the committee. If we consider, rely upon or generate any new or additional evidence in our appeal review, or if our appeal decision is based on a new or additional coverage rationale, we will provide you, free of charge, such evidence or coverage rationale as soon as possible and give you a reasonable opportunity to respond before our decision is due. If we continue to deny your request after our review of your appeal is completed, our written notice to you will include the specific reason for the decision and reference to the specific plan provisions on which our decision was made. If you are not satisfied with our decision, you may request external review as noted later in this section.

Appeals related to claims for payment (post-service requests) filed by members on employer group plans will be processed through two internal levels of review. When received, your post-ser-

## USING YOUR PLAN (CONTINUED)

vice appeal will be prepared for a first-level review. Generally, we'll provide you with our written decision within 30 calendar days. If you are not satisfied with the first-level decision, you may request a second-level review by our Regional Appeals Committee within 60 days of the date of the first-level decision letter. We'll acknowledge receipt of your second-level appeal and provide you with our written decision within 30 calendar days of our receipt of the request.

You may request a free copy of (1) all documents and information relevant to your initial claim and appeal; (2) any rule, guideline, or protocol we relied upon in denying the service or supply you requested; and (3) the identity of any experts whose advice was obtained by us in connection with our denial of your request. You can request the information by calling our Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

### Expedited appeal

You may ask that we make an expedited decision on your appeal. The expedited procedure applies to denied requests for services or supplies that you have not yet received. It does not apply to denied requests for payment for services or supplies that you have already received. We'll make an expedited decision within 72 hours if we find, or if your physician states, that your health or ability to regain maximum function could be seriously harmed by waiting 30 days for a decision. Our decision may take longer if we have to wait for medical information from a non-Plan provider, but we must make a decision within 72 hours of our receipt of such medical information.

You or your physician may request an expedited appeal anytime by calling toll free to **1-866-233-2851**, or by faxing, writing, or delivering your request to the same address and phone numbers listed for standard appeals. If we determine that your request does not meet the criteria for an expedited appeal, we'll automatically review your appeal under the 30-day process.

Different procedures apply to Kaiser Permanente Senior Advantage, Kaiser Permanente Medicare Cost, Kaiser Permanente QUEST, and Federal Employees Health Benefits Program members. These members should consult their respective *Evidence of Coverage*, handbook, or brochure, for a description of the claims and appeals procedures that apply to them.

### Filing an external appeal with an independent review organization

Once you've exhausted your internal appeal rights and we've continued to deny coverage or payment, you can request an external appeal with an independent review organization (IRO). An IRO is independent from Kaiser Permanente and has the authority to overturn our denial of coverage or payment. The IRO that is responsible for conducting your external appeal is based on your Kaiser Permanente plan. Our final appeal decision letter will contain information about the IRO that applies to you and instructions on filing an external appeal with the IRO. You may also be able to simultaneously request external review as permitted under federal law in connection with an expedited internal appeal.



The IRO for Senior Advantage and Medicare Cost members is an independent reviewer outside Kaiser Permanente that is contracted by the Medicare Program. Appeal cases are automatically sent to the reviewer when Kaiser Permanente is unable to overturn its initial denial of coverage or payment.

### Process for members on non-group plans and group plans not subject to the ERISA law

The following external review process applies to you if you are covered by a Kaiser Permanente Individual or Family plan, or a Kaiser Permanente group plan that is **not** subject to the federal Employee Retirement Income Security Act (ERISA). State law provides that once a member has received a final internal decision, an external appeal is available through the Hawaii insurance commissioner of the Hawaii Insurance Division, which serves as the IRO for these appeals. A request for review by the insurance commissioner must be made within 60 days of the date of our final internal decision, by **writing** to:

**State of Hawaii Insurance Division**  
Health Insurance Branch—External Appeals  
335 Merchant St., 2nd Floor  
Honolulu, HI 96813

If the commissioner accepts the external appeal request, the commissioner will appoint a three-person panel to hear the case. Hawaii law states that the hearing will be conducted within 60 days of receipt of the appeal request and that a decision will be issued within 30 days following the hearing. You or your health care provider may make a request to the

commissioner for an expedited review if any of the following would result if the appeal were to be processed under the standard time frame:

- Serious jeopardy to your life or health,
- Serious jeopardy to your ability to regain maximum functioning, or
- Severe pain that cannot be adequately managed without the care or treatment that is the subject of the external appeal.

External appeals to the insurance commissioner are limited to situations in which (1) the complaint is not for medical malpractice or other professional fault, and (2) the complaint does not involve an employee health plan for which federal law supersedes or preempts the state external review law.

If your health benefits are provided through an employee health plan subject to ERISA (Employee Retirement Income Security Act), you have the right to bring a civil claim under Section 502(a) of ERISA. Prior to pursuing the civil claim, all required internal reviews must be completed. If you are not sure whether your plan is an employee health plan subject to ERISA, you should contact your employer or group administrator. You may also request binding arbitration as described in your group's Kaiser Permanente Group Plan Service Agreement.

## USING YOUR PLAN (CONTINUED)

### Care received outside the Kaiser Permanente system

The only care from non-Kaiser Permanente practitioners or providers that may be covered is:

- An authorized referral when your Kaiser Permanente physician refers you for care that is not available from Kaiser Permanente.
- Emergency care.
- Out-of-area urgent care when you temporarily travel outside the Hawaii service area.

**Outside the Hawaii service area,** benefits are limited to authorized referrals (when your Kaiser Permanente physician determines the services you require are not available in the Hawaii service area), emergency benefits, ambulance services, and out-of-area urgent care when you are temporarily away from the Hawaii service area. "Urgent care" means necessary services for a condition that requires prompt medical attention (but is not an emergency medical condition) when:

- You are **temporarily** away from the Hawaii service area.
- The care is required to prevent serious deterioration of your health.
- The care cannot be delayed until you are medically able to safely return to the Hawaii service area or travel to one of our facilities in another Kaiser Permanente region.

**Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.** When you are temporarily traveling outside the Hawaii service area, which consists of the islands of Oahu, Maui, Kauai, Lanai, Molokai, and Hawaii, you may require medical services for emergency or urgent problems. Please have your Kaiser Permanente ID card with you at all times. If you're admitted to a hospital, you or a family member must call the toll-free number found on the back of your ID card within 48 hours of your hospital admittance or your claim may be denied.

Services at **Kaiser Permanente facilities in our other regions** are provided while you're visiting the area for less than 90 days. Visiting member services are different from the coverage you receive in your home region. Be sure you have your Kaiser Permanente ID card with you at all times. The visiting member program is not a plan benefit but a service offered to members as a courtesy. Changes to the program may occur at any time.

**Members who move anywhere outside the Hawaii service area will be terminated** (this does not apply to dependents up to age 26. However, should the subscriber move outside the Hawaii service area, all dependents will be terminated, including dependents up to age 26.) Until your membership is terminated, you'll be covered only for initial emergency care in accordance with your health plan benefits.

Before you move outside the Hawaii service area, you should contact your group benefits representative to discuss your options.

# GENERAL information

## Loss of eligibility

When you lose eligibility as a subscriber and your membership ends, membership for family dependents enrolled with you also ends. Your dependents may also lose eligibility as follows:

- Your spouse at the end of the month in which divorce is final.
- Your dependent children at the end of the month in which they no longer meet eligibility requirements under the "Who may enroll" section.

You must notify us immediately of any changes that may affect the eligibility of any enrolled family member.

## Termination of your membership

We may terminate a subscriber and his or her family dependents' membership upon 15 calendar days' written notice to the subscriber, if the subscriber or any of the subscriber's family dependents:

- Fail to pay us any amounts due.
- Knowingly give us incorrect or incomplete information, or fail to inform us of a change in family or Medicare coverage status that may affect eligibility or benefits.
- Knowingly misuse or permit the misuse of a Kaiser Permanente ID card.
- Knowingly present an invalid prescription.

- Are disruptive, unruly, uncooperative, or abusive.
- Move outside the Hawaii service area. (This does not apply to dependents up to age 26. However, should the subscriber move outside the Hawaii service area, all dependents will be terminated, including dependents up to age 26.)

If membership is terminated for any of these reasons, all rights to benefits cease as of the date of termination. There is no right to continue coverage, convert to the Kaiser Permanente for Individuals and Families \$30 Conversion Plan, or to enroll in any plan that offers entitlement to services through Kaiser Foundation Health Plan, Inc., at any future time. For a complete description of the termination provisions, please refer to your *Group Medical and Hospital Service Agreement*, which you may obtain from your employer or group administrator.

## Termination for discontinuance of a particular plan

As the subscriber, you'll be given 90 calendar days' written notice if Kaiser Permanente stops offering the particular plan in which you're enrolled. Your coverage will end on the day we specify.

## GENERAL INFORMATION (CONTINUED)

You may be eligible to convert to the Kaiser Permanente for Individuals and Families \$30 Conversion Plan without a medical screening, **if you meet all of the eligibility criteria for that plan.**

However, you must enroll within 30 calendar days of your previous plan's termination date. For a complete description of the termination provisions, please refer to your *Group Medical and Hospital Service Agreement*, which you may obtain from your employer or group administrator.

### Binding arbitration

Except for certain situations outlined in your *Group Medical and Hospital Service Agreement*, all claims, disputes, or causes of action arising out of, or related to, your *Group Medical and Hospital Service Agreement*, its performance or alleged breach, or the relationship or conduct of the parties, must be resolved by binding arbitration. **For claims, disputes, or causes of action subject to binding arbitration, all parties give up the right to jury or court trial.** For a complete description of arbitration information, please refer to your *Group Medical and Hospital Service Agreement*, which you may obtain from your employer or group administrator.

### Third-party liability

Kaiser Permanente has the right to recover the cost of care for a member's injury or illness caused by another person or in an auto accident from a judgment, settlement, or other payment paid to the member by an insurance company, individual, or other third party.

### Limit on supplemental charges

The amount of supplemental charges for "Basic Health Services" paid by a member (or family unit of three or more members) in a calendar year is limited for each type of Kaiser Permanente plan.

#### **Members must retain their receipts for the charges they have paid,**

and when the maximum amount has been paid, they must present these receipts to one of our business offices at Moanalua Medical Center or our Honolulu, Waipio, or Wailuku clinic, or to the cashier at other clinics. After verification that the supplemental charges maximum has been paid, **members will be given a card** that indicates that no additional supplemental charges for covered "Basic Health Services" will be collected for the remainder of the calendar year. Members must **show this card** during their visit to ensure supplemental charges for "Basic Health Services" are not billed or collected for the remainder of the calendar year. **All payments are credited toward the calendar year in which the medical services were received.**

Once a member has met his or her supplemental charges maximum, he or she should submit proof of payment as soon as reasonably possible. All receipts must be submitted by the member no later than February 28 of the year following the one in which services were received.

Contact the Kaiser Permanente Customer Service Center at **808-432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) for more information.

## Special enrollment\*

If you do not enroll when you are first eligible and later want to enroll, you can enroll only during open enrollment unless one of the following is true:

- You become eligible as described in this “Special enrollment” section
- You did not enroll when you were first eligible and your employer group does not give us a written statement that verifies you signed a document that explained restrictions about enrolling in the future. The effective date of an enrollment resulting from this provision is no later than the first day of the month following the date your employer group receives a Health Plan-approved enrollment or change of enrollment form from the Subscriber

**Special enrollment due to new dependents.** You may enroll as a subscriber (along with any or all eligible dependents), and existing subscribers may add any or all eligible dependents, within 31 days after marriage, birth, adoption, or placement for adoption by submitting to your employer group a Health Plan-approved enrollment form.

The effective date of an enrollment resulting from marriage is no later than the first day of the month following the date your employer group receives an enrollment form from the subscriber. Enrollments due to birth, adoption, or placement for adoption are effective on the date of birth, adoption, or placement for adoption.

**Special enrollment due to loss of other coverage.** You may enroll as a subscriber (along with any or all eligible dependents), and existing subscribers may add any or all eligible dependents, if all of the following are true:

- The subscriber or at least one of the dependents had other coverage when he or she previously declined Health Plan coverage
- The loss of the other coverage is due to one of the following:
  - exhaustion of COBRA coverage
  - termination of employer contributions for non-COBRA coverage
  - loss of eligibility for non-COBRA coverage, but not termination for cause from a Kaiser Permanente health plan for reasons such as: 1) disruptive, unruly or abusive behavior; 2) furnishing incorrect or incomplete information; and 3) misrepresentation or misuse of a Kaiser Permanente ID card; or termination from Kaiser Permanente Individual and Families (nongroup) plan for nonpayment. For example, this loss of eligibility may be due to legal separation or divorce, reaching the age limit for dependent children, or the Subscriber’s death, termination of employment, or reduction in hours of employment
  - loss of eligibility for Medicaid coverage or Child Health Insurance Program coverage, but not termination for cause
  - reaching a lifetime maximum on all benefits

## GENERAL INFORMATION (CONTINUED)

Note: If you are enrolling yourself as a subscriber along with at least one eligible dependent, only one of you must meet the requirements stated above.

To request enrollment, the subscriber must submit a Health Plan-approved enrollment or change of enrollment form to your employer group within 31 days after loss of other coverage, except that the timeframe for submitting the application is 60 days if you are requesting enrollment due to the loss of eligibility for Medicaid or Child Health Insurance Program (CHIP) coverage. The effective date of an enrollment resulting from loss of other coverage is no later than the first day of the month following the date your employer group receives an enrollment or change of enrollment application from the Subscriber.

**Special enrollment due to court or administrative order.** A subscriber to provide health care coverage for a spouse or child who meets the eligibility requirements as a dependent, the subscriber may add the spouse or child as a dependent by submitting to your employer group a Health Plan-approved enrollment or change of enrollment form.

Your employer group will determine the effective date of an enrollment resulting from a court or administrative order, except that the effective date cannot be earlier than the date of the order and cannot be later than the first day of the month following the date of the order.

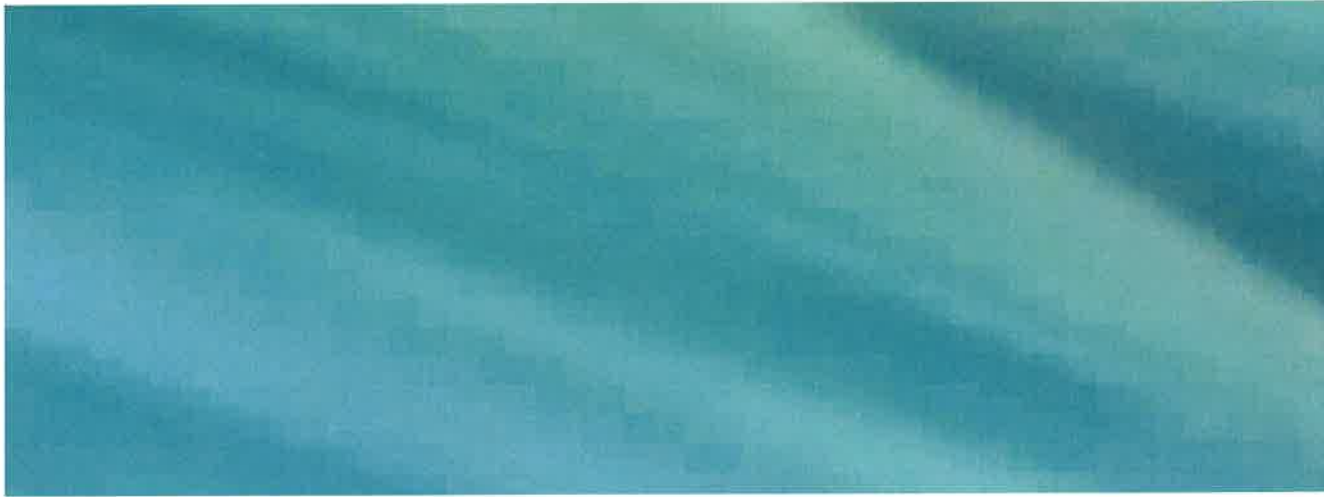
**Special enrollment due to the reemployment after military service.** If you terminated your health care coverage because you were called to active duty in the military service, you may be able to be reenrolled in your employer group's health plan. Please ask your employer group for more information.

**Special enrollment due to eligibility for premium assistance under Medicaid or CHIP.** You may enroll as a subscriber (along with any or all eligible dependents), and existing subscribers may add any or all eligible dependents, if the subscriber or at least one of the enrolling dependents becomes eligible to receive premium assistance under Medicaid or CHIP. To request enrollment, the subscriber must submit a Health Plan-approved enrollment or change of enrollment form to your employer group within 60 days after the subscriber or dependent is determined eligible for premium assistance. The effective date of an enrollment resulting from eligibility for the premium assistance under Medicaid or CHIP is no later than the first day of the month following the date your employer group receives an enrollment or change of enrollment form from the subscriber.

Note: If you are enrolling yourself as a subscriber along with at least one eligible dependent, only one of you must meet the requirements stated above.

\*Special enrollment provisions are pending state regulatory approval and may be subject to change.





For more information about Kaiser Permanente and other services, please call us at one of the numbers below:

### Customer Service Center

Oahu **808-432-5955**

Neighbor Islands **1-800-966-5955**

TTY (toll free) **1-877-447-5990** for the hearing/speech impaired

Monday–Friday, 8 a.m.–5 p.m.

Saturday, 8 a.m.–noon

### After-Hours Advice Line

Oahu **808-432-7700**

Neighbor Islands **1-800-467-3011**

TTY (toll free) **1-877-447-5990** for the hearing/speech impaired

Monday–Friday, 5 p.m.–8 a.m.

Saturday, noon–Monday, 8 a.m.

Holidays, 8 a.m.–8 a.m. (next day)

### Prescription refill options

- Refill your prescriptions online at [kp.org/rxrefill](http://kp.org/rxrefill).
- Receive your prescriptions in the mail—pick up an order form at the clinic.
- Order your refills over the phone using our prescription refill line, 24 hours a day, seven days a week.

Oahu **808-432-7979**

Neighbor Islands **1-888-867-2118**



**Citigroup**
**Effective Dates: 1/1/2011 – 12/31/2011**

| <b>General Information</b>                           |   |
|--|---|
| Website  | kp.org  |
| Member Services Number                               | 432-5955 (Oahu), 1-800-966-5955 (Neighbor Islands)  |
| Member Services Weekday Hours                        | 8 a.m. to 5 p.m.  |
| Member Services Weekend Hours                        | Saturday: 8 a.m. to noon<br>Sunday: Closed  |
| Annual Deductible: Individual/Family                 | None  |
| Annual Out-of-Pocket Max: Individual/Family          | \$2,000 (Individual)<br>\$6,000 (Family)  |
| <b>Office Visits (Outpatient)</b>                    |   |
| Primary Care   | \$15 copay per visit  |
| Specialty Care                                       | \$15 copay per visit  |
| Preventive Care <sup>(1)</sup>                       | No charge   |
| Scheduled Prenatal Visits and 1st Postpartum Visit   | \$15 copay for initial visit to confirm pregnancy   |
| Well-Baby Care (18 months or younger) <sup>(2)</sup> | No charge   |
| Vision Exam - Optometrist                            | \$15 copay per visit  |
| Vision Exam - Ophthalmologist                        | \$15 copay per visit  |
| Physical, Occupational, Speech Therapy               | \$15 copay per visit  |
| Outpatient/Ambulatory Surgery                        | \$15 copay per visit  |
| <b>Lab and X-Ray (Outpatient)</b>                    |   |
| Laboratory   | \$15 copay per department per day   |
| X-Ray  | \$15 copay per department per day   |
| MRI/CT/PET/Nuclear Medicine                          | \$15 copay per department per day   |
| <b>Emergency Care</b>                                |   |
| Ambulance (Ground or Air)                            | No charge   |
| Emergency Room (Worldwide)                           | \$50 copay per visit  |
| Urgent Care  | \$15 copay per visit at a Kaiser Permanente facility within the Hawaii service area;<br>20% of applicable charges at a non-Kaiser Permanente facility outside the Hawaii service area |
| <b>Hospital Care (Inpatient)</b>                     |   |
| Inpatient  | No charge   |
| Delivery and Inpatient Baby Care                     | No charge   |

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the applicable EOC, or to the Disclosure Form for California, or to the Member Handbook for Hawaii.

**Citigroup**
**Effective Dates: 1/1/2011 – 12/31/2011**

| <b>Mental Health and Chemical Dependency</b> |   |
|--|---|
| Mental Health Outpatient                     | \$15 copay per visit  |
| Mental Health Inpatient                      | No charge   |
| Chemical Dependency Outpatient               | \$15 copay per visit  |
| Chemical Dependency Inpatient                | No charge   |
| <b>Prescription Drugs</b>                    |   |
| Pharmacy/Retail: Generic <sup>(3)</sup>      | \$10 per prescription   |
| Pharmacy/Retail: Brand <sup>(3)</sup>        | \$20 per prescription   |
| Pharmacy/Retail: Day Supply                  | 30-consecutive day supply   |
| Mail Order - Generic <sup>(4)</sup>          | \$20 per prescription   |
| Mail Order - Brand <sup>(4)</sup>            | \$40 per prescription   |
| Mail Order - Day Supply                      | 90-consecutive day supply   |
| <b>Other</b>                                 |   |
| Skilled Nursing Facility (SNF)               | No charge, limited to 60 days per benefit period  |
| Infertility Services                         | \$15 copay per visit  |
| Hospice Care                                 | No charge   |
| Home Health Care                             | No charge   |
| Durable Medical Equipment (DME)              | No charge   |
| Chiropractic Care                            | \$15 copay per visit, limited to 20 visits per calendar year. Must use American Specialty Health Network. |

- Notes**
- (1) One well-woman office visit or office visit for physical exam per calendar year. Preventive screenings covered at no charge include all services mandated by the Patient Protection and Affordable Care Act.
  - (2) At birth, ages 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, and 18 months.
  - (3) Up to a 30-consecutive-day supply or an amount determined by the Health Plan formulary. Excludes contraceptive drugs and devices.
  - (4) Applies to refills for most maintenance drugs. The mail-order program does not apply to certain drugs and mailing is limited to addresses inside the Hawaii Service Area.

**Kaiser Foundation Health Plan, Inc.**  
A NONPROFIT HEALTH PLAN - HAWAII REGION

**2011 Summary of Important Changes for Contract Renewals for  
Citigroup, #996**

This summary does not apply to Added Choice out-of-network coverage, QUEST, Kaiser Permanente for Individuals and Families, federal, state, or Medicare members. Changes for Senior Advantage and Medicare Cost appear separately.

*This summary does not fully describe your coverage. For details on your coverage, please refer to your employer's applicable Face Sheet, Group Medical and Hospital Service Agreement, benefit schedule, and Riders if any (collectively known as "Service Agreement"). The Service Agreement is the legally binding document between Health Plan and its members. In the event of ambiguity, or a conflict between this summary and the Service Agreement, the Service Agreement shall control.*

Your employer may have purchased benefits (referred to as "riders") that override some of these changes. However, riders are not available for some of the changes described below.

**BENEFIT AND CONTRACT CHANGES:**

*These changes become effective on your employer's contract renewal date, unless specified otherwise below.*

- 1. Prescription drug riders.** Diabetic supplies (blood glucose test strips, lancets, syringes and needles for insulin administration) are no longer covered under the prescription drug rider. Diabetic supplies will change from the drug rider copay to 50% of applicable charges under the diabetes supplies benefit.
- 1. Dependent eligibility.** The dependent limiting age threshold will be modified to 26, regardless of student status, in accordance with the Patient Protection and Affordable Care Act. Also, several changes were made to the dependent eligibility criteria, such as removing the requirement that dependents must be unmarried in order to be enrolled or remain enrolled under their parent's coverage.
- 2. Preventive care services.** The preventive care services benefit will expand in accordance with the Patient Protection and Affordable Care Act guidelines. In addition, copayments and coinsurance will be eliminated for these services.

**BENEFIT AND CONTRACT CLARIFICATIONS:**

*These clarifications are effective immediately.*

- 1. Emergency services.** Some definitions and terms changed to align with the emergency services benefit mandate provisions under PPACA. This does not change how we administer your benefit.
- 2. Rescission.** Terms and conditions related to rescission, defined as a cancellation or discontinuance of coverage that has a retroactive effect, have been included to comply with PPACA.
- 3. Claims and appeals provision.** The process for claims and appeals has been modified due to PPACA requirements.

- 4. Special enrollment.** When required by Employee Retirement Income Security Act (ERISA) and Children's Health Insurance Reauthorization Act (CHIPRA), special enrollment is only allowed outside the open enrollment period when due to newly eligible dependents, loss of other coverage, court or administrative order, eligibility for premium assistance under Medicaid or CHIP, or reemployment after military service.
- 5. Extra services.** Examples of extra services that are not covered as benefits under the health plan are rewards and incentives, including completing health assessments or surveys.

**Kaiser Permanente Group Plan  
2011 Benefits summary**

**This is only a summary.** It does not fully describe your benefit coverage. For details on your benefit coverage, exclusions, and plan terms, please refer to your employer's applicable Face Sheet, Group Medical and Hospital Service Agreement, benefit schedule, and Riders (collectively known as "Service Agreement"). The Service Agreement is the legally binding document between Health Plan and its members. In event of ambiguity, or a conflict between this summary and the Service Agreement, the Service Agreement shall control. Senior Advantage members must refer to their Kaiser Permanente Senior Advantage Evidence of Coverage for a description of their benefits. Medicare Cost members must refer to their Kaiser Permanente Medicare Cost Evidence of Coverage for a description of their benefits.

You are covered for medically necessary services within the Hawaii service area at Kaiser Permanente facilities, and which are provided or arranged by a Kaiser Permanente physician. All care and services need to be coordinated by a Kaiser Permanente physician.

*Unless explicitly described in a particular benefit section (e.g. physical therapy is explicitly described under the hospice benefit section), each medical service or item is covered in accord with its relevant benefit section. For example, drugs or laboratory services related to in vitro fertilization are not covered under the in vitro fertilization benefit. Drugs related to in vitro fertilization are covered under the prescribed drugs benefit section. Laboratory services related to in vitro fertilization are covered under the laboratory services benefit section.*

Your employer may have purchased benefits (referred to as "riders") that override some of the benefits listed below. Riders, if any, are described after the Exclusions and Limitations section.

| <b>Section</b>  | <b>Benefits</b>   | <b>You pay</b> |
|---|---|----------------|
| <b>Outpatient Services</b>  | <b>Primary care and specialty care office visits</b> (office visits are limited to one or more of the following services: exam, history, medical decision making) | \$15 per visit |
|   | Choice of primary care providers and access to specialty care:  |                |
|   | • Member may choose any primary care physician available to accept Member.  |                |
|   | • Parents may choose a pediatrician as the primary care physician for their child.  |                |
|   | • Members do not need a referral or prior authorization for certain specialty care, such as Obstetrical or Gynecological care.                                    |                |
|   | • The physician may have to get prior authorization for certain services.   |                |
|   | <b>Outpatient surgery and procedures</b>  | \$15 per visit |
|   | <b>Preventative care office visits for:</b>   |                |
|   | • Well child office visits (at birth, ages 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, and 18 months)   | No charge      |
|   | • One Preventive care office visit per calendar year (for members 2 years of age and over)  | No charge      |
|   | • One gynecological office visit per calendar year for female members   | No charge      |
|   | • Eye examinations for eyeglasses *   | \$15 per visit |
|   | • Ear examinations to determine the need for hearing correction   | \$15 per visit |
| <b>Routine immunizations</b>  | No charge   |                |
| <b>Unexpected mass immunizations</b>  | 50% of applicable charges   |                |
| <b>Short-term physical, occupational and speech therapy **</b><br>(only if the condition is subject to significant, measurable improvement in physical function; Kaiser Permanente clinical guidelines apply) | \$15 per visit  |                |
| <b>Dialysis</b>   |   |                |
| • Kaiser Permanente physician and facility services for dialysis  | 10% of applicable charges   |                |
| • Equipment, training and medical supplies for home dialysis  | No charge   |                |
| <b>Materials for dressings and casts</b>  | No charge   |                |

▼ Members must pay their office visit copay for the office visit.  
\* See Coverage Exclusions  
\*\* See Coverage Limitations

| Section   | Benefits   | You pay   |
|---|--|---|
| <b>Hospital inpatient care</b> (for acute care registered bed patients) | <b>Hospital inpatient care</b> includes services such as: <ul style="list-style-type: none"> <li>• Room and board</li> <li>• General nursing care and special duty nursing</li> <li>• Physicians' services</li> <li>• Surgical procedures</li> <li>• Respiratory therapy and radiation therapy</li> <li>• Anesthesia</li> <li>• Medical supplies</li> <li>• Use of operating and recovery rooms</li> <li>• Intensive care room</li> </ul>  | No charge   |
|   | <b>Short-term physical, occupational and speech therapy</b> **<br>(only if the condition is subject to significant, measurable improvement in physical function; Kaiser Permanente clinical guidelines apply)  | Included in the above hospital inpatient care copay   |
|   | <b>Materials for dressings and casts</b>   | No charge   |
| <b>Laboratory, imaging, and testing services</b>                        | <b>Inpatient laboratory services, imaging services, and testing services</b>   | No charge   |
|   | <b>Outpatient laboratory services, imaging services, and testing services</b>  | \$15 copay per department per day   |
| <b>Transplants</b>  | <b>Transplants</b> , including kidney, heart, heart-lung, liver, lung, simultaneous kidney-pancreas, bone marrow, cornea, small bowel, and small bowel-liver transplants *   | See applicable benefit sections (e.g. - office visits subject to office visit copay, inpatient care subject to hospital inpatient care copay, etc.) |
| <b>Preventive screening services</b>                                    | <b>Preventive care services</b> (which protect against disease, promote health, and/or detect disease in its earliest stages before noticeable symptoms develop)<br><i>A list of preventive care services provided at no charge is available through the Customer Service Center. This list is subject to change at any time. If you receive any other covered services during a preventive care visit, you will pay the applicable charges for those services.</i>  | No charge; (non-preventive care services according to member's regular plan benefits)   |
| <b>Prescribed drugs</b>   | <b>Prescribed drugs that require skilled administration by medical personnel</b> (e.g. cannot be self-administered) which meet all of the following: <ul style="list-style-type: none"> <li>• Prescribed by a Kaiser Permanente licensed prescriber,</li> <li>• On the Health Plan formulary and used in accordance with formulary criteria, guidelines or restrictions, and</li> <li>• Prescription is required by law</li> </ul> <b>Immunizations</b> are described in the outpatient services section<br><b>Contraceptive drugs and devices</b> are described in the obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services section<br><b>Exclusions:</b> <ul style="list-style-type: none"> <li>• Self-administered drugs (such as drugs taken orally)</li> <li>• Drugs that are necessary or associated with services that are excluded or not covered</li> </ul> Your group may have purchased drug coverage for self-administered drugs under a separate rider. If so, it will be listed on the attached pages. | No charge ▼   |

▼ Members must pay their office visit copay for the office visit.  
\* See **Coverage Exclusions**  
\*\* See **Coverage Limitations**

| Section   | Benefits  | You pay  |
|---|---|--|
| <b>Obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services</b> | <b>Routine obstetrical (maternity) care</b> <ul style="list-style-type: none"> <li>• Prenatal visits at the routine scheduled intervals, uncomplicated delivery/hospital stay, and routine post-partum visit</li> </ul> <p><i>Note: If member is discharged within 48 hours after delivery (or within 96 hours if delivery is by cesarean section), the member's Kaiser Permanente physician may order a follow-up visit for the member and newborn to take place within 48 hours after discharge.</i></p>  | No charge after confirmation of pregnancy (non-routine obstetrical care according to member's regular plan benefits) |
|   | <b>Inpatient stay and inpatient care for newborn</b> during or after mother's hospital stay (assuming newborn is timely enrolled on Kaiser Permanente subscriber's plan)  | Hospital inpatient care benefits apply (see hospital inpatient care section)   |
|   | <b>Interrupted pregnancy</b> <ul style="list-style-type: none"> <li>• Medically indicated abortions</li> <li>• Elective abortions (including abortion drugs such as RU-486) limited to two per member per lifetime</li> </ul>   | \$15 per visit<br>\$15 per visit   |
|   | <b>Family planning office visits</b><br><b>FDA approved contraceptive drugs and devices **</b><br>(to prevent unwanted pregnancies)   | \$15 per visit<br>50% of applicable charges (a minimum price as determined by Pharmacy Administration may apply) ▼   |
|   | <b>Involuntary infertility office visits</b><br><b>Artificial insemination *</b><br><b>In vitro fertilization *</b>   | \$15 per visit<br>\$15 per visit<br>20% of applicable charges  |
|   | <ul style="list-style-type: none"> <li>• Limited to one-time only benefit at Kaiser Permanente</li> <li>• Limited to female members using spouse's sperm</li> </ul>   |  |
| <b>Home health care and hospice care</b>  | <b>Home health care</b> , nurse and home health aide visits to homebound members, when prescribed by a Kaiser Permanente physician  | No charge  |
|   | <b>Hospice care.</b> Supportive and palliative care for a terminally ill member, as directed by a Kaiser Permanente physician. Hospice coverage includes two 90-day periods, followed by an unlimited number of 60-day periods. The member must be certified by a Kaiser Permanente physician as terminally ill at the beginning of each period. (Hospice benefits apply in lieu of any other plan benefits for treatment of terminal illness.) Hospice includes services such as: <ul style="list-style-type: none"> <li>• Nursing care (excluding private duty nursing)</li> <li>• Medical social services</li> <li>• Home health aide services</li> <li>• Medical supplies</li> <li>• Kaiser Permanente physician services</li> <li>• Counseling and coordination of bereavement services</li> <li>• Services of volunteers</li> <li>• Physical therapy, occupational therapy, or speech language pathology</li> </ul> | No charge  |
| <b>Skilled nursing care</b>   | <b>Up to 60 days of prescribed skilled nursing care services in an approved facility</b> (such as a hospital or skilled nursing facility) <b>per benefit period.</b> Covered services include nursing care, room and board, medical social services, medical supplies, and durable medical equipment ordinarily provided by a skilled nursing facility.<br>In addition to Health Plan criteria, Medicare guidelines are used to determine when skilled nursing services are covered, except that a prior three-day stay in an acute care hospital is not required.<br><b>Exclusions:</b> Personal comfort items, such as telephone, television and take-home medical supplies.  | No charge  |

▼ Members must pay their office visit copay for the office visit.  
 \* See Coverage Exclusions  
 \*\* See Coverage Limitations

| Section   | Benefits  | You pay                     |
|---|---|-----------------------------|
| <b>Emergency services</b> <sup>▲</sup><br>(covered for initial emergency treatment only)    | At a facility within the Hawaii service area for covered emergency services   | \$50 per visit              |
|   | At a facility outside the Hawaii service area for covered emergency services  | \$50 per visit              |
|   | Note: Member (or Member's family) must notify Health Plan within 48 hours if admitted to a non-Kaiser Permanente facility.  |                             |
|   | ▲ <i>Emergency Services are those medically necessary services available through the emergency department to medically screen, examine and Stabilize the patient for Emergency Medical Conditions. An Emergency Medical Condition is a medical condition manifesting itself by acute symptoms of sufficient severity that meet the prudent layperson standard and the absence of immediate medical attention will result in serious impairment to bodily functions, serious dysfunction of any bodily organ or part, or place the health of the individual in serious jeopardy.</i><br><i>Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</i> |                             |
| <b>Out-of-area urgent care services</b> (while temporarily outside the Hawaii service area) | At a non-Kaiser Permanente facility for covered urgent care services<br>(Coverage for initial urgent care treatment only) <sup>❖</sup>  | 20% of applicable charges   |
|   | ❖ <i>"Urgent Care Services" means medically necessary services for a condition that requires prompt medical attention but is not an Emergency Medical Condition.</i><br><i>Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</i>  |                             |
| <b>Ambulance services</b>   | Ambulance Services are those services in which:   | No charge                   |
|   | <ul style="list-style-type: none"> <li>• Use of any other means of transport, regardless of availability of such other means, would result in death or serious impairment of the member's health, and</li> <li>• Is for the purpose of transporting the member to receive medically necessary acute care.</li> </ul> <p>In addition, air ambulance must be for the purpose of transporting the Member to the nearest medical facility designated by Health Plan for receipt of medically necessary acute care, and the member's condition must require the services of an air ambulance for safe transport.</p>   |                             |
| <b>Blood</b>  | Regardless of replacement, units and processing of units of <b>whole blood, red cell products, cryoprecipitates, platelets, plasma, fresh frozen plasma, and Rh immune globulin</b>   | No charge                   |
|   | Collection, processing, and storage of autologous blood when prescribed by a Kaiser Permanente physician for a scheduled surgery whether or not the units are used  | No charge                   |
| <b>Mental health services</b>   | Outpatient office visits  | \$15 per visit              |
|   | Hospital inpatient care   | No charge                   |
|   | <b>Specialized facility services</b><br>Services in a specialized mental health treatment unit or facility approved by Kaiser Permanente Medical Group  |                             |
|   | <ul style="list-style-type: none"> <li>• Day treatment or partial hospitalization services</li> <li>• Non-hospital residential services</li> </ul>  | \$15 per visit<br>No charge |
| <b>Chemical dependency services</b>   | Outpatient office visits  | \$15 per visit              |
|   | Hospital inpatient care   | No charge                   |
|   | <b>Specialized facility services</b><br>Services in a specialized alcohol or chemical dependence treatment unit or facility approved by Kaiser Permanente Medical Group   |                             |
|   | <ul style="list-style-type: none"> <li>• Day treatment or partial hospitalization services</li> <li>• Non-hospital residential services</li> </ul>  | \$15 per visit<br>No charge |

▼ Members must pay their office visit copay for the office visit.

\* See Coverage Exclusions

\*\* See Coverage Limitations



| Section  | Benefits  | You pay   |
|--|---|-----------|
| <b>Internal prosthetics, devices, and aids</b> | <p><b>Implanted internal prosthetics</b> (such as pacemakers and hip joints), <b>and internally implanted devices and aids</b> (such as surgical mesh, stents, bone cement, implanted nuts, bolts, screws, and rods) which are prescribed by a Physician, preauthorized in writing by Kaiser Permanente, and obtained from sources designated by Health Plan</p>  | No charge |
|  | <p>Fitting and adjustment of these devices, including repairs and replacement other than those due to misuse or loss</p>  | No charge |
|  | <p><b>Internal prosthetics</b> are those which meet all of the following criteria:</p> <ul style="list-style-type: none"> <li>● Are required to replace all or part of an internal body organ or replace all or part of the function of a permanently inoperative or malfunctioning body organ,</li> <li>● Are used consistently with accepted medical practice and approved for general use by the Federal Food and Drug Administration (FDA),</li> <li>● Were in general use on March 1 of the year immediately preceding the year in which this Service Agreement became effective or was last renewed, and</li> <li>● Are not excluded from coverage from Medicare, and if covered by Medicare, meet the coverage definitions, criteria and guidelines established by Medicare at the time the device is prescribed.</li> </ul> |           |
|  | <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>● All implanted internal prosthetics and devices and internally implanted aids related to an excluded or non-covered service/benefit</li> <li>● Prosthetics, devices, and aids related to sexual dysfunction</li> </ul>  |           |
|  | <p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>● Coverage is limited to the standard prosthetic model that adequately meets the medical needs of the Member. Convenience and luxury items and features are not covered.</li> </ul>   |           |

▼ Members must pay their office visit copay for the office visit.  
 \* See Coverage Exclusions  
 \*\* See Coverage Limitations

| Section                                | Benefits   | You pay                   |
|--|--|---------------------------|
| <b>Diabetes equipment</b>              | <p><b>Diabetes equipment</b> (limited to blood glucose monitors and external insulin pumps, and the supplies necessary to operate them) which are prescribed by a Kaiser Permanente physician, preauthorized in writing by Kaiser Permanente, and obtained from sources designated by Health Plan on either a purchase or rental basis, as determined by Health Plan</p> <p><b>Diabetes equipment</b> is that equipment and supplies necessary to operate the equipment which:</p> <ul style="list-style-type: none"> <li>• Is intended for repeated use,</li> <li>• Is primarily and customarily used to serve a medical purpose,</li> <li>• Is appropriate for use in the home,</li> <br/> <li>• Is generally not useful to a person in the absence of illness or injury,</li> <li>• Was in general use on March 1 of the year immediately preceding the year in which this Service Agreement became effective or was last renewed,</li> <li>• Is not excluded from coverage from Medicare, and if covered by Medicare, meets the coverage definitions, criteria and guidelines established by Medicare at the time the diabetes equipment is prescribed, and</li> <li>• Is on the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions.</li> </ul> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Comfort and convenience equipment, and devices not medical in nature.</li> <li>• Disposable supplies for home use such as bandages, gauze, tape, antiseptics, and ace type bandages.</li> <li>• Repair, adjustment or replacement due to misuse or loss.</li> <li>• Experimental or research equipment.</li> </ul> <p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>• If rented or loaned from Health Plan, the Member must return any diabetes equipment items to Health Plan or its designee or pay Health Plan or its designee the fair market price for the equipment when it is no longer prescribed by a Physician or used by the Member.</li> <li>• Coverage is limited to the standard item of diabetes equipment in accord with Medicare guidelines that adequately meets the medical needs of the Member. Convenience and luxury items and features are not covered.</li> </ul> | 50% of applicable charges |
| <b>Dependent coverage up to age 26</b> | <p>Dependent (biological, step or adopted) children of the Subscriber (or the Subscriber's spouse) are eligible up to the child's 26<sup>th</sup> birthday.</p> <p>Other dependents may include:</p> <ul style="list-style-type: none"> <li>• The Subscriber's (or Subscriber's spouse's) dependent (biological, step or adopted) children (over age 26) who are incapable of self-sustaining employment because of a physically- or mentally-disabling injury, illness, or condition that occurred prior to reaching age 26, and receive 50 percent or more of their support and maintenance from the Subscriber (or Subscriber's Spouse) (proof of incapacity and dependency may be required).</li> <li>• A person who is under age 26, for whom the Subscriber (or Subscriber's spouse), is (or was before the person's 18th birthday) the court appointed legal guardian.</li> </ul>   |                           |

▼ Members must pay their office visit copay for the office visit.  
\* See **Coverage Exclusions**  
\*\* See **Coverage Limitations**

| Section                      | Benefits  | You pay  |
|------------------------------|---|--|
| Supplemental charges maximum | Your out-of-pocket expenses for covered Basic Health Services are capped each year by a supplemental charges maximum. | \$2,000 per member, \$6,000 per family unit (3 or more members), for calendar year |

***YOU MUST RETAIN YOUR RECEIPTS*** for these supplemental charges and when that maximum amount has been **PAID**, present these receipts to our Business Office at Moanalua Medical Center, Honolulu, Waipio, or Wailuku Clinics, or to the cashier at other clinics. After verification that the supplemental charges maximum has been **PAID**, **you will be given a card** which indicates that no additional supplemental charges for covered Basic Health Services will be collected for the remainder of the calendar year. You need to **show this card** at your visits to ensure no additional supplemental charges are billed or collected for the remainder of the calendar year in which the medical services were received. **All payments are credited toward the calendar year in which the medical services were received.**

You will be provided an updated status about which of your payments may be applied to the supplemental charges maximum. Please allow a minimum of 10 working days to verify that your supplemental charge maximum has been met.

Note: Once you have met the supplemental charges maximum, please submit your proof of payment as soon as reasonably possible. All receipts must be submitted no later than February 28 of the year following the one in which the medical services were received.

**Supplemental charges for the following covered Basic Health Services** can be applied toward the supplemental charges maximum: ambulance service, artificial insemination, chemical dependency services (including residential services), dialysis, drugs requiring skilled administration, emergency service, family planning office visits, health evaluation office visits for adults, home health, imaging (including X-rays), immunizations (excluding travel immunizations), in vitro fertilization procedure (excluding drugs), infertility office visits, inpatient room (semi-private), interrupted pregnancy/abortion, laboratory, mental health services, obstetrical (maternity) care, covered office visits for services listed in this Basic Health Services section, outpatient surgery and procedures, radiation and respiratory therapy, reconstructive surgery, short-term physical therapy, short-term speech therapy, short-term occupational therapy, testing services, transplants (the procedure), and urgent care.

These are not Basic Health Services and charges for these services/items are **not** applicable towards the supplemental charges maximum: all services for which coverage has been exhausted, all excluded or non-covered benefits, all other services not specifically listed above as a Basic Health Service, allergy test materials, blood or blood processing, braces, complementary alternative medicine (chiropractic, acupuncture, or massage therapy), contraceptive drugs and devices, dental services, diabetes supplies and equipment, dressings and casts, durable medical equipment, external prosthetics, handling fee or taxes, health education services, classes or support groups, hospice, internal prosthetics, internal devices and aids, medical foods, medical social services, office visits for services which are not Basic Health Services, orthopedic devices, radioactive materials, self administered/outpatient prescription drugs, skilled nursing care, take-home supplies, and travel immunizations.

▼ Members must pay their office visit copay for the office visit.  
 \* See **Coverage Exclusions**  
 \*\* See **Coverage Limitations**

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### \* Coverage exclusions

When a Service is excluded or non-covered, all Services that are necessary or related to the excluded or non-covered Service are also excluded. "Service" means any treatment, diagnosis, care, procedure, test, drug, injectable, facility, equipment, item, device, or supply. The following Services are excluded:

- **Acupuncture.** (This exclusion may not apply if you have the applicable Complementary Alternative Medicine Rider.)
- **Alternative medical Services** not accepted by standard allopathic medical practices such as: hypnotherapy, behavior testing, sleep therapy, biofeedback, massage therapy, naturopathy, rest cure and aroma therapy. (The massage therapy portion of this exclusion may not apply if you have the applicable Complementary Alternative Medicine Rider.)
- **Artificial aids, corrective aids and corrective appliances** such as external prosthetics, braces, orthopedic aids, orthotics, hearing aids, corrective lenses and eyeglasses. (The external prosthetic devices and braces portion of this exclusion may not apply if you have an External Prosthetic Devices and Braces Rider. The hearing aids portion of this exclusion may not apply if you have a Hearing Aid Rider. The eyeglasses and contact lens portion of this exclusion may not apply if you have an Optical Rider).
- **All blood, blood products, blood derivatives, and blood components** whether of human or manufactured origin and regardless of the means of administration, except as stated under the "Blood" section. Donor directed units are not covered.
- **Cardiac rehabilitation.**
- **Chiropractic Services.** (This exclusion may not apply if you have the applicable Complementary Alternative Medicine Rider.)
- Services for **confined members** (confined in criminal institutions, or quarantined).
- **Contraceptive foams and creams, condoms** or other non-prescription substances used individually or in conjunction with any other prescribed drug or device.
- **Cosmetic Services**, such as plastic surgery to change or maintain physical appearance, which is not likely to result in significant improvement in physical function, including treatment for complications resulting from cosmetic services. However, Kaiser Permanente physician services to correct significant disfigurement resulting from an injury or medically necessary surgery, incident to a covered mastectomy, or cosmetic service provided by a Physician in a Health Plan facility are covered.
- **Custodial Services or Services in an intermediate level care facility.**
- **Dental care Services** such as dental x-rays, dental implants, dental appliances, or orthodontia and Services relating to temporomandibular joint dysfunction (TMJ) or Craniomandibular Pain Syndrome. (Part of this exclusion may not apply if you have a Dental Rider.)
- **Durable medical equipment**, such as crutches, canes, oxygen-dispensing equipment, hospital beds and wheelchairs used in the member's home (including an institution used as his or her home), except diabetes blood glucose monitors and external insulin pumps. (This exclusion does not apply if you have a Durable Medical Equipment Rider.)
- **Employer or government responsibility:** Services that an employer is required by law to provide or that are covered by Worker's Compensation or employer liability law; Services for any military service-connected illness, injury or condition when such Services are reasonably available to the member at a Veterans Affairs facility; Services required by law to be provided only by, or received only from, a government agency.
- **Experimental or investigational Services.**
- **Eye examinations** for contact lenses (Eye exams for contact lens may be partially covered if you have an Optical Rider.) and vision therapy, including orthoptics, visual training and **eye exercises**.
- **Eye surgery** solely for the purpose of correcting refractive defects of the eye, such as Radial keratotomy (RK), and Photo-refractive keratectomy (PRK).
- **Routine foot care**, unless medically necessary.
- **Health education:** specialized health promotion classes and support groups (such as the bariatric surgery program).
- **Homemaker Services.**
- The following costs and Services for **infertility services, in vitro fertilization or artificial insemination:**
  - The cost of equipment and of collection, storage and processing of sperm.
  - In vitro fertilization using either donor sperm or donor eggs.
  - In vitro fertilization that does not meet state law requirements.
  - Services related to conception by artificial means other than artificial insemination or in vitro fertilization, such as ovum transplants, gamete intrafallopian transfer (GIFT) and zygote intrafallopian transfer (ZIFT), including prescription drugs related to such Services and donor sperm and donor eggs used for such Services.

- Services to reverse voluntary, surgically-induced infertility.
- **Non FDA-approved drugs and devices.**
- **Certain exams and Services.** Certain Services and related reports/paperwork, in connection with third party requests, such as those for: employment, participation in employee programs, sports, camp, insurance, disability, licensing, or on court-order or for parole or probation. Physical examinations that are authorized and deemed medically necessary by a Kaiser Permanente physician and are coincidentally needed by a third party are covered according to the member's benefits.
- Long term **physical therapy, occupational therapy, speech therapy;** maintenance therapies; physical, occupational, and speech therapy deficits due to developmental delay; therapies not expected to result in significant, measurable improvement in physical function with short-term therapy.
- **Services not generally and customarily available in the Hawaii service area.**
- **Services and supplies not medically necessary.** A service or item is medically necessary (in accord with medically necessary state law definitions and criteria) only if, 1) recommended by the treating Kaiser Permanente physician or treating Kaiser Permanente licensed health care practitioner, 2) is approved by Kaiser Permanente's medical director or designee, and 3) is for the purpose of treating a medical condition, is the most appropriate delivery or level of service (considering potential benefits and harms to the patient), and known to be effective in improving health outcomes. Effectiveness is determined first by scientific evidence, then by professional standards of care, then by expert opinion. Coverage is limited to the services which are cost effective and adequately meet the medical needs of the member.
- All Services, drugs, injections, equipment, supplies and prosthetics related to treatment of **sexual dysfunction**, except evaluations and health care practitioners' services for treatment of sexual dysfunction.
- All Services, drugs, prosthetics, devices or surgery related to **gender re-assignment**.
- **Take home supplies** for home use, such as bandages, gauze, tape, antiseptics, ace type bandages, drug and ostomy supplies, catheters and tubing.
- The following costs and Services for **transplants**:
  - Non-human and artificial organs and their transplantation.
  - Bone marrow transplants associated with high-dose chemotherapy for the treatment of solid tissue tumors, except for germ cell tumors and neuroblastoma in children.
- Services for injuries or illness caused or alleged to be caused by **third parties or in motor vehicle accidents**.
- **Transportation** (other than covered ambulance services), lodging, and living expenses.
- **Travel immunizations.**
- **Services for which coverage has been exhausted, Services not listed as covered, or excluded Services.**

#### \* Coverage limitations

Benefits and Services are subject to the following limitations:

- Services may be curtailed because of major disaster, epidemic, or other circumstances beyond Kaiser Permanente's control such as a labor dispute or a natural disaster.
- Coverage is not provided for treatment of conditions for which a member has refused recommended treatment for personal reasons when Kaiser Permanente physicians believe no professionally acceptable alternative treatment exists. Coverage will cease at the point the member stops following the recommended treatment.
- Members are covered for **contraceptive drugs and devices** only when the prescription drugs meet all of the following criteria: 1) prescribed by a licensed Prescriber, 2) the drug is one for which a prescription is required by law, and 3) obtained at pharmacies in the Service Area that are operated by Kaiser Foundation Hospital or Kaiser Foundation Health Plan, Inc.
- **Internally implanted prosthetics, devices, and aids** (such as pacemakers, hip joints, surgical mesh, stents, bone cement, bolts, screws, and rods), **durable medical equipment** (if you have a Durable Medical Equipment Rider), and **external prosthetics and braces** (if you have an External Prosthetic Devices and Braces Rider) are subject to Medicare coverage guidelines and limitations.
- **Diabetes equipment** and supplies necessary to operate them are subject to Medicare coverage guidelines and limitations, must be preauthorized in writing by Kaiser Permanente, and obtained from a Health Plan designated vendor.
- Short-term **physical, occupational and speech therapy Services** means medical services provided for those conditions which meet all of the following criteria: a) the therapy is ordered by a Physician under an individual treatment plan; b) in the judgment of a Physician, the condition is subject to significant, measurable improvement in physical function with short-term therapy; c) the therapy is provided by or under the supervision of a Physician-designated licensed physical, speech, or occupational therapist, as appropriate.; and d) as determined by a Physician, the therapy must be necessary to sufficiently restore neurological and/or musculoskeletal function that was lost or impaired due to an illness or injury.

Neurological and/or musculoskeletal function is sufficient when one of the following first occurs: i) neurological and/or musculoskeletal function is the level of the average healthy person of the same age, ii) further significant functional gain is unlikely, or iii) the frequency and duration of therapy for a specific medical condition as specified in Kaiser Permanente Hawaii's Clinical Practice Guidelines has been reached. **Occupational therapy** is limited to hand rehabilitation services, and medical services to achieve improved self care and other customary activities of daily living. **Speech-language pathology** is limited to deficits due to trauma, drug exposure, chronic ear infections, hearing loss, and impairments of specific organic origin.

- **Tuberculin skin test** is limited to one per calendar year, unless medically necessary.
- **Transplant** services for transplant donors. Health Plan will pay for medical services for living organ and tissue donors and prospective donors if the medical services meet all of the requirements below. Health Plan pays for these medical services as a courtesy to donors and prospective donors, and this document does not give donors or prospective donors any of the rights of Kaiser Permanente members.
  - Regardless whether the donor is a Kaiser Permanente member or not, the terms, conditions, and Supplemental Charges of the transplant-recipient Kaiser Permanente member will apply. Supplemental charges for medical services provided to transplant donors are the responsibility of the transplant-recipient Kaiser Permanente member to pay, and count toward the transplant-recipient Kaiser Permanente member's limit on supplemental charges.
  - The medical services required are directly related to a covered transplant for a Kaiser Permanente member and required for a) screening of potential donors, b) harvesting the organ or tissue, or c) treatment of complications resulting from the donation.
  - For medical services to treat complications, the donor receives the medical services from Kaiser Permanente practitioners inside a Health Plan Region or Group Health service area.
  - Health Plan will pay for emergency services directly related to the covered transplant that a donor receives from non-Kaiser Permanente practitioners to treat complications.
  - The medical services are provided not later than three months after donation.
  - The medical services are provided while the transplant-recipient is still a Kaiser Permanente member, except that this limitation will not apply if the Kaiser Permanente member's membership terminates because he or she dies.
  - Health Plan will not pay for travel or lodging for donors or prospective donors.
  - Health Plan will not pay for medical services if the donor or prospective donor is not a Kaiser Permanente member and is a member under another health insurance plan, or has access to other sources of payment.
  - The above policy does not apply to blood donors.

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### **Third party liability, motor vehicle accidents, and surrogacy health services**

Kaiser Permanente has the right to recover the cost of care for a member's injury or illness caused by another person or in an auto accident from a judgment, settlement, or other payment paid to the member by an insurance company, individual or other third party. Kaiser Permanente has the right to recover the cost of care for Surrogacy Health Services. Surrogacy Health Services are Services the Member receives related to conception, pregnancy, or delivery in connection with a Surrogacy Arrangement. The Member must reimburse Kaiser Permanente for the costs of Surrogacy Health Services, out of the compensation the Member or the Member's payee are entitled to receive under the Surrogacy Arrangement.

|   | Benefits   | You pay   |
|---|--|-----------|
| <b>Durable medical equipment rider - \$0</b>  | <b>Durable medical equipment</b> , including oxygen dispensing equipment (and oxygen), used during a covered stay in a Hospital or Skilled Nursing Facility  | No Charge |
|   | Medically necessary and appropriate <b>durable medical equipment for use in the home</b> , when prescribed by a Physician, preauthorized in writing by Kaiser Permanente, and obtained from sources designated by Health Plan on either a purchase or rental basis, as determined by Health Plan | No charge |
|   | <b>Oxygen for use in conjunction with prescribed durable medical equipment</b>   | No charge |
|   | Repair, replacement and adjustment of durable medical equipment, other than those due to misuse or loss  | No charge |
| <p><b>Durable medical equipment</b> is that equipment and related supplies which meet all of the following criteria:</p> <ul style="list-style-type: none"> <li>● Is intended for repeated use,</li> <li>● Is primarily and customarily used to serve a medical purpose,</li> <li>● Is appropriate for use in the home,</li> <li>● Is generally not useful to a person in the absence of illness or injury,</li> <li>● Was in general use on March 1 of the year immediately preceding the year in which this Service Agreement became effective or was last renewed, and</li> <li>● Is not excluded from coverage from Medicare, and if covered by Medicare, meets the coverage definitions, criteria and guidelines established by Medicare at the time the durable medical equipment is prescribed.</li> </ul>   |  |           |
| <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>● All durable medical equipment related to an excluded or non-covered service/benefit</li> <li>● Supplies, whether or not related to durable medical equipment</li> <li>● Comfort and convenience equipment, disposable supplies, and devices not medical in nature such as sauna baths and elevators</li> <li>● Exercise and hygiene equipment</li> <li>● Electronic monitors of the function of the heart or lungs</li> <li>● Diabetes equipment.</li> <li>● Devices to perform medical tests on blood or other body substances or excretions</li> <li>● Dental appliances or devices</li> <li>● Repair, replacement or adjustment due to misuse or loss</li> <li>● Experimental or research equipment</li> <li>● Durable medical equipment related to sexual dysfunction</li> <li>● Modifications to a home or car</li> </ul> |  |           |
| <p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>● If rented or loaned from Health Plan, the Member must return any durable medical equipment items to Health Plan or its designee or pay Health Plan or its designee the fair market price for the equipment when it is no longer prescribed by a Physician or used by the Member.</li> <li>● Coverage is limited to the standard item of durable medical equipment in accord with Medicare guidelines that adequately meets the medical needs of the Member. Convenience and luxury items and features are not covered.</li> </ul>   |  |           |

|  | Benefits  | You pay   |
|--|---|-----------|
| <b>External prosthetic devices and braces rider - \$0</b>  | <b>External prosthetic devices and braces</b> , when prescribed by a Physician, preauthorized in writing by Kaiser Permanente, and obtained from sources designated by Health Plan  | No charge |
|  | <b>Fitting and adjustment of these devices</b> , including repairs and replacements other than those due to misuse or loss  | No charge |
|  | <b>A prosthetic device following mastectomy</b> , if all or part of a breast is surgically removed for medically necessary reasons. Replacement will be made when a prosthesis is no longer functional. Custom-made prostheses will be provided when necessary. | No charge |
| <b>Definitions:</b>  |   |           |
| <b>External Prosthetic Devices</b> are those which meet all of the following criteria:   |   |           |
| <ul style="list-style-type: none"> <li>• Are affixed to the body externally,</li> <li>• Are required to replace all or part of any body organ or replace all or part of the function of a permanently inoperative or malfunctioning body organ,</li> <li>• Were in general use on March 1 of the year immediately preceding the year in which this Service Agreement became effective or was last renewed, and</li> <li>• Are not excluded from coverage from Medicare, and if covered by Medicare, meet the coverage definitions, criteria and guidelines established by Medicare at the time the prosthetic is prescribed.</li> </ul>  |   |           |
| <b>Braces</b> are those rigid and semi-rigid devices which:  |   |           |
| <ul style="list-style-type: none"> <li>• Are required to support a weak or deformed body member, or</li> <li>• Are required to restrict or eliminate motion in a diseased or injured part of the body, and</li> <li>• Are not excluded from coverage from Medicare, and if covered by Medicare, meet the coverage definitions, criteria and guidelines established by Medicare at the time the brace is prescribed.</li> </ul>   |   |           |
| <b>Exclusions:</b>   |   |           |
| <ul style="list-style-type: none"> <li>• All external prosthetic devices and braces related to an excluded or non-covered service/benefit</li> <li>• Supplies, whether or not related to external prosthetic devices or braces</li> <li>• Prosthetic devices related to sexual dysfunction</li> <li>• Dental prostheses, devices and appliances</li> <li>• Non-rigid appliances such as elastic stockings, garter belts, arch supports, non-rigid corsets and similar devices</li> <li>• Pacemakers and other surgically implanted internal prosthetic devices</li> <li>• Hearing aids</li> <li>• Corrective lenses and eyeglasses</li> <li>• Orthopedic aids such as corrective shoes and shoe inserts</li> <li>• Replacement of lost prosthetic devices</li> <li>• Repairs, adjustments or replacements due to misuse or loss</li> <li>• Experimental or research devices and appliances</li> <li>• External prosthetics for comfort and/or convenience, or which are not medical in nature</li> <li>• Disposable supplies for home use such as bandages, gauze, tape, antiseptics, and ace type bandages</li> </ul> |   |           |
| <b>Limitations:</b>  |   |           |
| <ul style="list-style-type: none"> <li>• Coverage is limited to the standard model of external prosthetic device or brace in accord with Medicare guidelines that adequately meets the medical needs of the Member. Convenience and luxury items and features are not covered.</li> </ul>  |   |           |



|   | Benefits   | You pay                      |
|---|--|------------------------------|
| <b>Hearing Aids rider - \$500 allowance</b> | Up to \$500 allowance per calendar year for up to 2 hearing aid(s) every 36 months, when prescribed by a KP physician or KP audiologist, and obtained from sources designated by Health Plan   | \$500 less than regular cost |
|   | <b>Exclusions:</b>   |                              |
|   | <ul style="list-style-type: none"> <li>● All other hearing aid related costs, including but not limited to: consultation, fitting, rechecks and adjustments for the hearing aid(s).</li> </ul> |                              |
|   | <ul style="list-style-type: none"> <li>● All other costs greater than the \$500 allowance given once every 36 months.</li> </ul>   |                              |

|  | Benefits  | You pay  |
|--|---|--|
| <b>National Accounts 2-tiered drug rider \$10/\$20</b> | <p><b>For each prescription, when the quantity does not exceed:</b></p> <ul style="list-style-type: none"> <li>• a 30-consecutive-day supply of a prescribed drug, or</li> <li>• an amount as determined by the formulary.</li> </ul>   | <p>\$10 per generic drug prescription,<br/>\$20 per brand-name drug prescription</p> |
|  | <p><b>Self-administered drugs</b> are covered only when all of the following criteria are met:</p> <ul style="list-style-type: none"> <li>• prescribed by a Kaiser Permanente physician/licensed prescriber, or a prescriber we designate,</li> <li>• on the Kaiser Permanente Hawaii Drug Formulary. Senior Advantage members with Medicare Part D are entitled to drugs on the Kaiser Permanente Hawaii Drug Formulary and Kaiser Permanente Hawaii Medicare Drug Formulary. Drugs must be used in accordance with formulary criteria, guidelines, or restrictions,</li> <li>• the drug is one for which a prescription is required by law,</li> <li>• obtained at pharmacies in the Service Area that are operated by Kaiser Foundation Hospital or Kaiser Foundation Health Plan, Inc., or pharmacies we designate, and</li> <li>• drug does not require administration by nor observation by medical personnel..</li> </ul>  |  |
|  | <p><b>Insulin</b></p>   | <p>\$10 per generic drug prescription</p>  |
|  | <p><b>Contraceptive drugs and devices</b> are described in the obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services section</p>   |  |
|  | <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Drugs for which a prescription is not required by law (e.g. over-the-counter drugs) including condoms, contraceptive foams and creams or other non-prescription substances used individually or in conjunction with any other prescribed drug or device.</li> <li>• Drugs and their associated dosage strengths and forms in the same therapeutic category as a non-prescription drug that have the same indication as the non-prescription drug.</li> <li>• Drugs obtained from a non-Kaiser Permanente pharmacy.</li> <li>• Non-prescription vitamins.</li> <li>• Drugs when used primarily for cosmetic purposes.</li> <li>• Medical supplies such as dressings and antiseptics.</li> <li>• Reusable devices such as blood glucose monitors and lancet cartridges.</li> <li>• Diabetes supplies such as blood glucose test strips, lancets, syringes and needles.</li> <li>• Non-formulary drugs unless specifically prescribed and authorized by a Kaiser Permanente physician/licensed prescriber, or prescriber we designate.</li> <li>• Brand-name drugs requested by a Member when there is a generic equivalent.</li> <li>• Prescribed drugs that are necessary for or associated with excluded or non-covered services, except for Senior Advantage Members with Medicare Part D.</li> <li>• Drugs related to sexual dysfunction.</li> <li>• Drugs to shorten the duration of the common cold.</li> <li>• Drugs related to enhancing athletic performance (such as weight training and body building).</li> <li>• Any packaging other than the dispensing pharmacy's standard packaging.</li> <li>• Immunizations, including travel immunizations.</li> <li>• Contraceptive drugs and devices (to prevent unwanted pregnancies).</li> <li>• Abortion drugs (such as RU-486).</li> <li>• Replacement of lost, stolen or damaged drugs.</li> </ul> |  |

## Questions and answers about the drug rider

### 1. *How does the drug rider work?*

When you visit a Kaiser Permanente physician, a licensed prescriber or a prescriber we designate, and they prescribe a drug for which a prescription is legally required, you can take it to any Kaiser Permanente pharmacy or pharmacy we designate.

- In most cases you will be charged only \$10 for a generic drug prescription and \$20 for a brand-name drug prescription when it does not exceed a 30-consecutive-day supply of a prescribed drug (or an amount as determined by the formulary). Each refill of the same prescription will also be provided at the same charge. A generic drug that is available in the United States only from a single source manufacturer and that is not listed as generic in the then current commercially available drug database(s) to which Health Plan subscribes, is provided upon payment of \$20 if the quantity prescribed does not exceed (i) a 30-consecutive-day supply, or (ii) an amount as determined by the formulary.
- If you go to a non-Kaiser Permanente pharmacy, you will be responsible for 100% of charges.

### 2. *Where are Kaiser Permanente pharmacies located?*

Most Kaiser Permanente Clinics have a pharmacy on premises. Please consult the Member Handbook for the pharmacy nearest you and its hours of operation.

### 3. *Can I get any drug prescribed by my Physician?*

Our drug formulary is considered a closed formulary, which means that medications on the list are usually covered under the prescription drug rider. However drugs on our formulary may not be automatically covered under your prescription drug rider depending on which plan you've selected. Even though nonformulary drugs are generally not covered under your prescription drug rider, your Kaiser Permanente physician can sometimes request a nonformulary drug for you, specifically when formulary alternatives have failed or use of nonformulary drug is medically necessary, provided – the drug is not excluded under the prescription drug rider.

Kaiser Permanente pharmacies may substitute a chemical or generic equivalent for a brand-name drug unless this is prohibited by your Kaiser Permanente physician. If you want a brand-name drug for which there is a generic equivalent, or if you request a non-formulary drug, you will be charged Member Rates for these selections, since they are not covered under your prescription drug rider. If your KP physician deems a higher priced drug to be medically necessary when a less expensive drug is available, you pay the usual drug copayment. If you request the higher priced drug and it has not been deemed medically necessary, you will be charged Member Rates.

### 4. *Do I need to present any identification when I receive drugs?*

Yes, always present your Kaiser Permanente membership ID card, which has your medical record number, to the pharmacist. If you do not have a medical record number, please call the Customer Service Center at 432-5955 on Oahu or 1-800-966-5955 on Neighbor Islands.

### 5. *What if I need more than a month's supply of medication?*

Your Kaiser Permanente membership contract entitles you to a maximum one-month's supply per prescription. However, as a convenience to you, our Kaiser Permanente Pharmacies will dispense up to a three-month's supply of certain prescriptions upon request (you will be responsible for three copayment amounts). Dispensing a three-month's supply is done in good faith, presuming you will remain a Kaiser Permanente member for the next three months. If you terminate your membership with Kaiser Permanente before the end of the three-month period, we will bill you the retail price for your remaining drugs. For example, if you end your membership after two months, we will bill you for the remaining one-month's supply. Refills are allowed when 75% of the current prescription supply is taken/administered according to prescriber's directions.

### 6. *How do I receive prescriptions by mail?*

Save time and money on refills! If you have prescription drug coverage, you can get a 90-day supply of qualified prescription drugs covered under your drug rider for the price of 60 by using our convenient mail order service\*. And we pay the postage!

You can order your refills at your convenience, 24/7, using one of the methods below.

- For the quickest turnaround time, order online at kp.org.
- Order via our automated prescription refill service by calling 432-7979 (Oahu) or 1-888-867-2118 (Neighbor Islands). You'll have the following options:
  - To check your order status, press 1.
  - To order refills, press 2. You will be asked to enter your medical record number and prescription number. Then you'll have the option of receiving your refills via mail order (by pressing 1) or picking up your refills at one of our locations (by pressing 2)
  - To listen to detailed instructions, press 3.
- Order using our mail-order envelope, available at all Kaiser Permanente clinic locations.
- Order via our Pharmacy Refill Center at (808) 432-5510 (Oahu), or toll free 1-866-250-1805 (Neighbor Islands), Monday to Friday, 8:30 a.m. to 5 p.m. TTY users may call 1-877-447-5990.

So the next time you've used two-thirds of your existing supply of prescription medications, try using one of these convenient options.

If you must pick up your prescriptions at a clinic pharmacy, refillable prescriptions are usually ready for pickup at the designated pharmacy in one business day. Prescriptions requiring a physician's approval are usually ready in two business days. Call the pharmacy or Kaiser Permanente Hawaii's automated prescription refill line in advance to make sure that your prescription is ready. Orders not picked up within one week are returned to stock.

\*We are not licensed to mail medications out of state. There are restrictions for delivery of certain medications and supplies, including but not limited to controlled medications, injections, medications affected by temperature, and medications excluded by Kaiser Permanente's Pharmacy & Therapeutic Committee.

**This brochure is only a summary.**

It does not fully describe your benefit coverage. For details on your benefit coverage, exclusions, and plan terms, please refer to your employer's applicable Face Sheet, Group Medical and Hospital Service Agreement, benefit schedule, and Riders (collectively known as "Service Agreement"). The Service Agreement is the legal binding document between Health Plan and its members. In event of ambiguity, or a conflict between this summary and the Service Agreement, the Service Agreement shall control.

|  | Benefits  | You pay   |
|--|---|---|
| <b>Alternative medicine rider A - 20 visits / \$15</b> | <p><b>Chiropractic services</b><br/> <b>Up to a maximum of 20 office visits per calendar year. This rider does not cover services which are performed or prescribed by a Kaiser Permanente physician or other Kaiser Permanente health care provider.</b><br/>                     Services must be performed and received from Participating Chiropractors of <b>American Specialty Health Networks (ASHN)</b>. Covered Services include:</p> <ul style="list-style-type: none"> <li>● <b>Chiropractic services</b> for the treatment or diagnosis of Neuromusculo-skeletal Disorders which are authorized by ASHN and performed by a Participating Chiropractor.</li> <li>● <b>Adjunctive therapy</b> as set forth in a treatment plan approved by ASHN, which may involve chiropractic modalities such as ultrasound, hot packs, cold packs, electrical muscle stimulation and other therapies.</li> <li>● <b>Diagnostic tests</b> are limited to those required for further evaluation of the Member's condition and listed on the payor summary and fee schedule. Medically necessary x-rays, radiologic consultations, and clinical laboratory studies must be performed by either an appropriately certified Chiropractor or staff member or referred to a facility that has been credentialed to meet the criteria of ASHN. Diagnostic tests must be performed or ordered by a Participating Chiropractor and authorized by ASHN.</li> </ul>  | \$15 copayment per office visit                   |
|  | <p><b>Chiropractic appliances</b> when prescribed and provided by a Participating Chiropractor and authorized by ASHN.</p>  | Payable up to a maximum of \$50 per calendar year |
|  | <p><b>Exclusions:</b></p>   |   |
|  | <ul style="list-style-type: none"> <li>● Any Chiropractic service or treatment not furnished by a Participating Chiropractor and not provided in the Participating Chiropractor's office.</li> <li>● Examination and/or treatment by a Chiropractor of conditions other than Neuromusculo-skeletal Disorders.</li> <li>● Services, lab tests, x-rays and other treatments not documented as medically necessary or as appropriate.</li> <li>● Services, lab tests, x-rays and other treatments classified as experimental or investigational.</li> <li>● Diagnostic scanning and advanced radiographic imaging, including Magnetic Resonance Imaging (MRI), CAT scans, and/or other types of diagnostic scanning or therapeutic radiology; thermography; bone scans, nuclear radiology, any diagnostic radiology other than plain film studies.</li> <li>● Alternative medical services not accepted by standard allopathic medical practices including, but not limited to, acupuncture, hypnotherapy, behavior training, sleep therapy, weight programs, massage therapy, lomi lomi, educational programs, naturopathy, podiatry, rest cure, aroma therapy, osteopathy, non-medical self-care or self-help, or any self-help physical exercise training, or any related diagnostic testing.</li> <li>● Vitamins, minerals, nutritional supplements, botanicals, ayurvedic supplements, homeopathic remedies or other similar-type products.</li> <li>● Nutritional supplements which are Native American, South American, European, or of any other origin.</li> <li>● Traditional Chinese herbal supplements.</li> <li>● Nutritional supplements obtained by Members through a health food store, grocery store or by any other means.</li> <li>● Prescriptive and non prescriptive drugs, injectables and medications.</li> <li>● Transportation costs, such as ambulance charges.</li> </ul> |   |

- Hospitalization, manipulation under anesthesia, anesthesia or other related services.
- Services or treatment for pre-employment physicals or vocational rehabilitation.
- Any services or treatments caused by or arising out of the course of employment or covered under any public liability insurance.
- Air conditioners, air purifiers, therapeutic mattresses, supplies or any other similar devices or appliances; all chiropractic appliances (except as covered above in this brochure) or durable medical equipment.
- Services provided by a chiropractor outside the State of Hawaii.
- All auxiliary aids and services, such as interpreters, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders, and telephones compatible with hearing aids.
- Adjunctive therapy not associated with spinal, muscle or joint manipulation.
- Services and/or treatment which are not documented as Medically Necessary services.
- Any services or treatment not authorized by ASHN, except for an initial examination.
- Any office visits beyond 20 per calendar year.

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### What you need to know about your alternative medicine benefits

1. **Do I need to see my Kaiser Permanente physician to obtain a referral for a Participating Chiropractor?**  
No. These alternative medicine services do not require a Kaiser Permanente physician's approval.
2. **How do I choose a chiropractor?**  
You may select any chiropractor who participates with ASHN. You may obtain a list with their addresses and phone numbers by calling the Kaiser Permanente Customer Service Center at 432-5955 on Oahu, and 1-800-966-5955 on Neighbor Islands. You may also view the list by logging on to our website at [www.kp.org](http://www.kp.org).
3. **Will an X-ray be covered if it is ordered by my chiropractor and performed at a Kaiser Permanente location?**  
Only medically necessary X-rays authorized by ASHN are covered. The X-rays must be performed in either a Participating Chiropractor's office or an ASHN participating ancillary provider's office in order to be covered.
4. **How do I obtain chiropractic services in Hawaii?**  
Simply select a Participating Chiropractor and call to set-up an appointment. At your appointment, present your Kaiser Foundation Health Plan membership information card and pay your designated copayment.

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## **Oahu**

|                           |            |       |          |                                 |
|---------------------------|------------|-------|----------|---------------------------------|
| Ako, Justin, DC           | Honolulu   | 96816 | 732-2244 | 4747 Kilauea Ave Ste 107        |
| Bautista, Ricky, DC       | Kaneohe    | 96744 | 235-6677 | 45-1144 Kamehameha Hwy Ste 200  |
| Bell, Gary, DC            | Honolulu   | 96826 | 942-1144 | 2875 S King St Ste 205          |
| Bigbee, Beverly, DC       | Honolulu   | 96814 | 591-8426 | 1221 Kapiolani Blvd Ste 6A3     |
| Broad, Jennifer, DC       | Pearl City | 96782 | 456-5553 | 803 Kamehameha Hwy Ste 309      |
| Cardinalli, Joseph, DC    | Honolulu   | 96816 | 739-0680 | 3566 Harding Ave Ste 100        |
| Castro, Tanya, DC         | Honolulu   | 96815 | 737-5433 | 3150 Monsarrat Ave Ste 202      |
| Ching, Donna-Lynn, DC     | Honolulu   | 96816 | 732-2662 | 1109 12th Ave Ste 201           |
| Choi, Kunbong, DC         | Honolulu   | 96814 | 944-5000 | 1600 Kapiolani Blvd Ste 601     |
| Chun, Rodney, DC          | Aiea       | 96701 | 946-1134 | 99-128 Aiea Heights Dr Ste 202  |
| Concepcion, Alexander, DC | Kaneohe    | 96744 | 235-0729 | 45-696 Kamehameha Hwy           |
| Cracknell, Jesse, DC      | Honolulu   | 96816 | 737-4325 | 3427 Waialae Ave Ste C          |
| Ferguson, Gary, DC        | Honolulu   | 96816 | 753-5773 | 1144 10th Ave Ste 201           |
| Finley Jr, James, DC      | Honolulu   | 96816 | 753-1242 | 3514 Waialae Ave                |
| Gallegos, William, DC     | Waipahu    | 96797 | 676-2271 | 94-141 Pupupuhi St              |
| Guthrie, Shayne, DC       | Kaneohe    | 96744 | 239-9355 | 47-388 Hui'Iwa St Ste 16        |
| Harada, Don, DC           | Honolulu   | 96814 | 947-7575 | 1580 Makaloa St Ste 798         |
| Hill, Michelle, DC        | Kailua     | 96734 | 254-5577 | 970 N Kalaheo Ave Ste C315      |
| Horwitz, Scott, DC        | Kailua     | 96734 | 262-7941 | 9 Maluniu Ave                   |
| Hungerford, Gregory, DC   | Haleiwa    | 96712 | 780-2601 | 66-560 Kamehameha Hwy Ste 5     |
| Hunscher, Heather, DC     | Haleiwa    | 96712 | 637-2608 | 66-590 Kamehameha Hwy Ste 1D    |
| Kato, Stephen, DC         | Aiea       | 96701 | 488-3957 | 99-128 Aiea Heights Dr Ste 205  |
| Kikuchi, Brandon, DC      | Honolulu   | 96816 | 781-3139 | 1029 Kapahulu Ave Ste 307       |
| Kim, Dong, DC             | Honolulu   | 96814 | 944-1117 | 1600 Kapiolani Blvd Ste 1660    |
| Kroll, Douglas, DC        | Kailua     | 96734 | 261-8181 | 320 Uluniu St Ste 2             |
| Kuribayashi, Lloyd, DC    | Honolulu   | 96814 | 593-8800 | 615 Piikoi St Ste 1210          |
| Lee, Jeffrey, DC          | Honolulu   | 96814 | 593-8100 | 1314 S King St Ste 1564         |
| Mar, Stephen, DC          | Honolulu   | 96816 | 738-5512 | 1123 11th Ave Ste 301           |
| Masters, Michael, DC      | Honolulu   | 96814 | 591-0099 | 1010 S King St Ste 213          |
| Momyer, Dennis, DC        | Honolulu   | 96814 | 591-9339 | 1314 S King St Ste 1564         |
| Morelli Jr, Joseph, DC    | Waipahu    | 96797 | 671-2685 | 94-050 Farrington Hwy Ste E1-1B |
| Morley, James, DC         | Kailua     | 96734 | 262-2458 | 328 Uluniu St Ste 102           |
| Nguyen, Vu, DC            | Honolulu   | 96813 | 524-8588 | 31 S Beretania St               |
| Niimoto, Rex, DC          | Aiea       | 96701 | 488-7751 | 98-211 Pali Momi St Ste 506     |
| Nowicki, Christopher, DC  | Pearl City | 96782 | 456-5553 | 803 Kamehameha Hwy Ste 309      |
| Oda, Paris, DC            | Honolulu   | 96814 | 942-2232 | 1481 S King St Ste 438          |
| Piianaia, Christopher, DC | Honolulu   | 96816 | 735-8749 | 3221 Waialae Ave Ste 330        |
| Raquel, George, DC        | Waipahu    | 96797 | 676-1717 | 94-216 Farrington Hwy Ste B1- 3 |
| Redmond, Lawrence, DC     | Honolulu   | 96816 | 732-2355 | 1144 10th Ave Ste 201           |
| Rider, Ward, DC           | Pearl City | 96782 | 487-2273 | 98-1258 Kaahumanu St Ste 110    |
| Saito, Gary, DC           | Honolulu   | 96814 | 593-9992 | 1314 S King St Ste 1551         |
| Shimane, Eirk, DC         | Honolulu   | 96816 | 737-4325 | 3427 Waialae Ave Ste C          |
| Shiu, Greg, DC            | Honolulu   | 96814 | 591-2622 | 1314 S King St Ste 1551         |
| Tanaka, Colleen, DC       | Pearl City | 96782 | 487-2273 | 98-1258 Kaahumanu St Ste 110    |
| Tang, Howard, DC          | Honolulu   | 96813 | 524-8813 | 1191 Bethel St                  |
| Tarek, Stephen, DC        | Honolulu   | 96822 | 988-6113 | 2851 E Manoa Rd Ste I205        |
| Teraoka, Douglas, DC      | Honolulu   | 96814 | 591-9339 | 1314 S King St Ste 1564         |

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|                           |          |       |          |                               |
|---------------------------|----------|-------|----------|-------------------------------|
| Thurlow, Paul, DC         | Kailua   | 96734 | 261-4040 | 407 Uluniu St Ste 311         |
| Toyooka, Michael, DC      | Honolulu | 96816 | 732-4626 | 3221 Waiialae Ave Ste 330     |
| Tsutsui, Allan, DC        | Haleiwa  | 96712 | 637-9752 | 66-560 Kamehameha Hwy Ste 5   |
| Vella, Samuel, DC         | Haleiwa  | 96712 | 637-2608 | 66-590 Kamehameha Hwy Ste 1D  |
| Watanabe, William, DC     | Honolulu | 96814 | 597-9160 | 1145A S King St               |
| Weisbecker, Daniel, DC    | Waipahu  | 96797 | 671-7887 | 94-1030 Waipio Uka St Ste 104 |
| Yamauchi, Dale, DC        | Honolulu | 96814 | 593-9941 | 1221 Kapiolani Blvd Ste 525   |
| Yuen-Schat, Hong Zeng, DC | Honolulu | 96813 | 599-2700 | 1188 Bishop St Ste 711        |

## **Maui**

|                        |            |       |          |                             |
|------------------------|------------|-------|----------|-----------------------------|
| Anderson, John, DC     | Kahului    | 96732 | 877-1534 | 360 Ho'ohana St Ste 205     |
| Anderson, John, DC     | Kahului    | 96732 | 877-1534 | 55 E Kaahumanu Ste A        |
| Avallone Jr, John, DC  | Kahului    | 96732 | 871-7745 | 95 Lono Ave Ste 105         |
| Campbell, Lois, DC     | Makawao    | 96768 | 572-0969 | 1150 Nakui St               |
| Chow, Ames, DC         | Kaunakakai | 96748 | 553-5057 | 1 Alamalama St              |
| Fagan, William, DC     | Wailuku    | 96793 | 984-7428 | 2180 Main St                |
| Fagan, William, DC     | Lahaina    | 96761 | 661-0051 | 130 Prison St               |
| Farrior, Drew, DC      | Paia       | 96779 | 579-9134 | 16 Baldwin Ave              |
| Fortune, Jason, DC     | Kihei      | 96753 | 879-0638 | 2395 S Kihei Rd Ste 201-202 |
| Hattaway, James, DC    | Kahului    | 96732 | 871-6218 | 95 Lono Ave Ste 203         |
| Hayes, Candice, DC     | Kihei      | 96753 | 879-7246 | 1847 S Kihei Rd Ste 104     |
| Janssen, Andrew, DC    | Makawao    | 96768 | 572-5599 | 7 Aewa Pl Ste 12            |
| Kim, Anna, DC          | Haiku      | 96708 | 214-7550 | 810 Haiku Rd                |
| Kim, Anna, DC          | Kahului    | 96732 | 214-7550 | 95 Lono Ste 105             |
| Kim, Gina, DC          | Wailuku    | 96793 | 871-6996 | 1958 Vineyard St            |
| Krause, Brendan, DC    | Lahaina    | 96761 | 667-1801 | 845 Wainee St Ste 211       |
| Lazo Jr, Alejandro, DC | Wailuku    | 96793 | 242-5768 | 1063 Lower Main St Ste 215C |
| Pleiss, James, DC      | Wailuku    | 96793 | 244-0312 | 2045 Main St                |
| Rogers, Craig, DC      | Kihei      | 96753 | 874-6222 | 2439 S Kihei Rd Ste 207A    |
| VanQuaethem, Amy, DC   | Lanai City | 96763 | 280-3696 | 730 Lanai Ave Ste 112       |
| VanQuaethem, Amy, DC   | Lahaina    | 96761 | 667-7700 | 2580 Kekaa Dr Ste K2        |
| Vicars, Daniel, DC     | Kahului    | 96732 | 873-9392 | 220 Lalo St Ste 2B          |
| Walton, Dianna, DC     | Lahaina    | 96761 | 667-6268 | 180 Dickenson St Ste 205    |
| Walton, Stevan, DC     | Lahaina    | 96761 | 667-6268 | 180 Dickenson St Ste 205    |
| Wasserman, Shana, DC   | Kihei      | 96753 | 875-0073 | 1325 S Kihei Rd Ste 102A    |
| Wilcox, Richard, DC    | Wailuku    | 96793 | 871-6996 | 1958 Vineyard St            |

## **Big Island**

|                         |             |       |          |                            |
|-------------------------|-------------|-------|----------|----------------------------|
| Barchenger, Mikal, DC   | Kailua Kona | 96740 | 329-6997 | 74-5563 Kaiwi St Ste 132   |
| Bickford, Paul, DC      | Hilo        | 96720 | 933-9191 | 120 Pauahi St Ste 310      |
| Broderson, Jesse, DC    | Kailua Kona | 96740 | 329-7797 | 74-5620 Palani Rd Ste A102 |
| Broderson, Shannon, DC  | Kailua Kona | 96740 | 329-7797 | 74-5620 Palani Rd Ste A102 |
| Clear, James, DC        | Keaau       | 96749 | 982-4801 | 16-576 Keaau-Pahoia Rd     |
| Clear, Jenni, DC        | Keaau       | 96749 | 982-4801 | 16-576 Keaau-Pahoia Rd     |
| Dawrs, Jill, DC         | Hilo        | 96720 | 935-0004 | 210 Kamehameha Ave         |
| Doherty, Edward, DC     | Kamuela     | 96743 | 885-9300 | 64-5193 S Kinohu St Ste 1  |
| Hendlin, Timothy, DC    | Kailua Kona | 96740 | 329-5155 | 75-166 Kalani St Ste 203   |
| Hilton, Christopher, DC | Hilo        | 96720 | 959-8922 | 2100 Kanoolehua Ave        |
| Ichishita, Tod, DC      | Kailua Kona | 96740 | 327-9845 | 75-5591 Palani Rd Ste 207  |



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|                           |             |       |          |                              |
|---------------------------|-------------|-------|----------|------------------------------|
| Kennedy, Arthur, DC       | Hawi        | 96719 | 938-3888 | 55-3321 Akoni Pule Hwy       |
| Leite-Ah Yo, Harvelee, DC | Hilo        | 96720 | 961-5663 | 261 Waianuenue Ave           |
| Lozano, Roy, DC           | Pahoa       | 96778 | 965-6623 | 15-2891 Government Main Rd   |
| Miranda, Philip, DC       | Kailua Kona | 96740 | 331-1205 | 74-5620 Palani Rd Ste A102   |
| Molina, Richard, DC       | Kailua Kona | 96740 | 331-8333 | 75-170 Hualalai Rd Ste D211  |
| Nagareda, Stacey, DC      | Hilo        | 96720 | 961-5750 | 291 Kinooole St              |
| Police, Albert, DC        | Kailua Kona | 96740 | 326-9355 | 75-167 Kalani St Ste 101     |
| Rostau, Robert, DC        | Kamuela     | 96743 | 885-7719 | 65-1298B Kawaihae Rd Ste 1   |
| Schiller, Suzanne, DC     | Ocean View  | 96737 | 929-9229 | 92-8691 Lotus Blossom Ln     |
| Stanley, James, DC        | Kailua Kona | 96740 | 326-9229 | 75-240 Nani Kailua Dr Ste 6A |
| Tanaka, Yasuoki, DC       | Kealakekua  | 96750 | 322-4187 | 79-7393 Mamalahoa Hwy        |
| Tanaka, Yasuoki, DC       | Kailua Kona | 96740 | 322-4187 | 75-5665 Kuakini Hwy          |

### **Kauai**

|                     |             |       |          |                             |
|---------------------|-------------|-------|----------|-----------------------------|
| Bennis, Chad, DC    | Kapaa       | 96746 | 822-2227 | 4-1345 Kuhio Hwy Ste D      |
| Bowen, Sally, DC    | Princeville | 96722 | 826-7000 | 5-4280 Kuhio Hwy Ste B206   |
| Davis, Frank, DC    | Koloa       | 96756 | 742-9555 | 3176 Poipu Rd Ste 6         |
| de Deo, Edward, DC  | Koloa       | 96756 | 742-2055 | 5470 Koloa Rd Ste 2F        |
| Ogawa, Alice, DC    | Kapaa       | 96746 | 822-7113 | 956 Kuhio Hwy               |
| Ogawa, Ryoichi, DC  | Kapaa       | 96746 | 822-7113 | 4-956 Kuhio Hwy             |
| Pavao, Kaipo, DC    | Lihue       | 96766 | 246-8858 | 3092 Akahi St               |
| Rodriguez, Abel, DC | Lihue       | 96766 | 632-2225 | 4359 Kukui Grove St Ste 102 |
| Swiryn, Robert, DC  | Kapaa       | 96746 | 822-0711 | 4-976 Kahio Hwy             |
| Young, Zachary, DC  | Kalaheo     | 96741 | 332-5580 | 2-2488 Kaumualii Hwy        |