

Kaiser Foundation Health Plan
Hawaii

IMPORTANT DETAILS AND NOTICES

Kaiser Permanente for Individuals and Families

Have a question? We're here to help. Call **1-800-494-5314**,
8 a.m. to 8 p.m., Monday–Friday; 9 a.m. to 5 p.m., Saturday.

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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 operation purposes, such as quality assessment and improvement, licensing, accreditation, and determining premiums and other costs of providing health care. If you are enrolled in Kaiser Permanente through your employer

or employee organization, we may be allowed under the law to disclose to it certain PHI, for example, 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 on 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 that 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 available on our Web site, in our medical offices, or by calling our Customer Service Center.

If you have questions or concerns about our privacy practices, please contact our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

LOCATING A PROVIDER OF YOUR CHOICE

Kaiser Permanente medical offices

ISLAND OF OAHU

BEHAVIORAL HEALTH SERVICES

Ala Moana Building, 1441 Kapiolani Blvd., Suite 1600
Honolulu, Hawaii 96814

Clinic hours

Monday–Thursday 7:30 a.m.–6:30 p.m.
Friday 7:30 a.m.–5:30 p.m.
Closed weekends and holidays

Phone numbers

General information/appointments 432-7600
24-hour appointment cancellation 432-7600
After-hours advice 432-7700

Medical and other clinical services

Chemical dependency (outpatient and day treatment),
diagnostic evaluation, intensive outpatient services,
mental health counseling/therapy, psychiatry, screening

HAWAII KAI CLINIC

6700 Kalanianaʻole Highway, Suite 111
Honolulu, Hawaii 96825

Clinic hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Pharmacy hours

Monday–Friday 9 a.m.–12:30 p.m., 1:30–5 p.m.
Saturday 8:30 a.m.–noon
Closed Sunday and holidays

Laboratory hours

Monday–Friday 8 a.m.–4:45 p.m.
Saturday 8 a.m.–11:45 p.m.
Closed Sunday and holidays

Phone numbers

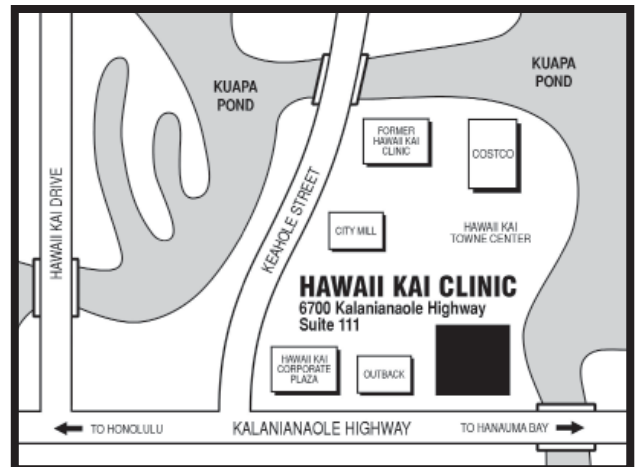
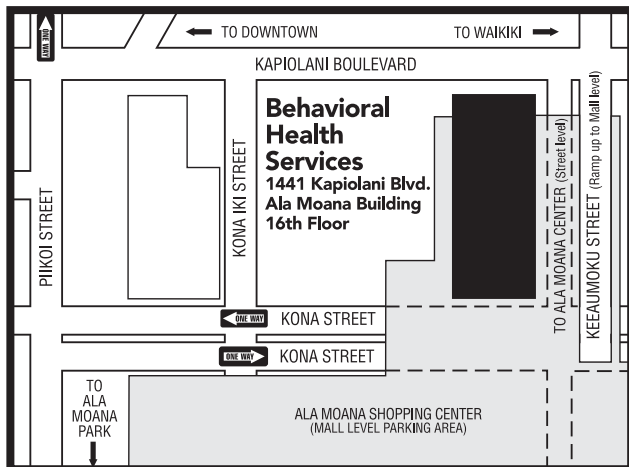
General information/appointments 432-3700
24-hour appointment cancellation 432-3700
24-hour prescription refill 432-7979
After-hours advice 432-7700
Behavioral Health Services 432-7600
Pharmacy 432-3750

Medical services

Family medicine, internal medicine, pediatrics

Other clinical services

Laboratory, medical social services, medication
counseling, nutrition counseling, pharmacy



Note: Information in this brochure is current as of September 2009 and may be subject to change without notice.

LOCATING A PROVIDER OF YOUR CHOICE

HONOLULU CLINIC

1010 Pensacola St.
Honolulu, Hawaii 96814

Clinic hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Pharmacy hours

Monday–Friday 8 a.m.–7:30 p.m.
Saturday 8 a.m.–6 p.m.
Sunday 9 a.m.–noon, 12:30–4:30 p.m.
Closed holidays

Urgent care hours

Monday–Saturday 8 a.m.–6 p.m.
Closed Sunday and holidays

Phone numbers

General information 432-2000
24-hour appointment cancellation 432-2350
24-hour prescription refill 432-7979
After-hours advice 432-7700
Behavioral Health Services 432-7600
Pharmacy 432-2060

Medical services

Adult medicine 432-2300
Allergy 432-2400
Audiology 432-8270
Cosmetic dermatology 432-2810
Cosmetic surgery 432-8270
Dermatology 432-2445
Hearing center 432-2155
Laser vision correction 432-2620
Obstetrics/Gynecology 432-2500
Occupational Health 432-2200
Ophthalmology 432-2600

Optical dispensing 432-2170
Optometry 432-2600
Pediatric and young adult 432-2400

Specialty services

Endocrinology, general surgery, geriatrics, neurology,
physiatry

Other clinical services

Ambulatory Surgery Center, dermatology, diagnostic
imaging (bone densitometry, general radiology/
fluoroscopy, mammography screening, ultrasound),
health education, laboratory, medication counseling,
nutrition counseling, pharmacy, physical therapy, travel
medicine

KAHUKU CLINIC

56-565 Kamehameha Highway
Kahuku, Hawaii 96731

Clinic hours

Monday–Wednesday, Friday 8:30 a.m.–noon, 1–5 p.m.
Saturday 8:30 a.m.–noon
Closed Thursday, Sunday, and holidays

Phone numbers

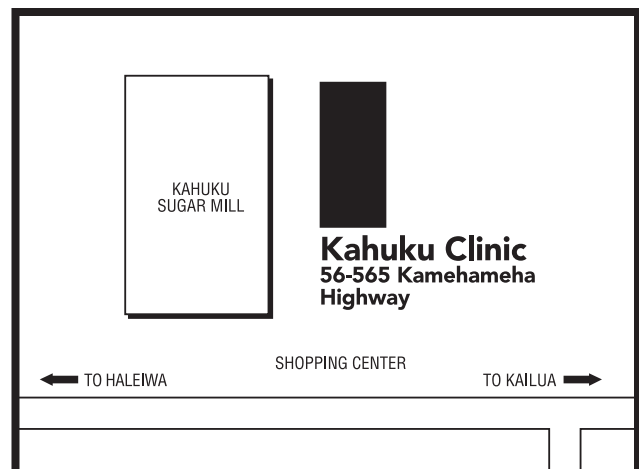
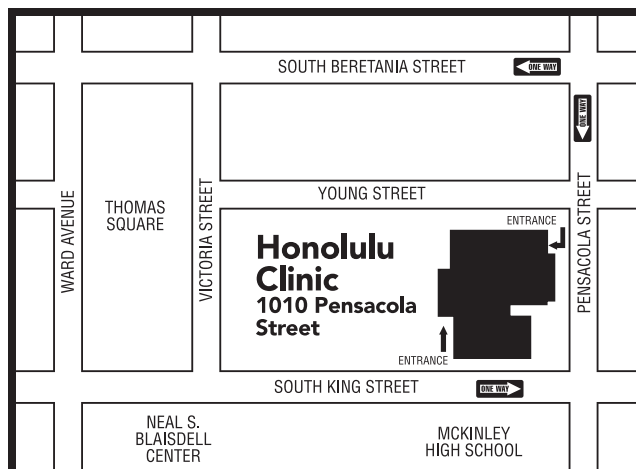
General information/appointments 432-3900
24-hour appointment cancellation 432-3929
24-hour prescription refill 432-7979
After-hours advice 432-7700
Behavioral Health Services 432-7600

Medical services

Family medicine

Other clinical services

Diabetes education, laboratory, medication counseling,
nutrition counseling



Have a question? We're here to help. Call **1-800-494-5314**,

8 a.m. to 8 p.m., Monday–Friday; 9 a.m. to 5 p.m., Saturday.

LOCATING A PROVIDER OF YOUR CHOICE

KAILUA CLINIC

201 Hamakua Drive, Building B
Kailua, Hawaii 96734

Clinic hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Pharmacy hours

Monday–Friday 8 a.m.–12:30 p.m., 1:30–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Phone numbers

General information/appointments **432-3400**
24-hour appointment cancellation **432-3400**
24-hour prescription refill **432-7979**
Optical dispensing **432-3461**
After-hours advice **432-7700**
Behavioral Health Services **432-7600**
Pharmacy **432-3450**

Medical services

Family medicine, internal medicine, ophthalmology (limited), pediatrics

Other clinical services

Behavioral health services, diabetes education, laboratory, medical social services, medication counseling, nutrition counseling, optical dispensing, optometry, pharmacy

KAPOLEI CLINIC

599 Farrington Highway
Kapolei, Hawaii 96707

Clinic hours

Monday–Friday 8 a.m.–5 p.m.
Closed weekends and holidays

Phone numbers

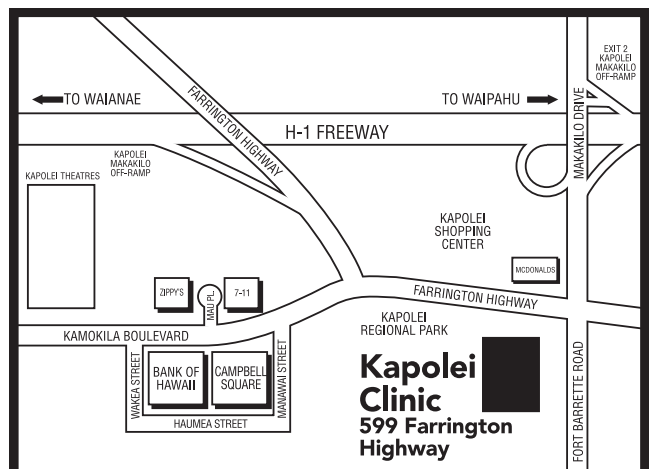
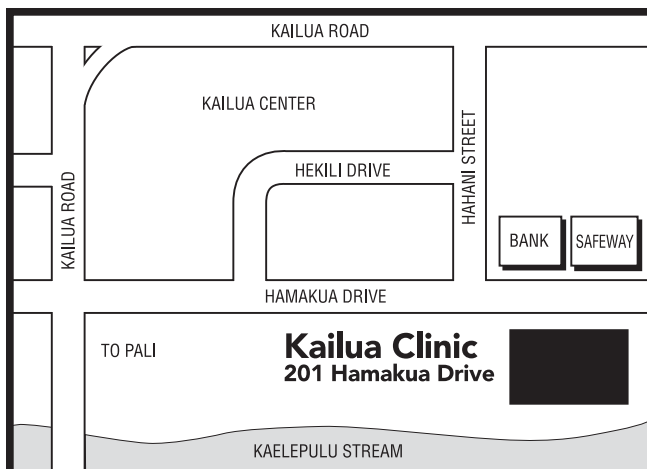
General information/appointments/advice . . . **432-3600**
24-hour appointment cancellation **432-3600**
24-hour prescription refill **432-7979**
After-hours advice **432-7700**
Behavioral Health Services **432-7600**
Aesthetic center **432-2810**

Medical services

Family medicine

Other clinical services

Aesthetic center, diabetes eye care services, diabetes foot care services, dietary counseling, laboratory



LOCATING A PROVIDER OF YOUR CHOICE

KOOLAU CLINIC

45-602 Kamehameha Highway
Kaneohe, Hawaii 96744

Clinic hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Pharmacy hours

Monday–Friday 8 a.m.–7 p.m.
Saturday 8 a.m.–5 p.m.
Closed Sunday and holidays

Laboratory hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8–11:45 a.m.
Closed Sunday and holidays

Phone numbers

General information/appointments 432-3800
24-hour appointment cancellation 432-3800
24-hour prescription refill 432-7979
Advice nurse 432-3800
After-hours advice 432-7700
Behavioral Health Services 432-7600
Pharmacy 432-3850

Medical services

Family medicine, internal medicine, obstetrics/
gynecology, pediatrics

Other clinical services

Diabetes education, diagnostic imaging (general radiology),
health education, laboratory, medical social services,
medication counseling, nutrition counseling, pediatrics,
pharmacy, physical therapy

MAPUNAPUNA CLINIC

2828 Paa St.
Honolulu, Hawaii 96819

Clinic hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Pharmacy hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Phone numbers

General information/appointments 432-5770
24-hour appointment cancellation 432-5771
24-hour prescription refill 432-7979
After-hours advice 432-7700
Behavioral Health Services 432-7600
Pharmacy 432-5760

Medical services

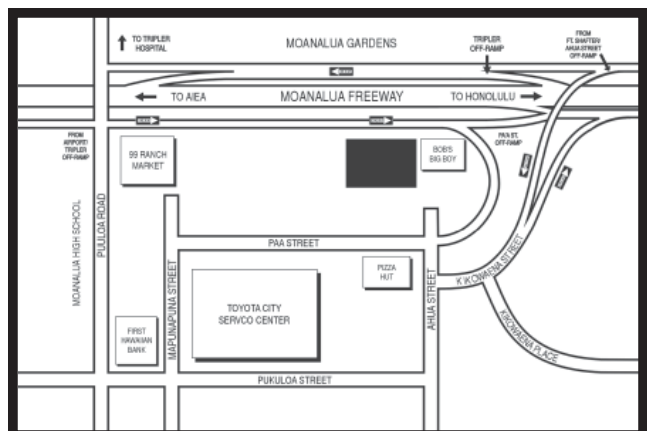
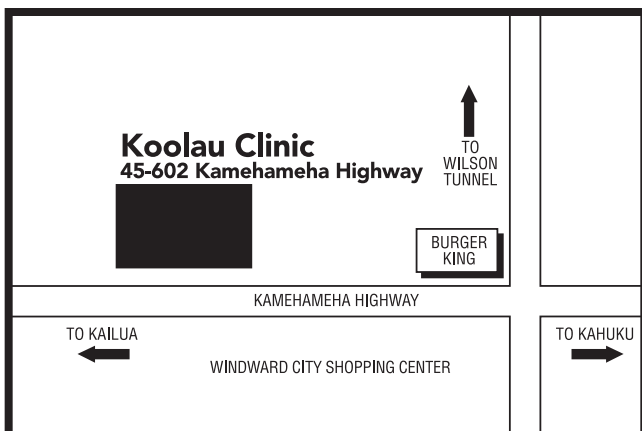
Internal medicine, pediatrics

Specialty services

Neurology, pain management, physiatry

Other clinical services

Aesthetic center, pharmacy, physical therapy, speech
therapy, work hardening



Have a question? We're here to help. Call **1-800-494-5314**,
8 a.m. to 8 p.m., Monday–Friday; 9 a.m. to 5 p.m., Saturday.

LOCATING A PROVIDER OF YOUR CHOICE

MOANALUA MEDICAL CENTER AND CLINIC

3288 Moanalua Road
Honolulu, Hawaii 96819

Clinic hours

Monday–Friday 8:30 a.m.–5 p.m.
Saturday Please call for hours.
Closed Sunday and holidays

After-hours care

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

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

Phone numbers

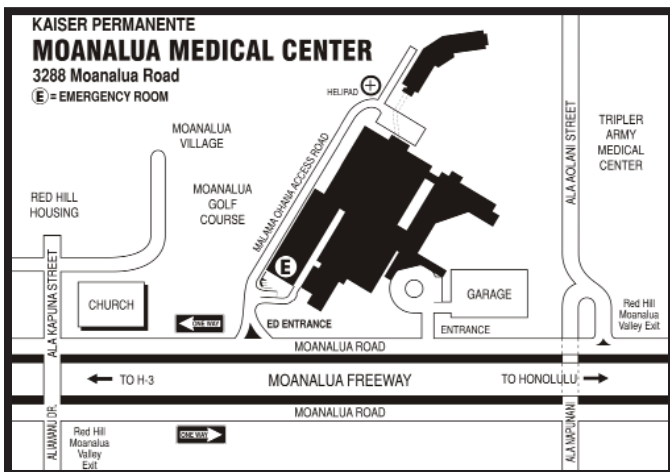
General information **432-0000**
24-hour appointment cancellation **432-7800**
24-hour pharmacy **432-8100**
24-hour prescription refill **432-7979**
After-hours advice
 Oahu **432-7700**
 Neighbor Islands **1-800-467-3011**
Clinic specialty services
 Oahu **432-8000**
 Neighbor Islands **1-877-432-8970**
Hospital clinical services **432-0000**

Clinic specialty services

Audiology, cardiology, cardiology testing, cardiothoracic surgery, diabetic limb treatment center, ear, nose & throat, endocrinology, general surgery, hematology/ oncology, infectious disease, nephrology, neurology, neurosurgery, orthopedics, physiatry, plastic/ reconstructive surgery, podiatry, pulmonology, rheumatology, urology, vascular therapy

Hospital clinical services

Ambulatory surgery & recovery, ambulatory treatment center, antepartum testing, audiology, critical care, cardiovascular intensive care, diagnostic imaging (CT/ general radiology/fluoroscopy, mammography, MRI, nuclear medicine, ultrasound), gastroenterology, laboratory, maternal fetal medicine, medical social services, medical surgical care, neonatal intensive care, perinatal services, pediatrics, perioperative services, pharmacy



Island of Oahu
Emergency and urgent care at
MOANALUA MEDICAL CENTER
3288 Moanalua Road, Honolulu, Hawaii 96819
24 HOURS EVERY DAY INCLUDING HOLIDAYS
Phone: 432-0000

LOCATING A PROVIDER OF YOUR CHOICE

NANAIKEOLA CLINIC

87-2116 Farrington Highway
Waianae, Hawaii 96792

Clinic hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Pharmacy hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Phone numbers

General information/appointments 432-3500
24-hour appointment cancellation 432-3500
24-hour prescription refill 432-7979
After-hours advice 432-7700
Behavioral Health Services 432-7600
Pharmacy 432-3570

Medical services

Family medicine, internal medicine, pediatrics

Specialty services

Nephrology (selected days)

Other clinical services

Behavioral health services, diabetes education, diabetic eye exams (once a month), diagnostic imaging (general radiology), health education, laboratory, medication counseling, nutrition counseling, pharmacy

WAIPIO CLINIC

94-1480 Moaniani St.
Waipahu, Hawaii 96797

Clinic hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Pharmacy hours

Monday–Friday 7:30 a.m.–7:30 p.m.
Saturday 8 a.m.–5 p.m.
Sunday and some holidays . . . 9 a.m.–noon, 12:30–4:30 p.m.

Phone numbers

General information/appointments 432-3100
24-hour appointment cancellation 432-3100
24-hour prescription refill 432-7979
Occupational Health Services 432-3103
After-hours advice 432-7700
Behavioral Health Services 432-7600
Pharmacy 432-3150

Medical services

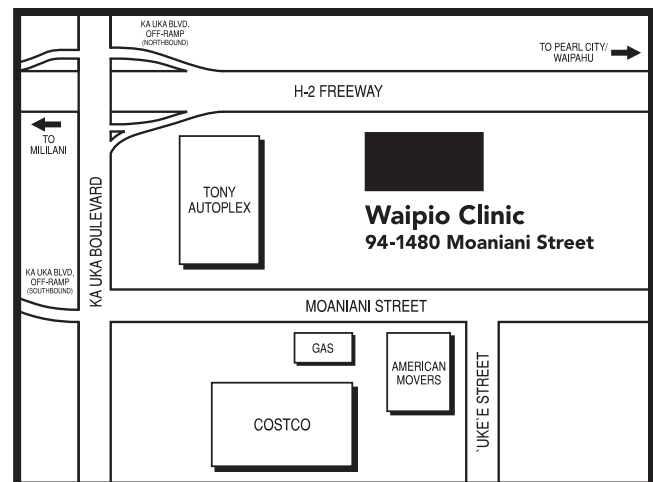
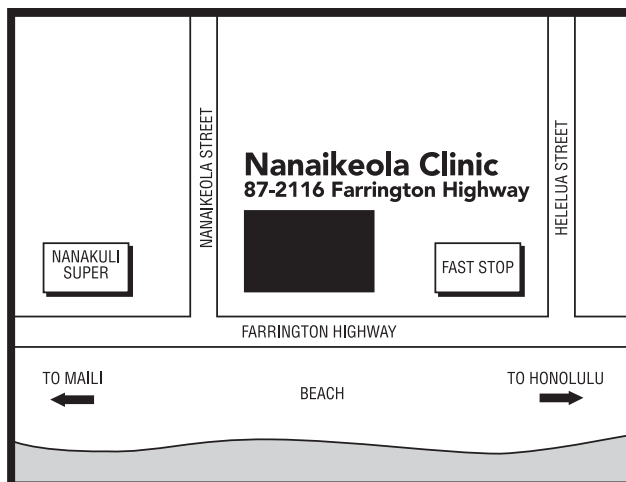
Family medicine, internal medicine, obstetrics/gynecology, occupational health services, ophthalmology, pediatrics

Specialty services

Allergy, audiology, dermatology, rheumatology

Other clinical services

Aesthetic center, behavioral health services, diabetes education, diagnostic imaging (general radiology, mammography screening), health education, laboratory, medication counseling, nutrition counseling, optical dispensing, optometry, pharmacy, physical therapy



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8 a.m. to 8 p.m., Monday–Friday; 9 a.m. to 5 p.m., Saturday.

LOCATING A PROVIDER OF YOUR CHOICE

ISLAND OF MAUI

KIHEI CLINIC

1279 South Kihei Road, Suite 120
Kihei, Hawaii 96753

Clinic hours

Monday–Friday8 a.m.–5 p.m.
Closed weekends and holidays

Pharmacy hours

Monday–Friday 9 a.m.–12:45 p.m., 1:45–5 p.m.
Closed weekends and holidays

Phone numbers

General information **891-6800**
 Appointments **891-6850**
 24-hour appointment cancellation **891-6805**
 24-hour prescription refill **1-888-867-2118**
 Pharmacy services **891-6860**
 After-hours advice **1-800-467-3011**
 Behavioral Health Services **1-888-945-7600**

Medical services

Family medicine

Other clinical services

Diagnostic imaging (general radiology), laboratory, medication counseling, optical dispensing, optometry, pharmacy, physical therapy

LAHAINA CLINIC

910 Wainee St.
Lahaina, Hawaii 96761

Clinic hours

Monday–Friday8 a.m.–5 p.m.
 Saturday 8 a.m.–noon
 Closed Sunday and holidays

Pharmacy hours

Monday–Friday8 a.m.–5 p.m.
 Saturday 8 a.m.–noon
 Closed Sunday and holidays

Phone numbers

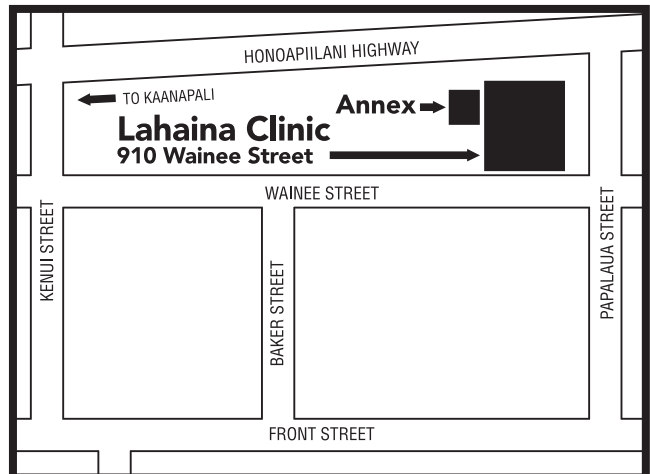
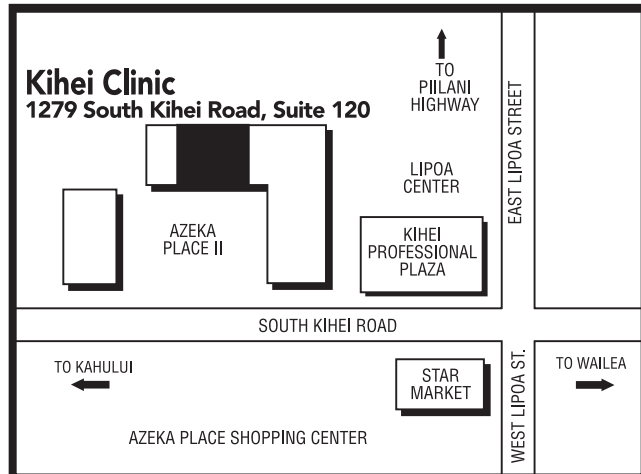
General information **662-6900**
 Appointments **662-6950**
 24-hour appointment cancellation **662-6980**
 24-hour prescription refill **1-888-867-2118**
 Pharmacy services **662-6945**
 Occupational Health Services **243-6453**
 After-hours advice **1-800-467-3011**
 Behavioral Health Services **1-888-945-7600**

Medical services

Family medicine

Other clinical services

Diabetes education, diagnostic imaging (general radiology), laboratory, medication counseling, nutrition counseling, optical dispensing, optometry, pharmacy, physical therapy



LOCATING A PROVIDER OF YOUR CHOICE

MAUI LANI CLINIC

55 Maui Lani Parkway
Wailuku, Hawaii 96793

Clinic hours

Monday–Friday8 a.m.–8 p.m.
Saturday–Sunday8 a.m.–5 p.m.
Closed holidays

Pharmacy hours

Monday–Friday8 a.m.–8 p.m.
Saturday.....8 a.m.–5 p.m.
Sunday8 a.m.–12:30 p.m., 1–5 p.m.
Holidays.....per clinic hours

Phone numbers

General information 243-6050
Appointments 243-6400
24-hour appointment cancellation 243-6633
24-hour prescription refill 1-888-867-2118
Pharmacy services 243-6565
After-hours advice.....1-800-467-3011
Behavioral Health Services 1-888-945-7600

Medical services

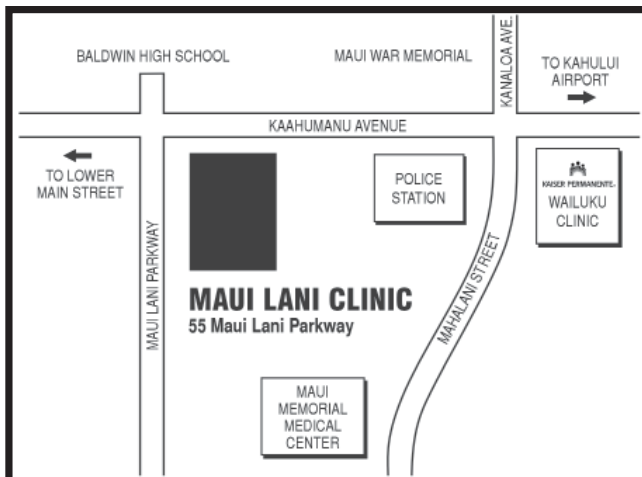
Family medicine, internal medicine, pediatrics

Specialty services

Infectious disease

Other clinical services

Asthma education, behavioral medicine, diabetes education, diagnostic imaging (general radiology and MR), health education, home health services, laboratory, medical social services, medication counseling, nutrition counseling, pharmacy



WAILUKU CLINIC

80 Mahalani St.
Wailuku, Hawaii 96793

Clinic hours

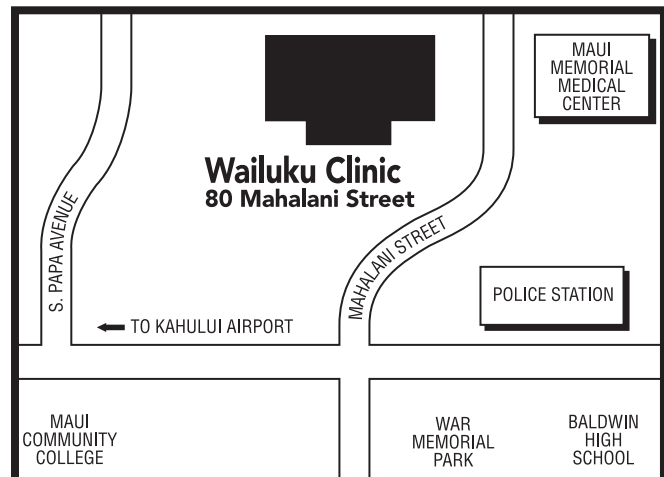
Monday–Friday8 a.m.–5 p.m.
Closed weekends and holidays
Diagnostic imaging and laboratory closed weekends and holidays

Pharmacy hours

Monday–Friday9 a.m.–12:30 p.m., 1:30–5 p.m.
Closed weekends and holidays

Phone numbers

General information 243-6000
Appointments 243-6400
24-hour appointment cancellation 243-6633
24-hour prescription refill 1-888-867-2118
Pharmacy services 243-6565
After-hours advice.....1-800-467-3011
Behavioral Health Services
 First-time appointments.....1-888-945-7600
 General information/
 return appointments..... 243-6020
Diagnostic Imaging..... 243-6500
Occupational Health Services..... 243-6453



Have a question? We're here to help. Call **1-800-494-5314**,

10 8 a.m. to 8 p.m., Monday–Friday; 9 a.m. to 5 p.m., Saturday.

LOCATING A PROVIDER OF YOUR CHOICE

Specialty services

Cardiology, dermatology, ear, nose & throat, gastroenterology, general surgery, nephrology, neurology, obstetrics/gynecology, occupational health services, oncology, ophthalmology, orthopedics, physiatry, plastic/reconstructive surgery, podiatry, pulmonology, rheumatology, urology

Other clinical services

Ambulatory surgery center, audiology, behavioral health services, diagnostic imaging (bone densitometry, CT, general radiology/fluoroscopy, mammography, ultrasound), laboratory, occupational therapy, optical dispensing, optometry, physical therapy, speech therapy

Island of Maui
Emergency and urgent care at
MAUI MEMORIAL MEDICAL CENTER
221 Mahalani St., Wailuku, Hawaii 96793
24 HOURS EVERY DAY INCLUDING HOLIDAYS
Phone: 242-2343

After-hours care at Maui Lani Clinic
Monday–Friday 5–8 p.m.
Saturday noon–5 p.m.
Sunday and some holidays 8 a.m.–5 p.m.
Closed Christmas Day and New Year's Day
Phone: 243-6050

LOCATING A PROVIDER OF YOUR CHOICE

ISLAND OF HAWAII

HILO CLINIC

1292 Waianuenue Ave.
Hilo, Hawaii 96720

Clinic hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Pharmacy hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8:30 a.m.–noon
Closed Sunday and holidays

Phone numbers

General information/appointments 934-4000
24-hour appointment cancellation 934-4000
24-hour prescription refill 1-888-867-2118
Laboratory 934-4060
After-hours advice 1-800-467-3011
Behavioral Health Services 1-888-945-7600
Pharmacy 934-4090

Medical services

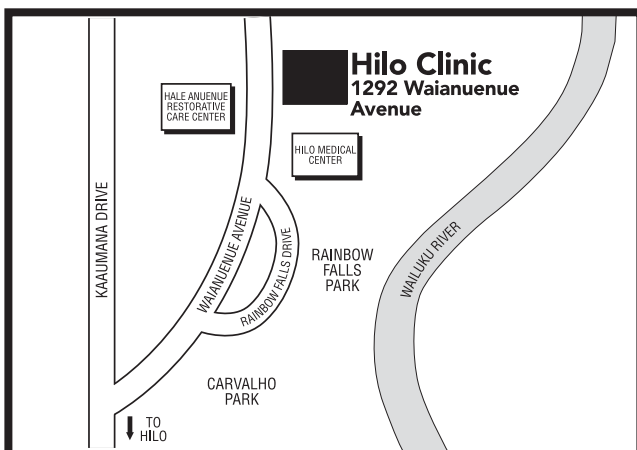
Family medicine, internal medicine, obstetrics/
gynecology, occupational health services,
ophthalmology, pediatrics

Specialty services

Allergy, cardiology, dermatology, ear, nose & throat,
echocardiology, gastroenterology, general surgery,
nephrology, neurology, oncology, orthopedics, podiatry,
pulmonology, rheumatology, urology

Other clinical services

Audiology, behavioral health services, diagnostic
imaging (general radiology, mammography screening),
health education, HIV counseling, laboratory,
medication counseling, nutrition counseling, optical
dispensing, optometry, pharmacy, physical therapy,
travel medicine



Island of Hawaii
Emergency and urgent care at
HILO MEDICAL CENTER
1190 Waianuenue Ave., Hilo, Hawaii 96720
Phone: 974-6800

12 Have a question? We're here to help. Call **1-800-494-5314**,
8 a.m. to 8 p.m., Monday–Friday; 9 a.m. to 5 p.m., Saturday.

LOCATING A PROVIDER OF YOUR CHOICE

KONA CLINIC

Hualalai Medical Center
75-184 Hualalai Road
Kailua-Kona, Hawaii 96740

Clinic hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Pharmacy hours

Monday–Friday 9 a.m.–4:30 p.m.
Saturday 8:30 a.m.–noon
Closed Sunday and holidays

Phone numbers

General information/appointments **334-4400**
24-hour appointment cancellation **334-4400**
24-hour prescription refill **1-888-867-2118**
Diagnostic Imaging (X-ray) **334-4468**
Laboratory **334-4489**
Occupational Health Services **334-4415**
Optical dispensing **334-4420**
After-hours advice **1-800-467-3011**
Behavioral Health Services **1-888-945-7600**
Pharmacy **334-4433**

Medical services

Family medicine, internal medicine, obstetrics/gynecology, occupational health services, pediatrics

Specialty services

Allergy, ear, nose & throat, gastroenterology, general surgery, nephrology, neurology, ophthalmology,

orthopedics, physiatry, plastic/reconstructive surgery, podiatry, pulmonology, rheumatology, urology

Other clinical services

Audiology, behavioral health services, diagnostic imaging (general radiology), health education, laboratory, medication counseling, nutrition counseling, optical dispensing, optometry, pharmacy, physical therapy, travel medicine

WAIMEA CLINIC

Parker Ranch Shopping Center
67-1185A Mamalahoa Highway
Kamuela, Hawaii 96743

Clinic hours

Monday–Friday 8 a.m.–5 p.m.
Saturday 8 a.m.–noon
Closed Sunday and holidays

Phone numbers

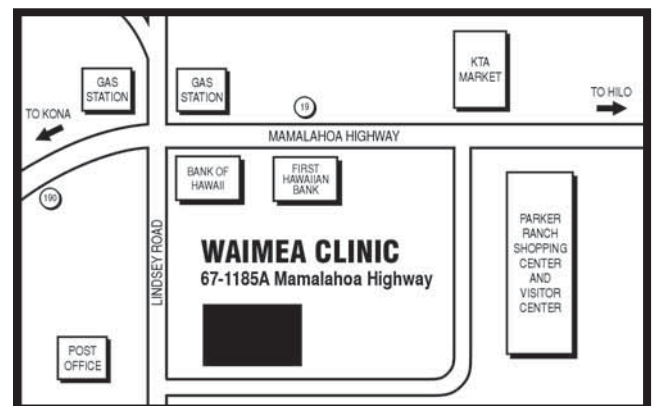
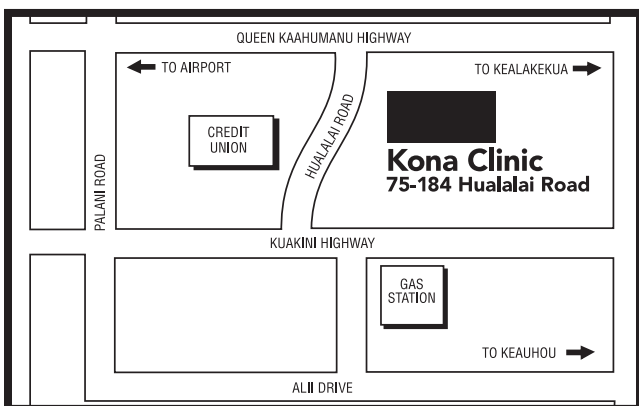
Appointments **933-4500**
24-hour appointment cancellation **933-4500**
24-hour prescription refill **1-888-867-2118**
Laboratory **933-4560**
After-hours advice **1-800-467-3011**
Behavioral Health Services **1-888-945-7600**
Pharmacy **933-4551**

Medical services

Family medicine

Other clinical services

Behavioral health services, travel medicine



Island of Hawaii
Emergency and urgent care at
KONA COMMUNITY HOSPITAL
79-1019 Haukapila St., Kealahou, Hawaii 96750
Phone: 322-4413

Island of Hawaii
Emergency and urgent care at
NORTH HAWAII COMMUNITY HOSPITAL
67-1125 Mamalahoa Highway
Kamuela, Hawaii 96743
Phone: 881-4730

LOCATING A PROVIDER OF YOUR CHOICE

On the island Kauai, we have contracted to provide in-network services with the following physicians listed by specialty.

Information in this brochure is current as of August 2009 and may be subject to change without notice. A provider's listing in the directory does not guarantee that the provider is still in the network or accepting new members. If you would like more current information on a practitioner's license, call either the Department of Commerce and Consumer Affairs Consumer Resource Center at **587-3295** or the Kaiser Permanente Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

ISLAND OF KAUAI

Primary care physicians

Family Medicine

Sharon Ayabe, MD¹
Kapaa Family Medicine
4-1461 Kuhio Hwy.
Kapaa, HI 96746
822-4333

Graham Chelius, MD
West Kauai Clinic at Waimea
4643B Waimea Canyon Drive
Waimea, HI 96796
338-8311

Bridget Collins, MD¹
West Kauai Medical Clinics/
Sam Mahelona Hospital
4800 Kawaihau Road
Kapaa, HI 96766
822-4961

Paul Esaki, MD¹
Kapaa Family Medicine
4-1461 Kuhio Hwy.
Kapaa, HI 96746
822-4333

Charlotte Hunter, MD
North Shore Medical Center
2490 Oka St.
Kilauea, HI 96754
828-1418

Mitchell Jenkins, MD¹
West Kauai Clinic at Eleele
4353 Waialo Road
Eleele, HI 96705
335-0579

Richard B. Lewan, MD
West Kauai Clinic at Kalaheo
4489 Papalina Road
Kalaheo, HI 96741
332-8523

John M. Lu, MD
Aloha Medical Center
4484 Pahee St.
Lihue, HI 96766
246-3800

Melinda Menezes, MD
North Shore Medical Center
2490 Oka St.
Kilauea, HI 96754
828-1418

R. Craig Netzer, MD
4473 Pahee St., #O
Lihue, HI 96766
246-2002

Michael J. O'Neill, MD
West Kauai Clinic at Waimea
4643B Waimea Canyon Drive
Waimea, HI 96796
335-8311

Steven M. Rogoff, MD
Hale Lea Medicine
2460 Oka St.
Kilauea, HI 96745
828-2885

Catherine Shanahan, MD
West Kauai Clinic at Kalaheo
4489 Papalina Road
Kalaheo, HI 96741
332-8523

James Winkler, PA
Hale Lea Medicine
2460 Oka St., #101A
Kilauea, HI 96745
828-2885

David E. Zimmerman, MD¹
West Kauai Clinic at Kalaheo
4489 Papalina Road
Kalaheo, HI 96741
332-8523

General Practice

Edward Lanson, MD
Aloha Medical Center
4484 Pahee St.
Lihue, HI 96766
246-3800

Internal Medicine

Robert Bickerton, MD
Aloha Medical Center
4484 Pahee St.
Lihue, HI 96766
246-3800

Michael Braun, MD
4473 Pahee St., #O
Lihue, HI 96766
246-2002

¹Not accepting new patients

LOCATING A PROVIDER OF YOUR CHOICE

Thomas Capelli, MD
North Shore Medical Center
2490 Oka St.
Kilauea, HI 96754
828-1418

Constante J. Flora, MD
Aloha Medical Center
4484 Pahee St.
Lihue, HI 96766
246-3800

Sally Jo Moore, RN, PA-C
North Shore Medical Center
2490 Oka St.
Kilauea, HI 96754
828-1418

R. Craig Netzer, MD
4473 Pahee St., #O
Lihue, HI 96766
246-2002

Brigit C. Palathra, MD
West Kauai Clinic at Kalaheo
4489 Papalina Road
Kalaheo, HI 96741
332-8523

Mary Linda Paul, MD
West Kauai Clinic at Waimea
4643B Waimea Canyon Drive
Waimea, HI 96796
338-8311

Pediatrics

Terrance Carolan, MD
Kauai Pediatrics
2978 Halekou Road
Lihue, HI 96766
245-8566

James F. Raelson, MD
West Kauai Clinic at Waimea
4643B Waimea Canyon Drive
Waimea, HI 96796
338-8311

Emma Torrijos, MD
West Kauai Clinic at Kalaheo
4489 Papalina Road
Kalaheo, HI 96741
332-8523

Jami A. Wichert, MD
West Kauai Clinic at Eleele
4353 Waialo Road
Eleele, HI 96705
335-0579

Self-referral services

Health Management

Rhonda Pabo, RN, FNP
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
246-1380

Mary Roush, RN, CDE
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
246-1380

Don Traller, PA-C
Kauai Medical Clinic
3-3420 Kuhio Hwy.
Lihue, HI 96766
246-1380

Obstetrics/Gynecology

Virginia Beck, NP
West Kauai Clinic at Eleele
4353 Waialo Road
Eleele, HI 96705
335-0579

Surachat Chatkupt, MD
West Kauai Clinic at Waimea
4643B Waimea Canyon Drive
Waimea, HI 96796
338-8311

Jere Graham, FNP
Aloha Medical Center
4484 Pahee St.
Lihue, HI 96766
246-3800

John R. Wichert, MD
West Kauai Clinic at Eleele
4353 Waialo Road
Eleele, HI 96705
335-0579

Optometry

Glenn Belisle, OD
Kauai Optometric Center
901 Kuhio Hwy., #B
Kapaa, HI 96746
822-3733

Timothy B. Crane, MD
Crane Eye Care
4463 Pahee St., #206
Lihue, HI 96766
246-0110

Layne Hashimoto, OD
Eye Care Center of Kauai
4366 Kukui Grove St., #101
Lihue, HI 96766
246-0051

Timothy Lee, MD
Eye Care Center of Kauai
4366 Kukui Grove St., #101
Lihue, HI 96766
246-0051

Jere H. L. Loo, OD
Kukui Grove Shopping Center
3-2600 Kaumualii Hwy., #C-3
Lihue, HI 96766
245-8564

Chet A. Myers, OD
Pacific Eye Center
4418 Kukui Grove St.
Lihue, HI 96766
245-5377

Michael K. H. Oride, OD
4100 Rice St., #8
Lihue, HI 96766
245-8765

Gardner C. Quarton Jr., MD
Kapaa Family Eye Care
4520 Kukui St., #101
Kapaa, HI 96746
821-2707

Stanley J. Schiller, OD
3-3100 Kuhio Hwy., #C-15
Lihue, HI 96766
246-8855

LOCATING A PROVIDER OF YOUR CHOICE

Jean Shein, MD
Pacific Eye Center
4418 Kukui Grove St.
Lihue, HI 96766
245-5377

Larry K. Sherrer, MD
Pacific Eye Center
4418 Kukui Grove St.
Lihue, HI 96766
245-5377

Lyman N. Yoshimura, OD
2964 Ewalu St.
Lihue, HI 96766
245-2772

Mental Health Counseling

Michael E. Foley, MSW
4374 Kukui Grove St., #102
Lihue, HI 96766
651-8269

Karin Stoll, MSW, DCSW
3146 Akahi St.
Lihue, HI 96766
632-2010

Psychiatry

Gary Blaich, MD
4-1435 Kuhio Hwy., #201
Kapaa, HI 96746
821-0088

Gerald J. McKenna, MD
4374 Kukui Grove St., #104
Lihue, HI 96766
246-0663

Jon W. Nakamura, MD
4374 Kukui Grove St., #102
Lihue, HI 96766
246-6253

Psychology

Fahy Bailey, PhD
4-1435 Kuhio Hwy., #206
Kapaa, HI 96746
822-2447

Dianne Gerard, PhD
4371 Puaole St., #B
Lihue, HI 96766
246-4501

Robert A. Horne, PhD
3501 Rice St., #214
Lihue, HI 96766
245-6116

Patrick F. McGivern, PhD
2975 Haleko Road, #307
Lihue, HI 96766
245-5659

Women's Health Services

Virginia Beck, NP
West Kauai Clinic at Eleele
4353 Waialo Road
Eleele, HI 96705
335-0579

Surachat Chatkupt, MD
West Kauai Clinic at Waimea
4643B Waimea Canyon Drive
Lihue, HI 96796
338-8311

Jere Graham, FNP
Aloha Medical Center
4484 Pahee St.
Lihue, HI 96766
246-3800

Charlotte Hunter, MD
North Shore Medical Center
2490 Oka St.
Kilauea, HI 96754
828-1418

Melinda Menezes, MD
North Shore Medical Center
2490 Oka St.
Kilauea, HI 96754
828-1418

Specialists¹

Audiology

Shannon Ching
Hawaii Professional Audiology
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
652-7345

Cardiology

John T. Funai, MD
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
245-1548

David L. Sable, MD
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
245-1548

Andrew So, DO
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
245-1548

Dermatology

Sally Jo Moore, RN, PA-C
North Shore Medical Center
2490 Oka St.
Kilauea, HI 96754
828-1418

Thomas Potter, MD
Kauai Dermatology, LLC
4366 Kukui Grove St., #201
Lihue, HI 96766
246-6904

Diabetes Educator

Mary Roush, RN, CDE
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
246-1380

¹Authorized referral by your primary care physician is required. You may be redirected to Oahu for specialty care.

LOCATING A PROVIDER OF YOUR CHOICE

Diagnostic Imaging Services

Aloha Medical Center—Bone Density
4484 Pahee St.
Lihue, HI 96766
246-3800

Kauai Veterans Memorial Hospital
4643 Waimea Canyon Drive
Waimea, HI 96796
338-9431

Samuel Mahelona Memorial Hospital
(limited X-ray services)
4800 Kawaihau Road
Kapaa, HI 96746
822-4961

Wilcox Memorial Hospital
3-3420 Kuhio Hwy.
Lihue, HI 96766
245-1033

Dialysis

Liberty Dialysis
3224 Elua St.
Lihue, HI 96766
245-3770

Liberty Dialysis
4643A Waimea Canyon Road
Waimea, HI 96796
338-1101

Ear, Nose & Throat

H. Roger Netzer, MD
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
245-1529

General Surgery

Elisabeth Biuk-Aghai
West Kauai Clinic at Waimea
4643B Waimea Canyon Drive
Waimea, HI 96796
338-8311

Emilia Dauway-Williams, MD
North Shore Medical Center
2490 Oka St.
Kilauea, HI 96754
828-1418

Emilia Dauway-Williams, MD
Kuhio Medical Center
3-3295 Kuhio Hwy.
Lihue, HI 96766
245-8874

Emilia Dauway-Williams, MD
West Kauai Clinic at Waimea
4643B Waimea Canyon Drive
Waimea, HI 96796
338-8311

Home Care Services

St. Francis Home Care Services
4473 Pahee St., #N
Lihue, HI 96766
245-6430

Hospice Services

Kauai Hospice
4475 Pahee St.
Lihue, HI 96766
245-7277

Laboratory Services

Clinical Laboratory Services of Hawaii—Dynasty Court
4473 Pahee St., #R
Lihue, HI 96766
245-7775

Clinical Laboratory Services of Hawaii—Wilcox Hospital
3-3420 Kuhio Hwy.
Lihue, HI 96766
245-1074

Clinical Laboratory Services of Hawaii—Waimea
4643 Waimea Canyon Drive
Waimea, HI 96796
338-9432

Diagnostic Laboratory Services, Inc.—Kuhio Medical Center
3-3295 Kuhio Hwy.
Lihue, HI 96766
245-7130

Diagnostic Laboratory Services, Inc.—Kalaheo
2-2494 A Kaunualii Hwy.
Kalaheo, HI 96741
332-0283

Diagnostic Laboratory Services, Inc.—Aloha Medical Center
4484 Pahee St.
Lihue, HI 96766
245-9608

Occupational Therapy

Action Physical Therapy
4381 Kukui Grove St., #3
Lihue, HI 96766
246-0144

Kauai Veterans Memorial Hospital
4643 Waimea Canyon Drive
Waimea, HI 96796
338-9431

Samuel Mahelona Memorial Hospital
4800 Kawaihau Road
Kapaa, HI 96746
822-4961

Nephrology

Niraj Desai, MD
Kidney Care of Hawaii
4473 Pahee St., #L
Lihue, HI 96766
632-0200

Neurology

Surendra Rao, MD
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
246-1687

LOCATING A PROVIDER OF YOUR CHOICE

Ophthalmology

Timothy B. Crane, MD
Crane Eye Care
4463 Pahee St., #206
Lihue, HI 96766
246-0110

Timothy Lee, MD
Eye Care Center of Kauai
4366 Kukui Grove St., #101
Lihue, HI 96766
246-0051

Gardner C. Quarton Jr., MD
Kapaa Family Eye Care
4520 Kukui St., #101
Kapaa, HI 96746
821-2707

Jean Shein, MD
Pacific Eye Center
4418 Kukui Grove St.
Lihue, HI 96766
245-5377

Larry K. Sherrer, MD
Pacific Eye Center
4418 Kukui Grove St.
Lihue, HI 96766
245-5377

Orthopedics

Richard Goding, MD
West Kauai Clinic at Waimea
4643B Waimea Canyon Drive
Lihue, HI 96796
338-8311

Richard Goding, MD
North Shore Medical Center
2490 Oka St.
Kilauea, HI 96754
828-1418

Richard Goding, MD
Kuhio Medical Center
3-3295 Kuhio Hwy.
Lihue, HI 96796
245-8874

Richard Goding, MD
Hale Lea Medicine
2460 Oka St.
Kilauea, HI 96754
828-2885

Hayato Mori, MD
4473 Pahee St., #O
Lihue, HI 96766
639-1100

Physiatry

Heather Hopkins, MD
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
245-1524

Physical Therapy

Action Physical Therapy
4381 Kukui Grove St., #3
Lihue, HI 96766
246-0144

Steve Backinoff, PT
2207 Ioela St.
Kilauea, HI 96754
828-0416

Cheryl Claypool, PT
Aloha Sports Medicine & Physical
Therapy
2460 Oka St., #201
Kilauea, HI 96754
828-1128

Kauai Veterans Memorial Hospital
4643 Waimea Canyon Drive
Waimea, HI 96796
338-9431

Samuel Mahelona Hospital
4800 Kawaihau Road
Kapaa, HI 96746
822-4961

Jonathan R. Rider, PT
5-5161 Kuhio Hwy., #E202
Hanalei, HI 96714
826-7433

Todd Strong, PT
Hale Lea Medicine
2460 Oka St.
Kilauea, HI 96754
828-0030

Podiatry

Tyler Chihara, DPM
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
245-1524

Urology

William Bodenstab, MD
Kauai Medical Clinic
3-3420 Kuhio Hwy., #B
Lihue, HI 96766
245-1505

Pharmacies

Kauai

Foodland Pharmacy
4-771 Kuhio Hwy.
Kapaa, HI 96746
822-7271

Foodland Pharmacy
5-4280 Kuhio Hwy.
Princeville, HI 96722
823-4228

Lifeway Pharmacy
3-3295 Kuhio Hwy.
Lihue, HI 96766
245-2471

Lifeway Pharmacy
4643-A Waimea Canyon Road
Waimea, HI 96796
338-0600

Lihue Pharmacy
Aloha Medical Center
4484 Pahee St.
Lihue, HI 96766
246-9100

Have a question? We're here to help. Call **1-800-494-5314**,
8 a.m. to 8 p.m., Monday–Friday; 9 a.m. to 5 p.m., Saturday.

LOCATING A PROVIDER OF YOUR CHOICE

Longs Drug Stores
4-831 Kuhio Hwy., #500
Kapaa, HI 96746
822-4918

Longs Drug Stores
3-2600 Kaumualii Hwy., #2000
Lihue, HI 96766
245-8871

Menehune Pharmacy
1-9655 Kaumualii Hwy.
Waimea, HI 96796
338-0200

Northshore Pharmacy
2460 Oka St., #100
Kilauea, HI 96754
828-1844

Papalina Pharmacy
4469 Papalina Road, #948
Kalaheo, HI 96741
332-9130

Southshore Pharmacy
5330 Koloa Road
Koloa, HI 96756
742-7511

Wal-Mart Pharmacy
3-3300 Kuhio Hwy.
Lihue, HI 96766
246-1822

Westside Pharmacy
1-3845 Kaumualii Hwy.
Hanapepe, HI 96716
335-5342

Hospitals

Kauai

Kauai Veterans Memorial Hospital
4643 Waimea Canyon Drive
Waimea, HI 96796
338-9431

Sam Mahelona Memorial Hospital
(for emergency or urgent care)
4800 Kawaihau Road
Kapaa, HI 96746
823-4194

Wilcox Memorial Hospital
3-3420 Kuhio Hwy.
Lihue, HI 96766
245-1000

**Kaiser Permanente for Individuals and Families Diamond Plan
2010 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 applicable Kaiser Permanente for Individuals and Families Non-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.

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.

Section	Benefits	You pay
Outpatient services	Primary care and specialty care office visits (office visits are limited to one or more of the following services: exam, history, medical decision making)	\$15 per visit
	Outpatient surgery and procedures	\$15 per visit
	Preventive care office visits for:	
	• 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
	Routine immunizations ¹	
	• For children 18 years of age and under on the date the immunization is administered ²	No charge
	• For adults 19 years of age and over on the date the immunization is administered	No charge
	Influenza and pneumococcal immunizations ¹	No charge
	Unexpected mass immunizations ¹	50% of applicable charges
¹ <i>Immunizations (routine, influenza, pneumococcal, and unexpected mass) for prevention of disease must meet all of the following criteria:</i>		
• <i>Recommended by the Advisory Committee on Immunization Practices (ACIP),</i>		
• <i>Published in the Morbidity and Mortality Weekly Report (MMWR) by the Centers for Disease Control and Prevention (CDC) in accordance with published criteria, guidelines, or restrictions, and</i>		
• <i>On the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions.</i>		
² <i>Includes routine immunizations (in keeping with "prevailing medical standards" as defined by state law) for children 5 years of age and under</i>		
Short-term physical, occupational and speech therapy **	\$15 per visit	
(only if the condition is subject to significant, measurable improvement in physical function; Kaiser Permanente clinical guidelines apply)		
Dialysis		
• Kaiser Permanente physician and facility services for dialysis	10% of applicable charges	
• Equipment, training and medical supplies for home dialysis	No charge	
Materials for dressings and casts	No charge	

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

* See Coverage Exclusions Section

** See Coverage Limitations Section

Section	Benefits	You pay
Hospital inpatient care (for acute care registered bed patients)	Hospital inpatient care includes services such as: <ul style="list-style-type: none"> • Room and board • General nursing care and special duty nursing • Physicians' services • Surgical procedures • Respiratory therapy and radiation therapy • Anesthesia • Medical supplies • Use of operating and recovery rooms • Intensive care room 	\$75 per day
	Short-term physical, occupational and speech therapy ** (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
	Materials for dressings and casts	No charge
Laboratory, imaging, and testing services	Inpatient laboratory services, imaging services, and testing services	No charge
	Outpatient laboratory services, imaging services, and testing services	10% of applicable charges
Transplants	Transplants , 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.)
Preventive screening services	Preventive screening services which meet Kaiser Permanente Prevention Committee's average risk guidelines are limited to the services listed below: <ul style="list-style-type: none"> • Anemia and lead screening for children • Colorectal cancer screening • Chlamydia detection • Fecal occult blood test • Lipid evaluation • Newborn metabolic screening • Cervical cancer screening • Screening mammography • Osteoporosis screening 	No charge; member pays \$15 for office visit if applicable
Prescribed drugs	Prescribed drugs that require skilled administration by medical personnel (e.g. cannot be self-administered) which meet all of the following: <ul style="list-style-type: none"> • Prescribed by a Kaiser Permanente licensed prescriber, • On the Health Plan formulary and used in accordance with formulary criteria, guidelines or restrictions, and • Prescription is required by law Immunizations are described in the outpatient services section Contraceptive drugs and devices are described in the obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services section Exclusions: <ul style="list-style-type: none"> • Self-administered drugs (such as drugs taken orally) • Drugs that are necessary or associated with services that are excluded or not covered 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** Section

** See **Coverage Limitations** Section

Section	Benefits	You pay
Obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services	Obstetrical (maternity) care	All charges (maternity care is not covered)
	<ul style="list-style-type: none"> All maternity care is <u>not covered</u> (such as prenatal visits, delivery/hospital stay, post-partum visits, related labs, diagnostic imaging etc.) 	
	Inpatient stay and inpatient care for newborn 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)
	Interrupted pregnancy	
	<ul style="list-style-type: none"> Medically indicated abortions Elective abortions (including abortion drugs such as RU-486) limited to two per member per lifetime 	\$15 per visit \$15 per visit
	Family planning office visits	\$15 per visit
	FDA approved contraceptive drugs and devices ** (to prevent unwanted pregnancies)	50% of applicable charges (a minimum price as determined by Pharmacy Administration may apply) ▼
	Involuntary infertility office visits	\$15 per visit
Artificial insemination *	\$15 per visit	
In vitro fertilization *	20% of applicable charges	
	<ul style="list-style-type: none"> Limited to one-time only benefit at Kaiser Permanente Limited to female members using spouse's sperm 	
Home health care and hospice care	Home health care , nurse and home health aide visits to homebound members, when prescribed by a Kaiser Permanente physician	No charge
	Hospice care . 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"> Nursing care (excluding private duty nursing) Medical social services Home health aide services Medical supplies Kaiser Permanente physician services Counseling and coordination of bereavement services Services of volunteers Physical therapy, occupational therapy, or speech language pathology 	No charge
Skilled nursing care	<p>Up to 60 days of prescribed skilled nursing care services in an approved facility (such as a hospital or skilled nursing facility) per benefit period. Covered services include nursing care, room and board, medical social services, medical supplies, and durable medical equipment ordinarily provided by a skilled nursing facility.</p> <p>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.</p> <p>Exclusions: Personal comfort items, such as telephone, television and take-home medical supplies.</p>	No charge

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

* See Coverage Exclusions Section

** See Coverage Limitations Section

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Section	Benefits	You pay
Emergency services ▲ (covered for initial emergency treatment only)	At a facility <u>within</u> the Hawaii service area for covered emergency services	\$75 copay per visit
	At a facility <u>outside</u> the Hawaii service area for covered emergency services	20% of applicable charges
	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 that meet the prudent layperson standard and were immediately required due to sudden and unforeseen illness/injury. In addition, in cases where care is received from non-Kaiser Permanente physicians, covered emergency services are only those where receipt of services from a Kaiser Permanente physician would have entailed a delay resulting in death, serious impairment to bodily functions, serious dysfunction of any bodily organ, or placing the health of the individual in serious jeopardy. Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</i>	
Out-of-area urgent care services (while temporarily outside the Hawaii service area)	At a non-Kaiser Permanente facility for covered urgent care services (Coverage for initial urgent care treatment only) ❖	20% of applicable charges
	❖ <i>"Urgent Care Services" means initial care for a sudden and unforeseen illness or injury when the member is TEMPORARILY away from the Hawaii service area, which is required to prevent serious deterioration of the member's health and which cannot be delayed until the member is medically able to safely return to the Hawaii service area or travel to a Kaiser Permanente facility in another Health Plan Region. Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</i>	
Ambulance services	Ambulance Services are those services in which: <ul style="list-style-type: none"> 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 Is for the purpose of transporting the member to receive medically necessary acute care. <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>	20% of applicable charges
Blood	Regardless of replacement, units and processing of units of whole blood, red cell products, cryoprecipitates, platelets, plasma, fresh frozen plasma, and Rh immune globulin	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

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

* See Coverage Exclusions Section

** See Coverage Limitations Section

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Section	Benefits	You pay
Mental health services * for serious mental illness	"Serious mental illness" includes schizophrenia, schizo-affective disorder, bipolar types I and II, delusional disorder, major depression, obsessive-compulsive disorder, and dissociative disorder.	
	Outpatient office visits	\$15 per visit
	Hospital inpatient care	\$75 per day
Mental health services * for non-serious mental illness	Up to 24 outpatient office visits per calendar year	20% of applicable charges
	<ul style="list-style-type: none"> Psychological testing * as part of diagnostic evaluation, when ordered by a Kaiser Permanente physician or psychologist 	20% of applicable charges
	Additional outpatient office visits	20% of applicable charges
	Each day of inpatient hospital service may be exchanged for two days of outpatient visits, provided that the member's condition is such that the outpatient services would reasonably preclude hospitalization	
	Up to 30 days of hospital care per calendar year	
	Coverage under mental health benefits can include any combination of hospital days and specialized facility services. (Two (2) days of specialized facility care counts as one (1) hospital day.)	
	<ul style="list-style-type: none"> Hospital care Services of Kaiser Permanente physicians, mental health professionals and other health care professionals, or Kaiser Permanente physician's visits in specialized facility 	20% of applicable charges
	<ul style="list-style-type: none"> Specialized facility services Non-hospital residential services, partial hospitalization services or day treatment services in a specialized mental health treatment unit or facility approved by Kaiser Permanente Medical Group 	20% of applicable charges
Chemical dependency services **	Outpatient office visits	\$15 per visit
	Hospital inpatient care	\$75 per day
	Up to 60 days per calendar year of residential chemical dependency services *	20% of applicable charges
Internal prosthetics, devices, and aids	Implanted internal prosthetics (such as pacemakers and hip joints), and internally implanted devices and aids (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	No charge
	Fitting and adjustment of these devices, including repairs and replacement other than those due to misuse or loss	No charge
	Internal prosthetics are those which meet all of the following criteria:	
	<ul style="list-style-type: none"> 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, Are used consistently with accepted medical practice and approved for general use by the Federal Food and Drug Administration (FDA), 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 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. 	
	Exclusions:	
	<ul style="list-style-type: none"> All implanted internal prosthetics and devices and internally implanted aids related to an excluded or non-covered service/benefit Prosthetics, devices, and aids related to sexual dysfunction 	
	Limitations:	
	<ul style="list-style-type: none"> 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. 	

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

* See **Coverage Exclusions** Section

** See **Coverage Limitations** Section

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Section	Benefits	You pay
Diabetes equipment	<p>Diabetes equipment (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>Diabetes equipment is that equipment and supplies necessary to operate the equipment which:</p> <ul style="list-style-type: none"> • Is intended for repeated use, • Is primarily and customarily used to serve a medical purpose, • Is appropriate for use in the home, • Is generally not useful to a person in the absence of illness or injury, • 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, • 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 • Is on the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions. <p>Exclusions:</p> <ul style="list-style-type: none"> • Comfort and convenience equipment, and devices not medical in nature. • Disposable supplies for home use such as bandages, gauze, tape, antiseptics, and ace type bandages. • Repair, adjustment or replacement due to misuse or loss. • Experimental or research equipment. <p>Limitations:</p> <ul style="list-style-type: none"> • 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. • 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. 	50% of applicable charges
Dependent coverage up to age 19	<p>Unmarried dependent (biological, step or adopted) children of the Subscriber (or the Subscriber's spouse) are eligible up to the child's 19th birthday.</p> <p>Other unmarried dependents may include:</p> <ul style="list-style-type: none"> • The Subscriber's (or Subscriber's spouse's) dependent (biological, step or adopted) children (over age 19) who are incapable of self-sustaining employment by reason of mental retardation or physical handicap, and are chiefly dependent upon the Subscriber (or Subscriber's spouse) for support and maintenance (proof of incapacity and dependency may be required). • A person who is under age 19, is living in a parent-child relationship with the Subscriber (or Subscriber's spouse) is entirely supported by the Subscriber (or Subscriber's spouse), is permanently living in the Subscriber's household, and for whom the Subscriber (or Subscriber's spouse), is (or was before the person's 18th birthday) the court appointed legal guardian. 	
Student coverage up to age 25	<p>Unmarried dependent (biological, step or adopted) children who are full-time students pursuing a license, degree or professional certification at a state recognized and duly accredited school or university and have the same legal address as the Subscriber are eligible up to the child's 25th birthday.</p> <p>To qualify for this coverage, the Subscriber must fill out a Student Certification Form for each eligible dependent and return it to Kaiser Permanente. This information is subject to prior verification by Kaiser Permanente.</p>	

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

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.	\$2,500 per member, \$7,500 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 (except 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 for the first 24 outpatient visits and the first 30 inpatient visits, 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 (such as obstetrical (maternity) care), 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, mental health services after the first 24 outpatient visits and the first 30 inpatient visits, office visits for services which are not Basic Health Services, orthopedic devices, radioactive materials, residential chemical dependency services, 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 Section
- ** See Coverage Limitations Section

* 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:

- **Obstetrical (maternity) Services**, such as prenatal visits, delivery/hospital stay, post-partum visits, and related labs and diagnostic imaging.
- **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.
- The following **mental health** costs and Services:
 - Services that, in the opinion of a Kaiser Permanente physician, are not necessary or reasonably expected to improve the member's condition.
 - Continuation in a course of treatment for members who are disruptive or physically abusive.
 - Services on court order or as a condition of parole or probation unless determined by a Kaiser Permanente physician to be medically necessary and appropriate.

- Testing or treatment requested or required by a non-Kaiser Permanente outside agency/body, in connection with administrative or court proceedings (such as divorce or child custody proceedings), hearings, gun permit applications, employment or disability matters, unless the test or treatment is determined by a Kaiser Permanente physician to be medically necessary and appropriate.
- Testing for ability, aptitude, intelligence, learning disability or interest.
- Occupational therapy supplies.
- Mental health services for mental retardation, after diagnosis.
- The following **residential chemical dependence** costs and Services:
 - Services that, in the opinion of a Kaiser Permanente physician, are not necessary or reasonably expected to improve the member's condition.
 - Continuation in a course of treatment for members who are disruptive or physically abusive.
 - Services on court order or as a condition of parole or probation unless determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Testing or treatment requested or required by a non-Kaiser Permanente outside agency/body, in connection with administrative or court proceedings (such as divorce or child custody proceedings), hearings, gun permit applications, employment or disability matters, unless the test or treatment is determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Occupational therapy supplies.
- **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.
- **Chemical dependence treatment Services** are limited to two (2) treatment episodes per lifetime. (Exception: If you have the Mental Health Rider U, chemical dependence treatment Services are limited to three (3) treatment episodes per lifetime.)
- 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.

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.

Section	Benefits	You pay
Drug benefit 15 for Diamond Plan	For each prescription, when the quantity does not exceed: <ul style="list-style-type: none"> • a 30–consecutive-day supply of a prescribed drug, or • an amount as determined by the formulary. 	\$15 per prescription
	<p>Self-administered drugs are covered only when all of the following criteria are met:</p> <ul style="list-style-type: none"> • prescribed by a Kaiser Permanente physician/licensed prescriber, or a prescriber we designate, • on the Kaiser Permanente Hawaii Drug Formulary and used in accordance with formulary criteria, guidelines, or restrictions, • the drug is one for which a prescription is required by law, • 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 • drug does not require administration by nor observation by medical personnel. 	
Insulin	<p>Contraceptive drugs and devices are described in the obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services section</p>	\$15 per prescription
	<p>Exclusions:</p> <ul style="list-style-type: none"> • Drugs related to obstetrical (maternity) care. • 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. • 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. • Drugs obtained from a non-Kaiser Permanente pharmacy. • Non-prescription vitamins. • Drugs when used primarily for cosmetic purposes. • Medical supplies such as dressings and antiseptics. • Reusable devices such as blood glucose monitors and lancet cartridges. • Diabetes supplies such as blood glucose test strips, lancets, syringes and needles. • Non-formulary drugs unless specifically prescribed and authorized by a Kaiser Permanente physician/licensed prescriber, or prescriber we designate. • Brand-name drugs requested by a Member when there is a generic equivalent. • Prescribed drugs that are necessary for or associated with excluded or non-covered services. • Drugs related to sexual dysfunction. • Drugs to shorten the duration of the common cold. • Drugs related to enhancing athletic performance (such as weight training and body building). • Any packaging other than the dispensing pharmacy's standard packaging. • Immunizations, including travel immunizations. • Contraceptive drugs and devices (to prevent unwanted pregnancies). • Abortion drugs (such as RU-486). • Replacement of lost, stolen or damaged drugs. 	

Questions and answers about the drug benefit for the Diamond Plan

1. *How does the drug benefit 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 \$15 for a 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.
- 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?*

- For refill prescriptions, order on-line via kp.org or call the Kaiser Permanente automated phone system at 1-888-867-2118. (Prescription must have been previously filled at a Kaiser Permanente pharmacy.)
- For new and refill prescriptions, complete and send the Kaiser Permanente Mail Order envelope (we pay the postage!) with payment or payment information.
- Call the Kaiser Permanente Mail Order Pharmacy at 808-432-5510 to speak to a live person or leave a voicemail to request a new prescription or transfer a prescription to Kaiser Permanente.

You may purchase a 90-consecutive-days-supply of maintenance medications for the price of a 60-consecutive-days-supply. Some restrictions apply. The mail-order program does not apply to the delivery of certain pharmaceuticals (i.e., controlled substances as determined by state and/or federal regulations, bulky items, medication affected by temperature, injectables, and other products and dosage forms as identified by the Pharmacy and Therapeutics Committee). Prescriptions will only be mailed to your home, and will not be mailed to addresses outside of the Kaiser Permanente Hawaii Service Area. Place your order when you are down to your last 2 weeks' supply. Allow one week to receive your medication.

Section	Benefits	You pay
Optical benefit 1 for Diamond Plan	When prescription is filled at Kaiser Permanente Optical Center Department:	
	<u>Glasses</u>	
	<ul style="list-style-type: none"> • Once every 24 months <u>and</u> one pair of new lenses after 12 months • Eye examinations for glasses should be scheduled in advance (covered according to base plan) 	No charge [†] Applicable office visit copay
	Or	
	<u>Contact lenses</u> (in lieu of glasses)	
	<ul style="list-style-type: none"> • If member chooses - one pair of contact lenses every 24 months * • Eye examinations for contact lenses and fitting services 	\$45 less than regular cost Eye examinations for contact lenses are excluded, but the member will receive a \$70 professional fee credit for required initial or refitting exam (to apply towards the contact lenses examination) if contact lenses are purchased at a Kaiser Permanente facility.
	Members may elect to order items not covered under this rider. The following items are available at additional charges:	
	<ul style="list-style-type: none"> • Tints including photochromic, polarized or tinted plastic lenses • Special lens materials such as polycarbonate and high-index materials • Multi-focal styles such as progressive lenses • Contact lenses, not medically required • Frames over \$40 • Sunglasses 	

[†] Glasses are regular scratch resistant lenses (plastic single vision, flat top (28 mm), multi-focal or lenticular lenses having refractive values) placed in a frame costing \$40 or less. For members who are 18 years of age and under, the lens material will be impact resistant polycarbonate.

* If a member chooses disposable contact lenses, member may purchase as many months supply as needed. However the member's covered benefit will be limited to \$45 once every 24 months.

Section	Benefits	You pay
Alternative medicine benefit C for Diamond Plan - 12 visits / \$15	<p><u>Chiropractic and acupuncture services</u></p> <p>Up to a combined maximum of 12 office visits per calendar year.</p> <p>This rider does not cover services which are performed or prescribed by a Kaiser Permanente physician or other Kaiser Permanente health care provider. Services must be performed and received from Participating Chiropractors and Participating Acupuncturists of American Specialty Health Networks (ASHN). Covered Services include:</p> <ul style="list-style-type: none"> • Chiropractic services for the treatment or diagnosis of Neuromusculo-skeletal Disorders which are authorized by ASHN and performed by a Participating Chiropractor. • Acupuncture services for the treatment or diagnosis of Neuromusculo-skeletal Disorders, Nausea or Pain Syndromes which are authorized by ASHN and performed by a Participating Acupuncturist. • Adjunctive therapy as set forth in a treatment plan approved by ASHN, may involve chiropractic modalities such as ultrasound, hot packs, cold packs, electrical muscle stimulation; acupuncture therapies such as acupressure, moxibustion, and cupping; and other therapies. • X-rays when performed or ordered by a Participating Chiropractor and authorized by ASHN. <p><u>Chiropractic appliances</u> when prescribed by a Participating Chiropractor and authorized by ASHN.</p>	<p>\$15 copayment per office visit</p> <p>Payable up to a maximum of \$50 per calendar year</p>
	<p>Exclusions:</p>	
	<ul style="list-style-type: none"> • Services, lab tests, x-rays and other treatments related to obstetrical (maternity) care. • Any Chiropractic Service or treatment not furnished by a Participating Chiropractor and not provided in the Participating Chiropractor's office. • Any Acupuncture Service or treatment not furnished by a Participating Acupuncturist and not provided in the Participating Acupuncturist's office. • Examination and/or treatment of conditions other than Neuromusculo-skeletal Disorders from Participating Chiropractors and Neuromusculo-skeletal Disorders, Nausea, or Pain Syndromes from Participating Acupuncturists. • Services, lab tests, x-rays and other treatments not documented as medically necessary or as appropriate. • Services, lab tests, x-rays and other treatments classified as experimental or investigational. • 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. • Alternative medical Services not accepted by standard allopathic medical practices including, but not limited to, 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. • Vitamins, minerals, nutritional supplements or other similar-type products. • Nutritional supplements which are Native American, South American, European, or of any other origin. • Nutritional supplements obtained by Members through an acupuncturist, health food store, grocery store or by any other means. • Traditional Chinese herbal supplements. • Prescriptive and non prescriptive drugs, injectables and medications. • Transportation costs, such as ambulance charges. • Hospitalization, manipulation under anesthesia, anesthesia or other related Services. • Laboratory Services and tests. • 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. 	

Section	Benefits	You pay
	<ul style="list-style-type: none"> • Air conditioners, air purifiers, therapeutic mattresses, supplies or any other similar devices or appliances; all chiropractic appliances, except as defined elsewhere in this brochure; all durable medical equipment, except as defined elsewhere in this brochure. • Services provided by a chiropractor or acupuncturist 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 acupuncture or chiropractic services. • 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 12 per calendar year. 	

What you need to know about your alternative medicine benefits for the Diamond Plan

1. **Do I need to see my Kaiser Permanente physician to obtain a referral for a Participating Chiropractor or Participating Acupuncturist?**
No. These alternative medicine services do not require a Kaiser Permanente physician's approval.
2. **How do I choose a chiropractor or acupuncturist?**
You may select any chiropractor or acupuncturist 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.
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 or acupuncture services in Hawaii?**
Simply select a Participating Chiropractor or Participating Acupuncturist and call to set-up an appointment. At your appointment, present your Kaiser Foundation Health Plan membership information card and pay your designated copayment.

**Kaiser Permanente for Individuals and Families Platinum Plan
2010 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 applicable Kaiser Permanente for Individuals and Families Non-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.

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.

Section	Benefits	You pay
Outpatient services	Primary care and specialty care office visits (office visits are limited to one or more of the following services: exam, history, medical decision making) †	\$20 per visit (limited to 5 office visits per calendar year)
	Outpatient surgery and procedures	\$20 per visit
	Preventive care office visits for:	
	• 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 * †	\$20 per visit
	• Ear examinations to determine the need for hearing correction †	\$20 per visit
	Routine immunizations ¹	
	• For children 18 years of age and under on the date the immunization is administered ²	No charge
	• For adults 19 years of age and over on the date the immunization is administered	No charge
	Influenza and pneumococcal immunizations ¹	No charge
	Unexpected mass immunizations ¹	50% of applicable charges
	¹ <i>Immunizations (routine, influenza, pneumococcal, and unexpected mass) for prevention of disease must meet all of the following criteria:</i>	
	• <i>Recommended by the Advisory Committee on Immunization Practices (ACIP),</i>	
	• <i>Published in the Morbidity and Mortality Weekly Report (MMWR) by the Centers for Disease Control and Prevention (CDC) in accordance with published criteria, guidelines, or restrictions, and</i>	
	• <i>On the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions.</i>	
	² <i>Includes routine immunizations (in keeping with "prevailing medical standards" as defined by state law) for children 5 years of age and under</i>	
	Short-term physical, occupational and speech therapy ** † (only if the condition is subject to significant, measurable improvement in physical function; Kaiser Permanente clinical guidelines apply)	\$20 per visit

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year

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

* See **Coverage Exclusions** Section

** See **Coverage Limitations** Section

Section	Benefits	You pay
Outpatient services (continued)	Dialysis † <ul style="list-style-type: none"> • Kaiser Permanente physician and facility services for dialysis • Equipment, training and medical supplies for home dialysis Materials for dressings and casts	10% of applicable charges No charge No charge
Hospital inpatient care (for acute care registered bed patients)	Hospital inpatient care includes services such as: <ul style="list-style-type: none"> • Room and board • General nursing care and special duty nursing • Physicians' services • Surgical procedures • Respiratory therapy and radiation therapy • Anesthesia • Medical supplies • Use of operating and recovery rooms • Intensive care room Short-term physical, occupational and speech therapy ** (only if the condition is subject to significant, measurable improvement in physical function; Kaiser Permanente clinical guidelines apply)	\$200 per day Included in the above hospital inpatient care copay
	Materials for dressings and casts	No charge
Laboratory, imaging, and testing services	Inpatient laboratory services, imaging services, and testing services Outpatient laboratory services, imaging services, and testing services	No charge 50% of applicable charges
Transplants	Transplants , 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.)
Preventive screening services †	Preventive screening services which meet Kaiser Permanente Prevention Committee's average risk guidelines are limited to the services listed below: <ul style="list-style-type: none"> • Anemia and lead screening for children • Colorectal cancer screening • Chlamydia detection • Fecal occult blood test • Lipid evaluation • Newborn metabolic screening • Cervical cancer screening • Screening mammography • Osteoporosis screening 	No charge; member pays \$20 for office visit if applicable
Prescribed drugs †	Prescribed drugs that require skilled administration by medical personnel (e.g. cannot be self-administered) which meet all of the following: <ul style="list-style-type: none"> • Prescribed by a Kaiser Permanente licensed prescriber, • On the Health Plan formulary and used in accordance with formulary criteria, guidelines or restrictions, and • Prescription is required by law Immunizations are described in the outpatient services section Contraceptive drugs and devices are described in the obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services section Exclusion: Drugs that are necessary or associated with services that are excluded or not covered	No charge ▼

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year

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

* See Coverage Exclusions Section

** See Coverage Limitations Section

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Section	Benefits	You pay
Obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services	Obstetrical (maternity) care	
	<ul style="list-style-type: none"> All maternity care is <u>not covered</u> (such as prenatal visits, delivery/hospital stay, post-partum visits, related labs, diagnostic imaging etc.) 	All charges (maternity care is not covered)
	Inpatient stay and inpatient care for newborn 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)
	Interrupted pregnancy	
	<ul style="list-style-type: none"> Medically indicated abortions Elective abortions (including abortion drugs such as RU-486) limited to two per member per lifetime 	\$200 per abortion \$200 per abortion
	Family planning office visits †	\$20 per visit
	FDA approved contraceptive drugs and devices ** (to prevent unwanted pregnancies) †	50% of applicable charges (a minimum price as determined by Pharmacy Administration may apply) ▼
Involuntary infertility office visits †	\$20 per visit	
Artificial insemination * †	\$20 per visit	
In vitro fertilization *	20% of applicable charges	
Home health care and hospice care	Home health care , nurse and home health aide visits to homebound members, when prescribed by a Kaiser Permanente physician	No charge
	Hospice care . 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"> Nursing care (excluding private duty nursing) Medical social services Home health aide services Medical supplies Kaiser Permanente physician services Counseling and coordination of bereavement services Services of volunteers Physical therapy, occupational therapy, or speech language pathology 	No charge
Skilled nursing care	Up to 60 days of prescribed skilled nursing care services in an approved facility (such as a hospital or skilled nursing facility) per benefit period . Covered services include nursing care, room and board, medical social services, medical supplies, and durable medical equipment ordinarily provided by a skilled nursing facility. 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. Exclusions: Personal comfort items, such as telephone, television and take-home medical supplies.	No charge

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year

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

* See Coverage Exclusions Section

** See Coverage Limitations Section

Section	Benefits	You pay
Emergency services ▲ (covered for initial emergency treatment only)	At a facility <u>within</u> the Hawaii service area for covered emergency services	\$75 copay per visit
	At a facility <u>outside</u> the Hawaii service area for covered emergency services	20% of applicable charges
	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 that meet the prudent layperson standard and were immediately required due to sudden and unforeseen illness/injury. In addition, in cases where care is received from non-Kaiser Permanente physicians, covered emergency services are only those where receipt of services from a Kaiser Permanente physician would have entailed a delay resulting in death, serious impairment to bodily functions, serious dysfunction of any bodily organ, or placing the health of the individual in serious jeopardy. Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</i>	
Out-of-area urgent care services (while temporarily outside the Hawaii service area)	At a non-Kaiser Permanente facility for covered urgent care services (Coverage for initial urgent care treatment only) ❖	20% of applicable charges
	❖ <i>"Urgent Care Services" means initial care for a sudden and unforeseen illness or injury when the member is TEMPORARILY away from the Hawaii service area, which is required to prevent serious deterioration of the member's health and which cannot be delayed until the member is medically able to safely return to the Hawaii service area or travel to a Kaiser Permanente facility in another Health Plan Region. Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</i>	
Ambulance services	Ambulance Services are those services in which: <ul style="list-style-type: none"> 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 Is for the purpose of transporting the member to receive medically necessary acute care. <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>	20% of applicable charges
Blood	Regardless of replacement, units and processing of units of whole blood, red cell products, cryoprecipitates, platelets, plasma, fresh frozen plasma, and Rh immune globulin	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

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year

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

* See Coverage Exclusions Section

** See Coverage Limitations Section

Section	Benefits	You pay
Mental health services * for serious mental illness	"Serious mental illness" includes schizophrenia, schizo-affective disorder, bipolar types I and II, delusional disorder, major depression, obsessive-compulsive disorder, and dissociative disorder.	
	Outpatient office visits	\$20 per visit
	Hospital inpatient care	\$200 per day
Mental health services * for non-serious mental illness	Up to 24 outpatient office visits per calendar year	20% of applicable charges
	<ul style="list-style-type: none"> Psychological testing * as part of diagnostic evaluation, when ordered by a Kaiser Permanente physician or psychologist 	20% of applicable charges
	Additional outpatient office visits	20% of applicable charges
	Each day of inpatient hospital service may be exchanged for two days of outpatient visits, provided that the member's condition is such that the outpatient services would reasonably preclude hospitalization	
	Up to 30 days of hospital care per calendar year	
	Coverage under mental health benefits can include any combination of hospital days and specialized facility services. (Two (2) days of specialized facility care counts as one (1) hospital day.)	
	<ul style="list-style-type: none"> Hospital care Services of Kaiser Permanente physicians, mental health professionals and other health care professionals, or Kaiser Permanente physician's visits in specialized facility 	20% of applicable charges
	<ul style="list-style-type: none"> Specialized facility services Non-hospital residential services, partial hospitalization services or day treatment services in a specialized mental health treatment unit or facility approved by Kaiser Permanente Medical Group 	20% of applicable charges
Chemical dependency services **	Outpatient office visits	\$20 per visit
	Hospital inpatient care	\$200 per day
	Up to 60 days per calendar year of residential chemical dependency services *	20% of applicable charges
Internal prosthetics, devices, and aids	Implanted internal prosthetics (such as pacemakers and hip joints), and internally implanted devices and aids (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	No charge
	Fitting and adjustment of these devices, including repairs and replacement other than those due to misuse or loss	No charge
	Internal prosthetics are those which meet all of the following criteria:	
	<ul style="list-style-type: none"> 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, Are used consistently with accepted medical practice and approved for general use by the Federal Food and Drug Administration (FDA), 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 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. 	
	Exclusions:	
	<ul style="list-style-type: none"> All implanted internal prosthetics and devices and internally implanted aids related to an excluded or non-covered service/benefit Prosthetics, devices, and aids related to sexual dysfunction 	
	Limitations:	
	<ul style="list-style-type: none"> 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. 	

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year

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

* See **Coverage Exclusions** Section

** See **Coverage Limitations** Section

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Section	Benefits	You pay
Diabetes equipment	<p>Diabetes equipment (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>Diabetes equipment is that equipment and supplies necessary to operate the equipment which:</p> <ul style="list-style-type: none"> • Is intended for repeated use, • Is primarily and customarily used to serve a medical purpose, • Is appropriate for use in the home, • Is generally not useful to a person in the absence of illness or injury, • 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, • 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 • Is on the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions. <p>Exclusions:</p> <ul style="list-style-type: none"> • Comfort and convenience equipment, and devices not medical in nature. • Disposable supplies for home use such as bandages, gauze, tape, antiseptics, and ace type bandages. • Repair, adjustment or replacement due to misuse or loss. • Experimental or research equipment. <p>Limitations:</p> <ul style="list-style-type: none"> • 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. • 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. 	50% of applicable charges
Dependent coverage up to age 19	<p>Unmarried dependent (biological, step or adopted) children of the Subscriber (or the Subscriber's spouse) are eligible up to the child's 19th birthday.</p> <p>Other unmarried dependents may include:</p> <ul style="list-style-type: none"> • The Subscriber's (or Subscriber's spouse's) dependent (biological, step or adopted) children (over age 19) who are incapable of self-sustaining employment by reason of mental retardation or physical handicap, and are chiefly dependent upon the Subscriber (or Subscriber's spouse) for support and maintenance (proof of incapacity and dependency may be required). • A person who is under age 19, is living in a parent-child relationship with the Subscriber (or Subscriber's spouse) is entirely supported by the Subscriber (or Subscriber's spouse), is permanently living in the Subscriber's household, and for whom the Subscriber (or Subscriber's spouse), is (or was before the person's 18th birthday) the court appointed legal guardian. 	
Student coverage up to age 25	<p>Unmarried dependent (biological, step or adopted) children who are full-time students pursuing a license, degree or professional certification at a state recognized and duly accredited school or university and have the same legal address as the Subscriber are eligible up to the child's 25th birthday.</p> <p>To qualify for this coverage, the Subscriber must fill out a Student Certification Form for each eligible dependent and return it to Kaiser Permanente. This information is subject to prior verification by Kaiser Permanente.</p>	

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year
▼ Members must pay their office visit copay for the office visit.
* See **Coverage Exclusions** Section
** See **Coverage Limitations** Section

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.	\$2,500 per member, \$7,500 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: your 5 covered office visits for medical services listed in this Basic Health Services section, ambulance service, artificial insemination, chemical dependency services (except 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 for the first 24 outpatient visits and the first 30 inpatient visits, 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 (such as office visits over the five office visit limit), all excluded or non-covered benefits (such as obstetrical (maternity) care), 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, mental health services after the first 24 outpatient visits and the first 30 inpatient visits, office visits for services which are not Basic Health Services, orthopedic devices, radioactive materials, residential chemical dependency services, self administered/outpatient prescription drugs, skilled nursing care, take-home supplies, and travel immunizations.

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year

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

* See **Coverage Exclusions** Section

** See **Coverage Limitations** Section

* 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:

- **Obstetrical (maternity) Services**, such as prenatal visits, delivery/hospital stay, post-partum visits, and related labs and diagnostic imaging.
- **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.
- The following **mental health** costs and Services:
 - Services that, in the opinion of a Kaiser Permanente physician, are not necessary or reasonably expected to improve the member's condition.
 - Continuation in a course of treatment for members who are disruptive or physically abusive.
 - Services on court order or as a condition of parole or probation unless determined by a Kaiser Permanente physician to be medically necessary and appropriate.

- Testing or treatment requested or required by a non-Kaiser Permanente outside agency/body, in connection with administrative or court proceedings (such as divorce or child custody proceedings), hearings, gun permit applications, employment or disability matters, unless the test or treatment is determined by a Kaiser Permanente physician to be medically necessary and appropriate.
- Testing for ability, aptitude, intelligence, learning disability or interest.
- Occupational therapy supplies.
- Mental health services for mental retardation, after diagnosis.
- The following **residential chemical dependence** costs and Services:
 - Services that, in the opinion of a Kaiser Permanente physician, are not necessary or reasonably expected to improve the member's condition.
 - Continuation in a course of treatment for members who are disruptive or physically abusive.
 - Services on court order or as a condition of parole or probation unless determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Testing or treatment requested or required by a non-Kaiser Permanente outside agency/body, in connection with administrative or court proceedings (such as divorce or child custody proceedings), hearings, gun permit applications, employment or disability matters, unless the test or treatment is determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Occupational therapy supplies.
- **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.
- **Chemical dependence treatment Services** are limited to two (2) treatment episodes per lifetime. (Exception: If you have the Mental Health Rider U, chemical dependence treatment Services are limited to three (3) treatment episodes per lifetime.)
- 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.
- **Office visits limited to 5 per calendar year**, other than state law required.

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
Drug benefit 15 for Platinum Plan	<p>For each prescription, when the quantity does not exceed:</p> <ul style="list-style-type: none"> • a 30–consecutive-day supply of a prescribed drug, or • an amount as determined by the formulary. <p>Self-administered drugs are covered only when all of the following criteria are met:</p> <ul style="list-style-type: none"> • prescribed by a Kaiser Permanente physician/licensed prescriber, or a prescriber we designate, • on the Kaiser Permanente Hawaii Drug Formulary and used in accordance with formulary criteria, guidelines, or restrictions, • the drug is one for which a prescription is required by law, • 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 • drug does not require administration by nor observation by medical personnel. 	\$15 per prescription
	<p>Insulin</p> <p>Contraceptive drugs and devices are described in the obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services section</p>	\$15 per prescription
	<p>Exclusions:</p> <ul style="list-style-type: none"> • Drugs related to obstetrical (maternity) care. • 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. • 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. • Drugs obtained from a non-Kaiser Permanente pharmacy. • Non-prescription vitamins. • Drugs when used primarily for cosmetic purposes. • Medical supplies such as dressings and antiseptics. • Reusable devices such as blood glucose monitors and lancet cartridges. • Diabetes supplies such as blood glucose test strips, lancets, syringes and needles. • Non-formulary drugs unless specifically prescribed and authorized by a Kaiser Permanente physician/licensed prescriber, or prescriber we designate. • Brand-name drugs requested by a Member when there is a generic equivalent. • Prescribed drugs that are necessary for or associated with excluded or non-covered services. • Drugs related to sexual dysfunction. • Drugs to shorten the duration of the common cold. • Drugs related to enhancing athletic performance (such as weight training and body building). • Any packaging other than the dispensing pharmacy's standard packaging. • Immunizations, including travel immunizations. • Contraceptive drugs and devices (to prevent unwanted pregnancies). • Abortion drugs (such as RU-486). • Replacement of lost, stolen or damaged drugs. 	

Questions and answers about the drug benefit for the Platinum Plan

1. *How does the drug benefit 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 \$15 for a 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.
- 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?*

- For refill prescriptions, order on-line via kp.org or call the Kaiser Permanente automated phone system at 1-888-867-2118. (Prescription must have been previously filled at a Kaiser Permanente pharmacy.)
- For new and refill prescriptions, complete and send the Kaiser Permanente Mail Order envelope (we pay the postage!) with payment or payment information.
- Call the Kaiser Permanente Mail Order Pharmacy at 808-432-5510 to speak to a live person or leave a voicemail to request a new prescription or transfer a prescription to Kaiser Permanente.

You may purchase a 90-consecutive-days-supply of maintenance medications for the price of a 60-consecutive-days-supply. Some restrictions apply. The mail-order program does not apply to the delivery of certain pharmaceuticals (i.e., controlled substances as determined by state and/or federal regulations, bulky items, medication affected by temperature, injectables, and other products and dosage forms as identified by the Pharmacy and Therapeutics Committee). Prescriptions will only be mailed to your home, and will not be mailed to addresses outside of the Kaiser Permanente Hawaii Service Area. Place your order when you are down to your last 2 weeks' supply. Allow one week to receive your medication.

	Benefits	You pay
Optical benefit 1 for Platinum Plan	When prescription is filled at Kaiser Permanente Optical Center:	
	<u>Glasses</u>	
	<ul style="list-style-type: none"> • Once every 24 months <u>and</u> one pair of new lenses after 12 months • Eye examinations for glasses should be scheduled in advance (covered according to base plan) 	No charge † Applicable office visit copay
	Or	
	<u>Contact lenses</u> (in lieu of glasses)	
	<ul style="list-style-type: none"> • If member chooses - one pair of contact lenses every 24 months * • Eye examinations for contact lenses and fitting services 	\$45 less than regular cost Eye examinations for contact lenses are excluded, but the member will receive a \$70 professional fee credit for required initial or refitting exam (to apply towards the contact lenses examination) if contact lenses are purchased at a Kaiser Permanente facility.
	Members may elect to order items not covered under this rider. The following items are available at additional charges:	
	<ul style="list-style-type: none"> • Tints including photochromic, polarized or tinted plastic lenses • Special lens materials such as polycarbonate and high-index materials • Multi-focal styles such as progressive lenses • Contact lenses, not medically required • Frames over \$40 • Sunglasses 	

† Glasses are regular scratch resistant lenses (plastic single vision, flat top (28 mm), multi-focal or lenticular lenses having refractive values) placed in a frame costing \$40 or less. For members who are 18 years of age and under, the lens material will be impact resistant polycarbonate.

* If a member chooses disposable contact lenses, member may purchase as many months supply as needed. However the member's covered benefit will be limited to \$45 once every 24 months.

	Benefits	You pay
Alternative medicine benefit C for Platinum Plan - 12 visits / \$20	<p><u>Chiropractic and acupuncture services</u></p> <p>Up to a combined maximum of 12 office visits per calendar year.</p> <p>This rider does not cover services which are performed or prescribed by a Kaiser Permanente physician or other Kaiser Permanente health care provider. Services must be performed and received from Participating Chiropractors and Participating Acupuncturists of American Specialty Health Networks (ASHN). Covered Services include:</p> <ul style="list-style-type: none"> • Chiropractic services for the treatment or diagnosis of Neuromusculo-skeletal Disorders which are authorized by ASHN and performed by a Participating Chiropractor. • Acupuncture services for the treatment or diagnosis of Neuromusculo-skeletal Disorders, Nausea or Pain Syndromes which are authorized by ASHN and performed by a Participating Acupuncturist. • Adjunctive therapy as set forth in a treatment plan approved by ASHN, may involve chiropractic modalities such as ultrasound, hot packs, cold packs, electrical muscle stimulation; acupuncture therapies such as acupressure, moxibustion, and cupping; and other therapies. • X-rays when performed or ordered by a Participating Chiropractor and authorized by ASHN. <p><u>Chiropractic appliances</u> when prescribed by a Participating Chiropractor and authorized by ASHN.</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Services, lab tests, x-rays and other treatments related to obstetrical (maternity) care. • Any Chiropractic Service or treatment not furnished by a Participating Chiropractor and not provided in the Participating Chiropractor's office. • Any Acupuncture Service or treatment not furnished by a Participating Acupuncturist and not provided in the Participating Acupuncturist's office. • Examination and/or treatment of conditions other than Neuromusculo-skeletal Disorders from Participating Chiropractors and Neuromusculo-skeletal Disorders, Nausea, or Pain Syndromes from Participating Acupuncturists. • Services, lab tests, x-rays and other treatments not documented as medically necessary or as appropriate. • Services, lab tests, x-rays and other treatments classified as experimental or investigational. • 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. • Alternative medical Services not accepted by standard allopathic medical practices including, but not limited to, 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. • Vitamins, minerals, nutritional supplements or other similar-type products. • Nutritional supplements which are Native American, South American, European, or of any other origin. • Nutritional supplements obtained by Members through an acupuncturist, health food store, grocery store or by any other means. • Traditional Chinese herbal supplements. • Prescriptive and non prescriptive drugs, injectables and medications. • Transportation costs, such as ambulance charges. • Hospitalization, manipulation under anesthesia, anesthesia or other related Services. • Laboratory Services and tests. • 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. 	<p>\$20 copayment per office visit</p> <p>Payable up to a maximum of \$50 per calendar year</p>

Benefits	You pay
<ul style="list-style-type: none"> • Air conditioners, air purifiers, therapeutic mattresses, supplies or any other similar devices or appliances; all chiropractic appliances, except as defined elsewhere in this brochure; all durable medical equipment, except as defined elsewhere in this brochure. • Services provided by a chiropractor or acupuncturist 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 acupuncture or chiropractic services. • 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 12 per calendar year. 	

What you need to know about your alternative medicine benefits for the Platinum Plan

1. **Do I need to see my Kaiser Permanente physician to obtain a referral for a Participating Chiropractor or Participating Acupuncturist?**
No. These alternative medicine services do not require a Kaiser Permanente physician's approval.
2. **How do I choose a chiropractor or acupuncturist?**
You may select any chiropractor or acupuncturist 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.
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 or acupuncture services in Hawaii?**
Simply select a Participating Chiropractor or Participating Acupuncturist and call to set-up an appointment. At your appointment, present your Kaiser Foundation Health Plan membership information card and pay your designated copayment.

**Kaiser Permanente for Individuals and Families Gold Plan
2010 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 applicable Kaiser Permanente for Individuals and Families Non-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.

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.

Section	Benefits	You pay
Outpatient services	Primary care and specialty care office visits (office visits are limited to one or more of the following services: exam, history, medical decision making) †	\$25 per visit (limited to 5 office visits per calendar year)
	Outpatient surgery and procedures	\$25 per visit
	Preventive care office visits for:	
	• 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 * †	\$25 per visit
	• Ear examinations to determine the need for hearing correction †	\$25 per visit
	Routine immunizations ¹	
	• For children 18 years of age and under on the date the immunization is administered ²	No charge
	• For adults 19 years of age and over on the date the immunization is administered	No charge
	Influenza and pneumococcal immunizations ¹	No charge
	Unexpected mass immunizations ¹	50% of applicable charges
¹ Immunizations (routine, influenza, pneumococcal, and unexpected mass) for prevention of disease must meet all of the following criteria: <ul style="list-style-type: none"> • Recommended by the Advisory Committee on Immunization Practices (ACIP), • Published in the Morbidity and Mortality Weekly Report (MMWR) by the Centers for Disease Control and Prevention (CDC) in accordance with published criteria, guidelines, or restrictions, and • On the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions. 		
² Includes routine immunizations (in keeping with "prevailing medical standards" as defined by state law) for children 5 years of age and under		
	Short-term physical, occupational and speech therapy ** † (only if the condition is subject to significant, measurable improvement in physical function; Kaiser Permanente clinical guidelines apply)	\$25 per visit

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year.

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

* See Coverage Exclusions Section

** See Coverage Limitations Section

Section	Benefits	You pay
Outpatient services † (continued)	Dialysis † <ul style="list-style-type: none"> • Kaiser Permanente physician and facility services for dialysis • Equipment, training and medical supplies for home dialysis Materials for dressings and casts	10% of applicable charges No charge No charge
Hospital inpatient care (for acute care registered bed patients)	Hospital inpatient care includes services such as: <ul style="list-style-type: none"> • Room and board • General nursing care and special duty nursing • Physicians' services • Surgical procedures • Respiratory therapy and radiation therapy • Anesthesia • Medical supplies • Use of operating and recovery rooms • Intensive care room Short-term physical, occupational and speech therapy ** (only if the condition is subject to significant, measurable improvement in physical function; Kaiser Permanente clinical guidelines apply)	\$250 per day Included in the above hospital inpatient care copay
	Materials for dressings and casts	No charge
Laboratory, imaging, and testing services	<u>Inpatient</u> laboratory services, imaging services, and testing services <u>Outpatient</u> laboratory services, imaging services, and testing services	No charge 50% of applicable charges
Transplants	Transplants , 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.)
Preventive screening services †	Preventive screening services which meet Kaiser Permanente Prevention Committee's average risk guidelines are limited to the services listed below: <ul style="list-style-type: none"> • Anemia and lead screening for children • Colorectal cancer screening • Chlamydia detection • Fecal occult blood test • Lipid evaluation • Newborn metabolic screening • Cervical cancer screening • Screening mammography • Osteoporosis screening 	No charge; member pays \$25 for office visit if applicable
Prescribed drugs †	Prescribed drugs that require skilled administration by medical personnel (e.g. cannot be self-administered) which meet all of the following: <ul style="list-style-type: none"> • Prescribed by a Kaiser Permanente licensed prescriber, • On the Health Plan formulary and used in accordance with formulary criteria, guidelines or restrictions, and • Prescription is required by law Immunizations are described in the outpatient services section Contraceptive drugs and devices are described in the obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services section Exclusion: Drugs that are necessary or associated with services that are excluded or not covered	No charge ▼

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year.

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

* See Coverage Exclusions Section

** See Coverage Limitations Section

Section	Benefits	You pay
Obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services	Obstetrical (maternity) care	
	<ul style="list-style-type: none"> All maternity care is <u>not covered</u> (such as prenatal visits, delivery/hospital stay, post-partum visits, related labs and diagnostic imaging, etc.) 	All charges (maternity care is not covered)
	Inpatient stay and inpatient care for newborn 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)
	Interrupted pregnancy	
	<ul style="list-style-type: none"> Medically indicated abortions Elective abortions (including abortion drugs such as RU-486) limited to two per member per lifetime 	\$250 per abortion \$250 per abortion
	Family planning office visits †	\$25 per visit
	FDA approved contraceptive drugs and devices ** (to prevent unwanted pregnancies) †	50% of applicable charges (a minimum price as determined by Pharmacy Administration may apply) ▼
Involuntary infertility office visits †	\$25 per visit	
Artificial insemination * †	\$25 per visit	
In vitro fertilization *	20% of applicable charges	
	<ul style="list-style-type: none"> Limited to one-time only benefit at Kaiser Permanente Limited to female members using spouse's sperm 	
Home health care and hospice care	Home health care , nurse and home health aide visits to homebound members, when prescribed by a Kaiser Permanente physician	No charge
	Hospice care . 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"> Nursing care (excluding private duty nursing) Medical social services Home health aide services Medical supplies Kaiser Permanente physician services Counseling and coordination of bereavement services Services of volunteers Physical therapy, occupational therapy, or speech language pathology 	No charge
Skilled nursing care	Up to 60 days of prescribed skilled nursing care services in an approved facility (such as a hospital or skilled nursing facility) per benefit period . Covered services include nursing care, room and board, medical social services, medical supplies, and durable medical equipment ordinarily provided by a skilled nursing facility. 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. Exclusions: Personal comfort items, such as telephone, television and take-home medical supplies.	No charge

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year.

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

* See Coverage Exclusions Section

** See Coverage Limitations Section

Section	Benefits	You pay
Emergency services ▲ (covered for initial emergency treatment only)	At a facility <u>within</u> the Hawaii service area for covered emergency services	\$100 copay per visit
	At a facility <u>outside</u> the Hawaii service area for covered emergency services	20% of applicable charges
	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 that meet the prudent layperson standard and were immediately required due to sudden and unforeseen illness/injury. In addition, in cases where care is received from non-Kaiser Permanente physicians, covered emergency services are only those where receipt of services from a Kaiser Permanente physician would have entailed a delay resulting in death, serious impairment to bodily functions, serious dysfunction of any bodily organ, or placing the health of the individual in serious jeopardy. Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</i>	
Out-of-area urgent care services (while temporarily outside the Hawaii service area)	At a non-Kaiser Permanente facility for covered urgent care services (Coverage for initial urgent care treatment only) ❖	20% of applicable charges
	❖ <i>"Urgent Care Services" means initial care for a sudden and unforeseen illness or injury when the member is TEMPORARILY away from the Hawaii service area, which is required to prevent serious deterioration of the member's health and which cannot be delayed until the member is medically able to safely return to the Hawaii service area or travel to a Kaiser Permanente facility in another Health Plan Region. Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</i>	
Ambulance services	Ambulance Services are those services in which: <ul style="list-style-type: none"> 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 Is for the purpose of transporting the member to receive medically necessary acute care. <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>	20% of applicable charges
Blood	Regardless of replacement, units and processing of units of whole blood, red cell products, cryoprecipitates, platelets, plasma, fresh frozen plasma, and Rh immune globulin	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

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year.

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

* See Coverage Exclusions Section

** See Coverage Limitations Section

Section	Benefits	You pay
Mental health services * for serious mental illness	"Serious mental illness" includes schizophrenia, schizo-affective disorder, bipolar types I and II, delusional disorder, major depression, obsessive-compulsive disorder, and dissociative disorder.	
	Outpatient office visits	\$25 per visit
	Hospital inpatient care	\$250 per day
Mental health services * for non-serious mental illness	Up to 24 outpatient office visits per calendar year	20% of applicable charges
	<ul style="list-style-type: none"> Psychological testing * as part of diagnostic evaluation, when ordered by a Kaiser Permanente physician or psychologist 	20% of applicable charges
	Additional outpatient office visits	20% of applicable charges
	Each day of inpatient hospital service may be exchanged for two days of outpatient visits, provided that the member's condition is such that the outpatient services would reasonably preclude hospitalization	
	Up to 30 days of hospital care per calendar year	
	Coverage under mental health benefits can include any combination of hospital days and specialized facility services. (Two (2) days of specialized facility care counts as one (1) hospital day.)	
Chemical dependency services **	Outpatient office visits	\$25 per visit
	Hospital inpatient care	\$250 per day
	Up to 60 days per calendar year of residential chemical dependency services *	20% of applicable charges
Internal prosthetics, devices, and aids	Implanted internal prosthetics (such as pacemakers and hip joints), and internally implanted devices and aids (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	No charge
	Fitting and adjustment of these devices, including repairs and replacement other than those due to misuse or loss	No charge
	Internal prosthetics are those which meet all of the following criteria:	
	<ul style="list-style-type: none"> 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, Are used consistently with accepted medical practice and approved for general use by the Federal Food and Drug Administration (FDA), 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 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. 	
	Exclusions:	
	<ul style="list-style-type: none"> All implanted internal prosthetics and devices and internally implanted aids related to an excluded or non-covered service/benefit Prosthetics, devices, and aids related to sexual dysfunction 	
	Limitations:	
	<ul style="list-style-type: none"> 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. 	

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year.

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

* See **Coverage Exclusions** Section

** See **Coverage Limitations** Section

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Section	Benefits	You pay
Diabetes equipment	<p>Diabetes equipment (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>Diabetes equipment is that equipment and supplies necessary to operate the equipment which:</p> <ul style="list-style-type: none"> • Is intended for repeated use, • Is primarily and customarily used to serve a medical purpose, • Is appropriate for use in the home, • Is generally not useful to a person in the absence of illness or injury, • 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, • 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 • Is on the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions. <p>Exclusions:</p> <ul style="list-style-type: none"> • Comfort and convenience equipment, and devices not medical in nature. • Disposable supplies for home use such as bandages, gauze, tape, antiseptics, and ace type bandages. • Repair, adjustment or replacement due to misuse or loss. • Experimental or research equipment. <p>Limitations:</p> <ul style="list-style-type: none"> • 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. • 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. 	50% of applicable charges
Dependent coverage up to age 19	<p>Unmarried dependent (biological, step or adopted) children of the Subscriber (or the Subscriber's spouse) are eligible up to the child's 19th birthday.</p> <p>Other unmarried dependents may include:</p> <ul style="list-style-type: none"> • The Subscriber's (or Subscriber's spouse's) dependent (biological, step or adopted) children (over age 19) who are incapable of self-sustaining employment by reason of mental retardation or physical handicap, and are chiefly dependent upon the Subscriber (or Subscriber's spouse) for support and maintenance (proof of incapacity and dependency may be required). • A person who is under age 19, is living in a parent-child relationship with the Subscriber (or Subscriber's spouse) is entirely supported by the Subscriber (or Subscriber's spouse), is permanently living in the Subscriber's household, and for whom the Subscriber (or Subscriber's spouse), is (or was before the person's 18th birthday) the court appointed legal guardian. 	
Student coverage up to age 25	<p>Unmarried dependent (biological, step or adopted) children who are full-time students pursuing a license, degree or professional certification at a state recognized and duly accredited school or university and have the same legal address as the Subscriber are eligible up to the child's 25th birthday.</p> <p>To qualify for this coverage, the Subscriber must fill out a Student Certification Form for each eligible dependent and return it to Kaiser Permanente. This information is subject to prior verification by Kaiser Permanente.</p>	

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year.

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

* See **Coverage Exclusions** Section

** See **Coverage Limitations** Section

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.	\$3,000 per member, \$9,000 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: your 5 covered office visits for medical services listed in this Basic Health Services section, ambulance service, artificial insemination, chemical dependency services (except 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 for the first 24 outpatient visits and the first 30 inpatient visits, 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 (such as office visits over the five office visit limit), all excluded or non-covered benefits (such as obstetrical (maternity) care), 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, mental health services after the first 24 outpatient visits and the first 30 inpatient visits, office visits for services which are not Basic Health Services, orthopedic devices, radioactive materials, residential chemical dependency services, self administered/outpatient prescription drugs, skilled nursing care, take-home supplies, and travel immunizations.

† Office visit related to the care provided counts toward the 5 office visit limit per calendar year.

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

* See **Coverage Exclusions** Section

** See **Coverage Limitations** Section

* 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:

- **Obstetrical (maternity) Services**, such as prenatal visits, delivery/hospital stay, post-partum visits, and related labs and diagnostic imaging.
- **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.
- The following **mental health** costs and Services:
 - Services that, in the opinion of a Kaiser Permanente physician, are not necessary or reasonably expected to improve the member's condition.
 - Continuation in a course of treatment for members who are disruptive or physically abusive.
 - Services on court order or as a condition of parole or probation unless determined by a Kaiser Permanente physician to be medically necessary and appropriate.

- Testing or treatment requested or required by a non-Kaiser Permanente outside agency/body, in connection with administrative or court proceedings (such as divorce or child custody proceedings), hearings, gun permit applications, employment or disability matters, unless the test or treatment is determined by a Kaiser Permanente physician to be medically necessary and appropriate.
- Testing for ability, aptitude, intelligence, learning disability or interest.
- Occupational therapy supplies.
- Mental health services for mental retardation, after diagnosis.
- The following **residential chemical dependence** costs and Services:
 - Services that, in the opinion of a Kaiser Permanente physician, are not necessary or reasonably expected to improve the member's condition.
 - Continuation in a course of treatment for members who are disruptive or physically abusive.
 - Services on court order or as a condition of parole or probation unless determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Testing or treatment requested or required by a non-Kaiser Permanente outside agency/body, in connection with administrative or court proceedings (such as divorce or child custody proceedings), hearings, gun permit applications, employment or disability matters, unless the test or treatment is determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Occupational therapy supplies.
- **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.
- **Chemical dependence treatment Services** are limited to two (2) treatment episodes per lifetime. (Exception: If you have the Mental Health Rider U, chemical dependence treatment Services are limited to three (3) treatment episodes per lifetime.)
- 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.
- **Office visits limited to 5 per calendar year**, other than state law required.

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
Drug benefit 30 for Gold Plan	<p>For each prescription, when the quantity does not exceed:</p> <ul style="list-style-type: none"> • a 30-consecutive-day supply of a prescribed drug, or • an amount as determined by the formulary. <p>Self-administered drugs are covered only when all of the following criteria are met:</p> <ul style="list-style-type: none"> • prescribed by a Kaiser Permanente physician/licensed prescriber, or a prescriber we designate, • on the Kaiser Permanente Hawaii Drug Formulary and used in accordance with formulary criteria, guidelines, or restrictions, • the drug is one for which a prescription is required by law, • 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 • drug does not require administration by nor observation by medical personnel. 	\$30 per prescription
	<p>Insulin</p> <p>Contraceptive drugs and devices are described in the obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services section</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Drugs related to obstetrical (maternity) care. • 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. • 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. • Drugs obtained from a non-Kaiser Permanente pharmacy. • Non-prescription vitamins. • Drugs when used primarily for cosmetic purposes. • Medical supplies such as dressings and antiseptics. • Reusable devices such as blood glucose monitors and lancet cartridges. • Diabetes supplies such as blood glucose test strips, lancets, syringes and needles. • Non-formulary drugs unless specifically prescribed and authorized by a Kaiser Permanente physician/licensed prescriber, or prescriber we designate. • Brand-name drugs requested by a Member when there is a generic equivalent. • Prescribed drugs that are necessary for or associated with excluded or non-covered services. • Drugs related to sexual dysfunction. • Drugs to shorten the duration of the common cold. • Drugs related to enhancing athletic performance (such as weight training and body building). • Any packaging other than the dispensing pharmacy's standard packaging. • Immunizations, including travel immunizations. • Contraceptive drugs and devices (to prevent unwanted pregnancies). • Abortion drugs (such as RU-486). • Replacement of lost, stolen or damaged drugs. 	\$30 per prescription

Questions and answers about the drug benefit for the Gold Plan

1. *How does the drug benefit 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 \$30 for a 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.
- 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?*

- For refill prescriptions, order on-line via kp.org or call the Kaiser Permanente automated phone system at 1-888-867-2118. (Prescription must have been previously filled at a Kaiser Permanente pharmacy.)
- For new and refill prescriptions, complete and send the Kaiser Permanente Mail Order envelope (we pay the postage!) with payment or payment information.
- Call the Kaiser Permanente Mail Order Pharmacy at 808-432-5510 to speak to a live person or leave a voicemail to request a new prescription or transfer a prescription to Kaiser Permanente.

You may purchase a 90-consecutive-days-supply of maintenance medications for the price of a 60-consecutive-days-supply. Some restrictions apply. The mail-order program does not apply to the delivery of certain pharmaceuticals (i.e., controlled substances as determined by state and/or federal regulations, bulky items, medication affected by temperature, injectables, and other products and dosage forms as identified by the Pharmacy and Therapeutics Committee). Prescriptions will only be mailed to your home, and will not be mailed to addresses outside of the Kaiser Permanente Hawaii Service Area. Place your order when you are down to your last 2 weeks' supply. Allow one week to receive your medication.

**Kaiser Permanente for Individuals and Families Silver Plan
2010 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 applicable Kaiser Permanente for Individuals and Families Non-Group Medical and Hospital Service Agreement, and benefit schedule (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.

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 (such as hospitalization) need to be coordinated and authorized by a Kaiser Permanente physician, otherwise the services are not covered.

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.

Section	Benefits	You pay
Outpatient services	Primary care and specialty care office visits	All charges (not covered)
	Outpatient surgery and procedures	All charges (not covered) ‡
	Preventive care office visits for:	
	<ul style="list-style-type: none"> Physical examination -- limited to one routine physical exam ♦ (or routine gynecological office visit for female members) per calendar year <ul style="list-style-type: none"> ♦ <i>Limit applies to well child office visits for ages (as required by Hawaii state law) 24 months, 36 months, 48 months, and 60 months.</i> 	No charge
	<ul style="list-style-type: none"> Well child office visits (at birth, ages 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, and 18 months) 	No charge
	<ul style="list-style-type: none"> Diabetes self-management training and education 	\$30 per visit
	<ul style="list-style-type: none"> Treatment of physical complications of all stages of mastectomy, including lymphedemas 	\$30 per visit
	<ul style="list-style-type: none"> Eye examinations for eyeglasses * 	All charges (not covered)
	<ul style="list-style-type: none"> Ear examinations to determine the need for hearing correction 	All charges (not covered)
	Routine immunizations ¹	
	<ul style="list-style-type: none"> For children 18 years of age and under on the date the immunization is administered ² 	No charge
	<ul style="list-style-type: none"> For adults 19 years of age and over on the date the immunization is administered 	No charge
	Influenza and pneumococcal immunizations ¹	No charge
Unexpected mass immunizations ¹	50% of applicable charges	

¹ *Immunizations (routine, influenza, pneumococcal, and unexpected mass) for prevention of disease must meet all of the following criteria:*

- *Recommended by the Advisory Committee on Immunization Practices (ACIP),*
- *Published in the Morbidity and Mortality Weekly Report (MMWR) by the Centers for Disease Control and Prevention (CDC) in accordance with published criteria, guidelines, or restrictions, and*
- *On the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions.*

² *Includes routine immunizations (in keeping with "prevailing medical standards" as defined by state law) for children 5 years of age and under*

‡ However, when provided in a hospital-based setting, Ambulatory Surgery Center (ASC), or reconstructive surgery related to a covered mastectomy, you pay the following copay: a) \$500 per procedure episode per day for outpatient surgery and procedures, b) no charge for skilled administered drugs and materials for dressings and casts, c) no charge for blood, and d) no charge for internal prosthetics, devices and aids.

* See Coverage Exclusions Section

** See Coverage Limitations Section

Section	Benefits	You pay
Outpatient services (continued)	Short-term physical, occupational and speech therapy ** (only if the condition is subject to significant, measurable improvement in physical function; Kaiser Permanente clinical guidelines apply)	All charges (not covered)
	Dialysis	All charges (not covered)
	<ul style="list-style-type: none"> • Kaiser Permanente physician and facility services for dialysis • Equipment, training and medical supplies for home dialysis 	All charges (not covered)
	Materials for dressings and casts	All charges (not covered) ‡
Hospital inpatient care (for acute care registered bed patients)	Hospital inpatient care includes services such as:	\$500 per day
	<ul style="list-style-type: none"> • Room and board • General nursing care and special duty nursing • Physicians' services • Surgical procedures • Respiratory therapy and radiation therapy • Anesthesia • Medical supplies • Use of operating and recovery rooms • Intensive care room • Blood • Internal prosthetics, devices, and aids 	
	Short-term physical, occupational and speech therapy ** (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
	Materials for dressings and casts	Included in the above hospital inpatient care copay
Laboratory, imaging, and testing services	Inpatient laboratory services, imaging services, and testing services	No charge
	Outpatient laboratory services, imaging services, and testing services	All charges (not covered)
Transplants	All transplants and related care/services *	All charges (not covered)
Preventive screening services	Preventive screening services which meet Kaiser Permanente Prevention Committee's average risk guidelines are limited to the services listed below: <ul style="list-style-type: none"> • Anemia and lead screening for children • Colorectal cancer screening • Chlamydia detection • Fecal occult blood test • Lipid evaluation • Newborn metabolic screening • Cervical cancer screening • Screening mammography • Osteoporosis screening 	No charge for screening; (If ordered during the covered one routine physical exam (or routine gynecological visit), then no charge for the office visit; otherwise the office visit is not covered and member pays all charges)

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Section	Benefits	You pay
Prescribed drugs	<p>Prescribed drugs that require skilled administration by medical personnel ‡ (e.g. cannot be self-administered) which meet all of the following:</p> <ul style="list-style-type: none"> • Prescribed by a Kaiser Permanente licensed prescriber, • On the Health Plan formulary and used in accordance with formulary criteria, guidelines or restrictions, and • Prescription is required by law <p>Immunizations are described in the outpatient services section</p> <p>Contraceptive drugs and devices are described in the obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services section</p> <p>Exclusions:</p> <ul style="list-style-type: none"> • Self-administered drugs (such as drugs taken orally) • Drugs that are necessary or associated with services that are excluded or not covered 	All charges (not covered)
Obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services	<p>Obstetrical (maternity) care</p> <ul style="list-style-type: none"> • All maternity care is <u>not covered</u> (such as prenatal visits, delivery/hospital stay, post-partum visits, related labs and diagnostic imaging, etc.) <p>Inpatient stay and inpatient care for newborn during or after mother's hospital stay (assuming newborn is timely enrolled on Kaiser Permanente subscriber's plan)</p> <p>Interrupted pregnancy</p> <ul style="list-style-type: none"> • Medically indicated abortions • Elective abortions (including abortion drugs such as RU-486) limited to two per member per lifetime <ul style="list-style-type: none"> ◊ <i>However, medically indicated and elective <u>inpatient</u> abortions are subject to a \$500 per procedure episode per day copay.</i> <p>Family planning office visits</p> <p>FDA approved contraceptive drugs and devices ** (to prevent unwanted pregnancies)</p> <p>Involuntary infertility office visits</p> <p>Artificial insemination *</p> <p>In vitro fertilization *</p> <ul style="list-style-type: none"> • Limited to one-time only benefit at Kaiser Permanente • Limited to female members using spouse's sperm 	<p>All charges (not covered)</p> <p>Hospital inpatient care benefits apply (see hospital inpatient care section)</p> <p>All charges (not covered) ◊ All charges (not covered) ◊</p> <p>All charges</p> <p>50% of applicable charges (a minimum price as determined by Pharmacy Administration may apply); (If ordered during the covered one routine physical exam (or routine gynecological visit), then no charge for the office visit; otherwise the office visit is not covered and member pays all charges)</p> <p>All charges (not covered)</p> <p>All charges (not covered)</p> <p>20% of applicable charges</p>

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** See Coverage Limitations Section

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Section	Benefits	You pay
Home health care and hospice care	Home health care , nurse and home health aide visits to homebound members, when prescribed by a Kaiser Permanente physician	No charge
	Hospice care. 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"> • Nursing care (excluding private duty nursing) • Medical social services • Home health aide services • Medical supplies • Kaiser Permanente physician services • Counseling and coordination of bereavement services • Services of volunteers • Physical therapy, occupational therapy, or speech language pathology 	No charge
Skilled nursing care	Up to 60 days of prescribed skilled nursing care services in an approved facility (such as a hospital or skilled nursing facility) per benefit period. Covered services include nursing care, room and board, medical social services, medical supplies, and durable medical equipment ordinarily provided by a skilled nursing facility. 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. Exclusions: Personal comfort items, such as telephone, television and take-home medical supplies.	\$50 per day
Emergency services ▲ (covered for initial emergency treatment only)	At a facility <u>within</u> the Hawaii service area for covered emergency services	\$250 copay per visit Δ
	At a facility <u>outside</u> the Hawaii service area for covered emergency services 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 that meet the prudent layperson standard and were immediately required due to sudden and unforeseen illness/injury. In addition, in cases where care is received from non-Kaiser Permanente physicians, covered emergency services are only those where receipt of services from a Kaiser Permanente physician would have entailed a delay resulting in death, serious impairment to bodily functions, serious dysfunction of any bodily organ, or placing the health of the individual in serious jeopardy. Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</i> Δ <i>Covered services include blood; internal prosthetics, devices, and aids; skilled administered drugs; and materials for casts and dressings.</i>	20% of applicable charges Δ
Out-of-area urgent care services (while temporarily outside the Hawaii service area)	At a non-Kaiser Permanente facility for covered urgent care services (Coverage for initial urgent care treatment only) ❖ ❖ <i>"Urgent Care Services" means initial care for a sudden and unforeseen illness or injury when the member is TEMPORARILY away from the Hawaii service area, which is required to prevent serious deterioration of the member's health and which cannot be delayed until the member is medically able to safely return to the Hawaii service area or travel to a Kaiser Permanente facility in another Health Plan Region. Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</i>	20% of applicable charges

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Section	Benefits	You pay
Ambulance services	<p>Ambulance Services are those services in which:</p> <ul style="list-style-type: none"> 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 Is for the purpose of transporting the member to receive medically necessary acute care. <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>	20% of applicable charges
Blood	<p>Regardless of replacement, units and processing of units of whole blood, red cell products, cryoprecipitates, platelets, plasma, fresh frozen plasma, and Rh immune globulin</p> <p>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</p>	<p>All charges (not covered) ‡</p> <p>All charges (not covered) ‡</p>
Mental health services * for serious mental illness	<p>"Serious mental illness" includes schizophrenia, schizo-affective disorder, bipolar types I and II, delusional disorder, major depression, obsessive-compulsive disorder, and dissociative disorder.</p> <p>Up to 24 outpatient office visits (combined with mental health for non-serious mental illness and chemical dependency) per calendar year</p> <p>Hospital inpatient care</p>	<p>\$30 per visit</p> <p>\$500 per day</p>
Mental health services * for non-serious mental illness	<p>Up to 24 outpatient office visits (combined with mental health for serious mental illness and chemical dependency) per calendar year</p> <ul style="list-style-type: none"> Psychological testing * as part of diagnostic evaluation, when ordered by a Kaiser Permanente physician or psychologist <p>Additional outpatient office visits</p> <p>Each day of inpatient hospital service may be exchanged for two days of outpatient visits, provided that the member's condition is such that the outpatient services would reasonably preclude hospitalization</p> <p>Up to 30 days of hospital care per calendar year</p> <p>Coverage under mental health benefits can include any combination of hospital days and specialized facility services. (Two (2) days of specialized facility care counts as one (1) hospital day.)</p> <ul style="list-style-type: none"> Hospital care Services of Kaiser Permanente physicians, mental health professionals and other health care professionals, or Kaiser Permanente physician's visits in specialized facility Specialized facility services Non-hospital residential services, partial hospitalization services or day treatment services in a specialized mental health treatment unit or facility approved by Kaiser Permanente Medical Group 	<p>\$30 per visit</p> <p>\$30 per visit</p> <p>\$30 per visit</p> <p>\$500 per day</p> <p>\$500 per day</p>
Chemical dependency services */**	<p>Up to 24 outpatient office visits (combined with mental health for serious and non-serious mental illness) per calendar year</p> <p>Hospital inpatient care</p> <p>Residential chemical dependency services</p>	<p>\$30 per visit</p> <p>\$500 per day</p> <p>All charges (not covered)</p>

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* See Coverage Exclusions Section

** See Coverage Limitations Section

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Section	Benefits	You pay
Internal prosthetics, devices, and aids	Implanted internal prosthetics (such as pacemakers and hip joints), and internally implanted devices and aids (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	All charges (not covered) ‡
	Fitting and adjustment of these devices, including repairs and replacement other than those due to misuse or loss	All charges (not covered) ‡
	<p>Internal prosthetics are those which meet all of the following criteria:</p> <ul style="list-style-type: none"> • 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, • Are used consistently with accepted medical practice and approved for general use by the Federal Food and Drug Administration (FDA), • 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 • 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. <p>Exclusions:</p> <ul style="list-style-type: none"> • All implanted internal prosthetics and devices and internally implanted aids related to an excluded or non-covered service/benefit • Prosthetics, devices, and aids related to sexual dysfunction <p>Limitations:</p> <ul style="list-style-type: none"> • 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. 	

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Section	Benefits	You pay
Diabetes equipment	<p>Diabetes equipment (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>Diabetes equipment is that equipment and supplies necessary to operate the equipment which:</p> <ul style="list-style-type: none"> • Is intended for repeated use, • Is primarily and customarily used to serve a medical purpose, • Is appropriate for use in the home, • Is generally not useful to a person in the absence of illness or injury, • 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, • 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 • Is on the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions. <p>Exclusions:</p> <ul style="list-style-type: none"> • Comfort and convenience equipment, and devices not medical in nature. • Disposable supplies for home use such as bandages, gauze, tape, antiseptics, and ace type bandages. • Repair, adjustment or replacement due to misuse or loss. • Experimental or research equipment. <p>Limitations:</p> <ul style="list-style-type: none"> • 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. • 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. 	50% of applicable charges
Dependent coverage up to age 19	<p>Unmarried dependent (biological, step or adopted) children of the Subscriber (or the Subscriber's spouse) are eligible up to the child's 19th birthday.</p> <p>Other unmarried dependents may include:</p> <ul style="list-style-type: none"> • The Subscriber's (or Subscriber's spouse's) dependent (biological, step or adopted) children (over age 19) who are incapable of self-sustaining employment by reason of mental retardation or physical handicap, and are chiefly dependent upon the Subscriber (or Subscriber's spouse) for support and maintenance (proof of incapacity and dependency may be required). • A person who is under age 19, is living in a parent-child relationship with the Subscriber (or Subscriber's spouse) is entirely supported by the Subscriber (or Subscriber's spouse), is permanently living in the Subscriber's household, and for whom the Subscriber (or Subscriber's spouse), is (or was before the person's 18th birthday) the court appointed legal guardian. 	
Student coverage up to age 25	<p>Unmarried dependent (biological, step or adopted) children who are full-time students pursuing a license, degree or professional certification at a state recognized and duly accredited school or university and have the same legal address as the Subscriber are eligible up to the child's 25th birthday.</p> <p>To qualify for this coverage, the Subscriber must fill out a Student Certification Form for each eligible dependent and return it to Kaiser Permanente. This information is subject to prior verification by Kaiser Permanente.</p>	

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* See **Coverage Exclusions** Section

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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.	\$5,000 per member, \$15,000 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: your covered office visits for medical services listed in this Basic Health Services section, ambulance service, chemical dependency services (except residential services), drugs requiring skilled administration received during hospital inpatient care, emergency service, one routine physical exam (or routine gynecological office visit for female members), home health, inpatient imaging (including X-rays), immunizations (excluding travel immunizations), in vitro fertilization procedure (excluding drugs), inpatient room (semi-private), inpatient laboratory, mental health services for the first 24 outpatient visits and the first 30 inpatient visits, outpatient surgery and procedures, reconstructive surgery related to a covered mastectomy, inpatient short-term physical therapy, inpatient short-term speech therapy, inpatient short-term occupational therapy, inpatient testing services, and urgent care. When provided in a hospital-based setting, Ambulatory Surgery Center (ASC), reconstructive surgery related to a covered mastectomy, or incident to emergency services, these supplemental charges also can be applied toward the supplemental charges maximum: interrupted pregnancy/abortion and drugs requiring skilled administration.

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 (such as obstetrical (maternity) care, artificial insemination, dialysis, family planning office visits, infertility office visits, all transplant services, primary care and specialty office visits, ear examinations, eye examinations, radiation therapy and respiratory therapy, outpatient imaging, outpatient laboratory, outpatient testing services, outpatient short-term physical therapy, outpatient short-term speech therapy, outpatient short-term occupational therapy), 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, mental health services after the first 24 outpatient visits and the first 30 inpatient visits, office visits for services which are not Basic Health Services, orthopedic devices, radioactive materials, residential chemical dependency services, self administered/outpatient prescription drugs, skilled nursing care, take-home supplies, and travel immunizations.

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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:

- **Obstetrical (maternity) Services**, such as prenatal visits, delivery/hospital stay, post-partum visits, and related labs and diagnostic imaging.
- **Transplant Services.**
- **All outpatient care** (such as office visits, procedures, lab, imaging, testing) that are not specifically listed in this benefit summary as covered.
- **Dialysis Services** for acute renal failure and chronic renal disease.
- **Family planning Services.**
- **Involuntary infertility Services.**
- **Reconstructive surgery or procedures** performed in the Medical Office.
- **Primary care and specialty office visits.**
- **Ear examinations** to determine the need for hearing correction.
- **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 eye glasses and 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:** general health education services, specialized health promotion classes and support groups (such as the bariatric surgery program).
- **Homemaker Services.**
- The following costs and Services for **in vitro fertilization:**
 - 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 in vitro fertilization, such as artificial insemination, 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.
- The following **mental health** costs and Services:
 - Services that, in the opinion of a Kaiser Permanente physician, are not necessary or reasonably expected to improve the member's condition.
 - Continuation in a course of treatment for members who are disruptive or physically abusive.
 - Services on court order or as a condition of parole or probation unless determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Testing or treatment requested or required by a non-Kaiser Permanente outside agency/body, in connection with administrative or court proceedings (such as divorce or child custody proceedings), hearings, gun permit applications, employment or disability matters, unless the test or treatment is determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Testing for ability, aptitude, intelligence, learning disability or interest.
 - Occupational therapy supplies.
 - Mental health services for mental retardation, after diagnosis.
- The following **residential chemical dependence** costs and Services:
 - Services that, in the opinion of a Kaiser Permanente physician, are not necessary or reasonably expected to improve the member's condition.
 - Continuation in a course of treatment for members who are disruptive or physically abusive.
 - Services on court order or as a condition of parole or probation unless determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Testing or treatment requested or required by a non-Kaiser Permanente outside agency/body, in connection with administrative or court proceedings (such as divorce or child custody proceedings), hearings, gun permit applications, employment or disability matters, unless the test or treatment is determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Occupational therapy supplies.
- **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.
- **Chemical dependence treatment Services** are limited to two (2) treatment episodes per lifetime. (Exception: If you have the Mental Health Rider U, chemical dependence treatment Services are limited to three (3) treatment episodes per lifetime.)
- 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.
- When provided while hospitalized, in a skilled nursing facility, or receiving home health care, 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.

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.



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