

2026 Summary of Benefits

Kaiser Permanente Senior Advantage (HMO) Group plan

With Medicare Part D prescription drug coverage

About this Summary of Benefits

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

- Benefits and costs
- Part D prescription drugs
- 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
Plan premium	Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator.
Deductible	Please see the enclosed Kaiser Permanente Senior Advantage benefit chart to find out if your plan has a deductible and the yearly limit amount.
Your maximum out-of-pocket responsibility 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.
Benefits	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†

†Prior authorization may be required.

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

- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at kp.org/seniorrx or call Member Services to ask for a copy at **1-800-805-2739** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 90-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- When you get a 31- to 90-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial coverage 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 **\$2,100**. If you reach the \$2,100 limit in 2026, you move on to the catastrophic coverage stage and your coverage changes.

Catastrophic coverage stage

If you or others on your behalf spend **\$2,100** on your Part D prescription drugs in 2026, you'll enter the catastrophic coverage stage. If you reach the catastrophic coverage stage, you pay nothing for your covered Part D drugs for the remainder of the year.

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 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.momsmealsnc.com/kp/home.aspx 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** and 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 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.

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 payment option 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 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** at 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](https://www.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**.

2026 Summary of Benefits

7/1/2026 –6/30/2027

Kaiser Permanente Senior Advantage (HMO) Group plan
for 367 Research Corp UH

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
Plan premium	Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator.
Deductible	None
Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs.	\$2,500
Inpatient hospital services*† There is no limit to the number of medically necessary inpatient hospital days.	Per admission: \$50 per day for days 1 through 6 of your stay (\$0 for the rest of your stay)
Outpatient hospital services*	\$50 per visit
Ambulatory Surgical Center (ASC)*	\$50 per visit
Doctor's visits ● Primary care providers ● Specialists*	\$15 per visit \$15 per visit
Preventive care* See the EOC for details.	\$0

Benefits and premiums	You pay
Emergency care We cover emergency care anywhere in the world.	\$100 per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	\$20 per office visit
Diagnostic services, lab, and imaging <ul style="list-style-type: none"> ● Lab tests 	\$0
<ul style="list-style-type: none"> ● Diagnostic tests and procedures (like EKGs)* 	\$0
<ul style="list-style-type: none"> ● X-rays and ultrasounds* 	\$15 per X-ray or ultrasound
<ul style="list-style-type: none"> ● MRI, CT, and PET* 	\$20 per test
Hearing services* <ul style="list-style-type: none"> ● Evaluations to diagnose medical conditions ● Routine hearing exams 	\$15 per visit
<ul style="list-style-type: none"> ● Hearing aids (up to 2 hearing aid(s) every 36 months)*† 	20% of applicable charges for the lowest priced model
Dental services Preventive and/or comprehensive dental coverage	Please contact your group's benefits administrator to find out if your group plan includes dental coverage.
Vision services <ul style="list-style-type: none"> ● Visits to diagnose and treat eye diseases and conditions* ● Routine eye exams* 	\$15 per visit
<ul style="list-style-type: none"> ● Preventive glaucoma screening and diabetic retinopathy services* 	\$0
<ul style="list-style-type: none"> ● Eyeglasses or contact lenses after cataract surgery 	20% coinsurance up to Medicare's limit, and you pay any amounts beyond that limit.
Mental health services* <ul style="list-style-type: none"> ● Inpatient mental health 	Per admission: \$50 per day for days 1 through 6 of your stay (\$0 for the rest of your stay)
<ul style="list-style-type: none"> ● Outpatient group therapy 	\$15 per visit
<ul style="list-style-type: none"> ● Outpatient individual therapy 	\$15 per visit

Benefits and premiums	You pay
<p>Skilled Nursing Facility* We cover up to 100 days per benefit period</p>	<p>Per benefit period: \$0 per day for days 1-20 \$50 per day for days 21-100</p>
<p>Physical therapy*</p>	<p>\$15 per visit</p>
<p>Ambulance</p>	<p>20% coinsurance per one-way trip</p>
<p>Transportation</p>	<p>Not covered</p>
<p>Medicare Part B drugs Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details.</p> <ul style="list-style-type: none"> ● Drugs that must be administered by a health care professional 	<p>20% coinsurance. 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"> ● Up to a 30-day supply from a plan pharmacy 	<ul style="list-style-type: none"> ● \$10 for generic drugs ● \$45 for brand-name drugs <p>If your cost share is greater than \$35, you will not pay more than \$35 for Part B insulin drugs furnished through an item of DME.</p>

Medicare Part D prescription drug coverage†

† Prior authorization may be required.

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 (up to a 30-day supply)	Mail-order plan pharmacy (up to a 90-day supply)**
Tier 1 (Preferred generic)	\$3	\$0
Tier 2 (Generic)	\$10	Two times the listed copay
Tier 3 (Preferred brand-name)	\$45	Two times the listed copay
Tier 4 (Nonpreferred)	\$45	Two times the listed copay
Tier 5 (Specialty-tier)	\$200 (up to a 30-day supply)	\$200 (up to a 30-day supply)
Tier 6* (Injectable Part D vaccines)	\$0	N/A

*Our plan covers most Injectable Part D vaccines at no cost to you. Tier 6 (Injectable Part D 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.

Important message about what you pay for insulin: You won't pay more than **\$35** for up to a one-month supply, **\$70** for up to a two-month supply or **\$105** for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

If you or others on your behalf spend **\$2,100** on your Part D prescription drugs in 2026, you'll enter the catastrophic coverage stage. If you reach the catastrophic coverage stage, you pay nothing for covered Part D drugs for the remainder of the year.

Additional Benefit

This benefit is available to you as a plan member	You pay
<p>Fitness Benefit –One Pass™ 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"> ● 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. ● Live, on-demand, and digital fitness programs at home. ● Social clubs and activities available on the One Pass member website and mobile app. ● One home fitness kit annually for strength, yoga, or dance. ● Online brain health cognitive training programs. <p>For more information about participating gyms and fitness locations, the program's benefits, or to set up your online account, visit YourOnePass.com, or call 1-877-614-0618 (TTY 711), Monday through Friday, 3 a.m. to 4 p.m., HST.</p>	<p>\$0</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 C-- 20 visits / \$20

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

For Senior Advantage members, this rider 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
<p>Chiropractic and acupuncture therapy services Up to a maximum of 20 office visits per calendar year. This rider does not cover services which are performed or prescribed by a Kaiser Permanente physician or other Kaiser Permanente health care provider. Services must be performed and received from Participating Chiropractors and Participating Acupuncturists of American Specialty Health (ASH). Covered Services include:</p> <ul style="list-style-type: none">• Chiropractic services for the treatment or diagnosis of Neuromusculo-skeletal Disorders which are authorized by ASH and performed by a Participating Chiropractor.• Acupuncture services for the treatment or diagnosis of Neuromusculo-skeletal Disorders, Nausea or Pain Syndromes which are authorized by ASH and performed by a Participating Acupuncturist.• Adjunctive therapy as set forth in a treatment plan approved by ASH, which may involve chiropractic modalities such as ultrasound, hot packs, cold packs, electrical muscle stimulation; acupuncture therapies such as acupressure, moxibustion, and cupping; and other therapies.• Diagnostic tests are limited to those required for further evaluation of the Member.s condition and listed on the payor summary and fee schedule. Medically necessary x-rays, radiologic consultations, and clinical laboratory studies must be performed by either an appropriately certified Participating Chiropractor or staff member who is acting within the scope of their license or certification under applicable law, or staff member or referred to a facility that has been credentialed to meet the criteria of ASH. Diagnostic tests must be performed or ordered by a Participating Chiropractor and authorized by ASH.	<p>\$20 copayment per office visit</p>
<p>Chiropractic appliances 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, or Participating Acupuncturist. Medically necessary services performed or prescribed by a Hawaii Permanente Medical Group physician are covered in accordance with this EOC, to the extent the provider is acting within the scope of the provider's license or certification under applicable state law.
- Alternative medicine services are provided as described in this Rider. Alternative medicine services listed in this Rider are covered only if Medically Necessary and received from the Health Plan Designated Network's (herein referred to as "Designated Network") Participating Chiropractors, and Participating Acupuncturists.
- The Designated Network, Participating Chiropractors, Participating Acupuncturists, HPMG, Kaiser Foundation Health Plan, Inc. (herein referred to as "Health Plan"), and Kaiser Foundation Hospitals are independent contractors. Health Plan, Kaiser Foundation Hospitals, HPMG and its Physicians shall not be liable for any claim or demand on account of damages arising out of or in any manner connected with any injuries suffered by Members while receiving Chiropractic or Acupuncture Services. The Designated Network and Participating Chiropractors and Participating Acupuncturists are not agents or employees of Health Plan. Neither Health Plan nor any employee of Health Plan is an employee or agent of the Designated Network or Participating Chiropractors, or Participating Acupuncturists. Participating Chiropractors and Participating Acupuncturists maintain the chiropractor-patient, acupuncture-patient, and massage therapy-patient relationship with Members and are solely responsible to Members for all Chiropractic or Acupuncture Services under this Rider.

Definitions

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

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

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

Services and Benefits

- Except for the initial examination by a Participating Chiropractor, Covered Services are limited to Chiropractic Services for the treatment or diagnosis of Neuromusculo-skeletal Disorders which are authorized and performed by a Participating Chiropractor.
- Except for the initial examination by a Participating Acupuncturist, Covered Services are limited to Acupuncture Services for the treatment or diagnosis of Neuromusculo-skeletal Disorders, Nausea or Pain Syndromes which are authorized and performed by a Participating Acupuncturist, or Physician, authorized by Designated Network and performed by a Participating Acupuncturist.
- **Office Visits.**
 - Each visit to a Participating Chiropractor or Participating Acupuncturist requires a Copayment as stated in the above *Benefit Summary*, which Members pay at the time of the visit. Members are entitled up to a combined maximum of visits per calendar year as stated in the above *Benefit Summary*.
 - Initial examination with a Participating Chiropractor or a Participating Acupuncturist to determine the problem, and if Covered Services appear warranted, to prepare a treatment plan of services to be furnished. One initial exam will be provided for each new condition.

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

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 Service and supplies related to acupuncture, 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.
- Examination and/or treatment of conditions other than Neuromusculo-skeletal Disorders from Participating Chiropractors, or Neuromusculo-skeletal Disorders, Nausea, or Pain Syndromes from Participating Acupuncturists.
- Services, lab tests, x-rays and other treatments not documented as medically necessary or as appropriate.
- Services, lab tests, x-rays and other treatments classified as experimental or investigational.
- Diagnostic scanning and advanced radiographic imaging, including Magnetic Resonance Imaging (MRI), CAT scans, and/or other types of diagnostic scanning or therapeutic radiology; thermography; bone scans, nuclear radiology, any diagnostic radiology other than plain film studies.
- Alternative medical services not accepted by standard allopathic medical practices including, but not limited to, hypnotherapy, behavior training, sleep therapy, weight programs, massage therapy, lomi lomi, educational programs, naturopathy, podiatry, rest cure, aroma therapy, osteopathy, non-medical self-care or self-help, or any self-help physical exercise training, or any related diagnostic testing.

- Vitamins, minerals, nutritional supplements, botanicals, ayurvedic supplements, homeopathic remedies or other similar-type products.
- Nutritional supplements which are Native American, South American, European, or of any other origin.
- Traditional Chinese herbal supplements.
- Nutritional supplements obtained by Members through a health food store, grocery store or by any other means.
- Prescriptive and non-prescriptive drugs, injectables and medications.
- Transportation costs, such as ambulance charges.
- Hospitalization, manipulation under anesthesia, anesthesia or other related services.
- Diagnostic tests, laboratory services and tests for Acupuncture.
- Services or treatment for pre-employment physicals or vocational rehabilitation.
- Any services or treatments caused by or arising out of the course of employment or covered under any public liability insurance.
- Air conditioners, air purifiers, therapeutic mattresses, supplies or any other similar devices or appliances; all chiropractic appliances (except as covered in this rider) or durable medical equipment.
- Services provided by a chiropractor or acupuncturist outside the State of Hawaii.
- All auxiliary aids and services, such as interpreters, transcription services, written materials, telecommunications devices, telephone handset amplifiers, television decoders, and telephones compatible with hearing aids.
- Adjunctive therapy not associated with acupuncture or chiropractic services.
- Services and/or treatment which are not documented as Medically Necessary services.
- Any services or treatment not authorized by ASH, except for an initial examination.
- Any office visits beyond the maximum limit (stated in the *Benefit Summary*) per calendar year.

What you need to know about your alternative medicine benefits

1. **Do I need to see my Kaiser Permanente physician to obtain a referral for a Participating Chiropractor or Participating Acupuncturist?**
No. These alternative medicine services do not require a Kaiser Permanente physician's approval.
2. **How do I choose a Participating Chiropractor or Participating Acupuncturist?**
You may select a Participating Chiropractor or Participating Acupuncturist 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.
3. **Will an X-ray be covered if it is ordered by my chiropractor and performed at a Kaiser Permanente location?**
Only medically necessary X-rays authorized by ASH are covered. The X-rays must be performed in either a Participating Chiropractor's office or an ASH ancillary provider's office in order to be covered.

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

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

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides free 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, braille, and accessible electronic formats
- Provides free 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 **1-800-966-5955** (TTY: **711**)

If you believe that Kaiser Health Plan 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 by mail or phone at:

Membership Services

Attn: Kaiser Civil Rights Coordinator
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955

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, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at <https://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) PAGPAHIMANGNO: Kung nag-istorya ka og Cebuano, ang mga serbisyo sa tabang sa pinulongan lakip ang angay nga mga auxiliary nga mga himan ug serbisyo, libre, anaa kanimo. Tawag sa **1-800-966-5955** (TTY: **711**).

中文 (Chinese) 注意事項: 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-966-5955** (TTY: **711**)。

Chuuk (Chukese) ESINESIN: Ika en mi sine Fosun Chuuk, mi kawor aninisin fosun fonu mei pachonong pisekin aninis, ese kamo, mi kawor ngonuk. Kekeru **1-800-966-5955** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke nā lawelawe kōkua ‘ōlelo me nā kōkua kōkua kūpono a me nā lawelawe, manuahi ‘ole, loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) ATENSION: No makasaoka iti Ilokano, dagiti serbisio a tulong iti pagsasao agraman dagiti maitutop a kanayonan a tulong ken serbisio, a libre, ket mabalina a mausar para kenka. Tawagan ti **1-800-966-5955** (TTY: **711**).

日本語 (Japanese) 注意: 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-966-5955** までお電話ください (TTY: **711**)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-966-5955** (TTY: **711**)로 전화해 주세요.

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງຂໍ້ປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-966-5955** (TTY: **711**).

Kajin Majōl (Marshallese) Roñjake: Ñe kwōjelā kajin Kajin Majōl, eo ej jipañ eok ilo kajin in ekaoba jermal ko jet, ejjelok oñāāer, repellok ñan eok. Kūr tok **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yáníti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'I bí'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien me kele mehleh oh sarawi kan me pahn limpoak, en kak sawa ni ke, lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) FA'AMALU: Afai e te tautala i le Gagana Samoa, o auaunaga fesoasoani i le gagana, e aofia ai meafaigaluega talafeagai ma auaunaga, e leai ni totogi, o lo'o avanoa mo oe. Fa'amalie atu i le **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA: Kapau 'oku ke lea Faka-Tonga, 'oku 'i ai ha sevesi tokoni fakatonu lea pea mo ha naunau me'a fanongo, 'oku ta'etotongi, mo faingamalie kiate koe. Taa **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-966-5955** (TTY: **711**).

kp.org/medicare

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Honolulu, HI 96813

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