

2022

Summary of Benefits

Kaiser Permanente Senior Advantage (HMO) Group plan

With Medicare Part D prescription drug coverage

About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior Advantage. You can use this **Summary of Benefits** to learn more about our plan. It includes information about:

- Benefits and costs
- Part D prescription drugs
- Who can enroll
- Coverage rules
- Getting care

For definitions of some of the terms used in this booklet, see the glossary at the end.

For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which we'll send you after you enroll. If you'd like to see it before you enroll, please ask your group benefits administrator for a copy.

Have questions?

- Please call Member Services at **1-800-805-2739** (TTY 711).
- 7 days a week, 8 a.m. to 8 p.m.

Summary of Benefits

Kaiser Permanente Senior Advantage is a Medicare Advantage Health Maintenance Organization (HMO) plan offered by Kaiser Foundation Health Plan of Hawaii.

This document is a summary and does not include all plan rules, benefits, limitations, and exclusions. For complete details, please refer to the **Evidence of Coverage (EOC)**, which we will send you after you enroll. If you would like to review the **EOC** before you enroll, please ask your group benefits administrator for a copy.

Please see the attached Kaiser Permanente Senior Advantage benefit chart for benefits you receive through your employer or trust fund.

Medicare Part D prescription drug coverage†

The amount you pay for drugs will be different depending on:

- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at kp.org/seniorrx or call Member Services to ask for a copy at **1-800-805-2739** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 90-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- When you get a 31- to 90-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial, coverage gap, or catastrophic coverage stages).

Please see the enclosed Kaiser Permanente Senior Advantage benefit chart for your group's prescription drug coverage.

Deductible stage

Because we have no deductible, this payment stage does not apply to you and you start the year in the initial coverage stage.

Initial coverage stage

If your group plan includes a Coverage Gap, you pay the copays and coinsurance shown in the attached prescription drug coverage chart until your total yearly drug costs reach **\$4,430**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$4,430 limit in 2022, you move on to the coverage gap stage and your coverage changes. Please see the "Medical Benefits Chart" (what is covered and what you pay)", Chapter 5, and Chapter 6 in the **Evidence of Coverage (EOC)**.

If your group plan does not include a Coverage Gap, you pay the copays and coinsurance shown in the attached prescription drug coverage chart until you have spent **\$7,050** in 2022. If you spend \$7,050 in 2022, you move on to the catastrophic coverage stage and your coverage changes.

Catastrophic coverage stage

If you spend **\$7,050** on your Part D prescription drugs in 2022, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, your copays and coinsurance will change for the rest of 2022. Please see the "Medical Benefits Chart" (what is covered and what you pay)", Chapter 5, and Chapter 6 in the **Evidence of Coverage (EOC)**.

Long-term care, plan home-infusion, and non-plan pharmacies

- If you live in a **long-term care facility** and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the **Evidence of Coverage** for details.

Who can enroll

You can sign up for this plan if:

- You are enrolled in Kaiser Permanente through your group plan and meet your group's eligibility requirements.
- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare.)
- You're a citizen or lawfully present in the United States.
- You live in the service area for this plan, which includes **all of Honolulu County**. Also, our service area includes these parts of the following counties:
 - **Maui County, in the following ZIP codes only:** 96708, 96713, 96732, 96733, 96753, 96761, 96767, 96768, 96779, 96784, 96788, 96790, and 96793.
 - **Hawaii County, in the following ZIP codes only:** 96704, 96710, 96719, 96720, 96721, 96725, 96726, 96727, 96728, 96737, 96738, 96739, 96740, 96743, 96745, 96749, 96750, 96755, 96760, 96764, 96771, 96773, 96774, 96776, 96778, 96780, 96781, 96783, and 96785.

Coverage rules

We cover the services and items listed in this document and the **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider Directory** and **Pharmacy Directory**. But there are exceptions to this rule. We also cover:

- Care from plan providers in another Kaiser Permanente Region
- Emergency care
- Out-of-area dialysis care
- Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
- Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. If you receive non-covered care or services, you must pay the full cost.

For details about coverage rules, including non-covered services (exclusions), see the **Evidence of Coverage**.

Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you. To find our provider locations, see our **Provider Directory** or **Pharmacy Directory** at kp.org/directory or ask us to mail you a copy by calling Member Services at **1-800-805-2739**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You must choose one of our available plan providers to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services or at kp.org.

Help managing conditions

If you have more than 1 ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** for details about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan, Inc., Hawaii Region is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Senior Advantage.

Language assistance services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-805-2739** (TTY: **711**).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-805-2739** (TTY: **711**).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-805-2739** (TTY: **711**)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-805-2739** (TTY: **711**).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-805-2739** (TTY: **711**).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-805-2739** (TTY: **711**)번으로 전화해 주십시오.

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-805-2739** (TTY:**711**) まで、お電話にてご連絡ください。

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ **1-800-805-2739** (TTY: **711**).

Ilocano: PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti **1-800-805-2739** (TTY: **711**).

Samoaan: MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: **1-800-805-2739** (TTY: **711**).

Marshallese: LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe aṃ ejjelōk wōñāñ. Kaalōk **1-800-805-2739** (TTY: **711**)

Trukese: MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-805-2739** (TTY: **711**).

Hawaiian: E NĀNĀ MAI: Inā ho'opuka 'oe i ka 'ōlelo ho'okomo 'ōlelo, loa'a ke kōkua manuahi iā 'oe. E kelepona iā **1-800-805-2739** (TTY: **711**).

Pohnpeian: Ni songen mwohmw ohte, komw pahn sohte anahne kawehwe mesen nting me koatoantal kan ahpw wasa me ntingie Lokaiahn Pohnpei komw kalangan oh ntingidieng ni lokaiahn Pohnpei. Call **1-800-805-2739** (TTY: **711**).

Bisayan: ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-805-2739** (TTY: **711**).

Tongan: FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-805-2739** (TTY: **711**)

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, call Member Services at **1-800-805-2739** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 711 Kapiolani Blvd, Honolulu, HI 96813 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** on kp.org/privacy to learn more.

Helpful definitions (glossary)

Benefit period

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The

benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

Calendar year

The year that starts on January 1 and ends on December 31.

Coinsurance

A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a 20% coinsurance for a \$200 item means you pay \$40.

Copay

The set amount you pay for covered services — for example, a \$20 copay for an office visit.

Deductible

It's the amount you must pay for Medicare Part D drugs before you will enter the initial coverage stage.

Evidence of Coverage

A document that explains in detail your plan benefits and how your plan works.

Maximum out-of-pocket responsibility

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

Medically necessary

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

Non-plan provider

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

Plan

Kaiser Permanente Senior Advantage.

Plan provider

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

Prior authorization

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.

Region

A Kaiser Foundation Health Plan organization. We have Kaiser Permanente Regions located in Northern California, Southern California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

Retail plan pharmacy

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

Service area

The geographic area where we offer Senior Advantage plans. To enroll and remain a member of our plan, you must live in one of our Senior Advantage plan's service area.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your "**Medicare & You**" handbook. You can view it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

2022 Summary of Benefits

01/01/2022 – 12/31/2022

Kaiser Permanente Senior Advantage (HMO) Benefit Chart With Medicare Part D prescription drug coverage

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which we'll send you after you enroll. For questions on your coverage, please contact Member Services at 1-800-805-2739 (TTY 711), 8 a.m. to 8 p.m., seven days a week.

What's covered and what it costs

*Your plan provider may need to provide a referral

† Prior authorization may be required

Kaiser Permanente Senior Advantage (HMO) Group plan for City of San Jose Retirees

Benefits and premiums	You pay
Monthly plan premium	Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator.
Deductible	None
Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs.	\$1,500
Inpatient hospital coverage *† There is no limit to the number of medically necessary inpatient hospital days.	<ul style="list-style-type: none"> ● \$50 copay per day for days 1 through 6. ● \$0 per day for days 7 and beyond
Outpatient hospital coverage *†	\$50 per visit
Ambulatory Surgery Center *†	\$15 per visit
Doctor's visits <ul style="list-style-type: none"> ● Primary care providers ● Specialists *† 	<ul style="list-style-type: none"> \$15 per visit \$15 per visit
Preventive care* See the EOC for details.	\$0

Benefits and premiums	You pay
Emergency care We cover emergency care anywhere in the world.	\$50 per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	\$15 per office visit
Diagnostic services, lab, and imaging *† <ul style="list-style-type: none"> ● Lab tests 	\$0
<ul style="list-style-type: none"> ● Diagnostic tests and procedures (like EKGs and ultrasounds) 	\$0
<ul style="list-style-type: none"> ● X-rays 	\$0 per X-ray
<ul style="list-style-type: none"> ● MRI, CT and PET 	\$0 per test
Hearing services * † <ul style="list-style-type: none"> ● Exams to diagnose and treat hearing and balance issues ● Routine hearing exams 	\$15 per visit
<ul style="list-style-type: none"> ● Hearing aids (up to 2 hearing aid(s) every 36 months) 	60% of applicable charges for lowest priced model
Vision services *	
<ul style="list-style-type: none"> ● Visits to diagnose and treat eye diseases and conditions 	\$15 per visit
<ul style="list-style-type: none"> ● Routine eye exams 	\$15 per visit
<ul style="list-style-type: none"> ● Eyeglasses or contact lenses after cataract surgery 	20% coinsurance up to Medicare's limit and you pay any amounts beyond that limit.
Mental health services *†	
<ul style="list-style-type: none"> ● Outpatient group therapy 	\$15 per visit
<ul style="list-style-type: none"> ● Outpatient individual therapy 	\$15 per visit
Skilled Nursing Facility * † We cover up to 100 days per benefit period	Per benefit period: \$0 per day for days 1 through 20 \$50 per day for days 21 through 100
Physical therapy * †	\$15 per visit
Ambulance	\$0 per one-way trip
Transportation	Not covered

Benefits and premiums	You pay
<p>Medicare Part B drugs † A limited number of Medicare Part B drugs are covered when you get them from a plan provider (see the EOC for details.)</p> <ul style="list-style-type: none"> • Drugs that must be administered by a health care professional 	<p>20% coinsurance</p>
<ul style="list-style-type: none"> • Up to a 30-day supply from a plan pharmacy 	<ul style="list-style-type: none"> • \$10 for generic drugs • \$35 for brand-name drugs

Alternative Medicine, dental, and optical riders will be attached at the end if applicable.

Part D prescription drug coverage †

For details on what you pay for your Part D prescription drugs through our plan, see the "Medical Benefits Chart (what is covered and what you pay)", Chapter 5, and Chapter 6 in the **Evidence of Coverage (EOC)**.

Initial Coverage Stage

Drug Tier	Retail Plan Pharmacy	Mail-order Plan Pharmacy (Up to a 90-day supply)**
Tier 1 (Preferred generic)	\$3 (up to a 30-day supply)	\$6
Tier 2 (Generic)	\$10 (up to a 30-day supply)	Two times the listed copay
Tier 3 (Preferred brand-name)	\$35 (up to a 30-day supply)	Two times the listed copay
Tier 4 (Nonpreferred brand-name)	\$35 (up to a 30-day supply)	Two times the listed copay
Tier 5 (Specialty)	\$200 (up to a 30-day supply)	\$200 (up to a 30-day supply)
Tier 6 (Vaccines)	\$0	Not applicable

**Note: Coverage is limited in certain situations and some drugs may not be eligible for mailing and/or mail order discount.

After your initial Coverage Stage, there is a Catastrophic Coverage Stage. This stage is generally

for people with high drug costs. Most members do not reach the Catastrophic Coverage Stage. For information about your costs in these stages, see the "Medical Benefits Chart (what is covered and what you pay)", Chapter 5, and Chapter 6 in the **Evidence of Coverage (EOC)**

Kaiser Foundation Health Plan, Inc. – Hawaii

Optical \$150 rider

This rider is included in the *Benefit Summary* in the front of the *Guide to Your Health Plan* (Guide). The provisions of this Guide and the Evidence of Coverage (EOC) apply to this rider.

For Senior Advantage members, this rider is included in the Medical Benefits Chart in the front of the *Evidence of Coverage* (EOC).

Benefit Summary

Description	Cost Share
Optical Eyewear and Services	
Glasses frame/lens, lens treatments	All costs greater than the \$150 allowance per Accumulation Period
<u>OR</u> Contact lens/contact lens exam and fitting services	
Medically required contact lenses	None
Pediatric Vision Care *	
Eye examination	None
One pair of polycarbonate single vision, lined bifocal or lined trifocal lenses	None
One frame	None
(in lieu of frames and lenses) one pair of non-disposable contact lenses or an initial supply of disposable contact lenses	None
Medically necessary contact lenses	None
One low vision hand-held or page magnifier device	None

* The benefits listed under Pediatric Vision Care section are limited to pediatric Members 18 years of age and under. Such Members may combine their Pediatric Vision Care benefit and the allowance under Optical Eyewear and Services. See options under Pediatric Vision Care section.

Benefit Description

Optical Eyewear and Services and Pediatric Vision Care generally

Optical services must be received at, and optical eyewear must be purchased at Vision Essentials at Kaiser Permanente locations in order to be covered.

The allowances are a one-time benefit per Accumulation Period. If the entire allowance is not used during your initial visit, any unused portion of the allowance cannot be used for the remainder of that Accumulation Period and will not be carried forward to the next Accumulation Period.

Your allowance and any payments toward eyewear and services do not count toward the Annual Copayment Maximum.

We also cover routine eye examinations for eyeglasses in the Routine and Preventive section in *Chapter 3: Benefit Description* of this Guide. We also cover diagnosis, treatment and continued care for conditions related to disease or injuries of the eye by an eye specialist in the Office Visits section in *Chapter 3: Benefit Description* of this Guide. We also cover care in the hospital in the Total Care Services section in *Chapter 3: Benefit Description* of this Guide.

Optical Eyewear and Services

You must choose to use your allowance toward either glasses or contacts.

Glasses frame/lens, lens treatments, prescription safety glasses, corrective sunglasses

Covered. For members who are 18 years of age and under, the lens material will be impact resistant polycarbonate.

Contact lens/contact lens exam and fitting services (when in lieu of frames and lenses)

Covered, for initial and refit of contact lens.

Medically required contact lenses

Covered, when medically required upon the prescription of a Kaiser Permanente Optometrist or Physician, that the contact lenses will provide a significant improvement in visual acuity or binocular vision not obtained with regular lenses. Thereafter, whenever a change in correction in either or both lenses is prescribed by a Kaiser Permanente Optometrist or Physician, lens or lenses with the new correction will be provided without charge.

Pediatric Vision Care

You must choose to use your pediatric vision care benefit for either glasses or contacts.

Eye examination

Covered, once per Accumulation Period.

Note: Additional eye examinations are covered at the usual office visit Cost Share in *Chapter 3: Benefit Description* of this Guide.

One pair of polycarbonate single vision, lined bifocal or lined trifocal lenses

Covered, once per Accumulation Period, when prescribed by a Kaiser Permanente optometrist or Physician. For members who are 18 years of age and under, the lens material will be impact resistant polycarbonate.

One frame

Covered, once per Accumulation Period. Frame must be from the “value collection frames” available at Vision Essentials by Kaiser Permanente locations.

One pair of non-disposable contact lenses or an initial supply of disposable contact lenses (when in lieu of frames and lenses).

Covered, once per Accumulation Period. Includes fitting and dispensing of contact lenses. Covered contact lenses include:

- Standard (one pair annually): one contact lens per eye (total of two lenses), or
- Monthly (six-month supply): six lenses per eye (total of 12 lenses), or
- Bi-weekly (three-month supply): six lenses per eye (total of 12 lenses), or
- Dailies (one-month supply): 30 lenses per eye (total of 60 lenses)

Medically necessary contact lenses

Covered, when determined to be medically necessary by a Kaiser Permanente Optometrist or Physician. Contact lenses may be medically necessary and appropriate in the treatment of certain conditions such as Keratoconus, Pathological Myopia, Aphakia, Anisometropia, Aniseikonia, Aniridia, Corneal Disorders, Post-traumatic Disorders, Irregular, and Astigmatism.

One low vision hand-held or page magnifier device

Covered, once every 24 months. Device includes fitting and dispensing.

Pediatric Vision Care options

Pediatric Members through age 18 may combine the Pediatric Vision Care benefit and the allowance under Optical eyewear and services. Select one of these options:

- Eyeglasses: If pediatric Member chooses one pair of lenses and one frame from the “value collection”, the eyeglass allowance may be applied toward this same or an additional pair of eyeglasses.
- Eyeglasses not from the “value collection”: Instead of “value collection” frame, pediatric Members may apply the combined value of one pair of lenses and one frame from the “value collection” toward eyeglasses that are not from the “value collection.” The eyeglass allowance may be applied toward this same pair of eyeglasses.
- Contact lenses: If pediatric Member chooses contact lenses, the contact lens allowance is applied toward additional contact lenses.

Services Not Covered

- Non-prescription eyewear such as colored contact lenses, non-prescription athletic eyewear, industrial safety, and non-prescription sunglasses
- Any medical services or eyewear from non-Kaiser Permanente providers or non-Kaiser Permanente optical facilities
- Contact lens exams (if the allowance has been exhausted)
- All costs exceeding the stated allowance in the *Benefit Summary*.

Kaiser Foundation Health Plan, Inc. –Hawaii

Alternative Medicine Rider C –20 visits / \$20

This rider is included in the Benefit Summary in the front of the *Guide to Your Health Plan* (Guide). The provisions of this Guide and the Evidence of Coverage (EOC) apply to this rider.

For Senior Advantage members, this rider is included in the Medical Benefits Chart in the front of the *Evidence of Coverage* (EOC).

The following becomes part of the *Benefit Summary* in the front of this Guide.

	Benefits	You pay
Alternative medicine rider C	<p><u>Chiropractic and Acupuncture services</u></p> <p>Up to a maximum of 20 office visits per calendar year. This rider does not cover services which are performed or prescribed by a Kaiser Permanente physician or other Kaiser Permanente health care provider. Services must be performed and received from Participating Chiropractors and Participating Acupuncturists of American Specialty Health (ASH). 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 ASH 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 ASH and performed by a Participating Acupuncturist. ●Adjunctive therapy as set forth in a treatment plan approved by ASH, which may involve chiropractic modalities such as ultrasound, hot packs, cold packs, electrical muscle stimulation and other therapies. ●Diagnostic tests are limited to those required for further evaluation of the Member's condition and listed on the payor summary and fee schedule. Medically necessary x-rays, radiologic consultations, and clinical laboratory studies must be performed by either an appropriately certified Participating Chiropractor or staff member or referred to a facility that has been credentialed to meet the criteria of ASH. Diagnostic tests must be performed or ordered by a Participating Chiropractor and authorized by ASH. <p><u>Chiropractic appliances</u> when prescribed and provided by a Participating Chiropractor and authorized by ASH.</p>	<p>\$20 copayment per office visit</p> <p>Payable up to a maximum of \$50 per calendar year</p>

The following is added to *Chapter 3: Benefit Description*

Alternative Medicine Rider

- This Alternative Medicine rider does not cover Services which are performed or prescribed by a Hawaii Permanente Medical Group (herein referred to as "HPMG") physician, but instead refer to services performed or prescribed by a Health Plan Designated Network.s Participating Chiropractor or Participating Acupuncturist. Medically necessary services performed or prescribed by a Hawaii Permanente Medical Group physician are covered in accordance with this EOC, to the extent the provider is acting within the scope of the provider.s license or certification under applicable state law.

- Alternative medicine services are provided as described in this rider. Alternative medicine services listed in this rider are covered only if Medically Necessary and received from the Health Plan Designated Network's (herein referred to as "Designated Network") Participating Chiropractors and Participating Acupuncturists.
- The Designated Network, Participating Chiropractors, Participating Acupuncturists, HPMG, Kaiser Foundation Health Plan, Inc. (herein referred to as "Health Plan"), and Kaiser Foundation Hospitals are independent contractors. Health Plan, Kaiser Foundation Hospitals, HPMG and its Physicians shall not be liable for any claim or demand on account of damages arising out of or in any manner connected with any injuries suffered by Members while receiving Chiropractic or Acupuncture Services. The Designated Network and Participating Chiropractors and Participating Acupuncturists are not agents or employees of Health Plan. Neither Health Plan nor any employee of Health Plan is an employee or agent of the Designated Network or Participating Chiropractors or Participating Acupuncturists. Participating Chiropractors and Participating Acupuncturists maintain the chiropractor-patient and the acupuncturist-patient relationship with Members and are solely responsible to Members for all Chiropractic or Acupuncture Services under this rider.

Definitions

As used in this rider, the terms in boldface type, when capitalized, have the meaning shown:

- **Acupuncture Services:** Acupuncture Services are Services rendered or made available to a Member by a Participating Acupuncturist for treatment or diagnosis of Neuromusculo-skeletal Disorders, Nausea or Pain Syndromes.
- **Chiropractic Appliances:** Chiropractic Appliances are support type devices prescribed by a Participating Chiropractor. These shall be restricted to the following items to the exclusion of all others: elbow supports, back supports (thoracic), cervical collars, cervical pillows, heel lifts, hot or cold packs, support/lumbar braces/supports, lumbar cushions, orthotics, wrist supports, rib belts, home traction units (cervical or lumbar), ankle braces, knee braces, rib supports and wrist braces.
- **Chiropractic Services:** Chiropractic Services are services rendered or made available to a Member by a Participating Chiropractor for treatment or diagnosis of Neuromusculo-skeletal Disorders.
- **Chiropractic and Acupuncture Urgent Office Visits:** Chiropractic and Acupuncture Urgent Office Visits are Covered Services received in a Participating Chiropractor's office and rendered for the sudden unexpected onset of an injury or condition affecting the neuromuscular-skeletal system which manifests itself by acute symptoms of sufficient severity, including severe pain, which delay of immediate chiropractic or acupuncture attention could decrease the likelihood of maximum recovery.
- **Copayments:** Payments to be collected directly by a Participating Chiropractor or Participating Acupuncturist from a Member for Covered Services.
- **Covered Services:** Covered Services are Chiropractic Services and/or Acupuncture Services as described in this rider that are Medically Necessary Services.
- **Designated Network:** American Specialty Health, Inc.
- **Experimental or Investigational:** The Designated Network classifies a chiropractic or acupuncture service as experimental or investigational if the chiropractic or acupuncture service is investigatory or an unproven procedure or treatment regimen that does not meet professionally recognized standards of practice.
- **Medically Necessary Services:** Medically Necessary Services are Chiropractic Services and/or Acupuncture Services which are:
 - Necessary for the treatment of Neuromusculo-skeletal Disorders; Pain Syndromes (acupuncture only); or Nausea (acupuncture only);

- Established as safe and effective and furnished in accordance with professionally recognized standards of practice for chiropractic or acupuncture.
 - Appropriate for the symptoms, consistent with the diagnosis, and otherwise in accordance with professionally recognized standards of practice; and
 - Pre-authorized by the Designated Network, except for an initial examination by a Participating Chiropractor and/or Participating Acupuncturist.
- **Nausea:** Nausea is an unpleasant sensation in the abdominal region associated with the desire to vomit that may be appropriately treated by a Participating Acupuncturist in accordance with professionally recognized standards of practice and includes post-operative nausea and vomiting, chemotherapy nausea and vomiting, and nausea of pregnancy.
 - **Neuromusculo-skeletal Disorders:** Neuromusculo-skeletal Disorders are conditions with associated signs and symptoms related to the nervous, muscular and/or skeletal systems. Neuromusculo-skeletal Disorders are conditions typically categorized as structural, degenerative or inflammatory disorders, or biomechanical dysfunction of the joints of the body and/or related components of the motor unit (muscles, tendons, fascia, nerves, ligaments/capsules, discs and synovial structures) and related to neurological manifestations or conditions.
 - **Pain Syndromes.** Pain Syndromes mean a sensation of hurting or strong discomfort in some part of the body caused by an injury, illness, disease, functional disorder, or condition.
 - **Participating Acupuncturist:** A Participating Acupuncturist is an acupuncturist duly licensed to practice acupuncture in the State of Hawaii and who has entered into an agreement with Designated Network to provide Covered Services to Members.
 - **Participating Chiropractor:** A Participating Chiropractor is a chiropractor duly licensed to practice chiropractic in the State of Hawaii and who has entered into an agreement with Designated Network to provide Covered Services to Members.

Services and Benefits

- Except for the initial examination by a Participating Chiropractor, Covered Services are limited to Chiropractic Services for the treatment or diagnosis of Neuromusculo-skeletal Disorders which are authorized and performed by a Participating Chiropractor.
- Except for the initial examination by a Participating Acupuncturist, Covered Services are limited to Acupuncture Services for the treatment or diagnosis of Neuromusculo-skeletal Disorders, Nausea or Pain Syndromes which are authorized and performed by a Participating Acupuncturist.
- **Office Visits.**
 - Each visit to a Participating Chiropractor or Participating Acupuncturist requires a Copayment as stated in the above *Benefit Summary*, which Members pay at the time of the visit. Members are entitled up to a combined maximum of visits per calendar year as stated in the above *Benefit Summary*.
 - Initial examination with a Participating Chiropractor or a Participating Acupuncturist to determine the problem, and if Covered Services appear warranted, to prepare a treatment plan of services to be furnished. One initial exam will be provided for each new condition.
 - Subsequent office visits which are described in a treatment plan approved by the Designated Network which may involve manipulations, adjustments, therapy, and diagnostic tests listed below.
 - Reevaluation. During a subsequent office visit prescribed in the treatment plan or a separate visit, when necessary, the Participating Chiropractor or Participating Acupuncturist may perform a reevaluation examination to assess the need to continue, discontinue or modify the treatment plan.

- Chiropractic or Acupuncture Urgent Office Visits.
- **Diagnostic tests for Chiropractic.** Diagnostic tests are limited to those required for further evaluation of the Member's condition and listed on the payor summary and fee schedule. Medically necessary x-rays, radiological consultations, and clinical laboratory studies must be performed by either a Participating Chiropractor, who is acting within the scope of their license or certification under applicable state law, or staff member or referred to a facility that has been credentialed to meet the criteria of the Designated Network. Diagnostic tests must be performed or ordered by a Participating Chiropractor and authorized by the Designated Network.
- **Chiropractic Appliances.** Chiropractic Appliances must be prescribed by a Participating Chiropractor and authorized by the Designated Network.
- **Adjunctive Therapy.** Adjunctive therapy, as set forth in a treatment plan approved by Designated Network, may involve chiropractic modalities (such as ultrasound, hot packs, cold packs, and electrical muscle stimulation), acupuncture therapies (such as acupressure, moxibustion, and cupping), and other therapies.

The following amends part of *Chapter 4: Services Not Covered*

Acupuncture: You are not covered for Services and supplies related to acupuncture, except as described in this rider.

Chiropractic Services: You are not covered for Services of chiropractors or chiropractic Services, except as described in this rider.

The exclusions and limitations listed in *Chapter 4: Services Not Covered* apply to this rider. The following exclusions and limitations also apply:

- 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, or 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, acupuncture, hypnotherapy, behavior training, sleep therapy, weight programs, massage therapy, lomi lomi, educational programs, naturopathy, podiatry, rest cure, aroma therapy, osteopathy, non-medical self-care or self-help, or any self-help physical exercise training, or any related diagnostic testing.
- Vitamins, minerals, nutritional supplements, botanicals, ayurvedic supplements, homeopathic remedies or other similar-type products.
- Nutritional supplements which are Native American, South American, European, or of any other origin.
- Traditional Chinese herbal supplements.

- Nutritional supplements obtained by Members through a health food store, grocery store or by any other means.
- Prescriptive and non-prescriptive drugs, injectables and medications.
- Transportation costs, such as ambulance charges.
- Hospitalization, manipulation under anesthesia, anesthesia or other related services.
- Diagnostic tests, laboratory services and tests for Acupuncture.
- Services or treatment for pre-employment physicals or vocational rehabilitation.
- Any services or treatments caused by or arising out of the course of employment or covered under any public liability insurance.
- Air conditioners, air purifiers, therapeutic mattresses, supplies or any other similar devices or appliances; all chiropractic appliances (except as covered in this rider) or durable medical equipment.
- 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 ASH, except for an initial examination.
- Any office visits beyond the maximum limit (stated in the *Benefit Summary*) per calendar year.

What you need to know about your alternative medicine benefits

1. **Do I need to see my Kaiser Permanente physician to obtain a referral for a Participating Chiropractor or Participating Acupuncturist?**
No. These alternative medicine services do not require a Kaiser Permanente physician's approval.
2. **How do I choose a Participating Chiropractor or Participating Acupuncturist?**
You may select a Participating Chiropractor or Participating Acupuncturist who participates with ASH. You may obtain a list with their addresses and phone numbers by calling the Kaiser Permanente Member Services Department at 1-800-966-5955. 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 the Participating Chiropractor and performed at a Kaiser Permanente location?**
Only medically necessary X-rays authorized by ASH are covered. The X-rays must be performed in either a Participating Chiropractor's office or an ASH 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.

kp.org/medicare

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