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# 2024

January 1, 2024

20%

Outpatient care:

\$20 per visit for the first 10 visits, and 50% of Applicable Charges for additional visits

\$10 per visit for the first 10 visits (combined total for laboratory, imaging and testing), and 50% of Applicable Charges for additional visits

20% of Applicable Charges for the first 10 visits (combined total for laboratory, imaging and testing), and 50% of Applicable Charges for additional visits

20% of Applicable Charges for the first 10 prescriptions, and 50% of Applicable Charges for additional prescriptions

20% of Applicable Charges

Rehabilitation Services

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.

Not find

20% of applicable charges

Chapter 3: Benefit Description describes your covered Services. Benefits are available only for care you receive from or arranged by KP Hawaii Care Team, except for care for Emergency Services including Ancillary Services and Post-Stabilization Services (pursuant to federal law), or out-of-area Urgent Care or Dependent Child Coverage benefits.

Covered, your Dependent Child who is outside of the Service Area is covered for these Medically Necessary services (the "Dependent Child Coverage Benefit") per Accumulation Period:

- Outpatient care includes, but is not limited to primary care, specialty care, physical therapy, and mental health services
- Basic laboratory, general imaging, and testing (including interpretation)
- Self-administered drug prescriptions
- Immunizations
- Contraceptive drugs and devices

Not find

• The Dependent Child **may be required to** pay for services at the point in time services are received and **may need to file** a claim for reimbursement by submitting the claim to Health Plan's claims department.

You are covered for Emergency Services within and outside of the Hawaii Service Area. The services you receive during an emergency room visit is included in your single Cost Share, **except you pay an additional Cost Share** for prescribed specialty imaging (including interpretation of imaging) and related materials as specified under the specialty imaging Cost Share.

Not find

• **An appropriate medical** screening examination (as required under the **federal Emergency Medical Treatment and Active Labor Act (section 1867 of the Social Security Act) ("EMTALA")**) that is within the capability of the emergency **department of a hospital or of an Independent Freestanding Emergency Department**, including ancillary care routinely available to the emergency department to evaluate the Emergency Medical Condition; and

• Within the capabilities of the staff and facilities available at the **hospital, or Independent Freestanding Emergency Department**, as applicable, such further medical examination and treatment required under EMTALA (or would be required under EMTALA if EMTALA applied to an Independent Freestanding Emergency Department) to Stabilize the patient (regardless of the department of the hospital in which such further examination or treatment is furnished).

• **Ancillary Services** routinely available to the emergency department to evaluate or treat an Emergency Medical Condition are covered Emergency Services and shall not be subject to Prior Authorization requirements.

• **Post-Stabilization Services** furnished by a non-Plan Provider (including a nonparticipating emergency facility) are covered as Emergency Services AND

o Your attending non-Plan Provider determines that You are not able to travel using nonmedical transportation or nonemergency medical transportation to an available Plan Provider within a reasonable travel distance, taking into account Your medical condition; or,

o You (or your authorized representative) are not in a condition to receive, and/or to provide consent to, the non-Plan Provider's notice and consent form, in accordance with applicable state law pertaining to informed consent as determined by Your attending non-Plan Provider using appropriate medical judgment.

Note: Once Your condition is stabilized, covered Services that You receive are Post Stabilization Services and not Emergency Services EXCEPT when You receive Emergency Services from non-Plan Providers. Post-Stabilization Services are subject to all of the terms and conditions of this EOC including but not limited to Prior Authorization requirements when such Post Stabilization Services are provided by Plan Providers that have a contractual obligation to obtain Prior Authorization AND that are contractually prohibited from balance billing you for such Post-Stabilization Services.

**Unless prohibited by federal law, in addition** to paying your Emergency Services Cost Share, you are responsible for paying any difference between the amount the provider bills and the amount Health Plan pays.

(For example, Member will be responsible for all charges after Health Plan paid the maximum benefit of **\$6,898** per treatment phase.)

Covered, for prescribed **rehabilitation services (such as pulmonary and cardiac)** when preauthorized in writing by Kaiser Permanente. Your Cost Share for **rehabilitation services** are determined based on the location of your service. When provided in the Medical Office, **rehabilitation services** are provided upon payment of your office visit Cost Share. If you receive your **rehabilitation services** in one of our Total Care Service settings, then your covered **rehabilitation services** are included in a single Cost Share according to your Total Care Service benefits. Please see Total Care Services in the Benefit Summary for your Cost Share for this benefit.

**Dependent Child Outside of Service Area** Benefit: Your Dependent Child who is outside of the Service Area, is not covered for the following:

- Transplant Services and related care;
- Services received outside the United States (the 50 states, Guam and Puerto Rico);
- Services other **than** basic laboratory, basic imaging, testing, self-administered prescription drugs;

Not find

**Surrogacy Arrangements: Traditional and Gestational Carriers**

A **“Surrogacy Arrangement”**, whether **traditional or gestational**, is one in which a woman (**“Surrogate”**) agrees (orally or by written agreement) to become pregnant and to surrender the baby to another person or persons who intend to raise the child.

Within 30 days after entering into a Surrogacy Arrangement, you must send us written notice of the Surrogacy Arrangement, **including all of the following information:**

- ☐ **Names, addresses, and telephone numbers of the other parties to the arrangement**
- ☐ **Names, addresses, and telephone numbers of any escrow agent or trustee**
- ☐ **Names, addresses, and telephone numbers of the intended parents and any other parties who are financially responsible for Services the baby (or babies) receive, including names, addresses, and telephone numbers for any health insurance that will cover Services that the baby (or babies) receive**
- ☐ **A signed copy of any contracts and other documents explaining the arrangement**
- ☐ **Any other information we request in order to satisfy our rights**

**Equian**

**Kaiser Permanente - Hawaii Region**

**Surrogacy Mailbox**

**P.O. Box 36380**

**Louisville, KY 40233**

**Fax: 1-502-214-1137**

Page # in PDF	2023
3	July 1, 2023
21	60%
42	Routine Primary Care: \$20 per visit
42	\$10 per visit
42	20% of Applicable Charges
42	20% of Applicable Charges
46	60% of Applicable Charges
47	Pulmonary Rehabilitation
53	Diabetes supplies such as blood glucose test strips, lancets, syringes and needles, except Senior Advantage covers syringes and needles under this Prescription Drug Rider. This exclusion does not apply to diabetes supplies as described in Chapter 3: Benefit Description under Diabetic Supplies.
53	Abortion drugs (such as RU-486).
54	60% of applicable charges
85	Chapter 3: Benefit Description describes your covered Services. Benefits are available only for care you receive from or arranged by KP Hawaii Care Team, except for care for Emergency Services or out-of-area Urgent Care.
94	Covered, your Dependent Child who is outside of the Service Area is covered for these Medically Necessary services (the “Dependent Child Coverage Benefit”) per Accumulation Period: <ul style="list-style-type: none"> <li>• Routine primary care, for up to 10 office visits</li> <li>• Basic laboratory, general imaging, and testing (including interpretation), for up to combined maximum of 10 services</li> <li>• Self-administered drug prescriptions, for up to 10 prescriptions</li> <li>• Immunizations</li> <li>• Contraceptive drugs and devices</li> </ul>
94	• Primary care is limited to services provided by the following types of physicians: family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, and behavioral health (mental health and chemical dependence).

95	<ul style="list-style-type: none"> <li>The Dependent Child <b>must</b> pay for services at the point in time services are received and <b>file</b> a claim for reimbursement by submitting the claim to Health Plan's claims department.</li> </ul>
99	You are covered for Emergency Services within and outside of the Hawaii Service Area. The services you receive during an emergency room visit is included in your single Cost Share, <b>except you pay</b> for prescribed specialty imaging (including interpretation of imaging) and related materials as specified under the specialty imaging Cost Share.
99	<b>Death,</b>
100	<ul style="list-style-type: none"> <li>A <b>medical</b> screening examination (as required under the <b>Emergency Medical Treatment and Active Labor Act</b>) that is within the capability of the emergency <b>department of a hospital</b>, including ancillary care routinely available to the emergency department to evaluate the Emergency Medical Condition; and</li> </ul>
100	<ul style="list-style-type: none"> <li>Within the capabilities of the staff and facilities available at the <b>hospital, the further medical examination and treatment that the Emergency Medical Treatment and Active Labor Act requires to Stabilize the patient.</b></li> </ul>
100	Not find
100	Not find
100	Not find
100	<b>In addition</b> to paying your Emergency Services Cost Share, you are responsible for paying any difference between the amount the provider bills and the amount Health Plan pays.
117	(For example, Member will be responsible for all charges after Health Plan paid the maximum benefit of <b>\$5,500</b> per treatment phase.)



117	Covered, for prescribed <b>pulmonary rehabilitation</b> when preauthorized in writing by Kaiser Permanente. Your Cost Share for <b>pulmonary rehabilitation</b> is determined based on the location of your service. When provided in the Medical Office, <b>pulmonary rehabilitation</b> is provided upon payment of your office visit Cost Share. If you receive your <b>pulmonary rehabilitation</b> in one of our Total Care Service settings, then your covered <b>pulmonary rehabilitation</b> is included in a single Cost Share according to your Total Care Service benefits. Please see Total Care Services in the Benefit Summary for your Cost Share for this benefit.
125	<p><b>Out-of-Area Dependent Child Coverage</b> Benefit: Your Dependent Child who is outside of the Service Area, is not covered for the following:</p> <ul style="list-style-type: none"> <li>• Transplant Services and related care;</li> <li>• Services received outside the United States (the 50 states, Guam and Puerto Rico);</li> <li>• Services other <b>than routine primary care</b>, basic laboratory, basic imaging, testing, and selfadministered prescription drugs;</li> </ul>
128	<b>Rehabilitation Programs: You are not covered for rehabilitation program Services, unless referred by a Physician.</b>
129	<p><b>Third Party Surrogacy Arrangement</b>  <b>A “Surrogacy Arrangement”</b> is one in which a woman (“Surrogate”) agrees (orally or by written agreement) to become pregnant and to surrender the baby to another person or persons who intend to raise the child.</p>
129-130	<p>Within 30 days after entering into a Surrogacy Arrangement, you must send us written notice of the Surrogacy Arrangement, <b>including the names and addresses of the other parties to the Arrangement, and a copy of any contracts or other documents explaining the Arrangement, to:</b>  <b>Kaiser Permanente</b>  <b>711 Kapiolani Boulevard</b>  <b>Honolulu Hawaii 96813</b>  <b>Attention: Member Services</b></p>

**Kaiser Feedback**

**Please Confirm: Book of Business Change, BAYADA specific change, language clarification, etc**

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