

MEMBER handbook

YOUR INTRODUCTION TO KAISER PERMANENTE



Personal notes

Kaiser Permanente Customer Service Center **432-5955** (Oahu), **1-800-966-5955** (Neighbor Islands), or **1-877-447-5990** (TTY for the hearing/speech impaired)

My clinic's phone number: _____

My personal physician's name: _____

My Kaiser Permanente medical record number: _____

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

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

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

This handbook provides general information, not medical advice. And it does not provide information concerning the scope of your coverage. For questions regarding your coverage, please call the Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Information in this handbook is current as of July 2007.

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welcome

TO KAISER PERMANENTE

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

We want your feedback on how helpful this handbook is for you. After you've looked it over, please take the time to complete and return the included prepaid postcard. Your opinions are important to us!

Our philosophy and goals—caring for the whole you

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

Families just like yours have relied on Kaiser Permanente for quality health care since 1958. Kaiser Permanente comprises three entities—Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, and Hawaii Permanente Medical Group, Inc. (HPMG)—which work together to provide you with a broad range of medical care, benefits, and services.

We provide services through our own hospital, Kaiser Permanente Moanalua Medical Center on Oahu, and outpatient medical clinics on Oahu, Maui, and Hawaii. On the Neighbor Islands, Kaiser Permanente physicians are on staff at the community hospitals and we use these hospitals as well as other qualified local facilities and providers.





The quality of care and service we provide to you is extremely important to us. Our own physicians (members of HPMG), all of our affiliated care providers (physicians and other licensed practitioners), and facilities must meet our credentialing, licensing, and performance requirements.

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

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

We have contracted with multiple providers that our members on Kauai, Lanai, and Molokai can see for primary care. For more information, see "Getting care on Kauai, Lanai, and Molokai" on page 26.

interpreter

SERVICES

口譯服務

No ke kōkua me ka unuhi 'ōlelo 'ana

Serbisyo ti Intripiti

通訳サービス

통역 서비스

Auaunaga a Faamatalaupu

Servicios de Interpretación

Mga Serbisyo ng Pagsasa ■

Dịch Vụ Thông Dịch

We offer interpreter services at no charge. If you need an interpreter during your next visit to the doctor, please inform the appointment clerk when you're scheduling your appointment. For all other questions (such as benefits inquiries or ordering a Kaiser Permanente identification card), please call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). The Customer Service representative will provide an interpreter over the phone. Members who are deaf, hard of hearing, or speech impaired may call **1-877-447-5990** (TTY).

繁體中文

我們提供免費口譯員服務。若您下次看醫生時需要口譯員，在您安排預約醫生時，請告知預約部職員。有關其他的問題（例如福利諮詢或預定 Kaiser Permanente 身份證），請致電 Kaiser Permanente 客戶服務中心：**432-5955** (Oahu) 或 **1-800-966-5955** (鄰近島嶼)。客戶服務代表將透過電話為您提供口譯員。聽障人士和語言障礙人士可致電：**1-877-447-5990** (TTY)。



‘Ōlelo Hawai‘i

Aia he kōkua manuahi me ka unuhi ‘ōlelo ‘ana. Inā makemake ‘oe i kekahi mea unuhi ‘ōlelo i kou hele hou ‘ana i ke kauka e ‘olu‘olu e noi i ka mea ho‘opa‘a manawa ma ke ke‘ena kauka i po‘e kōkua no ka unuhi‘ōlelo ‘ana. Inā he mau nīnau hou a‘e e pili ana i nā pono ‘ē a‘e e like me ka loa‘a ‘ana ke kaleka ID hou a i ‘ole nā pono ‘ē a‘e, e kelepona aku i ke kiko waena kōkua o Kaiser, ‘oia ho‘i, Kaiser Permanente Customer Service Center, ma ka helu **432-5955** (O‘ahu) a i ‘ole **1-800-966-5955** ma nā mukupuni ‘ē a‘e. Na ka ‘elele o ka mea kōkua (customer service representative) e ho‘opa‘a i mea unuhi ‘ōlelo nou ma ke kelepona. Hiki i ka po‘e kuli ke ka‘a‘ike ma ka helu TTY ma ka helu **1-877-447-5990**.

Ilokano

Idiaya mi ti serbisyo ti intripiti nga awan iti bayad. No kasapulam ti intripiti iti sumaruno nga pangbisitam iti doktor, pangngaasim ta ibagam iti eskribyente a para ilista no agpaiskedyul ka iti sumaruno a panagpadoktor mo. Iti dadduma pay a suludsud (kasla koma ti panangdamag dagiti benepisyo wenno panag-order iti kard (ID) a Kaiser Permanente), pangngaasim ta tumawag ka iti Sentro ti Serbisyo a tumultulong kadagiti kliente iti **432-5955** (Oahu) wenno **1-800-966-5955** (kaaruba nga isla). Ti representante ti Serbisyo a Tumultolong kadagiti kliente ket mangited iti intripiti dita telepono. Dagiti addaan iti diperensya ti panagdengnggeg ken panagsao ket mabalin a tumawag iti **1-877-447-5990** (TTY).

日本語

通訳サービスを無料で提供しております。次回の来診時に通訳がご入り用の場合は、予約をする際、予約受付にお知らせください。その他のご質問（補償範囲についてのお問い合わせやカイザーパーマネントIDカードのお申し込み等）はカイザー・パーマネントのカスタマーサービスセンター：電話 **432-5955** (オアフ島) / **1-800-966-5955** (近隣の島から)にお電話ください。カスタマーサービスでは通訳が電話での対応を致します。また聴覚障害をお持ちの方はテレタイプライターサービス**1-877-447-5990**もご利用いただけます。

한국어

저희는 통역 서비스를 무료로 제공해 드립니다. 다음 번 진료 받으실 때, 통역이 필요하시면, 예약하시면서 예약 담당 직원에게 말씀해 주십시오. 그 밖에 다른 어떤 궁금하신 점(보험 관련 질문 또는 카이저 보험 카드 발급 신청 등)이 있으시면, 카이저 고객 서비스 센터 전화 **432-5955** (오아후 섬) 또는 **1-800-966-5955** (오아후가 아닌 다른 어떤 인근 섬인 경우)로 연락해주시기 바랍니다. 그러면, 고객 서비스 센터의 상담원이 전화 상으로 통역을 통해 도와 드릴 것입니다. 청각 장애인이신 경우엔, 청각 장애인용 전용 번호인 **1-877-447-5990** 을 이용하시면 됩니다. 감사합니다.



Faasamoa

E matou te ofoina atu auaunaga a faamatalaupu e aunoa ma se totogi. Afai e te manaomia se faamatalaupu i le isi taimi e vaai ai le fomai, faamolemole logo le failautusi (appointment clerk) o loo faasoloina taimi ao faatulaga sou taimi mo le fomai. Mo nisi fesili uma (e pei o le fia malamalama i penefiti poo le okaina o (ID Card) pepa e faailoa ai tagata o le Kaiser Permanente), faamolemole valaau le Ofisa Tutotonu o Auaunaga mo Tagata a le Kaiser Permanente i le numera **432-5955** (Oahu) poo le **1-800-966-5955** (mo Motu Tuaoi). O le sui o le Ofisa o Auaunaga mo Tagata o le a sailia se faamatalaupu i luga o le telefoni. O i latou e faaletonu le faalogo poo le tautala e ono mafai ona valaau i le **1-877-447-5990** (TTY).

Español

Ofrecemos servicios gratuitos de interpretación. Si necesita un intérprete para su próxima consulta médica, avísele a la persona encargada de las citas cuando haga su siguiente cita. Si tiene alguna otra pregunta (por ejemplo, dudas sobre sus beneficios o cómo pedir una tarjeta de identificación de Kaiser Permanente), llame al Centro de Servicio al Cliente de Kaiser Permanente al **432-5955** (en Oahu) o al **1-800-966-5955** (en las islas vecinas). El representante de Servicio al Cliente le conectará con un intérprete por teléfono. Los miembros con problemas auditivos o del habla pueden llamar al **1-877-447-5990** (TTY).

Tagalog

Naghahandog kami ng mga serbisyo sa pagsasalinhika nang walang singil. Kung kayo ay nangangailangan ng isang tagasalin sa inyong susunod na pagbisita sa doktor, mangyaring sabihan lang ang taga-ayos ng iskedyul ng pakikipagkita sa doktor habang kayo'y nagpapalista upang makikipagkita sa doktor. Para sa iba pang mga katanungan (tulad ng mga tanong tungkol sa mga benepisyo o pag-order ng ID card ng Kaiser Permanente), mangyaring tumawag lamang sa Customer Service Center ng Kaiser Permanente sa **432-5955** (Oahu) o sa **1-800-966-5955** (Neighbor Islands). Magbibigay ng tagasalin ang kinatawan ng Customer Service habang nasa telepono kayo. Ang may mga kapansanan sa pandinig ay maaaring tumawag sa **1-877-447-5990** (TTY).

Tiếng Việt

Chúng tôi cung cấp các dịch vụ phiên dịch miễn phí. Nếu quý vị cần thông dịch viên trong buổi khám sắp tới với bác sĩ, xin báo cho nhân viên xếp hẹn biết khi quý vị lấy hẹn. Đối với tất cả những thắc mắc khác (thí dụ như thắc mắc về quyền lợi hoặc đặt thẻ nhân viên Kaiser Permanente), xin gọi Trung Tâm Dịch Vụ Khách Hàng (Customer Service Center) của Kaiser Permanente tại số **432-5955** (Oahu) hoặc **1-800-966-5955** (Neighbor Islands). Đại diện Dịch Vụ Khách Hàng sẽ cung cấp một thông dịch viên qua điện thoại cho quý vị. Những hội viên bị khuyết tật về thính giác hoặc lời nói có thể gọi số **1-877-447-5990** (TTY).

emergency

SERVICES

We cover emergency care from Plan providers and non-Plan providers anywhere in the world.

If you think you are having an emergency, go immediately to the Emergency Department. Do not take the time to call Kaiser Permanente, as precious time may be wasted. If you think you need an ambulance, call 911.

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

A medical emergency is a sudden, unforeseen, and potentially life-threatening situation that requires immediate medical attention. Examples include, but are not limited to:

- Heart attack or stroke symptoms, such as chest pain, sweating, severe headaches, inability to move an arm or leg, or inability to speak or smile.
- Extreme difficulty breathing.
- Sudden or extended loss of consciousness.
- Uncontrollable bleeding.
- Sudden loss of vision.

The copayment for an Emergency Department visit within the Hawaii service area varies depending upon your plan benefits. Emergency services from non-Kaiser Permanente practitioners are covered by your health plan benefits only if you meet all of the following requirements:

1. The services meet the prudent layperson standard.

2. The services were immediately required because it was an unforeseen illness or injury.
3. The delay caused by going to see a Kaiser Permanente practitioner would have resulted in death, serious impairment to bodily functions, serious dysfunction of a bodily organ or part, or placed the health of the individual in serious jeopardy.

For all urgent and non-life-threatening medical conditions, you must go to a Kaiser Permanente clinic or to our Moanalua Medical Center on Oahu in order for coverage to apply. Continuing or follow-up care from non-Kaiser Permanente practitioners is not covered. Refer to your *Benefits Summary*, which you may obtain from your employer or group administrator, for a description of coverage for emergency services.

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

after-hours AND urgent care

SERVICES

For medical problems or questions you may have after the clinics are closed, you may call our After-Hours Advice Line.

After-Hours Advice Line

This service is available exclusively for Kaiser Permanente members. Registered nurses will provide advice when medically appropriate or direct you to the appropriate place for care. You'll need to provide your medical record number (shown on the front of your ID card) or the medical record number of the person you're calling about. Keep that number handy so that we will be able to help you more quickly.

The After-Hours Advice Line is open:

- Monday–Friday, 5 p.m.–8 a.m.
Saturday, noon–Monday, 8 a.m.
Holidays, 8 a.m.–8 a.m. (next day)
- Oahu **432-7700**
Neighbor Islands **1-800-467-3011**
TTY **1-877-447-5990**

Kaiser Permanente also offers online services at kp.org, such as viewing select lab test results, e-mailing your doctor's office (for nonurgent concerns), researching featured health topics, accessing our up-to-date health encyclopedia, and much more.

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

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

For advice during clinic hours, call your local clinic.



Getting care after hours

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

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

- Monday–Friday, 5–9 p.m.
Saturday, noon–5 p.m.
Sunday and holidays, 8 a.m.–5 p.m.
- Closed on Christmas Day and New Year’s Day

The cost for an after-hours clinic visit is the same as for a routine clinic appointment.

At our Waipio Clinic on Oahu, you can get care after hours:

- Monday–Friday, 5–8 p.m.
Saturday, noon–5 p.m.
- Closed Sundays and holidays

You must call to make an appointment to get care after hours at our Waipio Clinic.

Urgent care

Our Honolulu Clinic’s Urgent Care Department provides nonemergency, nonroutine care to walk-in patients.

Our doctors at this clinic can provide you care for many minor traumas and problems, including sprains, dislocations, and lacerations. Because this is a walk-in service, your wait time will depend on the severity of your condition. For more information, call **432-2000**.

At our Honolulu Clinic, urgent care is available:

- 7 days a week
- 8 a.m.–7:30 p.m.
- Closed on holidays

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

YOUR rights AND responsibilities

As your health care team, we treat you, other members of your care team, and our community as part of our ohana.

We support each other to provide quality care for the health and well-being of our families and the community. We acknowledge the importance of these needs and strive to exceed expectations.

You're our partner in your good health. Your participation in decisions about your health care is important. Your willingness to speak with your doctor and other practitioners about your health goals can help us provide you with care that's right for you.

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

Your rights

For detailed information about your right to privacy, please refer to our *Notice of Privacy Practices*. You can find the *Notice of Privacy Practices* on our Web site at kp.org, or contact our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

You have the right to:

→ **Receive information about Kaiser Permanente**, our services, our health care practitioners and providers, and your rights and responsibilities.

- **Get information about the people who provide your health care**, including their names, professional status, and board certification.
- **Be treated with consideration, compassion, and respect**, taking into account your dignity and individuality, including privacy in treatment and care.
- **Make decisions about your medical care**. This includes advance directives to have life-prolonging medical or surgical treatment given, ended, or withheld; withholding resuscitative services; and care at the end of life. You have the right to assign another person to make health care decisions for you, to the extent allowed by law.
- **Voice your complaints freely without fear of discrimination or retaliation**. If you are not satisfied with how your complaint was handled, you may have us reconsider your complaint.
- **Make recommendations** regarding Kaiser Permanente's Member Rights and Responsibilities statement.
- **Be involved and include your family in the planning** of your medical care. You have the right to be informed of the risks, benefits, and consequences of your actions. You may refuse to participate in experimental research.



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

YOUR RIGHTS AND RESPONSIBILITIES (CONTINUED)

Your rights (continued)

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

Your responsibilities

As a partner in your health care, you have the following responsibilities:

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

Hospital patient rights

For questions or concerns, please contact our social workers at **432-7100** (Oahu) or page us through the hospital operator at **432-0000** (Oahu). You can also contact our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

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

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

YOUR RIGHTS AND RESPONSIBILITIES (CONTINUED)

Care when you need it

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

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

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

Privacy information

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

We will release your PHI when you give us written authorization to do so, when the law requires us to disclose information, or under certain circumstances when the law permits us to use or disclose information without your permission. For example, in the course of providing treatment, our health care professionals may use and disclose your PHI in order to provide and coordinate your care without obtaining your authorization.

Your PHI may also be used without your authorization to determine who is responsible to pay for medical care and for other health care operations purposes, such as quality assessment and improvement, and customer service and compliance programs. If you are enrolled in Kaiser Permanente through your employer or employee organization, we may be allowed under the law to disclose to that organization 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).

IMPORTANT phone numbers

In Hawaii

Customer Service Center

Monday–Friday, 8 a.m.–5 p.m.

Saturday, 8 a.m.–noon

Oahu **432-5955**

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

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

After-Hours Advice Line

Monday–Friday, 5 p.m.–8 a.m.

Saturday, noon–Monday, 8 a.m.

Holidays, 8 a.m.–8 a.m. (next day)

Oahu **432-7700**

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

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

Get care after hours at our Waipio Clinic

Monday–Friday, 5–8 p.m.

Saturday, noon–5 p.m.

Sunday and holidays, closed

After-hours clinic hours

(Maui Lani Clinic)

Monday–Friday, 5–9 p.m.

Saturday, noon–5 p.m.

Sunday and holidays, 8 a.m.–5 p.m.

Closed on Christmas Day and New Year's Day

Urgent care clinic hours

(Honolulu Clinic)

Every day, 8 a.m.–7:30 p.m.

Closed on holidays

Hawaii Poison Center

Toll free from

your island **1-800-222-1222**

Hawaii State Department of Commerce and Consumer Affairs— Insurance Division

Oahu **586-2790**

Hawaii **974-4000**

Maui **984-2400**

Kauai **274-3141**

Kaiser Permanente Healthwise® Handbook

To request a handbook, please call

1-800-395-0333

Hawaii Med-QUEST Division (Medicaid)

Monday–Friday, 7:45 a.m.–4:30 p.m.

Oahu **586-5390**

Occupational Health Services

For additional information or to schedule an appointment

Oahu **432-2208**

Neighbor Islands **1-888-683-2208**



Prescription refills

Kaiser Permanente’s automated prescription refill line

Oahu **432-7979**
 Neighbor Islands **1-888-867-2118**

→ **Automated Refill Center**

Monday–Friday, 8:30 a.m.–5 p.m.

Oahu **432-5510**
 Neighbor Islands **1-866-250-1805**

→ **TTY**

(for the deaf, hard of hearing, or speech impaired)

Toll free from your island **711**
 or **1-877-447-5990**

Outside Hawaii

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

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

Colorado

From Denver/
 Boulder/Longmont **303-338-3800**
 Colorado Springs **1-888-681-7878**
 From other areas **1-800-632-9700**

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

Georgia

Metropolitan Atlanta **(404) 261-2590**

Idaho **1-888-901-4636**

Maryland

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

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

Oregon

From Portland area **(503) 813-2000**
 From other areas **1-800-813-2000**

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

Washington

Kaiser Permanente **1-800-813-2000**
 Group Health
 Cooperative **1-888-901-4636**

WHO TO call FOR help

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

Customer Service Center

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

Monday–Friday, 8 a.m.–5 p.m.
Saturday, 8 a.m.–noon

Oahu **432-5955**

Neighbor Islands and
outside the Hawaii
service area **1-800-966-5955**

TTY (for the deaf,
hard of hearing, or
speech impaired) **1-877-447-5990**

Or visit **kp.org**

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

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

The following are also available upon request:

- Conditions under which Health Plan may change premium rates and the factors that may affect changes in the rates.
- Provisions related to renewing your coverage.
- Provisions related to preexisting condition exclusions.
- Benefits and premiums for all types of coverage for which the employer is qualified under state law.
- Any affiliation period.
- The geographic area served.



Member satisfaction procedure

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

Our address

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

Phone numbers

Oahu	432-5955
Neighbor Islands	1-800-966-5955
TTY	1-877-447-5990

About quality care

Each year, Kaiser Permanente drafts a quality summary report that identifies the goals, objectives, and activities we use to improve care and service to members and the community. For a free copy of this report, please call our Quality Management Department at **(808) 432-7533**. You may also view the report on our Web site at **kp.org**.

BECOMING A member

OF KAISER PERMANENTE

Who may enroll

You and your eligible dependents may enroll if you live in the Hawaii service area of Oahu, Maui, Kauai, Lanai, Molokai, and Hawaii (except for ZIP codes 96718, 96772, and 96777) at the time of enrollment. After enrollment, you must continue to live in the Hawaii service area in order to remain a member. Subscribers who work, but don't live, in the Hawaii service area may also enroll, as long as they reside in the state of Hawaii. Family dependents must live in the Hawaii service area.

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

- Your spouse
- Your and/or your spouse's unmarried dependent children (biological, adopted, or step) under age 19
- Your and/or your spouse's unmarried dependent children (biological, adopted, or step) under age 25 who are pursuing a license, degree, or professional certification at a state-recognized and fully accredited educational institution on a full-time basis
- Your and/or your spouse's disabled children (biological, adopted, or step) who are chiefly dependent upon you and/or your spouse for support and who are incapable of self-sustaining employment because of mental retardation or physical handicap (the disability must have occurred prior to age 19 or when still a dependent on the subscriber's plan as a full-time student under age 25). You must apply for continued enrollment for disabled dependents and you must furnish proof of the incapacity and dependency within 31 days of any Health Plan request
- Any other unmarried person who is under age 19, entirely supported by you or your spouse, permanently residing in your household, for whom you or your spouse is (or was before the person's 18th birthday) the court-appointed guardian, and living in a parent-child relationship
- Newly eligible dependents, such as a new spouse, a newborn child, or children placed with you for adoption, **if you apply and pay any applicable dues within 31 days of their becoming eligible** to enroll (that is, date of marriage, date of birth, or date of placement for adoption) and provide us with any documentation we may reasonably request



Timely enrollment

As the subscriber, you may enroll any newborn or adopted child who newly attains eligibility to become a family dependent by submitting a change of enrollment form to your employer group **and** your employer group submitting the completed enrollment form to Health Plan within 31 calendar days of the newborn's birth or adopted child being placed for adoption. **If Health Plan fails to receive the completed enrollment form within 31 calendar days of the newborn's birth or the child being placed for adoption, the newborn or adopted child may not be enrolled until your employer group's next open enrollment period.**

Effective date for newborns

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

For mothers who are covered by a non-Kaiser Permanente insurer, plan to obtain their prenatal care from a

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

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

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

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

BECOMING A MEMBER OF KAISER PERMANENTE (CONTINUED)

Effective date for newborns/ children who are subjects of a petition to adopt (continued)

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

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

Who is ineligible for this plan

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

If you become eligible for Medicare

Medicare is the federal health insurance program for people 65 or older, some people under 65 with certain disabilities, and people of all ages with end-stage renal disease (permanent kidney failure requiring

dialysis or a kidney transplant).

To obtain information about your eligibility or benefits under Original Medicare, you may call **1-800-MEDICARE (1-800-633-4227)** or access the **medicare.gov** Web site.

When you reach 65 or become eligible for Medicare, a change in your premium may occur. If you become eligible for Medicare, you may continue your Kaiser Permanente membership in addition to Original Medicare or you may be eligible for enrollment in our Medicare Advantage plan called Kaiser Permanente Senior Advantage. Different rules apply for nongroup members. Prospective Senior Advantage plan enrollees must reside in the Senior Advantage Hawaii service area of Oahu, Maui, and Hawaii (except for ZIP codes 96718, 96772, and 96777). For more information about whether you qualify to enroll in Senior Advantage, please call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Your Kaiser Permanente identification card

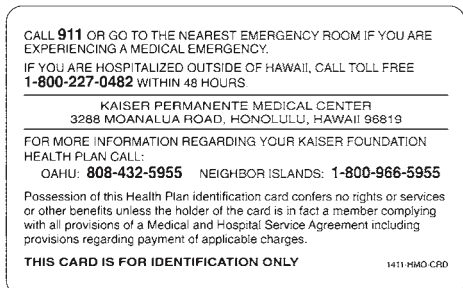
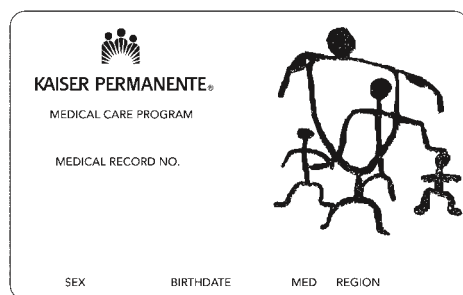
You'll need to present your Kaiser Permanente identification card to receive care and service from us. Please carry it with you at all times. If you lose or damage your ID card, call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands), or sign on to **kp.org**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

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

Medical record number

This number is your unique membership number. Please provide this number when calling us for an appointment.

Here's an example of what your ID card looks like.



Protecting you from health care fraud

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

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

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

MAKE YOUR care PERSONAL

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

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

How to choose your doctor

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

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

- **Family practice** doctors care for members of all ages and are especially interested in caring for entire families.
- Doctors who specialize in **pediatrics** focus on child development and general medical care for children up to age 19.

→ **Internal medicine** specialists focus on medical care for adults 18 and older and the diagnosis and treatment of a wide variety of nonsurgical illnesses.

Step 3: Review the profiles of the available physicians. You have several resources available:

→ **Physician biography cards**, which provide background information on each facility's/department's physicians. You can find these cards at reception counters in our clinics.

→ *Our Physicians and Locations Directory*.

→ *Our Web site, kp.org.*

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

Appointments

Services offered by clinics are listed in *Our Physicians and Locations Directory*. Call the appointment number at your clinic during office hours for nonemergency health problems or for routine examinations. Please let us know the reason for your visit when you call to schedule your appointment.



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

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

If you're bringing a child in for treatment and the child is not your own, you must have a notarized *Authorization to Treat a Minor* form or a notarized *Health Care Power of Attorney* form. We will not be able to treat the child without one of these

forms. To obtain these forms, please contact the Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Self-referrals

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

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

Specialty care

You'll need a referral to see a specialist for the first time. Your personal physician can refer you to a specialist when it's medically necessary.

MAKE YOUR CARE PERSONAL (CONTINUED)

Getting care on Kauai, Lanai, and Molokai

Kaiser Permanente has contracted with independent primary care providers on Kauai, Lanai, and Molokai to care for our members on these islands. As a member, you can choose your own personal physician and go to him or her directly for all your primary care needs as well as management of your care, including coordination of specialty care and referrals. You may choose your personal physician from doctors in the fields of Internal Medicine, General or Family Practice, or Pediatrics. You can also see our contracted specialists in the departments of Obstetrics/Gynecology, Optometry, and Ophthalmology without a referral, although we encourage you to coordinate your overall medical care with your personal physician.

For a directory of primary and specialty care physicians, call our Customer Service Center at **1-800-966-5955** or **1-877-447-5990** (TTY for the deaf, hard of hearing, or speech impaired) weekdays from 8 a.m. to 5 p.m. and Saturday from 8 a.m. to noon, or visit our Web site at kp.org.

Hospital care is available on Kauai at Wilcox Memorial Hospital, Kauai Veterans Memorial Hospital, and the Sam Mahelona Memorial Hospital for urgent or emergency care. Hospital care is available on Molokai at Molokai Family Health Center and Molokai General Hospital. Specialty hospital care may be directed and/or transferred to Kaiser Permanente Moanalua Medical Center. Ancillary services are available via contracts locally with appropriate providers for services such as home health, skilled nursing facilities, lab tests,

diagnostic imaging, hospice, durable medical equipment, and pharmacy.

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

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

Helping members like you get and stay healthy is one of our highest priorities at Kaiser Permanente.

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

We understand that making lifestyle changes isn’t easy. That’s why we offer a broad range of self-care tools designed to help you succeed—one step at a time. We encourage you to use these tools at a time and place convenient for you.

Kaiser Permanente Healthwise® Handbook

Our self-care guide can answer many of your questions about more than 200 common health care problems. It also includes information about:

- Health concerns unique to Hawaii
- Fitness and relaxation
- Nutrition

→ Mental health and wellness

The *Kaiser Permanente Healthwise® Handbook* is mailed to all new subscriber households. If you haven't received your copy, just call **1-800-395-0333** to request one.

kp.org

Our Web site brings the latest healthy lifestyle and medical information right into your own home—anytime, day or night. Here are some of the things you can do online to help you stay healthy:

- Use our personalized online health programs to lose weight; reduce stress; improve eating habits; quit smoking; or manage ongoing health conditions such as asthma, diabetes, back pain, depression, heart disease, and osteoporosis.
- Access our online health and drug encyclopedias.
- Link to secure Web features that can help you manage your health. This includes e-mailing your doctor's office or your child's doctor's office, ordering prescription refills, viewing most lab test results, viewing allergy information, making nonurgent appointments, checking your past office visits, and looking up future appointments. The first time you use our secure member features, you'll need to register. Ask our clinic staff about registering the "wiki wiki" way!

Healthroads

In life, there are many paths you can take on your road to good health. Here are just a few options we provide you as a Kaiser Permanente member.

Discounts and preferred rates on health products and services

Healthroads is a comprehensive health program offering a directory of complementary health care providers, information about complementary health services, and low rates on health and wellness products.

The Healthroads program offers discounted rates on:

- Chiropractic care
- Acupuncture
- Massage therapy services

You also receive preferred low rates on:

- Fitness club memberships
- Herbs, vitamins, and supplements purchased online
- Health and fitness books and videos

You can use any of our contracted providers; a referral from your personal physician is not required. You're responsible for paying the provider's discounted fees at the time you receive care.

Visit **kp.org/healthroads** to search for complementary health information, shop for health products at the online store, or locate a complementary health provider.

You can also call **1-877-335-2746** (toll free) to request a list of contracted providers, a member brochure, or a product listing.

MAKE YOUR CARE PERSONAL (CONTINUED)

Health education programs

Healthroads for Living is an education program that helps you achieve your health and fitness goals through telephone support from trained professionals and specialized interactive tools. Also included are Web-based education resources, such as health assessments, goal trackers, reporting tools, and electronic communications with Healthroads educators. These programs can help you:

- Lose weight
- Quit smoking
- Reduce stress
- Exercise
- Modify your diet
- Lower your risk for disease
- Cope with chronic pain or illness
- Reach your health goals

You may choose from six Healthroads for Living options, each with different levels of services and fees designed to meet different needs and budgets.

Call **1-877-330-2746** (toll free) to learn how you can get started on the program. Or visit kp.org/healthroads to sign up, read an overview of the program, or take an online tour.

Advance health care directives

At Kaiser Permanente Hawaii, we support your right to make decisions regarding your health care, and we want to know how to manage your health care when you can no longer tell us. In fact, we encourage you to make these important decisions now, when you're healthy. With an advance

health care directive, you can take charge of your health care and help ensure that your wishes will be respected.

By putting your wishes in writing, you can be sure that your family and health care team will know your wishes if you become unable to make decisions for yourself. And by clarifying your wishes at a time when you're able to think clearly about them, you free your family from having to make difficult decisions for you.

The Patient Self-Determination Act, effective December 1991, requires that hospitals and other health care providers inform patients about their rights regarding advance health care directives.

→ **End-of-life decisions:** You have the right to give instructions about your own health care. You may express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive. These include artificial nutrition and hydration (tube feeding and intravenous fluids) as well as pain-relief medication. Discuss these important decisions with your family and doctor.

→ **Health Care Power of Attorney:** Health Care Power of Attorney allows you to name another individual as your agent to make health care decisions for you. You may choose to have your agent make decisions for you immediately or only when you become incapable of making your own decisions.

You may name an alternate agent to act for you if your first agent is

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

Your completed document(s) will be available 24 hours a day from Kaiser Permanente. By completing an advance health care directive, you will help your family by freeing them of the responsibility of having to make difficult decisions for you.

→ **Organ and tissue donations:**

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

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

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

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

→ **Refusal of treatment and/or medical services for adults:**

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

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

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

USING YOUR plan

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

Paying for your visit

Once you've registered with our clinic receptionist, you will be directed to your provider. The receptionist will also tell you the office visit copayment amount that may be applicable to your visit. Before leaving the clinic, go to the cashier to pay the amount due for your visit. You may show your Kaiser Permanente identification card or any forms you may have received when you checked in.

When you plan for your visit, please remember that all supplemental charges, such as office visit, lab, X-ray, other test, procedure, or prescription medication copayments, are due on the same day that you receive services. You may pay with cash, personal check, or credit card, including Visa®, MasterCard, Discover Card, and American Express. If you don't pay that same day, we'll bill you for your supplemental charges.

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

We may request deposits prior to your appointment for certain high-cost services or items related to procedures you've been scheduled for. We may also require payment in advance for services not covered under your health

plan benefits. You'll be notified in advance when we require deposits or prepayments.

Preventive care guidelines

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

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

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

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

Preventive care services for healthy children

AGE	VACCINATION*	CHECKUP
Birth	Hep B (Hepatitis B)	
2 weeks		Well-child visit
2 months	DTaP (diphtheria, tetanus, acellular pertussis), Hib (<i>Haemophilus influenzae type b</i>), 2nd Hep B, Polio vaccine, Pneumococcal conjugate vaccine	Well-child visit
4 months	2nd DTaP, 2nd Hib, 2nd Polio, 2nd Pneumococcal conjugate vaccine	Well-child visit
6 months	3rd DTaP, 3rd Hib as indicated, 3rd Hep B, 3rd Polio, 3rd Pneumococcal conjugate vaccine, Influenza: annually to age 2	Well-child visit
9 months	Blood test, TB (tuberculosis) skin test	Well-child visit
12 to 13 months	MMR (measles, mumps, rubella), Hib booster, 4th Pneumococcal conjugate vaccine, Hep A	Well-child visit
15 months	4th DTaP, varicella (chicken pox)	Well-child visit (when indicated)
18 months	2nd Hep A, catch-up vaccinations as needed	Well-child visit
2 to 3 years	TB screening	Every year
4 to 6 years	TB skin test, 5th DTaP, 2nd MMR, varicella (chicken pox) booster, 4th Polio	Every year
6 to 13 years	Td (tetanus/diphtheria) booster at 11 to 13 years if more than 5 years from the last DTP/DTaP/DT, then every 10 years	Every 2 years
14 to 18 years	3 HPV vaccinations (females), Td booster if not given at 11 to 13 years, then every 10 years	Every year—health risk behavior screening

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

USING YOUR PLAN (CONTINUED)

Safety and health

AGE*	RECOMMENDATION	COMMENTS
Infant	Ensure safe sleeping	Babies should sleep on their sides or backs (not stomachs) to help prevent sudden infant death syndrome (SIDS).
Infant	Avoid sun exposure	Sun exposure is the direct cause of skin cancer. Keep your baby covered up when outside or use a sunscreen specifically formulated for infants.
Infant/toddler	Prevent injuries and accidents	Childproof your home with childproof latches, outlet covers, and other safety devices.
Infant/toddler	Provide proper nutrition	Feed your baby with breast milk, if possible, for at least the first year. Low-fat diets are not recommended for infants and toddlers.
Infant/toddler	Prevent tooth decay	Only give your baby bedtime bottles containing water. Liquids with natural or artificial sugar, such as milk or juice, contribute to tooth decay. Provide fluoride supplements between 6 months to 12 years of age.
Infant/toddler	Travel safely	Always put your child in an age-appropriate, approved car seat. Car seats should be installed in the back seat only.
School age/ adolescent	Practice good oral hygiene	Brush regularly with a fluoride toothpaste and floss daily to prevent gum disease.
School age/ adolescent	Prevent injuries and accidents	Always wear a seat belt. Use safety equipment, such as helmets and other protective gear, when riding a bicycle, skating, and playing sports.
School age/ adolescent	Avoid alcohol	Don't drink. Don't ride in a car with a driver who has been drinking.
School age/ adolescent	Say no to tobacco and drugs	Don't smoke or chew tobacco. Don't take drugs. If you want to quit, talk to your health care practitioner—we can help.

AGE*	RECOMMENDATION	COMMENTS
School age/ adolescent	Limit sun exposure	Apply sunscreen before going out in the sun and reapply regularly. Wear long-sleeved shirts, hats, and sunglasses whenever possible.
School age/ adolescent	Eat a balanced diet	Have 5 or more servings of fruits and vegetables every day. Limit fat and cholesterol. Eat foods high in fiber and calcium.
School age/ adolescent	Exercise regularly	Participate in sports or some other form of exercise for at least 30 minutes each day.
Adolescent	Prevent sexually transmitted diseases and unintended pregnancy	Abstinence is your best protection. If you are sexually active, always practice safer sex and use contraception.
All	Avoid accidental poisoning	Keep medications, household chemicals, and other dangerous substances locked up and out of reach. Post the Poison Control Center number near your telephone.
All	Install smoke detectors	Check alarms once a month and change the batteries yearly.
All	Prevent firearm accidents	Encourage gun safety. Lock up guns and keep ammunition separate.
All	Provide clean air	Don't allow anyone to smoke around your child.

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

USING YOUR PLAN (CONTINUED)

Preventive care services for healthy adults

ACTION	AGE	HOW OFTEN
VACCINATIONS		
Tetanus-diphtheria booster	18 years and older	Once every 10 years
Influenza (flu)	50 years and older	Once every year
Pneumococcal (pneumonia)	65 years and older	Once; revaccination for high-risk conditions, or if first dose given 5 or more years prior, at age less than 65
CANCER RISK SCREENING		
Colorectal exam (flexible sigmoidoscopy)	50 years and older	Every 5 to 10 years
Stool blood test	50 years and older	Every 1 to 2 years
Mammogram	40 to 75 years	Every 1 to 2 years
Pap test	Start at 21 years or within 3 years of onset of sexual activity	Every 3 years after 2 normal Pap tests in consecutive years
OTHER PREVENTIVE SERVICES		
Blood pressure	20 years and older	Every 2 years
Lipid evaluation	Men start at 35 years Women start at 45 years	Every 5 years
Bone mineral density test for osteoporosis	65 years and older	Once
SEXUALLY TRANSMITTED DISEASES		
Chlamydia urine test	25 years and younger	Once every year for sexually active women

ACTION	AGE	HOW OFTEN
SELF-CARE AND RISK COUNSELING		COUNSELING
Don't use tobacco	All ages	Don't smoke and avoid secondhand exposure.
Substance abuse avoidance	All ages	Avoid or quit drugs and limit alcohol.
Avoid excessive sun exposure	All ages	Use a sunscreen daily with a sun protection factor (SPF) of at least 15.
Appropriate physical activity	All ages	30 minutes at least 4 to 5 times weekly.
Diet	All ages	Eat at least 5 fruits and vegetables a day, plenty of fiber, and limited fat and cholesterol. Women: Eat foods high in calcium, iron, and folate. Consider supplements.
Injury/accident prevention	All ages	Always wear a seat belt and use a motorcycle/bicycle helmet; don't drink and drive; keep guns locked in a safe place.
Safer sexual practice	All ages	Avoid HIV/STDs and practice safer sex.
Unintended-pregnancy prevention	All ages	Always use an effective method of birth control.

In accordance with sections 431:10A-115.5 and 431:10A-116(4), Hawaii Revised Statutes, Kaiser Permanente coverage provides for child health supervision services and screening mammography. If you have questions about coverage of medical services mentioned in this grid, please see your *Benefits Summary* or contact our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

USING YOUR PLAN (CONTINUED)

Hospitalization

Kaiser Permanente Hawaii's Moanalua Medical Center includes a 278-bed broad-service hospital staffed and equipped to provide inpatient medical, surgical, obstetrical, and pediatric care for acute illness and injury. The Moanalua Medical Center also includes an ambulatory surgery center, an ambulatory treatment center, a clinical decision unit, physicians' offices, an outpatient clinic, and extensive ancillary support services, including laboratory, pharmacy, and diagnostic imaging. Your admission to the hospital is based on a physician's review of your medical condition. For planned admissions, such as elective (nonurgent) surgery, the admitting physician will notify you during an office visit or by phone when to report to the hospital. If it is an emergency, you'll be cared for immediately by the appropriate medical professionals.

On the Neighbor Islands, our physicians will direct you to a Kaiser Permanente-designated hospital on your island, including Maui Memorial Medical Center, Kona Community Hospital, Hilo Medical Center, North Hawaii Community Hospital, Wilcox Memorial Hospital, Kauai Veterans Memorial Hospital, and Molokai General Hospital.

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

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

Joint Commission accreditation for Kaiser Foundation Hospital and Oahu Home Health

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

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

Kaiser Foundation Hospital (Moanalua Medical Center) and the Oahu Home Health Agency have voluntarily taken part in the accreditation process for many years. The most recent survey of our facilities was completed in May 2006, with accreditation status awarded to both entities.

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

Patient safety

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

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

- **Safe Culture:** Create and maintain a strong, unified patient safety culture, with patient safety and error-reduction embraced as shared organizational values.
- **Safe Care:** Ensure that the actual and potential hazards associated with high-risk procedures, processes, and patient care populations are identified, assessed, and controlled in a way that demonstrates continuous

improvement and moves the organization toward the ultimate objective of ensuring our patients' freedom from accidental injury or illness.

- **Safe Staff:** Ensure that our staff has the knowledge and competence to safely perform required duties and improve system safety performance.
- **Safe Support Systems:** Identify, implement, and maintain support systems that provide the right information to the right people at the right time. This includes responsible reporting.
- **Safe Place:** Design, construct, operate, and maintain the environment of care as well as evaluate, purchase, and utilize equipment and products in a way that enhances the efficiency and effectiveness with which safe health care is provided.
- **Safe Patients:** Engage the patient and his or her family, as appropriate, in reducing medical errors and improving overall system safety performance.

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

- **Ask questions:** It's OK to ask questions and to expect answers you understand.
- **Know the members of your medical team:** All health care professionals must wear identification badges. Don't hesitate to ask them to show their identification badges.

USING YOUR PLAN (CONTINUED)

Patient safety (continued)

- **Wash your hands:** Hand washing prevents the spread of infections. Wash your hands after you move around the room, touch things, or use the bathroom. Don't hesitate to ask your medical team and visitors if they have washed their hands.
- **Share important health information with your medical team:** Several staff members may ask you the same questions—that's OK. It's part of making sure you receive safe care. Discuss all of the medications you're taking, including herbal and over-the-counter medications.
- **Know how to use your medications:** If you don't understand why you're taking a medicine, ask. Ask about side effects and what food or drinks to avoid when taking this medication. Read the labels and all warnings. Make sure that it's the medication ordered for you and you know what to expect.
- **Make sure that you're receiving the correct treatment:** Make sure that all staff members check your identification wristband (if in the hospital) when you receive medication or treatments. When visiting our medical offices, make sure the staff members check your name and birth date. Bringing proper identification, including a photo ID, helps to ensure that we have the correct member when registering you for services.
- **Get all your test results:** Don't assume that the results of your test are OK—always ask for your results. Ask when and how to expect the results.

- **Before you leave the medical offices or hospital:** Make sure you know what you need to do next and who to contact if you have questions.
- **Always carry a list of your current medications with you:** Make sure that you keep an updated list of your medications with you, including the doses and how often you are taking each. When you're admitted to the hospital, your health care team can make sure that your medications don't interfere with your current treatment and won't interact with other medications. Make sure you also list any over-the-counter and herbal medications.

If you have concerns about patient safety or quality of care while in the hospital or home health facility:

Please speak with the physician in charge or ask for the department manager. If you still have concerns, please contact Hospital Administration, which is located on the first floor and can be reached through the hospital operator at **432-0000**. If your concern cannot be resolved through Hospital Administration, you may contact the Joint Commission's Office of Quality Monitoring by calling **1-800-994-6610** or e-mailing complaint@jointcommission.org.

New medical technologies receive thorough review

Doctors depend on research and advances in science to give their patients a better and sometimes longer life. Our Interregional New Technologies Committee, made up of physicians and scientists from

across Kaiser Permanente nationwide, studies medical advances to ensure they are tested, safe, and helpful. By continually reviewing medical advances and our benefits coverage, we strive to provide advanced, effective, and efficient medical care. If you would like to know more about the review process for medical technologies in relation to benefits coverage, please call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Occupational Health Services

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

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

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

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

Pharmacy services

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

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

Drug formulary

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

USING YOUR PLAN (CONTINUED)

Drug formulary (continued)

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

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

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

Even though non-formulary drugs are generally not covered under our pharmacy benefit plan options, your Kaiser Permanente doctor can request a non-formulary drug for you when formulary alternatives have failed and use of the non-formulary drug

is medically necessary, provided the drug isn't an exclusion under the prescription drug benefit. If the request is accepted, and you have supplemental drug coverage, you may purchase your prescription at your usual drug copayment or receive a refund on prescriptions for which you have already paid full price. Non-formulary drugs are not usually stocked in our pharmacies, so it may take a little longer to have your prescription filled.

Understanding your medications

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

Prescription refills

Save time and money. Refill your prescription with one of these simple steps!

1. Order online at [kp.org](https://www.kp.org).
2. Call Kaiser Permanente Hawaii's automated prescription refill service at **432-7979** on Oahu or toll free **1-888-867-2118** on the Neighbor Islands.
3. Use our handy mail-order envelope to get your prescriptions mailed to your home.

If you have a Kaiser Permanente drug rider, you may use our convenient mail-order service and get a 90-day supply of qualified prescription drugs covered under your drug rider for the price of a 60-day supply. Some drugs are not part of this mail-order program, and we will not mail prescriptions to addresses outside of the Hawaii service area. Most prescriptions are delivered within seven days from the time the order was placed, so plan accordingly.

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

Pharmacies where members can get prescriptions and refills

Oahu

Kaiser Permanente Hawaii Kai Pharmacy
6700 Kalaniana'ole Hwy., Suite 111
Honolulu, HI 96825
432-3750

Kaiser Permanente Honolulu Pharmacy
1010 Pensacola St.
Honolulu, HI 96814
432-2060

Kaiser Permanente Kailua Pharmacy
201 Hamakua Drive, Bldg. B
Kailua, HI 96734
432-3451

Kaiser Permanente Koolau Pharmacy
45-602 Kamehameha Hwy.
Kaneohe, HI 96744
432-3850

Kaiser Permanente Automated
Refill Center
Mail-Order Pharmacy
432-5510

Kaiser Permanente Mapunapuna
Pharmacy
2828 Paa St.
Honolulu, HI 96819
432-5760

Kaiser Permanente Moanalua Pharmacy
3288 Moanalua Road
Honolulu, HI 96819
432-8100

Kaiser Permanente Nanaikeola Pharmacy
87-2116 Farrington Hwy.
Waianae, HI 96792
432-3570

Kaiser Permanente Waipio Pharmacy
94-1480 Moaniani St.
Waipahu, HI 96797
432-3150

Haleiwa Pharmacy
66-150 Kamehameha Hwy., Suite 2
Haleiwa, HI 96712
637-9393

Mina Pharmacy, Kapolei
599 Farrington Hwy., Suite 101
Kapolei, HI 96707
674-4477
(for Kapolei Clinic patients and Kapolei-area employees and residents only)

USING YOUR PLAN (CONTINUED)

Pharmacies where members can get prescriptions and refills (continued)

Hawaii

Kaiser Permanente Hilo Pharmacy
1292 Waianuenue Ave.
Hilo, HI 96720
934-4090

Kaiser Permanente Kona Pharmacy
75-184 Hualalai Road
Kailua-Kona, HI 96740
334-4433

Foodland Medicine Cabinet – Waimea
Parker Ranch Center, Suite 109
67-1185 Mamalahoa Hwy.
Kamuela, HI 96743
885-2075

Kamehameha Pharmacy
54-3877 Akoni Pule Hwy.
Kapaau, HI 96755
889-6161

KTA Kamuela Pharmacy
65-1158 Mamalahoa Hwy.
Kamuela, HI 96743
885-0033

Village Pharmacy, Inc.
65-1267 Kawaihae Road
Kamuela, HI 96743
885-4418

Maui

Kaiser Permanente Kihei Pharmacy
1279 S. Kihei Road, Suite 120
Kihei, HI 96753
891-6860

Kaiser Permanente Lahaina Pharmacy
910 Wainee St.
Lahaina, HI 96761
662-6945

Kaiser Permanente Maui Lani Pharmacy
55 Maui Lani Pkwy.
Wailuku, HI 96793
243-6565

Kauai

Kalaheo Pharmacy
4489 Papalina Road
Kalaheo, HI 96741
332-7660

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

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

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

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

Longs Drug Stores, Lihue
3-2600 Kaunualii Hwy., Suite 2000
Lihue, HI 96766
245-8871

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

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

Papalina Pharmacy
4469 Papalina Road, Suite 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 Kaunualii Hwy.
Hanapepe, HI 96716
335-5342

Fee-for-service offerings*

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

LASIK vision correction

Attend a free monthly seminar in Honolulu to learn about this popular vision correction procedure and to find out if you are a good candidate. Quarterly seminars are held on Maui. Call **432-2620** (Oahu) or toll free **1-888-699-3937** (Neighbor Islands) for more information or to attend a seminar.

Eyelid surgery

To learn about services to lift droopy eyelids and eliminate under-eye bags, call **432-2619**.

Cosmetic surgery

To find out about face-lifts, nose reshaping, tummy tucks, liposuction, and breast enlargement and reduction, call **432-8270**.

Cosmetic dermatology

For the following cosmetic dermatology services at the Honolulu, Waipio, and Hawaii Kai Clinics, call **432-2810**.

Services provided by physicians and physician assistants

- Botox wrinkle treatment (forehead, brow, and lines around the eyes).
- Restylane wrinkle treatments (creases and lines between the nose and lips, below the lips, and fine lines above the lips).
- Removal of brow spots, moles, skin tags, and spider veins.

Services provided by aestheticians

- Microdermabrasion and chemical peel treatments for aging and sun-damaged skin.
- Clinical skin care products.
- Free skin care consultation with an aesthetician.

USING YOUR PLAN (CONTINUED)

Fee-for-service offerings*

(continued)

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

Hearing aid center

Our Oahu Hearing Aid Center is located in our Honolulu Clinic. Testing, fitting, and ordering of hearing aids are available. If you have questions about our hearing aid center, please call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands).

Transportation services

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

- Honolulu Clinic
- Kahuku Clinic
- Kapolei Clinic
- Koolau Clinic

- Nanaikeola Clinic
- Waipio Clinic
- Honolulu Airport's Interisland Terminal

Please check the posted schedules at each location for departure and arrival times. Shuttle schedules may change on short notice. Refer to the Clinic Shuttle Schedule bulletin board for the current schedule.

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

- Shuttle services are not available on weekends and holidays.
- For departures from Moanalua Medical Center and Honolulu Clinic, sign-in is required. At Moanalua Medical Center, the sign-in sheet is located at the volunteer desk in the lobby. At our Honolulu Clinic, please see the cashier. For departures from all other clinics, please tell the clinic cashier that you would like to ride the shuttle.
- A maximum of 10 passengers is allowed on the shuttle except for Leeward area clinics, where the maximum is seven passengers.
- Sign-in is not required for the airport shuttle.
- Car seats and wheelchair service are not available. If you live on Maui, Kauai, or the Big Island and need transportation assistance to Oahu for medically necessary care, please contact the Maui/Kauai/Big Island Travel Department at **243-6589** (Maui) or **1-800-214-6572** (Kauai, Big Island, and Oahu).

Travel Medicine Clinic

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

Travel Medicine appointments are also available at our Wailuku Clinic by calling **243-6540** or at our Kona Clinic by calling **334-4400**.

Vision services

Our team of opticians, optometrists, and ophthalmologists are committed to providing high-quality vision services that improve your quality of life. Our vision care centers offer one-stop service with a broad selection of competitively priced eyewear. If eligible, you may apply your Kaiser Permanente optical benefit. For information about your optical benefits, please review your *Benefits Summary*, which you may obtain from your employer or group administrator.

We also have member discounts on multiple eyeglass purchases, contact lenses, and over-the-counter optical supplies.

Great eyewear at great prices

In our optical stores you can browse through our large assortment of stylish and competitively priced frames and lenses, sunglasses, readers, and accessories to complement your lifestyle. We also carry contact lenses, solutions, and supplies (except in our Kona and Hilo Clinics). Most eyeglass repairs and servicing are done on site. Optical sales staff members are available to assist you with selection, fitting, and adjustments, and to answer your questions about the latest innovations in frame and lens technology.

Visit us at kp.org/2020 for more information.

Our vision center locations

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

Oahu

Kaiser Permanente Honolulu Clinic
1010 Pensacola St.
Honolulu, HI 96814
Eyeglasses: **432-2170**
Contact lens services: **432-2610**

Kaiser Permanente Kailua Clinic
201 Hamakua Drive, Bldg. B
Kailua, HI 96734
Eyeglasses: **432-3461**
Contact lens services: **432-2610**

USING YOUR PLAN (CONTINUED)

Vision services (continued)

Oahu

Kaiser Permanente Waipio Clinic
94-1480 Moaniani St.
Waipahu, HI 96797
Eyeglasses: **432-3126**
Contact lens services: **432-2610**

Maui

Kaiser Permanente Kihei Clinic
1279 S. Kihei Road, Suite 120
Kihei, HI 96753
Eyeglasses: **891-6828**
Contact lens services: **1-866-424-7908**

Kaiser Permanente Lahaina Clinic
910 Wainee St.
Lahaina, HI 96761
Eyeglasses: **662-6925**
Contact lens services: **1-866-424-7908**

Kaiser Permanente Wailuku Clinic
80 Mahalani St.
Wailuku, HI 96793
Eyeglasses: **243-6203**
Contact lens services: **1-866-424-7908**

Hawaii

Kaiser Permanente Hilo Clinic
1292 Waianuenue Ave.
Hilo, HI 96720
Eyeglasses: **934-4050**
Contact lens services: **1-866-424-7908**

Kaiser Permanente Kona Clinic
75-184 Hualalai Road
Kailua-Kona, HI 96740
Eyeglasses: **334-4420**
Contact lens services: **1-866-424-7908**

Kauai

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

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

Jere H.L. Loo, OD
3-2600 Kaumualii Hwy., Suite C-3
Lihue, HI 96766
245-8564

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

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

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

Jean Shein, MD
Crane Eye Care
4463 Pahee St., Suite 206
Lihue, HI 96766
246-0110

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

Utilization management

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

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

- **Care maps and clinical practice guidelines:** We have written tools available for your doctor to review. These tools are like road maps and have been developed based on clinical evidence. They are available for your care team to follow to best meet your medical needs.

All Kaiser Permanente physicians, employees, and affiliated practitioners who are engaged in making UM decisions are concerned about the risks of underutilization (failure to provide appropriate or indicated services, or provision of an inadequate quantity or lower level of services than required). They make decisions based on their professional judgment that a service or item is medically necessary and appropriate.

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

Oahu **432-5955**
Neighbor Islands **1-800-966-5955**

Our Customer Service Center's phone lines are open from 8 a.m. to 5 p.m., Monday through Friday, and 8 a.m. to noon on Saturday.

After normal business hours and on holidays, call:

Oahu **432-7100**
Neighbor Islands **1-800-227-0482**

After normal business hours, your message will be forwarded to our Utilization Management team and your call will be returned the next business day. You may also fax us at **432-7130**.

USING YOUR PLAN (CONTINUED)

Utilization management (continued)

If, at any time, you feel you are not receiving coverage for an item or service that you believe is medically necessary, you have the right to make a request for services or supplies you have not received, or make a claim for payment of charges you have incurred. If you do not agree with our decision regarding your request, you have the right to request an appeal, according to the procedures described in the "How to file an appeal" section.

Requests for services or supplies you have not received

Standard decision

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

Kaiser Foundation Health Plan, Inc.
Attn: Authorizations and
Referrals Management
501 Alakawa St.
Honolulu, HI 96817

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

you provide does not show entitlement to the coverage or payment you request, this could result in an adverse decision.

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

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

Senior Advantage and Medicare Cost members should consult their *Evidence of Coverage* for a description of the

claims and appeals procedures that apply to them.

Expedited decision

You may ask that we make an expedited decision on your request if we find, or if your health care provider states, that your health or ability to regain maximum function could be seriously harmed by waiting for a standard decision. We will make our decision within the following time frames based on the date we receive your initial request:

- 72 hours for urgent pre-service requests.
- 24 hours for urgent/concurrent requests.
- 30 calendar days for post-service requests.

You or your health care provider may request an expedited decision anytime by calling toll free **1-866-233-2851**, or by faxing, writing, or delivering your request to the same address listed for standard decisions. Our fax number is **432-7517**. The fax number for appeals is listed in the "How to file an appeal" section.

Specifically state that you want an expedited decision. If your request qualifies for an expedited decision but we do not have sufficient information on which to make an expedited decision, we will inform you within 24 hours of our receipt of your request and will provide you at least 48 hours to provide us with the specified information. If we determine that your request is not for a covered benefit, we will send you a denial notice, which will include the reason for the denial and your appeal rights. If you disagree with our decision,

you can ask us to reconsider our decision by filing an appeal, using the appeal procedures described in the "How to file an appeal" section.

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

How to file a claim for payment

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

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

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

USING YOUR PLAN (CONTINUED)

How to file a claim for payment (continued)

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

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

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

You may appoint someone to file the claim on your behalf. If you choose to appoint a representative, you must name this person in writing and state that he or she may file the claim on your behalf. Both you and your representative must sign this statement, unless the person is your attorney.

When necessary, your representative will have access to medical information about you that relates to the request. If you prefer, you may call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) to request an *Appointment of Representative* form.

Our standard decision will be made within 30 calendar days from the date we receive your post-service claim for payment. If we cannot make our decision within the standard allotted time because we do not have sufficient information or under other special circumstances, we will send you a written notice of the circumstances requiring an extension of time and the date by which we expect to render a decision. We will inform you of any further information we need and generally give you 45 days to provide us the specified information. If we determine that your claim is not covered, we will send you a denial notice, which will include the specific reason for the denial, reference the health plan provisions on which our denial is based, and state your appeal rights. If you disagree with our denial decision, you can file an appeal by following the appeal procedures described in the "How to file an appeal" section.

Senior Advantage and Medicare Cost members should consult their *Evidence of Coverage* for a description of the claims and appeals procedures that apply to them.

Upon written request to the address listed above in the "Standard decision" section under the "Requests for services or supplies you have not received" section, you may be

provided a free copy of (1) all documents and information relevant to your request for payment or coverage; (2) any rule, guideline, or protocol we relied upon in denying the service or supply you requested; and (3) the identity of any experts whose advice was obtained by us in connection with our denial of your request.

How to file an appeal

Standard appeal

If we deny your request for payment or coverage, you have the right to file an appeal and ask that we reconsider our decision. Generally, we will issue a written notice that tells you the specific reasons why we denied coverage or payment for the item or service. The notice will describe your appeal rights and how to file an appeal. You must submit your appeal within 180 days of the date of our denial notice.

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

Kaiser Foundation Health Plan, Inc.
Attn: Regional Appeals Office
501 Alakawa St.
Honolulu, HI 96817

You should include in your appeal your name, your medical record number, the date, the nature of our decision that you are appealing, and all comments, documents, and other information you want us to consider regarding your appeal. You may fax your appeal to **432-7518** or file it by electronic mail at [KPHawaii.Appeals@kp.org](mailto:Appeals@kp.org). If you have questions about the appeals process, you may call our Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands). Standard appeals must be filed on weekdays during office hours, from 7 a.m. to 7 p.m. The receipt date for appeals filed after office hours or on weekends will be the next business day.

When received, your appeal will be prepared for a first-level review. Generally, we will provide you with our written decision in 30 calendar days. Our decision will include the specific reason for the decision and reference to the specific plan provisions on which our decision is made. If you are not satisfied with the first-level decision, you may request a second-level review by our Regional Appeals Committee within 60 days of the date of the first-level decision letter. We'll acknowledge receipt of your second-level appeal and provide you with our written decision in 30 calendar days of our receipt of the request.

USING YOUR PLAN (CONTINUED)

How to file an appeal (continued)

Upon written request to the address listed earlier in this section, you may be provided a free copy of (1) all documents and information relevant to your appeal; (2) any rule, guideline, or protocol we relied upon in denying the service or supply you requested; and (3) the identity of any experts whose advice was obtained by us in connection with our denial of your request.

Appeals related to coverage for services that you have not yet received will be processed through one level of review. Appeal reviews will consider all information you submitted (whether or not that information was submitted in your initial request for payment or coverage), will be decided by a different reviewer than the person who denied your initial request, and will not give deference to the initial decision you are appealing.

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

Expedited appeal

You may ask that we make an expedited decision on your appeal. The expedited procedure applies to denied requests for services or supplies that you believe we should provide or arrange. This procedure does not apply to denials related to requests for payment for items or

services that you have already received. We will make an expedited decision within 72 hours if we find, or if your physician states, that your health or ability to regain maximum function could be seriously harmed by waiting 30 days for a decision. Our decision may take longer if we have to wait for medical information from a non-Plan provider, but we must make a decision within 72 hours of our receipt of such medical information.

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

Filing an external appeal with an independent review organization

Once you have exhausted your internal appeal rights and we have continued to deny coverage or payment, you can request an external appeal with an independent review organization (IRO). An IRO is independent from Kaiser Permanente and has the authority to overturn our denial of coverage or payment. The IRO that is responsible for conducting your external appeal is based on your Kaiser Permanente plan. Our final appeal decision letter will contain information about the IRO that applies to you and instructions on filing an external appeal with the IRO.

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

State law provides that once a member has received a final internal decision, an external appeal is available through the Hawaii insurance commissioner of the Hawaii Insurance Division, which serves as an IRO for these appeals. A request for review by the insurance commissioner must be made within 60 days of the date of our final internal decision, by writing to:

State of Hawaii Insurance Division
Health Insurance Branch – External Appeals
335 Merchant St., 2nd Floor
Honolulu, HI 96813
586-2804

If the commissioner accepts the external appeal request, the commissioner will appoint a three-person panel to hear the appeal claim. Hawaii law states that the hearing will be conducted within 60 days of receipt of the appeal request and a decision will be issued within 30 days following the hearing. You or your health care provider may make a request to the commissioner for an expedited review if any of the following criteria would result if the appeal were to be processed under the standard time frame:

- Seriously jeopardize your life or health
- Seriously jeopardize your ability to regain maximum functioning
- Subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the external appeal

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

If your health benefits are provided through an employee health plan subject to ERISA (Employee Retirement Income Security Act), you have the right to bring a civil claim under Section 502(a) of ERISA. Prior to pursuing the civil claim, all required internal reviews must be completed. If you are not sure whether your plan is an employee health plan subject to ERISA, you should contact your employer or group administrator.

Care received outside the Kaiser Permanente system

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

- An authorized referral when your Kaiser Permanente physician refers you for care that is not available from Kaiser Permanente



Care received outside the Kaiser Permanente system (continued)

- Emergency care
- Out-of-area urgent care when you temporarily travel outside the Hawaii service area

Outside the Hawaii service area, benefits are limited to authorized referrals (when your Kaiser Permanente physician determines the services you require are not available in the Hawaii service area), emergency benefits, ambulance services, and out-of-area urgent care when you are temporarily away from the Hawaii service area. "Urgent care" means initial care for a sudden and unforeseen illness or injury when:

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

Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered. When you are temporarily traveling outside the Hawaii service area, which consists

of Oahu, Maui, Kauai, Lanai, Molokai, and Hawaii (except for ZIP codes 96718, 96772, and 96777), you may require medical services for emergency or urgent problems. Please have your Kaiser Permanente identification card with you at all times. If you are admitted to a hospital, you or a family member must call the toll-free number found on the back of your ID card within 48 hours of your hospital admittance or your claim may be denied.

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

Health Plan will terminate the membership of **members who move anywhere outside the Hawaii service area.** Until that time, you will only be covered for initial emergency care in accordance with your Health Plan benefits.

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

GENERAL information

Loss of eligibility

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

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

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

Termination of your membership

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

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

- Knowingly present an invalid prescription.
- Are disruptive, unruly, uncooperative, or abusive.
- Move outside the Hawaii service area.

If membership is terminated for any of these reasons, all rights to benefits cease as of the date of termination. There is no right to continue coverage, convert to the Kaiser Permanente for Individuals and Families \$20 Conversion Plan, or to enroll in any plan that offers entitlement to services through Kaiser Foundation Health Plan, Inc., at any future time. For a complete description of the termination provisions, please refer to your *Group Medical and Hospital Service Agreement*, which you may obtain from your employer or group administrator.

Termination for discontinuance of a particular plan

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

You may be eligible to convert to the Kaiser Permanente for Individuals and Families \$20 Conversion Plan without a medical screening, **if you meet all of the eligibility criteria for that plan.**

GENERAL INFORMATION (CONTINUED)

Termination for discontinuance of a particular plan (continued)

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

Binding arbitration

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

Third-party liability

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

Limit on supplemental charges

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

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

and when the maximum amount has been paid, they must present these receipts to our business office at Moanalua Medical Center, Honolulu Clinic, or to the cashier at other clinics.

After verification that the supplemental charges maximum has been paid,

members 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. Members must **show this card** at their visit to ensure

supplemental charges for "Basic Health Services" are not billed or collected for the remainder of the calendar year. **All payments are credited toward the calendar year in which the services were received.**

Once a member has paid their supplemental charges maximum, they should submit their 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 services were received.

Contact the Kaiser Permanente Customer Service Center at **432-5955** (Oahu) or **1-800-966-5955** (Neighbor Islands) for more information or for an envelope to collect paid receipts.

