

# 2025 Summary of Benefits

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Kaiser Permanente Senior Advantage (HMO) Group plan for  
10119 City and County of San Francisco

With Medicare Part D prescription drug coverage



## About this Summary of Benefits

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

- Benefits and costs
- Part D prescription drugs
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan
- Additional benefit

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

### For more details

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

### Have questions?

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

## What's covered and what it costs

Benefits and premiums	You pay
<b>Plan premium</b>	Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator.
<b>Deductible</b>	Please see the enclosed Kaiser Permanente Senior Advantage benefit chart to find out if your plan has a deductible and the yearly limit amount.
<b>Your maximum out-of-pocket responsibility</b> Doesn't include Medicare Part D drugs	Please see the enclosed Kaiser Permanente Senior Advantage benefit chart to find out what the yearly limit is for your group's plan.
<b>Benefits</b>	Please see the enclosed Kaiser Permanente Senior Advantage benefit chart for benefits you receive through your group's plan.

## Medicare Part D prescription drug coverage†

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

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

Note: Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, the cost-sharing in the attached prescription drug coverage chart may not apply to you; instead, please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

### Deductible stage

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

## Initial coverage stage

You pay the copays and coinsurance shown in the attached prescription drug coverage chart until your out-of-pocket costs reach **\$2,000**. If you reach the \$2,000 limit in 2025, you move on to the catastrophic stage and your coverage changes.

## Catastrophic coverage stage

If you or others on your behalf spend **\$2,000** on your Part D prescription drugs in 2025, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2025.

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

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

## Member discounts for products and services

Kaiser Permanente partners with leading companies to support your health, safety, and well-being — and offer substantial savings and discounts.

### Lively™ Mobile Plus

Get a personal emergency response system that provides 24/7 help with the push of a button. Receive a reduced one-time device fee and choice of two monthly service plans (coverage limits may apply). Visit [greatcall.com/KP](https://greatcall.com/KP) or call **1-800-205-6548** (TTY 711) for more information.

### Mom's Meals® healthy meal delivery

Getting the right nutrition is essential to achieving and maintaining good health. Receive delivery of refrigerated ready-to-heat-and-eat meals to homes nationwide. Crafted by chefs and registered dietitians, meals are medically tailored to support most major chronic conditions and overall wellness. Kaiser Permanente members enjoy discounted pricing and free shipping from Mom's Meals. Visit [www.momsmeals.com/kp](https://www.momsmeals.com/kp) or call **1-866-224-9483** (TTY 711) for more information.

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Senior Advantage grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.

## Who can enroll

You can sign up for this plan if:

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

## Coverage rules

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

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider and Pharmacy Directory**. But there are exceptions to this rule. We also cover:
  - Care from plan providers in another Kaiser Permanente Region
  - Emergency care
  - Out-of-area dialysis care
  - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
  - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

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

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

## Getting care

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

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

## Your personal doctor

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

## Help managing conditions

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

## Medicare prescription payment plan

The Medicare Prescription Payment Plan is a new payment option for 2025 that can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available to anyone with Medicare Part D and works with your drug coverage. It can be especially helpful to people with high drug cost sharing earlier in the plan year and help manage out-of-pocket drug costs, but it doesn't save you money or lower your drug costs. Contact us or visit [Medicare.gov](https://www.Medicare.gov) to learn more about this program.

## Notices

### Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time period that includes the date you received the item or service. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

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

## **Kaiser Foundation Health Plan**

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

## **Privacy**

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

## **Helpful definitions (glossary)**

### **Benefit period**

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

### **Calendar year**

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

### **Coinsurance**

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

### **Copay**

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

### **Deductible**

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

### **Evidence of Coverage**

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

### **Maximum out-of-pocket responsibility**

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

### **Medically necessary**

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

### **Non-plan provider**

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

### **Plan**

Kaiser Permanente Senior Advantage.

### **Plan provider**

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



**Prior authorization**

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

**Region**

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

**Retail plan pharmacy**

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

**Service area**

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

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. By law, our plan or CMS can choose not to renew our Medicare contract.

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

## 2025 Summary of Benefits

January 1 – December 31, 2025

10119 City and County of San Francisco

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

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which we'll send you after you enroll. For questions on your coverage, please contact Member Services at **1-800-805-2739 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

## What's covered and what it costs

\*Your plan provider may need to provide a referral.

†Prior authorization may be required.

Benefits and premiums	You pay
<b>Plan premium</b>	Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator.
<b>Deductible</b>	<b>None</b>
<b>Your maximum out-of-pocket responsibility</b> Doesn't include Medicare Part D drugs	<b>\$2,500</b>
<b>Inpatient hospital services*†</b> There's no limit to the number of medically necessary inpatient hospital days.	<b>\$50</b> per day for days 1 through 6 of your stay and <b>\$0</b> for the rest of your stay
<b>Outpatient hospital services*†</b>	<b>\$50</b> per visit
<b>Ambulatory Surgical Center (ASC)*†</b>	<b>\$50</b> per visit
<b>Doctor's visits</b> <ul style="list-style-type: none"><li>• Primary care providers</li></ul>	<b>\$15</b> per visit
<ul style="list-style-type: none"><li>• Specialists*†</li></ul>	<b>\$15</b> per visit
<b>Preventive care*†</b> See the <b>EOC</b> for details.	<b>\$0</b>
<b>Emergency care</b> We cover emergency care anywhere in the world.	<b>\$75</b> per Emergency Department visit

<b>Benefits and premiums</b>	<b>You pay</b>
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$15</b> per office visit
<b>Diagnostic services, lab, and imaging*†</b> • Lab tests	<b>\$0</b>
• Diagnostic tests and procedures (like EKG)	<b>\$0</b>
• X-rays and ultrasounds	<b>\$0</b>
• Other imaging procedures (like MRI, CT, and PET)	<b>\$20</b> per test
<b>Hearing services*†</b> • Evaluations to diagnose medical conditions	<b>\$15</b> per visit
• Routine hearing exams	
• Hearing aids (up to 2 hearing aid(s) every 36 months)	<b>60%</b> of applicable charges of the lowest priced model
<b>Vision services</b> • Visits to diagnose and treat eye diseases and conditions*†	<b>\$15</b> per visit
• Routine eye exams*†	
• Preventive glaucoma screening and diabetic retinopathy services*†	<b>\$0</b>
• Eyeglasses or contact lenses after cataract surgery	<b>20%</b> coinsurance up to Medicare's limit and you pay any amounts beyond that limit.
<b>Mental health services*†</b> • Inpatient mental health	<b>\$50</b> per day for days 1 through 6 of your stay and <b>\$0</b> for the rest of your stay.
• Outpatient group therapy	<b>\$15</b> per visit
• Outpatient individual therapy	<b>\$15</b> per visit
<b>Skilled nursing facility*†</b> We cover up to 100 days per benefit period.	<b>Per benefit period:</b> <b>\$0</b> for days 1 through 20 <b>\$50</b> per day for days 21 through 100
<b>Physical therapy*†</b>	<b>\$15</b> per visit
<b>Ambulance</b>	<b>20%</b> coinsurance per one-way trip
<b>Transportation</b>	Not covered

Benefits and premiums	You pay
<p><b>Medicare Part B drugs†</b> Medicare Part B drugs are covered when you get them from a plan provider. See the <b>EOC</b> for details.</p> <ul style="list-style-type: none"> <li>• Drugs that must be administered by a health care professional</li> </ul>	<p><b>20%</b> coinsurance. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.</p>
<ul style="list-style-type: none"> <li>• Up to a 30–day supply from a plan pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$15</b> for generic drugs</li> <li>• <b>\$50</b> for brand-name drugs. If your cost share is greater than \$35, you will not pay more than a \$35 for Part B insulin drugs furnished through an item of DME.</li> </ul>

## Medicare Part D prescription drug coverage†

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

### Initial coverage stage

Drug tier	Retail plan pharmacy	Mail-order plan pharmacy
	(up to a 30-day supply)	(up to a 90-day supply)***
<b>Tier 1</b> (Preferred generic)	<b>\$3</b>	<b>\$6</b>
<b>Tier 2</b> (Generic)	<b>\$15</b>	Two times the listed copay
<b>Tier 3*</b> (Preferred brand-name)	<b>\$50</b>	Two times the listed copay
<b>Tier 4*</b> (Nonpreferred drugs)	<b>\$50</b>	Two times the listed copay
<b>Tier 5*</b> (Specialty)	<b>\$200</b>	<b>\$200</b> (up to a 30-day supply)
<b>Tier 6**</b> (Vaccines)	<b>\$0</b>	<b>N/A</b>

\*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30-day supply.

\*\*Our plan covers most Part D vaccines at no cost to you. Note: Tier 6 (vaccines) are not available through mail order.

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

If you or others on your behalf spend **\$2,000** on your Part D prescription drugs in 2025, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2025.

## Additional benefit

This benefit is available to you as a plan member:	You pay
<p><b>Fitness benefit – One Pass™</b></p> <p>You have access to the One Pass complete fitness program for the body and mind. One Pass includes:</p> <ul style="list-style-type: none"> <li>• A large core and premium gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location.</li> <li>• Live, on-demand, and digital fitness programs at home.</li> <li>• Social clubs and activities available on the One Pass member website and mobile app.</li> <li>• One home fitness kit annually for strength, yoga, or dance.</li> <li>• Online brain health cognitive training programs.</li> </ul> <p>For more information about participating gyms and fitness locations, the program’s benefits, or to set up your online account, visit <b>YourOnePass.com</b> or call <b>1-877-614-0618</b> (TTY <b>711</b>), Monday through Friday, 3 a.m. to 4 p.m., HST.</p>	<p><b>\$0</b></p>

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

# Kaiser Foundation Health Plan, Inc. – Hawaii

## Alternative Medicine Rider D - 12 visits/\$20

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

For Senior Advantage members, this Rider amends the Kaiser Permanente Senior Advantage Evidence of Coverage (EOC) to include additional coverage for Alternative Medicine. The information in this Rider only applies to the Alternative Medicine covered under this Rider.

## Benefit Summary

Description	Cost Share
<b><u>Chiropractic, acupuncture and massage therapy services</u></b>	
<p><b>Up to a maximum of 12 office visits per calendar year.</b></p> <p><b>This Rider does not cover services which are performed or prescribed by a Kaiser Permanente physician or other Kaiser Permanente health care provider.</b> Services must be performed and received from Participating Chiropractors, Participating Acupuncturists, and Participating Massage Therapists of <b>American Specialty Health (ASH)</b>. Covered Services include:</p> <ul style="list-style-type: none"> <li>• <b>Chiropractic services</b> for the treatment or diagnosis of Neuromusculo-skeletal Disorders which are authorized by ASH and performed by a Participating Chiropractor.</li> <li>• <b>Acupuncture services</b> for the treatment or diagnosis of Neuromusculo-skeletal Disorders, Nausea or Pain Syndromes which are authorized by ASH and performed by a Participating Acupuncturist.</li> <li>• <b>Massage therapy services</b> for the treatment and diagnosis of myofascial/musculoskeletal pain syndromes which are referred by a Participating Chiropractor or Kaiser Permanente Physician, authorized by ASH and performed by a Participating Massage Therapist.</li> <li>• <b>Adjunctive therapy</b> as set forth in a treatment plan approved by ASH, which may involve chiropractic modalities such as ultrasound, hot packs, cold packs, electrical muscle stimulation; acupuncture therapies such as acupressure, moxibustion, and cupping; and other therapies.</li> <li>• <b>Diagnostic tests</b> are limited to those required for further evaluation of the Member's condition and listed on the payor summary and fee schedule. Medically necessary x-rays, radiologic consultations, and clinical laboratory studies must be performed by either an appropriately certified Participating Chiropractor or staff member or referred to a facility that has been credentialed to meet the criteria of ASH. Diagnostic tests must be performed or ordered by a Participating Chiropractor and authorized by ASH.</li> </ul>	<p>\$20 copayment per office visit</p>
<p><b>Chiropractic appliances</b> when prescribed and provided by a Participating Chiropractor and authorized by ASH.</p>	<p>Payable up to a maximum of \$50 per calendar year</p>

# Benefit Description

- This Alternative Medicine Rider does not cover Services which are performed or prescribed by a Hawaii Permanente Medical Group (herein referred to as “HPMG”) physician, but instead refer to services performed or prescribed by a Health Plan Designated Network’s Participating Chiropractor, Participating Acupuncturist, and Participating Massage Therapist. Medically necessary services performed or prescribed by a Hawaii Permanente Medical Group physician are covered in accordance with this EOC, to the extent the provider is acting within the scope of the provider’s license or certification under applicable state law.
- Alternative medicine services are provided as described in this Rider. Alternative medicine services listed in this Rider are covered only if Medically Necessary and received from the Health Plan Designated Network’s (herein referred to as “Designated Network”) Participating Chiropractors, Participating Acupuncturists and Participating Massage Therapists.
- The Designated Network, Participating Chiropractors, Participating Acupuncturists, Participating Massage Therapists, HPMG, Kaiser Foundation Health Plan, Inc. (herein referred to as “Health Plan”), and Kaiser Foundation Hospitals are independent contractors. Health Plan, Kaiser Foundation Hospitals, HPMG and its Physicians shall not be liable for any claim or demand on account of damages arising out of or in any manner connected with any injuries suffered by Members while receiving Chiropractic, Acupuncture, or Massage Therapy Services. The Designated Network and Participating Chiropractors, Participating Acupuncturists, and Participating Massage Therapists are not agents or employees of Health Plan. Neither Health Plan nor any employee of Health Plan is an employee or agent of the Designated Network or Participating Chiropractors, Participating Acupuncturists, or Participating Massage Therapists. Participating Chiropractors, Participating Acupuncturists, and Participating Massage Therapists maintain the chiropractor-patient, acupuncture-patient and massage therapy-patient relationship with Members and are solely responsible to Members for all Chiropractic, Acupuncture, or Massage Therapy Services under this Rider.

## Definitions

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

- **Acupuncture Services:** Acupuncture Services are Services rendered or made available to a Member by a Participating Acupuncturist for treatment or diagnosis of Neuromusculo-skeletal Disorders, Nausea or Pain Syndromes.
- **Chiropractic Appliances:** Chiropractic Appliances are support type devices prescribed by a Participating Chiropractor. These shall be restricted to the following items to the exclusion of all others: elbow supports, back supports (thoracic), cervical collars, cervical pillows, heel lifts, hot or cold packs, support/lumbar braces/supports, lumbar cushions, orthotics, wrist supports, rib belts, home traction units (cervical or lumbar), ankle braces, knee braces, rib supports and wrist braces.
- **Chiropractic Services:** Chiropractic Services are services rendered or made available to a Member by a Participating Chiropractor for treatment or diagnosis of Neuromusculo-skeletal Disorders.
- **Chiropractic and Acupuncture Urgent Office Visits:** Chiropractic and Acupuncture Urgent Office Visits are Covered Services received in a Participating Chiropractor’s office and rendered for the sudden unexpected onset of an injury or condition affecting the neuromuscular-skeletal system which manifests itself by acute symptoms of sufficient severity, including severe pain, which delay of immediate chiropractic or acupuncture attention could decrease the likelihood of maximum recovery.
- **Copayments:** Payments to be collected directly by a Participating Chiropractor, Participating Acupuncturist, or Participating Massage Therapist from a Member for Covered Services.
- **Covered Services:** Covered Services are Chiropractic Services, Acupuncture Services, or Massage Therapy Services as described in this Rider that are Medically Necessary Services.

- **Designated Network:** American Specialty Health, Inc.
- **Experimental or Investigational:** The Designated Network classifies a chiropractic, acupuncture, or massage therapy service as experimental or investigational if the chiropractic, acupuncture, or massage therapy service is investigatory or an unproven procedure or treatment regimen that does not meet professionally recognized standards of practice.
- **Massage Therapy Services.** Massage Therapy Services are services rendered by a Participating Massage Therapist for myofascial/musculoskeletal disorder, a musculoskeletal functional disorder, pain syndromes or lymphedema which are authorized by Designated Network.
- **Medically Necessary Services:** Medically Necessary Services are Chiropractic Services, Acupuncture Services and/or Massage Therapy Services which are:
  - Necessary for the treatment of Neuromusculo-skeletal Disorders (chiropractic and acupuncture only); Pain Syndromes (acupuncture and massage therapy only); or Nausea (acupuncture only); or myofascial/musculoskeletal disorder, or musculoskeletal functional disorder (massage therapy only);
  - Established as safe and effective and furnished in accordance with professionally recognized standards of practice for chiropractic, acupuncture, or massage therapy.
  - Appropriate for the symptoms, consistent with the diagnosis, and otherwise in accordance with professionally recognized standards of practice; and
  - Pre-authorized by the Designated Network, except for an initial examination by a Participating Chiropractor, Participating Acupuncturist, or Participating Massage Therapist.
- **Nausea:** Nausea is an unpleasant sensation in the abdominal region associated with the desire to vomit that may be appropriately treated by a Participating Acupuncturist in accordance with professionally recognized standards of practice and includes post-operative nausea and vomiting, chemotherapy nausea and vomiting, and nausea of pregnancy.
- **Neuromusculo-skeletal Disorders:** Neuromusculo-skeletal Disorders are conditions with associated signs and symptoms related to the nervous, muscular and/or skeletal systems. Neuromusculo-skeletal Disorders are conditions typically categorized as structural, degenerative or inflammatory disorders, or biomechanical dysfunction of the joints of the body and/or related components of the motor unit (muscles, tendons, fascia, nerves, ligaments/capsules, discs and synovial structures) and related to neurological manifestations or conditions.
- **Pain Syndromes.** Pain Syndromes mean a sensation of hurting or strong discomfort in some part of the body caused by an injury, illness, disease, functional disorder, or condition.
- **Participating Acupuncturist:** A Participating Acupuncturist is an acupuncturist duly licensed to practice acupuncture in the State of Hawaii and who has entered into an agreement with Designated Network to provide Covered Services to Members.
- **Participating Chiropractor:** A Participating Chiropractor is a chiropractor duly licensed to practice chiropractic in the State of Hawaii and who has entered into an agreement with Designated Network to provide Covered Services to Members.
- **Participating Massage Therapist:** A Participating Massage Therapist is a massage therapist duly licensed to practice massage therapy in the State of Hawaii and who has entered into an agreement with Designated Network to provide Covered Services to Members.

### Services and Benefits

- Except for the initial examination by a Participating Chiropractor, Covered Services are limited to Chiropractic Services for the treatment or diagnosis of Neuromusculo-skeletal Disorders which are authorized and performed by a Participating Chiropractor.
- Except for the initial examination by a Participating Acupuncturist, Covered Services are limited to Acupuncture Services for the treatment or diagnosis of Neuromusculo-skeletal Disorders, Nausea or Pain Syndromes which are authorized and performed by a Participating Acupuncturist.
- Covered Services are limited to Massage Therapy Services for the treatment or diagnosis of myofascial/musculoskeletal pain syndromes which are referred by a Participating Chiropractor or Physician, authorized by Designated Network and performed by a Participating Massage Therapist.



- **Office Visits.**
  - Each visit to a Participating Chiropractor, Participating Acupuncturist, or a Participating Massage Therapist requires a Copayment as stated in the above *Benefit Summary*, which Members pay at the time of the visit. Members are entitled up to a combined maximum of visits per calendar year as stated in the above *Benefit Summary*.
  - Initial examination with a Participating Chiropractor or a Participating Acupuncturist to determine the problem, and if Covered Services appear warranted, to prepare a treatment plan of services to be furnished. One initial exam will be provided for each new condition.
  - Subsequent office visits which are described in a treatment plan approved by the Designated Network which may involve manipulations, adjustments, therapy, and diagnostic tests listed below.
  - Reevaluation. During a subsequent office visit prescribed in the treatment plan or a separate visit, when necessary, the Participating Chiropractor or Participating Acupuncturist may perform a reevaluation examination to assess the need to continue, discontinue or modify the treatment plan.
  - Chiropractic or Acupuncture Urgent Office Visits.
- **Diagnostic tests for Chiropractic.** Diagnostic tests are limited to those required for further evaluation of the Member's condition and listed on the payor summary and fee schedule. Medically necessary x-rays, radiological consultations, and clinical laboratory studies must be performed by either a Participating Chiropractor, who is acting within the scope of their license or certification under applicable state law, or staff member or referred to a facility that has been credentialed to meet the criteria of the Designated Network. Diagnostic tests must be performed or ordered by a Participating Chiropractor and authorized by the Designated Network.
- **Chiropractic Appliances.** Chiropractic Appliances must be prescribed by a Participating Chiropractor and authorized by the Designated Network.
- **Adjunctive Therapy.** Adjunctive therapy, as set forth in a treatment plan approved by Designated Network, may involve chiropractic modalities (such as ultrasound, hot packs, cold packs, and electrical muscle stimulation), acupuncture therapies (such as acupressure, moxibustion, and cupping), and other therapies.

## Services Not Covered

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

- Any Services of chiropractors or chiropractic Services, except as described in this Rider.
- Any Services and supplies related to acupuncture, except as described in this Rider.
- Any massage therapy Services, except as described in this Rider.
- Any Chiropractic service or treatment not furnished by a Participating Chiropractor and not provided in the Participating Chiropractor's office.
- Any Acupuncture service or treatment not furnished by a Participating Acupuncturist and not provided in the Participating Acupuncturist's office.
- Any Massage Therapy service or treatment not furnished by a Participating Massage Therapist.
- Any massage services rendered by a provider of massage therapy services that are not delivered in accordance with the massage benefit plan and payor summary, including but not limited to limited massage services rendered directly in conjunction with chiropractic or acupuncture services.
- Examination and/or treatment of conditions other than Neuromusculo-skeletal Disorders from Participating Chiropractors; Neuromusculo-skeletal Disorders, Nausea, or Pain Syndromes from Participating Acupuncturists; or myofascial/musculoskeletal disorders, musculoskeletal functional disorders, Pain Syndromes, or lymphedema from Participating Massage Therapists.
- Services, lab tests, x-rays and other treatments not documented as medically necessary or as appropriate.
- Services, lab tests, x-rays and other treatments classified as experimental or investigational.

- Diagnostic scanning and advanced radiographic imaging, including Magnetic Resonance Imaging (MRI), CAT scans, and/or other types of diagnostic scanning or therapeutic radiology; thermography; bone scans, nuclear radiology, any diagnostic radiology other than plain film studies.
- Alternative medical services not accepted by standard allopathic medical practices including, but not limited to, hypnotherapy, behavior training, sleep therapy, weight programs, lomi lomi, educational programs, naturopathy, podiatry, rest cure, aroma therapy, osteopathy, non-medical self-care or self-help, or any self-help physical exercise training, or any related diagnostic testing.
- Vitamins, minerals, nutritional supplements, botanicals, ayurvedic supplements, homeopathic remedies or other similar-type products.
- Nutritional supplements which are Native American, South American, European, or of any other origin.
- Traditional Chinese herbal supplements.
- Nutritional supplements obtained by Members through a health food store, grocery store or by any other means.
- Prescriptive and non-prescriptive drugs, injectables and medications.
- Transportation costs, such as ambulance charges.
- Hospitalization, manipulation under anesthesia, anesthesia or other related services.
- Diagnostic tests, laboratory services and tests for Acupuncture and Massage Therapy.
- Services or treatment for pre-employment physicals or vocational rehabilitation.
- Any services or treatments caused by or arising out of the course of employment or covered under any public liability insurance.
- Air conditioners, air purifiers, therapeutic mattresses, supplies or any other similar devices or appliances; all chiropractic appliances (except as covered in this Rider) or durable medical equipment.
- Services provided by a chiropractor, acupuncturist, or massage therapist outside the State of Hawaii.
- All auxiliary aids and services, such as interpreters, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders, and telephones compatible with hearing aids.
- Adjunctive therapy not associated with acupuncture or chiropractic services.
- Services and/or treatment which are not documented as Medically Necessary services.
- Any services or treatment not authorized by ASH, except for an initial examination.
- Any office visits beyond the maximum limit (stated in the *Benefit Summary*) per calendar year.

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

1. **Do I need to see my Kaiser Permanente physician to obtain a referral for a Participating Chiropractor or Participating Acupuncturist?**  
No. These alternative medicine services do not require a Kaiser Permanente physician's approval.
2. **When are massage therapy services covered under this Rider?**  
Massage Therapy Services for muscular and soft tissue disorders are referred by a Participating Chiropractor or Kaiser Permanente Physician, authorized by ASH and performed by a Participating Massage Therapist.
3. **How do I choose a Participating Chiropractor, Participating Acupuncturist, or Participating Massage Therapist?**  
You may select a Participating Chiropractor, Participating Acupuncturist, or Participating Massage Therapist that participates with ASH. You may obtain a list with their addresses and phone numbers by calling the Kaiser Permanente Member Services Department at 1-800-966-5955. You may also view the list by logging on to our website at [www.kp.org](http://www.kp.org).

4. **How do I obtain chiropractic or acupuncture services in Hawaii?**

Simply select a Participating Chiropractor or Participating Acupuncturist and call to set-up an appointment. At your appointment, present your Kaiser Foundation Health Plan membership information card and pay your designated copayment.

5. **Will an X-ray be covered if it is ordered by the Participating Chiropractor and performed at a Kaiser Permanente location?**

Only medically necessary X-rays authorized by ASH are covered. The X-rays must be performed in either a Participating Chiropractor's office or an ASH participating ancillary provider's office in order to be covered.

# Kaiser Foundation Health Plan, Inc. – Hawaii

## Hearing Aid Rider – 60%

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

For Senior Advantage members, this Rider amends the Kaiser Permanente Senior Advantage Evidence of Coverage (EOC) to include coverage for Hearing Aids. The information in this Rider only applies to the Hearing Aids covered under this Rider.

Benefits	You pay
<p>Up to 2 hearing aid(s), one for each hearing-impaired ear, once every 36 months, when prescribed by a Kaiser Permanente physician or Kaiser Permanente audiologist, and obtained from sources designated by Health Plan.</p> <p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>Coverage is limited to the lowest priced model hearing aid in accordance with Kaiser’s guidelines that adequately meets the medical needs of the Member.</li> <li>Hearing aids above the lowest priced model will be provided upon payment of the applicable charges that the Member would have paid for a lowest priced model hearing aid plus all additional charges for any amount above the lowest priced model hearing aid.</li> <li>Adjustments, repairs and rechecks are included while the hearing aid is within the manufacturer’s warranty period.</li> </ul> <p><b>Exclusions:</b></p> <ul style="list-style-type: none"> <li>After the manufacturer’s warranty period, all hearing aid related costs, including but not limited to: fitting, rechecks, adjustments, and repairs for the hearing aid(s).</li> </ul>	<p>60% of applicable charges</p>

# Kaiser Foundation Health Plan, Inc. – Hawaii

## Prescription Drug Rider

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

Note: We also cover some outpatient drugs and supplies in the Prescription Drugs section in *Chapter 3: Benefit Description* of this Guide. For Senior Advantage members, we also cover some outpatient drugs and supplies in the Medical Benefits Chart in the front of the EOC and for Part D members, in Chapters 5 and 6. This Rider amends the Kaiser Permanente Senior Advantage Evidence of Coverage (EOC) to include additional coverage for Prescription Drugs. The information in this Rider only applies to the Prescription Drugs covered under this Rider.

## Benefit Summary

Description	Cost Share
<b>Self-administered Prescription Drugs (member-purchased outpatient drugs at Kaiser Permanente Pharmacies)</b>	
Generic maintenance drugs *	\$3
Other Generic drugs *	\$15
Brand-name drugs *	\$50
Specialty drugs *	\$200
Refills through Mail-Order Program (for up to a 90-consecutive-day supply)	
Generic maintenance drugs	Two times the above-listed copay
Other Generic drugs	Two times the above-listed copay
Brand-name drugs	Two times the above-listed copay
Specialty drugs *	\$200
Insulin – other generic	\$15
Insulin – brand name	\$50
Annual Prescription Drug Copayment Maximum (on Pharmacy Dispensed Drugs)	
• Member	Not applicable
• Family Unit	Not applicable

Description	Cost Share
Annual Prescription Drug Deductible	
<ul style="list-style-type: none"> <li>Applies only to these types of drugs</li> </ul>	Not applicable
<ul style="list-style-type: none"> <li>Member</li> </ul>	Not applicable
<ul style="list-style-type: none"> <li>Family Unit</li> </ul>	Not applicable
Well Rx Program drugs*	Not applicable

\* For up to a 30-consecutive-day supply per prescription, or an amount as determined by the Kaiser Permanente formulary.

## Benefit Description

### Self-administered Prescription Drugs (member-purchased outpatient drugs at Kaiser Permanente Pharmacies)

#### Covered Drugs and Supplies

We cover self-administered prescription drugs and supplies only if all of the following conditions are met:

- prescribed by a KP physician or licensed Prescriber,
- is a drug for which a prescription is required by law, except for insulin,
- obtained at pharmacies in the Service Area that are operated by Kaiser Foundation Hospital, Kaiser Foundation Health Plan, Inc. or a pharmacy we designate,
- listed on the Kaiser Permanente formulary and used in accordance with formulary guidelines or restrictions, and Senior Advantage members with Medicare Part D are entitled to drugs on the Kaiser Permanente formulary and Kaiser Permanente Hawaii Medicare drug formulary, and
- is a drug which does not require administration by nor observation by medical personnel.

Notes: Immunizations are described in *Chapter 3: Benefit Description* under *Routine and Preventive*. Contraceptive drugs and devices are described in *Chapter 3: Benefit Description* under *Routine and Preventive*. Diabetic equipment and supplies are described in *Chapter 3: Benefit Description* under *Durable Medical Equipment (DME)* and *Prescription Drug*. Senior Advantage members, see the Medical Benefits Chart.

#### Cost Share for Covered Drugs and Supplies

When you get a prescription from a Kaiser Permanente Pharmacy, pharmacy we designate, or order a prescription from our Kaiser Permanente Mail-Order Pharmacy, you pay the Cost Share as shown in the above Benefit Summary. A reasonable charge is made for prescribed quantities in excess of the amounts described in the Benefit Summary. Each refill of the same prescription will also be provided at the same charge.

The Cost Share amounts count toward the Annual Copayment Maximum (or the Annual Prescription Drug Copayment Maximum if you have one listed in the above Benefit Summary). This applies for each covered prescription. Note: For Senior Advantage members, these amounts do not count towards the

out-of-pocket maximum. Medicare has rules about what counts and what does not count toward your out-of-pocket costs.

If you get a prescription from a non-Kaiser Permanente pharmacy, you will be responsible for 100% of the charges because it is not covered under this Prescription Drug Rider.

### **Day Supply Limit**

The prescribing provider determines how much of a drug or supply to prescribe. For purposes of day supply coverage limits, the prescribing provider determines the amount of a drug or supply that constitutes a Medically Necessary 30-consecutive-day (or any other number of days) supply for you. Dispensing limitations may apply within the 30-consecutive-day supply period for certain drugs. When you pay the Cost Share shown in the Benefit Summary, you will receive the prescribed supply up to the day supply limit.

### **How to Get Covered Drugs or Supplies**

Our pharmacies are located in most Kaiser Permanente clinics. To find a pharmacy, please see your Caring for You: Physicians and Locations Directory, visit [kp.org](http://kp.org), or contact Member Services. You must present your KP membership ID card, which has your medical record number, and a photo ID to the pharmacist.

Our mail-order pharmacy offers postage-paid delivery for refills of Maintenance drugs. Some drugs and supplies are not available through our mail-order pharmacy and/or not eligible for the mail-order cost share. Examples include but are not limited to controlled substances as determined by state and/or federal regulations, bulky items, drugs that require special handling or refrigeration (such as insulin), injectables, and other products and dosage forms as identified by the Kaiser Permanente Pharmacy and Therapeutics Committee. Drugs and supplies available through our mail-order pharmacy are subject to change at any time without notice. We are not licensed to mail medications out of state, so mail order drugs will not be mailed to addresses outside of the Service Area.

If you would like to use our mail-order pharmacy, use one of the methods below:

- Register and order online securely at [kp.org/refill](http://kp.org/refill)
- Call our Mail-order Pharmacy at **(808) 643-7979** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m.

### **Definitions**

The following terms, when capitalized and used in this Prescription Drug Rider mean:

- **Brand-name Drug.** The first U.S. Food and Drug Administration (FDA) approved version of a drug. Marketed and sold under a proprietary, trademark-protected name by the pharmaceutical company that holds the original patent. Brand-name drugs include single source drugs (where there is only one approved product available for that active ingredient, dosage form, route of administration, and strength).
- **Generic Drug.** A drug that contains the same active ingredient as a Brand-Name Drug, is approved by the U.S. Food and Drug Administration (FDA) as being therapeutically equivalent, and having the same active ingredient(s) as the Brand-name Drug. Generic Drugs are produced and sold under their Generic names after the patent of the Brand-Name drug expires. Generally, Generic Drugs cost less than Brand-Name Drugs, and must be identical in strength, safety, purity, and effectiveness.

- **Generic Maintenance Drug.** A specific Generic Drug to treat chronic conditions and is on Health Plan's approved list. Note: Not all Generic Drugs to treat chronic conditions are considered Generic Maintenance Drugs.
- **Maintenance Drug.** A drug to treat chronic conditions, such as asthma, high blood pressure, diabetes, high cholesterol, cardiovascular disease, and mental health.
- **Specialty Drug.** A very high-cost drug approved by the U.S. Food and Drug Administration (FDA).
- **Annual Prescription Drug Copayment Maximum.** (If not specified in this Benefit Summary, does not apply.) The Annual Prescription Drug Copayment Maximum is the maximum amount for Pharmacy Dispensed Drugs you pay out of your pocket in a calendar year. Once you meet the Annual Prescription Drug Copayment Maximum, you are no longer responsible for Cost Share amounts for covered Pharmacy Dispensed Drugs for the remainder of that calendar year. For Senior Advantage members with Part D, please see Chapter 6 in your Evidence of Coverage.
  - "Pharmacy Dispensed Drugs" include all covered safe to self-administer pharmacy dispensed drugs, including but not limited to inhalers, insulin, chemotherapy drugs, contraceptive drugs/devices, and tobacco cessation drugs.
  - All incurred Cost Share and prescription drug deductibles (if applicable) for Pharmacy Dispensed Drugs count toward the Annual Prescription Drug Copayment Maximum, and are credited toward the calendar year in which they were received.
  - Note: The following medical items count toward the Annual Copayment Maximum and not the Annual Prescription Drug Copayment Maximum: skilled administered drugs, diabetes supplies to operate diabetes equipment, lancets, syringes, and drugs that are not dispensed from the pharmacy because they are not safe to self-administer.
  - Payments made by you or on your behalf for non-covered services, or for benefits excluded under this EOC do not count toward the Annual Copayment Maximum nor the Prescription Drug Copayment Maximum.
  - It is recommended that you keep receipts as proof of your payments. All payments are credited toward the calendar year in which the services were received.
- **Annual Prescription Drug Deductible.** (If not specified in this Benefit Summary, does not apply.) The Annual Prescription Drug Deductible is the amount you must pay for certain types of self-administered prescription drugs in a calendar year before we will cover those drugs. Once you meet the Annual Prescription Drug Deductible, you are no longer responsible for prescription drug deductible amounts for the remainder of the calendar year, and you pay the Cost Share shown in the Benefit Summary.
  - Each Member must meet the "per Member" Annual Prescription Drug Deductible, or the Family Unit must meet the "family unit" Annual Drug Deductible.
  - The "per Member" Annual Prescription Drug Deductible amount counts toward the "per family unit" Annual Prescription Drug Deductible amount. Once the "per Member" Annual Prescription Drug Deductible is satisfied, no further Annual Prescription Drug Deductible will be due for that Member for the remainder of the calendar year. Once the "per family unit" Annual Prescription Drug Deductible is satisfied, no further "per Member" Prescription Drug Deductibles will be due for the remainder of the calendar year.
  - The Annual Prescription Drug Deductible is separate from any other deductible that may be described in the Benefit Summary in the front of this Guide. Payments toward the Annual Prescription Drug Deductible do not count toward any other deductible. Consequently, payments toward any other deductible do not count toward the Annual Prescription Drug Deductible.
  - Payments toward the Annual Prescription Drug Deductible also count toward the limit on Annual Prescription Drug Copayment Maximum.
- **Well Rx Program.** The WellRx Program is a program that meets all of the following criteria:
  - applies to non-Medicare Members who have been identified through Kaiser Permanente's disease registries as eligible for the WellRx Program,
  - these Members may receive their 30-consecutive-day supply of a self-administered chronic disease drug or diabetes supply without charge, and



- only certain chronic disease drugs identified on the Health Plan formulary are available as part of this program, and the eligible drugs are subject to the same requirements as self-administered drugs.

### **About Our Drug Formulary**

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

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

Note: If your prescription allows refills, there are limits to how early you can receive a refill. We will refill your prescription when you have used at least 75 percent of the quantity, unless otherwise directed by Kaiser Permanente. Please ask your pharmacy if you have questions about when you can get a covered refill.

## **Services Not Covered**

- Drugs for which a prescription is not required by law (e.g. over-the-counter drugs) including condoms, contraceptive foams and creams or other non-prescription substances used individually or in conjunction with any other prescribed drug or device. This exclusion does not apply to tobacco cessation drugs and products as described in *Chapter 3: Benefit Description* under *Prescription Drugs*.
- Drugs in the same therapeutic category as the non-prescription drug, as approved by the Kaiser Permanente Pharmacy & Therapeutics Committee.
- Drugs obtained from a non-Kaiser Permanente pharmacy.
- Non-prescription vitamins.
- Drugs used for weight management.
- Drugs when used primarily for cosmetic purposes.
- Medical supplies such as dressings and antiseptics.
- Reusable devices such as blood glucose monitors and lancet cartridges.
- Diabetes supplies such as blood glucose test strips, lancets, syringes and needles, except Senior Advantage Members with Medicare Part D covers syringes and needles under this Prescription Drug Rider. Note: Diabetes supplies are covered in *Chapter 3: Benefit Description* under *Diabetic Supplies*.
- Non-formulary drugs unless specifically prescribed and authorized by a Kaiser Permanente physician/licensed prescriber, or prescriber we designate.

- Brand-name/specialty drugs requested by a Member when there is a generic equivalent.
- Prescribed drugs that are necessary for or associated with excluded or non-covered services.
- Drugs not included on the Health Plan formulary, unless a non-formulary drug has been specifically prescribed and authorized by the licensed Prescriber.
- Drugs to shorten the duration of the common cold.
- Any packaging, such as blister or bubble repackaging, other than the dispensing pharmacy's standard packaging.
- Drugs and supplies to treat sexual dysfunction.
- Drugs used to enhance athletic performance (including weight training and body building).
- Replacement of lost, stolen or damaged drugs or supplies.

# Notice of Nondiscrimination

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

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

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

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

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-805-2739 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-805-2739 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-805-2739 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-805-2739 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-805-2739 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-805-2739 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-805-2739 (TTY 711)**, sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-805-2739 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-805-2739 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-805-2739 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-805-2739 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-805-2739 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-805-2739 (TTY 711)**. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-805-2739 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-805-2739 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-805-2739 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますごぞいます。通訳をご用命になるには、**1-800-805-2739 (TTY 711)**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Tongan:** 'Oku 'i ai 'emau sēvesi fakatonu lea ta'etotongi ke ne ala tali ha'o ngaahi fehu'i fekau'aki mo 'emau palani mo'ui lelei pe faito'ó. Te ke ma'u ha tokotaha fakatonulea 'i ha'o fetu'utaki ki he **1-800-805-2739** (TTY **711**). 'E 'i ai ha tokotaha 'oku lea Faka-Pilitānia ke ne tokoni'i koe. Ko e sēvesi ta'etotongi eni.

**Ilocano:** Addaankami kadagiti libre a serbisio ti mangitarus tapno sungbatan ti aniaman a saludsod nga addaan ka maipapan ti plano iti salun-at wenno agasmi. Tapno mangala ti mangitarus, maidawat a tawagannakam iti **1-800-805-2739** (TTY **711**). Maysa a tao nga agsasao iti Ilocano ti makatulong kenka. Daytoy ket libre a serbisio.

**Pohnpeian:** Mie sahpis ni soh isepe oang kawehwe peidek kan me komwi sohte wehwehki oang palien roson mwahu de wasa me pwain kohdahn wini. Komwi en kak iang alehdi sawas wet, komw telepwohndo reht ni **1-800-805-2739** (TTY **711**). Mie me kak Lokaiahn Pohnpei me pahn seweseiuk. Sawas wet sohte isepe.

**Samoaan:** E iai a matou auaunaga faaliliuupu e tali i soo sau fesili e uiga i lou soifua maloloina poo fuafuaga o vailaau. A fia maua se faaliliuupu, na'ó lou valaau mai lava ia matou i le **1-800-805-2739** (TTY **711**). O le fesoasoani atu se tasi e tautala Gagana Samoa. E le totogia lea auaunaga.

**Laotian:**

ພວກເຮົາມີບໍລິການລ່າມແປພາສາພຣີເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ **1-800-805-2739** (TTY **711**). ຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ເປັນບໍລິການພຣີ.

**Bisayan:** Duna mi'y libreng serbisyo sa tig-interpret aron motubag sa bisan unsa nimong mga pangutana mahitungod sa imong panglawas o plan sa tambal. Aron mokuha og tig-interpret, tawagi lang mi sa **1-800-805-2739** (TTY **711**). Ang usa ka tawo nga nagsulti og Pinulongan makatabang kanimo. Kini usa ka libreng serbisyo.

**Marshallese:** Ewor ad jermal in ukok ko ñan uak jabdewōt kajitok emaroñ in wōt am ikijen bŭlāān in ājmour ako uno ko rekajur. Ñan bukot juon riukok, kurtok kij ilo **1-1-800-805-2739** (TTY **711**). Juon armij ej kajiton Kajin eo ñan jibañ eok. Ejelok onean jermal in.

**Hawaiian:** Inā kekahi mau nīnau nāu e pili ana i kā mākou papahana 'inikua mālama olakino a i 'ole ka 'inikua lā'au kuhikuhi, loa'a ia pū ke kōkua unuhi manuahi i ka 'ōlelo Hawai'i. Inā makemake 'oe i kēia kōkua, e 'olu'olu ke kelepona mai iā mākou i ka helu **1-800-805-2739** (TTY **711**). no ka wala'au 'ana e pili ana i kēia mau papahana i ka 'ōlelo Hawai'i. Eia la ke kōkua manuahi.

**Chuukese:** Mi kawor aninisin chiaku ika awewen kapas ika epwe wor omw kapas eis fan iten ach kei okot ren pekin manaw me sefei. Ika ke mochen nōunōu emon chon chiaku, kopwe kori kich ren en namba **1-800-805-2739** (TTY **711**). Emon aramas mi sine Chuuk mi tongeni anisuk. Ei aninis ese kamo.

**[kp.org/medicare](https://kp.org/medicare)**

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