

2009–2010

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PROVIDED BY KAISER FOUNDATION HEALTH PLAN, INC.

HAWAII PACIFIC UNIVERSITY STUDENT HEALTH PLAN



It's all about you, isn't it?

Well, it should be. Especially when it comes to your health.

It's about having a health partner who puts you first—when you're well, and when you're not. It's about being heard by a doctor who knows you. And it's about having a whole team of health care professionals by your side, working to keep you healthy.

With a health plan from Kaiser Permanente, you'll get a variety of care services, many under one roof. You don't have to run around town to see your doctor, get lab tests done, and pick up prescriptions at a drugstore. Instead, you can visit one of our clinics and we'll help you get the care you need at one convenient location.

And when you're well, we're always happy to talk to you about how to stay healthy and fit. You can get a list of health education classes and healthy lifestyle programs available in your area on our Web site, kp.org. Some classes may require a fee. Once registered on kp.org, you will also have access to *My Health Manager*, a one-stop online resource where you can e-mail your doctor's office, view lab results, refill prescriptions, and more— 24 hours a day, seven days a week. And with Kaiser Permanente's electronic medical record system, you won't have to remember details about your last visit because your doctor will have access to your medical records from any Kaiser Permanente facility.

So take a look at how we can help you get the most out of life!

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This is only a summary. It does not fully describe your benefits coverage. For details on your benefits, exclusions, and plan terms, please refer to your Kaiser Permanente for Individuals and Families HPU Student Health Plan Non-Group Medical and Hospital Service Agreement, benefit schedule, and rider (collectively known as "Service Agreement"). The Service Agreement is the legally binding document between the Health Plan and its members. In the event of ambiguity, or a conflict between this summary and the Service Agreement, the Service Agreement shall control.

You are covered for medically necessary services within the Hawaii service area at Kaiser Permanente facilities and for services that are provided or arranged by a

Kaiser Permanente physician. All care and services need to be coordinated by a Kaiser Permanente physician.

Unless explicitly described in a particular benefits section (e.g., physical therapy is explicitly described under the "Home Health Care and Hospice Care" benefits section), each medical service or item is covered in accordance with its relevant benefits section. For example, drugs related to in vitro fertilization are covered under the "Prescribed Drugs" benefits section. Laboratory services related to in vitro fertilization are covered under the "Outpatient Services" benefits section.

SECTION	BENEFITS	YOU PAY
OUTPATIENT SERVICES	Primary care and specialty care office visits (office visits are limited to one or more of the following services: exam, history, medical decision making)	\$20 per visit
	Outpatient surgery and procedures	\$20 per visit
	Preventive care office visits for: • Health evaluations for adults • Physical examinations for children • Well-baby care • Eye examinations for eyeglasses ¹ • Ear examinations to determine the need for hearing correction	\$20 per visit
	Routine immunizations² • For children 18 years of age and under on the date the immunization is administered ³ • For adults 19 years of age and over on the date the immunization is administered	No charge \$10 per dose
	Influenza and pneumococcal immunizations²	No charge
	Unexpected mass immunizations²	50% of applicable charges
	Short-term physical, occupational, and speech therapy⁴ (only if the condition is subject to significant, measurable improvement in physical function; Kaiser Permanente clinical guidelines apply)	\$20 per visit

SECTION	BENEFITS	YOU PAY
OUTPATIENT SERVICES <i>(continued)</i>	Dialysis • Kaiser Permanente physician and facility services for dialysis • Equipment, training and medical supplies for home dialysis	\$20 per visit No charge
	Materials for dressings and casts	No charge
HOSPITAL INPATIENT CARE <i>(for acute care registered bed patients)</i>	Hospital inpatient care , including services such as: • Room and board • General nursing care and special duty nursing • Physicians' services • Surgical procedures • Respiratory therapy and radiation therapy • Anesthesia • Medical supplies • Use of operating and recovery rooms • Intensive care room	20% of applicable charges
	Short-term physical, occupational, and speech therapy⁴ <i>(only if the condition is subject to significant, measurable improvement in physical function; Kaiser Permanente clinical guidelines apply)</i>	20% of applicable charges
	Materials for dressings and casts	No charge
	Inpatient laboratory services, imaging services, and testing services	50% of applicable charges
LABORATORY IMAGING AND TESTING SERVICES	Outpatient laboratory services, imaging services, and testing services	50% of applicable charges
	Transplants , including kidney, heart, heart-lung, liver, lung, simultaneous kidney-pancreas, bone marrow, cornea, small bowel, and small bowel-liver transplants ¹	See applicable benefits sections (e.g., office visits subject to office visit copay, inpatient care subject to hospital inpatient care copay, etc.)
PREVENTIVE SCREENING SERVICES	Preventive screening services that meet Kaiser Permanente Prevention Committee's average risk guidelines are limited to the services listed below: • Anemia and lead screening for children • Cervical cancer screening • Chlamydia detection • Colorectal cancer screening • Fecal occult blood test • Lipid evaluation • Newborn metabolic screening • Osteoporosis screening • Screening mammography	No charge; member pays \$20 for office visit, if applicable
	Prescribed drugs that require skilled administration by medical personnel (i.e., cannot be self-administered), which meet all of the following requirements: • Prescribed by a Kaiser Permanente licensed prescriber • On the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions • Prescription is required by law	No charge ⁵
PRESCRIBED DRUGS	Immunizations are described in the "Outpatient Services" section.	
	Contraceptive drugs and devices are described in the "Obstetrical Care, Interrupted Pregnancy, Family Planning, Involuntary Infertility Services, and Artificial Conception Services" section	
	Exclusions: • Drugs that are necessary for or associated with services that are excluded or not covered	

SECTION	BENEFITS	YOU PAY
OBSTETRICAL CARE, INTERRUPTED PREGNANCY, FAMILY PLANNING, INVOLUNTARY INFERTILITY SERVICES, AND ARTIFICIAL CONCEPTION SERVICES	Obstetrical (maternity) care	See applicable benefits sections (e.g., office visits subject to office visit copay, inpatient care subject to hospital inpatient care copay, etc.)
	Inpatient stay and inpatient care for newborn during or after mother's hospital stay (assuming newborn is timely enrolled in Kaiser Permanente subscriber's plan)	Hospital inpatient care benefits apply (see "Hospital Inpatient Care" section)
	Interrupted pregnancy • Medically indicated abortions • Elective abortions (including use of abortion drugs such as RU-486), limited to two per member per lifetime	\$20 per visit for outpatient abortion 20% of applicable charges for inpatient abortion
	Family planning office visits	\$20 per visit
	FDA-approved contraceptive drugs and devices⁴ <i>(to prevent unwanted pregnancies)</i>	50% of applicable charges (a minimum price as determined by Pharmacy Administration may apply) ⁵
	Involuntary infertility office visits	\$20 per visit
	Artificial insemination¹	\$20 per visit
	In vitro fertilization¹ • Limited to one-time-only benefit at Kaiser Permanente • Limited to female members using spouse's sperm	20% of applicable charges
	Home health care , nurse, and home health aide visits to homebound members, when prescribed by a Kaiser Permanente physician	No charge
	HOME HEALTH CARE AND HOSPICE CARE	Hospice care. Supportive and palliative care for a terminally ill member, as directed by a Kaiser Permanente physician. Hospice coverage includes two 90-day periods, followed by an unlimited number of 60-day periods. The member must be certified by a Kaiser Permanente physician as terminally ill at the beginning of each period. (Hospice benefits apply in lieu of any other plan benefits for treatment of terminal illness.) Hospice includes services such as: • Nursing care (excluding private duty nursing) • Medical social services • Home health aide services • Medical supplies • Kaiser Permanente physician services • Counseling and coordinating of bereavement services • Services of volunteers • Physical therapy, occupational therapy, or speech language pathology
SKILLED NURSING CARE	Up to 60 days of prescribed skilled nursing care services in an approved facility (such as a hospital or skilled nursing facility) per benefit period. Covered services include: nursing care, room and board, medical social services, medical supplies, and durable medical equipment ordinarily provided by a skilled nursing facility. In addition to Health Plan criteria, Medicare guidelines are used to determine when skilled nursing services are covered, except that a prior three-day stay in an acute care hospital is not required.	20% of applicable charges
	Exclusions: Personal comfort items, such as telephone, television, and take-home medical supplies	

SECTION	BENEFITS	YOU PAY
EMERGENCY SERVICES (covered for initial emergency treatment only)	At a facility <i>within</i> the Hawaii service area for covered emergency services	\$75 copay per visit
	At a facility <i>outside</i> the Hawaii service area for covered emergency services	20% of applicable charges
	<p>Note: (or member's family) must notify Health Plan within 48 hours if admitted to a non-Kaiser Permanente facility.</p> <p><i>Emergency services are those medically necessary services that meet the prudent layperson standard and were immediately required due to sudden and unforeseen illness/injury. In addition, in cases where care is received from non-Kaiser Permanente physicians, covered emergency services are only those in which receipt of services from a Kaiser Permanente physician would have entailed a delay resulting in death, serious impairment to bodily functions, serious dysfunction of any bodily organ, or placing the health of the individual in serious jeopardy.</i></p> <p>Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</p>	
OUT-OF-AREA URGENT CARE SERVICES (while temporarily outside the Hawaii service area)	At a non-Kaiser Permanente facility for covered urgent care services (coverage for initial urgent care treatment only)	20% of applicable charges
	<p><i>Urgent care services means initial care for a sudden and unforeseen illness or injury when the member is temporarily away from the Hawaii service area, that is required to prevent serious deterioration of the member's health and which cannot be delayed until the member is medically able to return safely to the Hawaii service area or travel to a Kaiser Permanente facility in another Health Plan Region.</i></p> <p>Continuing or follow-up treatment at a non-Kaiser Permanente facility is not covered.</p>	
AMBULANCE SERVICES	<p>Ambulance services are those services in which:</p> <ul style="list-style-type: none"> • Use of any other means of transport, regardless of availability of such other means, would result in death or serious impairment of the member's health, and • The purpose of transporting the member is to receive medically necessary acute care <p>In addition, air ambulance must be for the purpose of transporting the member to the nearest medical facility designated by Health Plan for receipt of medically necessary acute care, and the member's condition must require the services of an air ambulance for safe transport</p>	20% of applicable charges
BLOOD	Regardless of replacement, units and processing of units of whole blood, red cell products, cryoprecipitates, platelets, plasma, fresh frozen plasma, and Rh immune globulin	20% of applicable charges
	Collection, processing, and storage of autologous blood when prescribed by a Kaiser Permanente physician for a scheduled surgery whether or not the units are used	20% of applicable charges
MENTAL HEALTH SERVICES ¹ for serious mental illness	Serious mental illness includes schizophrenia, schizo-affective disorder, bipolar types I and II, delusional disorder, major depression, obsessive-compulsive disorder, and dissociative disorder.	
	Outpatient office visits	\$20 per visit
	Hospital inpatient care	20% of applicable charges

SECTION	BENEFITS	YOU PAY
MENTAL HEALTH SERVICES ¹ for non-serious mental illness	Up to 24 outpatient office visits per calendar year • Psychological testing ¹ as part of diagnostic evaluation, when ordered by a Kaiser Permanente physician or psychologist	20% of applicable charges
	Additional outpatient office visits Each day of inpatient hospital service may be exchanged for two days of outpatient visits, provided that the member's condition is such that the outpatient services would reasonably preclude hospitalization	20% of applicable charges
	<p>Up to 30 days of hospital care per calendar year Coverage under mental health benefits can include any combination of hospital days and specialized facility services. Two days of specialized facility care count as one hospital day.</p> <ul style="list-style-type: none"> • Hospital care services of Kaiser Permanente physicians, mental health professionals, and other health care professionals, or Kaiser Permanente physician visits in a specialized facility • Specialized facility services, non-hospital residential services, partial hospitalization services, or day treatment services in a specialized mental health treatment unit or facility approved by Hawaii Permanente Medical Group, Inc. 	20% of applicable charges
CHEMICAL DEPENDENCY SERVICES ⁴	Outpatient office visits	\$20 per visit
	Hospital inpatient care	20% of applicable charges
	Up to 60 days per calendar year of residential chemical dependency services¹	20% of applicable charges
INTERNAL PROSTHETICS, DEVICES, AND AIDS	Implanted internal prosthetics (such as pacemakers and hip joints), and internally implanted devices and aids (such as surgical mesh, stents, bone cement, implanted nuts, bolts, screws, and rods) which are prescribed by a physician, preauthorized in writing by Kaiser Permanente, and obtained from sources designated by Health Plan	50% of applicable charges
	Fitting and adjustment of these devices, including repairs and replacement other than those due to misuse or loss	50% of applicable charges
	<p>Internal prosthetics are those which meet all of the following criteria:</p> <ul style="list-style-type: none"> • Are required to replace all or part of an internal body organ or replace all or part of the function of a permanently inoperative or malfunctioning body organ • Are used consistently with accepted medical practice and approved for general use by the U.S. Food and Drug Administration (FDA) • Were in general use on March 1 of the year immediately preceding the year in which this Service Agreement became effective or was last renewed • Are not excluded from coverage from Medicare and, if covered by Medicare, meet the coverage definitions, criteria, and guidelines established by Medicare at the time the device is prescribed <p>Exclusions:</p> <ul style="list-style-type: none"> • All implanted internal prosthetics and devices and internally implanted aids related to an excluded or noncovered service/benefit • Prosthetics, devices, and aids related to sexual dysfunction <p>Limitations: Coverage is limited to the standard prosthetic model that adequately meets the medical needs of the member. Convenience and luxury items and features are not covered.</p>	

SECTION	BENEFITS	YOU PAY
DIABETES EQUIPMENT	Diabetes equipment (limited to blood glucose monitors and external insulin pumps, and the supplies necessary to operate them) that is prescribed by a Kaiser Permanente physician, preauthorized in writing by Kaiser Permanente, and obtained from sources designated by Health Plan on either a purchase or rental basis, as determined by Health Plan	50% of applicable charges (a minimum price as determined by Pharmacy Administration may apply)
	Diabetes equipment is equipment and supplies necessary to operate the equipment, that: <ul style="list-style-type: none"> • Is intended for repeated use • Is primarily and customarily used to serve a medical purpose • Is appropriate for use in the home • Is generally not useful to a person in the absence of illness or injury • Was in general use on March 1 of the year immediately preceding the year in which this Service Agreement became effective or was last renewed • Is not excluded from coverage from Medicare, and if covered by Medicare, meets the coverage definitions, criteria, and guidelines established by Medicare at the time the diabetes equipment is prescribed • Is on the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions 	
	Exclusions: <ul style="list-style-type: none"> • Comfort and convenience equipment, and devices not medical in nature • Disposable supplies for home use such as bandages, gauze, tape, antiseptics, and ACE-type bandages • Repair, adjustment, or replacement due to misuse or loss • Experimental or research equipment 	
	Limitations: <ul style="list-style-type: none"> • If rented or loaned from Health Plan, the member must return any diabetes equipment items to the Health Plan or its designee or pay Health Plan or its designee the fair-market price for the equipment when it is no longer prescribed by a physician or used by the member • Coverage is limited to the standard item of diabetes equipment in accord with Medicare guidelines that adequately meets the medical needs of the member. Convenience and luxury items and features are not covered 	
DEPENDENT COVERAGE UP TO AGE 19	Unmarried dependent (biological, step, or adopted) children of the subscriber (or the subscriber's spouse) are eligible up to the child's 19th birthday. Other unmarried dependents may include: <ul style="list-style-type: none"> • The subscriber's (or subscriber's spouse's) dependent (biological, step, or adopted) children over age 19 who are incapable of self-sustaining employment by reason of mental retardation or physical handicap, and are chiefly dependent upon the subscriber (or subscriber's spouse) for support and maintenance (proof of incapacity and dependency may be required) • A person who is under age 19, is living in a parent-child relationship with the subscriber (or subscriber's spouse), is entirely supported by the subscriber (or subscriber's spouse), is permanently living in the subscriber's household, and for whom the subscriber (or subscriber's spouse) is (or was before the person's 18th birthday) the court-appointed legal guardian 	
STUDENT COVERAGE UP TO AGE 25	Unmarried dependent (biological, step, or adopted) children who are full-time students pursuing a license, degree, or professional certification at a state-recognized and duly accredited school or university and have the same legal address as the subscriber are eligible up to the child's 25th birthday To qualify for this coverage, the subscriber must fill out a Student Certification Form for each eligible dependent and return it to Kaiser Permanente. This information is subject to prior verification by Kaiser Permanente.	
SUPPLEMENTAL CHARGES MAXIMUM	Your out-of-pocket expenses for covered Basic Health Services are capped each year by a supplemental charges maximum: <ul style="list-style-type: none"> • \$2,000 per member, • \$6,000 per family unit (three or more members), per calendar year YOU MUST RETAIN YOUR RECEIPTS for these supplemental charges, and when that maximum amount has been paid, present these receipts to our business office at Moanalua Medical Center, Honolulu, Waipio, or Wailuku clinics, or to the cashier at other Kaiser Permanente clinics. After verification that the supplemental charges maximum has been paid, you will be given a card that indicates that no additional supplemental charges for covered Basic Health Services will be collected for the remainder of the calendar year. You need to show this card at your visits to ensure no additional supplemental charges are billed or collected for the remainder of the calendar year in which the medical services were received. All payments are credited toward the calendar year in which the medical services were received.	

SECTION	BENEFITS	YOU PAY
SUPPLEMENTAL CHARGES MAXIMUM (continued)	You will be provided an updated status about which of your payments may be applied to the supplemental charges maximum. Please allow a minimum of 10 working days to verify that your supplemental charges maximum has been met. Note: Once you have met the supplemental charges maximum, please submit your proof of payment as soon as reasonably possible. All receipts must be submitted no later than February 28 of the year following the one in which the medical services were received. Supplemental charges for the following covered Basic Health Services can be applied toward the supplemental charges maximum:	
	<ul style="list-style-type: none"> • Ambulance service • Artificial insemination • Chemical dependency services (except residential services) • Covered office visits for services listed in this Basic Health Services section • Dialysis • Drugs requiring skilled administration • Emergency service • Family planning office visits • Health evaluation office visits for adults • Home health • Imaging (including X-rays) • Immunizations (excluding travel immunizations) • In vitro fertilization procedure (excluding drugs) • Infertility office visits • Inpatient room (semi-private) • Interrupted pregnancy/abortion • Laboratory • Mental health services for the first 24 outpatient visits and the first 30 inpatient visits • Obstetrical (maternity) care • Outpatient surgery and procedures • Radiation and respiratory therapy • Reconstructive surgery • Short-term occupational therapy • Short-term physical therapy • Short-term speech therapy • Testing services • Transplants (the procedure) • Urgent care 	
	These are not Basic Health Services, and charges for these services/items are not applicable towards the supplemental charges maximum:	
	<ul style="list-style-type: none"> • All excluded or noncovered benefits • All other services not specifically listed above as a Basic Health Service • All services for which coverage has been exhausted • Allergy test materials • Blood or blood processing • Braces • Complementary alternative medicine (chiropractic, acupuncture, or massage therapy) • Contraceptive drugs and devices • Dental services • Diabetes supplies and equipment • Dressings and casts • Durable medical equipment • External prosthetics • Handling fee or taxes • Health education services, classes, or support groups • Hospice • Internal devices and aids • Internal prosthetics • Medical foods • Medical social services • Mental health services after the first 24 outpatient visits and the first 30 inpatient visits • Office visits for services that are not Basic Health Services • Orthopedic devices • Radioactive materials • Residential chemical dependency services • Self administered/outpatient prescription drugs • Skilled nursing care • Take-home supplies • Travel immunizations 	

¹Coverage exclusions apply. For further details, please see page 17.

²Immunizations (routine, influenza, pneumococcal, and unexpected) for prevention of disease must meet all of the following criteria:

- Recommended by the Advisory Committee on Immunization Practices (ACIP),
- Published in the Morbidity and Mortality Weekly Report (MMWR) by the Centers for Disease Control and Prevention (CDC) in accordance with published criteria, guidelines, or restrictions, and
- Are on the Health Plan formulary and used in accordance with formulary criteria, guidelines, or restrictions.

³Includes routine immunizations (in keeping with "prevailing medical standards" as defined by state law) for children 5 years of age and under.

⁴Coverage limitations apply. For further details, please see page 19.

⁵Members must pay their office visit copay for the office visit.

THIRD-PARTY LIABILITY, MOTOR VEHICLE ACCIDENTS, AND SURROGACY HEALTH SERVICES

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

Kaiser Permanente has the right to recover the cost of care for Surrogacy Health Services. Surrogacy Health Services are services the member receives related to conception, pregnancy, or delivery in connection with a surrogacy arrangement. The member must reimburse Kaiser Permanente for the costs of Surrogacy Health Services out of the compensation the member or the member's payee is entitled to receive under the surrogacy arrangement.



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Rewards Program

Take the first step toward better health—and start reaping the rewards.

Activate a healthier life with HealthWorks by Kaiser Permanente.

Taking a more active role in your health can help you live life to the fullest. That's why Hawaii Pacific University and Kaiser Permanente have teamed up to bring you HealthWorks—a program that offers useful health strategies and wellness tools to help keep you healthy. HealthWorks resources are available online, which makes managing your health easier. You must be enrolled at Hawaii Pacific University and be an active Kaiser Permanente member under the Hawaii Pacific University Student Health Plan to be eligible for the rewards program.

Earn up to two \$25 reward cards for taking these healthy steps:[†]

- Complete Kaiser Permanente's total health assessment online and receive a personalized action plan for improving your health.[‡] If you agree to share your information with Kaiser Permanente and/or to a rewards administrator, you can earn a \$25 reward card good for use at 31 different retailers including Macy's, Gap, Sears, and Foot Locker.
- Complete one of Kaiser Permanente's online healthy lifestyle programs and earn an additional \$25 reward card. Learn to quit smoking, lose weight, reduce stress, and more.

Here's how it works:

1. Go to kp.org and sign on using your user ID and password. If you have not signed on before, you can register now at kp.org/register.
2. Once logged on, go to the "Health and Wellness" tab and click on the "Member programs and classes" link. Click on either the "Take a total health assessment" or one of the other 10 healthy lifestyle programs.
3. Complete the total health assessment or one of the 10 healthy lifestyle programs **and** agree to share your name, address, date of birth—and other enrollment information necessary for issuing the rewards—with Kaiser Permanente and/or a rewards administrator, if applicable. Individual information **will not** be shared with Hawaii Pacific University. That's it! It's just that simple!
4. Look for your IncentOne registration letter in the mail for instruction on how to redeem your \$25 reward card.

Good health is a gift that can enrich your entire life. So get inspired and take charge of your health. Go to my.kp.org/hi/hpustudents to get started.

*Open only to Hawaii Pacific University Student Health Plan subscribers 18 and older who are Kaiser Permanente members. By law, those enrolled in any Kaiser Permanente Medicare plan are not eligible for rewards.

[†]Limit of two \$25 rewards for healthy lifestyle programs, including the total health assessment, completed by August 14, 2010.

[‡]To complete the total health assessment, Kaiser Permanente recommends you first obtain your current numbers for blood pressure, total cholesterol, HDL and LDL cholesterol, triglyceride, and blood glucose. Also have your waist, weight, and height measurements ready.

If you have any questions, e-mail healthworks.hawaii@kp.org.

RATES

Full year: (8/15/09–8/14/10)
Open enrollment: (7/06/09–09/22/09)
Single: \$1,658.59
Couple: \$4,975.77
Family: \$7,463.65

Fall semester: (8/15/09–12/31/09)
Open enrollment (7/06/09–9/22/09)
Single: \$622.35
Couple: \$1,866.66
Family: \$2,800.00

Spring semester: (1/01/10–05/14/10)
Open enrollment (12/01/09–2/08/10)
Single: \$622.35
Couple: \$1,866.66
Family: \$2,800.00

Summer session: (5/15/10–8/14/10)
Open enrollment (4/01/10–7/12/10)
Single: \$413.90
Couple: \$1,242.44
Family: \$1,863.66

Spring semester and summer session
(1/01/10–8/14/10)
Open enrollment (12/01/09–2/08/10)
Single: \$1,036.24
Couple: \$3,109.11
Family: \$4,663.66

SECTION	BENEFITS	YOU PAY
	For each prescription, when the quantity does not exceed:	\$15 per prescription
	<ul style="list-style-type: none"> • A 30-consecutive-day supply of a prescribed drug, or • An amount as determined by the formulary 	
	Self-administered drugs are covered only when all of the following criteria are met:	
	<ul style="list-style-type: none"> • Prescribed by a Kaiser Permanente physician/licensed prescriber or a prescriber we designate • Are on the Kaiser Permanente Hawaii Drug Formulary and must be used in accordance with formulary criteria, guidelines, or restrictions • The drug is one for which a prescription is required by law • Is obtained at pharmacies in the Hawaii service area that are operated by Kaiser Foundation Hospital or Kaiser Foundation Health Plan, Inc., or pharmacies we designate • Drug does not require administration nor observation by medical personnel 	
	Insulin and certain diabetes supplies	\$15 per prescription
	Contraceptive drugs and devices are described in the obstetrical care, interrupted pregnancy, family planning, involuntary infertility services, and artificial conception services section	
	Exclusions:	
	<ul style="list-style-type: none"> • Drugs for which a prescription is not required by law (i.e., over-the-counter drugs) including condoms, contraceptive foams and creams, or other nonprescription substances used individually or in conjunction with any other prescribed drug or device • Drugs and their associated dosage strengths and forms in the same therapeutic category as nonprescription drugs that have the same indication as the nonprescription drug • Drugs obtained from a non-Kaiser Permanente pharmacy • Nonprescription vitamins • Drugs when used primarily for cosmetic purposes • Medical supplies such as dressings and antiseptics • Reusable devices such as glucose monitors and lancet cartridges • Nonformulary drugs or diabetes supplies, unless a nonformulary drug/diabetes supply has been specifically prescribed and authorized by a Kaiser Permanente physician/licensed prescriber or prescriber we designate • Brand-name drugs requested by a member when there is a generic equivalent • Prescribed drugs/diabetes supplies that are necessary for or associated with excluded or noncovered services • Drugs related to sexual dysfunction • Drugs to shorten the duration of the common cold • Drugs related to enhancing athletic performance (such as weight training and bodybuilding) • Any packaging other than the dispensing pharmacy's standard packaging • Immunizations, including travel immunizations • Contraceptive drugs and devices (to prevent unwanted pregnancies) • Abortion drugs (such as RU-486) • Replacement of lost, stolen, or damaged drugs 	

DRUG BENEFIT \$15 FOR HPU STUDENT PLAN

Questions and answers about the drug benefit for HPU Student Health Plan

1. HOW DOES THE DRUG BENEFIT WORK?

When a Kaiser Permanente physician, a licensed prescriber, or a prescriber we designate prescribes a drug for which a prescription is legally required, you can take it to any Kaiser Permanente pharmacy or pharmacy we designate.

- In most cases you will be charged \$15 for a prescription when it does not exceed a 30-consecutive-day supply of a prescribed drug (or an amount as determined by the formulary). Each refill of the same prescription will also be provided at the same charge.
- If you go to a non-Kaiser Permanente pharmacy, you will be responsible for 100 percent of charges.

2. WHERE ARE KAISER PERMANENTE PHARMACIES LOCATED?

Most Kaiser Permanente clinics have a pharmacy on the premises. Please consult your *Member Handbook* or visit kp.org to find the pharmacy nearest you and its hours of operation.

3. CAN I GET ANY DRUG PRESCRIBED BY MY PHYSICIAN?

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 a 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 drug unless this is prohibited by your Kaiser Permanente physician. If you want a brand-name drug for which there is a generic equivalent, or if you request a nonformulary 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'll pay the usual drug copayment. If you request the higher-priced drug and it has not been deemed medically necessary, you will be charged member rates.

4. DO I NEED TO PRESENT ANY IDENTIFICATION WHEN I PICK UP MY PRESCRIPTION?

Yes, always present your Kaiser Permanente membership ID card, which has your medical record number, to the pharmacist. If you do not have a medical record number, please call the Customer Service Center at **432-5955** on Oahu or **1-800-966 5955** on Neighbor Islands.

5. WHAT IF I NEED MORE THAN A MONTH'S SUPPLY OF MEDICATION?

Your Kaiser Permanente membership contract entitles you to a maximum of one month's supply per prescription. However, as a convenience to you, our Kaiser Permanente pharmacies will dispense up to a three-month supply of certain prescriptions upon request (you will be responsible for three copayment amounts). Dispensing a three-month supply is done in good faith, presuming you will remain a Kaiser Permanente member for the next three months. If you terminate your membership with Kaiser Permanente before the end of the three-month period, we will bill you the retail price for your remaining drugs. For example, if you end your membership after two months, we will bill you for the remaining one-month supply. Refills are allowed when 75 percent of the current prescription supply is taken/administered according to prescriber's directions.

6. HOW DO I RECEIVE PRESCRIPTIONS BY MAIL?

- For refill prescriptions, order online via kp.org or call the Kaiser Permanente automated phone system toll free at **1-888-867-2118**. (Prescription must have been previously filled at a Kaiser Permanente pharmacy.)
- For new and refill prescriptions, complete and send the Kaiser Permanente mail-order envelope (we pay the postage!) with payment or payment information.
- Call the Kaiser Permanente Mail-Order Pharmacy at **432-5510** to speak to a representative, leave a voicemail to request a new prescription, or transfer a prescription to Kaiser Permanente.
- You may purchase a 90-consecutive-day supply of maintenance medications for the price of a 60-consecutive-day supply. Some restrictions apply. The mail-order program does not apply to the delivery of certain pharmaceuticals (e.g., controlled substances as determined by state and/or federal regulations, bulky items, medication affected by temperature, injectables, and other products and dosage forms as identified by the Pharmacy and Therapeutics Committee). Prescriptions will be mailed only to your home, and will not be mailed to addresses outside of the Hawaii service area. Place your order when you are down to your last two weeks of medication. Allow one week to receive your medication.

Who is eligible

1. ELIGIBLE SUBSCRIBER

To be accepted for enrollment, you must live within our Hawaii service area, not be eligible for or entitled to coverage under Medicare (Parts A and/or B), pay the applicable membership charges prior to the initial effective date of coverage, and be one of the following:

- A Hawaii Pacific University (HPU) student enrolled at least half-time (fall or spring semester) as defined by HPU, or enrolled in one class during the summer semester
- A student enrolled for credit in continuing education programs, a postdoctoral fellow, or a participant in other special HPU-sponsored programs (as approved by Kaiser Foundation Health Plan, Inc., and HPU)
- A graduate student enrolled in his/her capstone course
- A visiting colleague, a short-term scholar, or a professor who is at HPU for the purpose of teaching, training, lecturing, observing, consulting, and/or conducting research
- A student approved for Optional Practical Training (OPT) with a valid OPT card

In addition, to be eligible for summer coverage, you must be a current HPU student during the recent spring or fall semesters, and show proof of HPU enrollment for the fall semester.

Members who become eligible for or entitled to coverage under Medicare (Parts A and/or B) while on this HPU Student Health Plan should contact our Customer Service Center to see if they are eligible for our non-group Kaiser Permanente Senior Advantage Plan.

If Kaiser Foundation Health Plan, Inc., terminated you or your dependents for nonpayment, you or your dependents cannot enroll unless past dues are paid.

2. ELIGIBLE FAMILY DEPENDENTS

To be accepted for enrollment, a family dependent must (1) live within our Hawaii service area, (2) not be eligible for or entitled to coverage under Medicare (Parts A and/or B), (3) pay the applicable membership charges prior to the effective date of coverage, and (4) be one of the following:

- Your spouse
- Your and/or your spouse's unmarried dependent (biological, step, or adopted) child under age 19
- You and/or your spouse's (biological, step, or adopted) child who attains age 19 and meets all of the following criteria:
 - is incapable of self-support because of mental retardation or physical handicap incurred prior to age 19,
 - is chiefly dependent upon you and/or your spouse for support and care, and
 - for whom you give proof of incapacity and dependency annually if we request it
- Your and/or your spouse's other unmarried dependent child under age 19 who meets all of the following criteria:
 - is living in a parent-child relationship with you and/or your spouse,
 - is entirely supported by you and/or your spouse,
 - is permanently residing in your and/or your spouse's household, and
 - for whom you and/or your spouse is (or was before the child's 18th birthday) the court-appointed legal guardian
- Any other unmarried dependent (biological, step, or adopted) child under age 25 who is a full-time student pursuing a license, degree, or professional certification at a state-recognized and accredited educational institution
- A newborn or child who is the subject of a petition for adoption filed in the appropriate court by you that claims you are seeking adoption of the newborn or child

NOTES:

- If the subscriber is no longer eligible for continued enrollment, the subscriber's family dependents are not eligible for continued enrollment.
- Health Plan may perform periodic audits to confirm student status and dependent status. Payment and enrollment form must be received before newly eligible family dependents are added onto the HPU Student Health Plan. Details are stated in the HPU Student Non-Group Medical and Hospital Service Agreement, HPU Student benefits schedule, rider, and Contract Face Sheet (hereafter known as "Service Agreement") between Kaiser Permanente and HPU. To review this agreement, contact Hawaii Pacific University or our Customer Service Center at **432-5955** (Oahu), **1-800-966-5955** (Neighbor Islands and outside the Hawaii service area), or **1-877-447-5990** (TTY for the deaf, hard of hearing, or speech impaired).

How to use this plan

To receive medical care, please call one of the clinic numbers listed in this brochure to schedule an appointment. If you have not selected a personal physician, please take the opportunity to select a doctor at **kp.org** or during your first clinic visit. Your doctor is your partner in coordinating your care at Kaiser Permanente. For nonemergency care, your benefits will be covered **only when you receive services at the clinics listed in this brochure.**

How to choose your doctor

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

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

- **Family practice** cares for members of all ages, and is focused especially on caring for entire families
- **Pediatrics** focuses on child development and general medical care for children up to age 19
- **Internal medicine** specializes in medical care for adults 18 and older and the diagnosis and treatment of a wide variety of nonsurgical illnesses

Step 3: Review the profiles of the available physicians. You can get the profiles from:

- Physician biography cards, which provide background information on physicians at each facility or department, located at reception counters in our clinics
- Our physicians and locations directory
- Our Web site at **kp.org**

Step 4: Complete the Choose Your Physician form available on **kp.org** or call your clinic and notify the receptionist of your preferred physician.

FOR FURTHER ASSISTANCE PLEASE CALL:

Kaiser Permanente Customer Service Center
Monday through Friday, 8 a.m. to 5 p.m.;
Saturday, 8 a.m. to noon
Oahu: **432-5955**

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

Interpreter services

You can have interpreter services at your doctor's appointments at no charge. If you need an interpreter at your next visit, just tell the appointment representative when you call to make your appointment. For all other questions (such as benefit inquiries or ordering a Kaiser Permanente ID card), please call our Customer Service Center. A representative will provide an interpreter over the phone.

How to enroll

Eligible students must complete the Kaiser Permanente Hawaii Pacific University Enrollment Application.

1. Make your check or money order payable to Kaiser Foundation Health Plan, Inc. **Do not send cash.**
2. Payment can be made:
 - A. In person at any Kaiser Permanente clinic. Please refer to the back of this brochure for a complete listing of all Kaiser Permanente clinics.
 - B. By mail to: Kaiser Foundation Health Plan, Inc., Membership Administration, P.O. Box 30820, Honolulu, HI 96820-0820.
3. Keep the Member Copy/Temporary identification card (second copy of the enrollment form). When you receive services, please use this form until you receive your permanent Kaiser Permanente ID card.

Emergency care

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

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

The copay for an Emergency Department visit within the Hawaii service area is \$75. Emergency services from non-Kaiser Permanente practitioners are covered by your Health Plan benefits only if you meet all of the following requirements:

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

For all urgent but non-life-threatening medical needs or conditions, you must go to a Kaiser Permanente clinic or to our Moanalua Medical Center on Oahu in order for coverage to apply. Continuing or follow-up care from non-Kaiser Permanente practitioners is not covered.

Refer to your Service Agreement for a full description of your emergency and out-of-area urgent care coverage.

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

Limit on supplemental charges

The supplemental charges maximum is \$2,000 per member and \$6,000 per family unit (of three or more members) per calendar year.

Family dependents who lose eligibility

You may apply for conversion membership as a subscriber on your own individual plan within 30 days of your student plan termination. Application does not guarantee acceptance into the plan.

Subscribers who withdraw from HPU

If you withdraw from HPU, your coverage will continue to the end of the coverage period for which premiums have been paid. Refunds are made only if you show proof of coverage through another Kaiser Permanente plan.



Termination

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

- Fail to pay us any amounts (including cost shares and copayments) due within the time we specify in writing
- Knowingly give us incorrect or incomplete material information
- Fail to inform us of a change in family or Medicare coverage status that may affect eligibility or benefits
- Knowingly misuse or permit the misuse of a Kaiser Permanente ID card
- Knowingly misrepresent membership status or coverage
- Knowingly present an invalid prescription or physician order
- Commit any type of fraud in connection with his/her membership
- Make an intentional misrepresentation of material fact in connection with the coverage provided under this Service Agreement
- No longer reside or attend school in the Hawaii service area

See your Service Agreement for a complete description of termination provisions.

If membership is terminated for any of these reasons, all rights to benefits cease as of the date of termination. There is no right to continue coverage, convert to Kaiser Permanente for Individuals and Families Conversion Plan, nor to enroll in any plan that offers entitlement to services through Kaiser Foundation Health Plan, Inc., at any future time.

Binding arbitration

Except for certain situations outlined in your Service Agreement, all claims, disputes, or causes of action arising out of or related to your Service Agreement, its performance or alleged breach, or the relationship or conduct of the parties, must be resolved by binding arbitration. For claims, disputes, or causes of action subject to binding arbitration, all parties give up the right to jury or court trial. For a complete description of arbitration information, please see your Service Agreement.

COVERAGE EXCLUSIONS

When a service is excluded or noncovered, all services that are necessary or related to the excluded or noncovered service are also excluded. "Service" means any treatment, diagnosis, care, procedure, test, drug, injectable, facility, equipment, item, device, or supply.

The following services are excluded:

- **Acupuncture.** (This exclusion may not apply if you have the applicable Complementary Alternative Medicine Rider.)
- **Alternative medical services** not accepted by standard allopathic medical practices such as hypnotherapy, behavioral testing, sleep therapy, biofeedback, massage therapy, naturopathy, rest cure, and aromatherapy. (The massage therapy portion of this exclusion may not apply if you have the applicable Complementary Alternative Medicine Rider.)
- **Artificial aids, corrective aids, and corrective appliances** such as external prosthetics, braces, orthopedic aids, orthotics, hearing aids, corrective lenses, and eyeglasses. (The external prosthetic devices and braces portion of this exclusion may not apply if you have an External Prosthetic Devices and Braces Rider. The hearing aids portion of this exclusion may not apply if you have a Hearing Aid Rider. The eyeglasses and contact lens portion of this exclusion may not apply if you have an Optical Rider.)
- **All blood, blood products, blood derivatives, and blood components**, whether of human or manufactured origin and regardless of the means of administration, except under the "Blood" benefit. Donor-directed units are not covered.
- **Cardiac rehabilitation.**
- **Chiropractic services.** (This exclusion may not apply if you have the applicable Complementary Alternative Medicine Rider.)
- Services for **confined members** (confined in criminal justice institutions or quarantined).

- **Contraceptive foams and creams, condoms,** or other nonprescription substances used individually or in conjunction with any other prescribed drug or device.
- **Cosmetic services,** such as plastic surgery to change or maintain physical appearance, which are not likely to result in significant improvement in physical function. However, Kaiser Permanente physician services to correct significant disfigurement resulting from an injury, medically necessary surgery, or incident to a covered mastectomy are covered.
- **Custodial services or services in an intermediate-level care facility.**
- **Dental care services,** such as dental X-rays, dental implants, dental appliances, orthodontia, and services relating to temporomandibular joint dysfunction (TMJ) or craniomandibular pain syndrome. (Part of this exclusion may not apply if you have a Dental Rider.)
- **Durable medical equipment,** such as crutches, canes, oxygen-dispensing equipment, hospital beds, and wheelchairs used in the member's home (including an institution used as his or her home), except diabetes blood glucose monitors and external insulin pumps. (This exclusion may not apply if you have a Durable Medical Equipment Rider.)
- **Employer or government responsibility.** Services that an employer is required by law to provide or that are covered by workers' compensation or employer liability law; services for any military service-connected illness, injury, or condition when such services are reasonably available to the member at a Veterans Affairs facility; services required by law to be provided only by, or received only from, a government agency.
- **Experimental or investigational services.**
- **Eye examinations** for contact lenses and vision therapy, including orthoptics, visual training, and **eye exercises.** (Eye exams for contact lenses may be partially covered if you have an Optical Rider.)
- **Eye surgery** solely for the purpose of correcting refractive defects of the eye such as radial keratotomy (RK), and photo-refractive keratectomy (PRK).
- **Routine foot care,** unless medically necessary.
- **Health education.** Specialized health promotion classes and support groups (such as the bariatric surgery program).
- **Homemaker services.**
- The following costs and services for **infertility services, in vitro fertilization, or artificial insemination:**
 - The cost of equipment and of collection, storage, and processing of sperm.
 - In vitro fertilization using either donor sperm or donor eggs.
 - In vitro fertilization that does not meet state law requirements.
 - Services related to conception by artificial means other than artificial insemination or in vitro fertilization, such as ovum transplants, gamete intrafallopian transfer (GIFT), and zygote intrafallopian transfer (ZIFT), including prescription drugs related to such services and donor sperm and donor eggs used for such services.
 - Services to reverse voluntary, surgically induced infertility.
- The following **mental health** costs and services:
 - Services that, in the opinion of a Kaiser Permanente physician, are not necessary or reasonably expected to improve the member's condition.
 - Continuation in a course of treatment for members who are disruptive or physically abusive.
 - Services on court order or as a condition of parole or

probation unless determined by a Kaiser Permanente physician to be medically necessary and appropriate.

- Testing or treatment requested or required by a non-Kaiser Permanente outside agency/body, in connection with administrative or court proceedings (such as divorce or child-custody proceedings), hearings, gun-permit applications, or employment or disability matters, unless the test or treatment is determined by a Kaiser Permanente physician to be medically necessary and appropriate.
- Testing for ability, aptitude, intelligence, learning disability, or interest.
- Occupational therapy supplies.
- Mental health services for mental retardation, after diagnosis.
- The following **residential chemical dependence** costs and services:
 - Services that, in the opinion of a Kaiser Permanente physician, are not necessary or reasonably expected to improve the member's condition.
 - Continuation in a course of treatment for members who are disruptive or physically abusive.
 - Services on court order or as a condition of parole or probation, unless determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Testing or treatment requested or required by a non-Kaiser Permanente outside agency/body, in connection with administrative or court proceedings (such as divorce or child custody proceedings), hearings, gun-permit applications, or employment or disability matters, unless the test or treatment is determined by a Kaiser Permanente physician to be medically necessary and appropriate.
 - Occupational therapy supplies.
- **Non FDA-approved drugs and devices.**
- **Certain exams and services.** Certain services and related reports/paperwork, in connection with third-party requests, such as those for employment, participation in employee programs, sports, camp, insurance, disability, licensing, or on court order or for parole or probation. Physical examinations that are authorized and deemed medically necessary by a Kaiser Permanente physician and are coincidentally needed by a third party are covered according to the member's benefits.
- **Long-term physical therapy,** occupational therapy, speech therapy; maintenance therapies; physical, occupational, and speech therapy deficits due to developmental delay; therapy not expected to result in significant, measurable improvement in physical function with short-term therapy.
- **Services not generally and customarily available in the Hawaii service area.**
- **Services and supplies not medically necessary.** A service or item is medically necessary (in accordance with medically necessary state law definitions and criteria) only if it (1) is recommended by the treating Kaiser Permanente physician or treating Kaiser Permanente licensed health care practitioner, (2) is approved by Kaiser Permanente's medical director or designee, and (3) is for the purpose of treating a medical condition, is the most appropriate delivery or level of service (considering potential benefits and harm to the patient), and is known to be effective in improving health outcomes. Effectiveness is determined first by scientific evidence, then by professional standards of care, then by expert opinion. Coverage is limited to the services that are cost-effective and adequately meet the medical needs of the member.

- All services, drugs, injections, equipment, supplies, and prosthetics related to treatment of **sexual dysfunction**, except evaluations and health care practitioners' services for treatment of sexual dysfunction.
- All services, drugs, prosthetics, devices, or surgery related to **gender reassignment**.
- **Take-home supplies** for home use, such as bandages, gauze, tape, antiseptics, ACE-type bandages, drug and ostomy supplies, and catheters and tubing.
- The following costs and services for transplants:
 - Nonhuman and artificial organs and their transplantation.
 - Bone marrow transplants associated with high-dose chemotherapy for the treatment of solid-tissue tumors, except for germ-cell tumors and neuroblastoma in children.
- Services for injuries or illness caused or alleged to be caused by **third parties or in motor vehicle accidents**.
- **Transportation** (other than covered ambulance services), lodging, and living expenses.
- **Travel immunizations**.
- Services for which coverage has been exhausted, services not listed as covered, or excluded services.

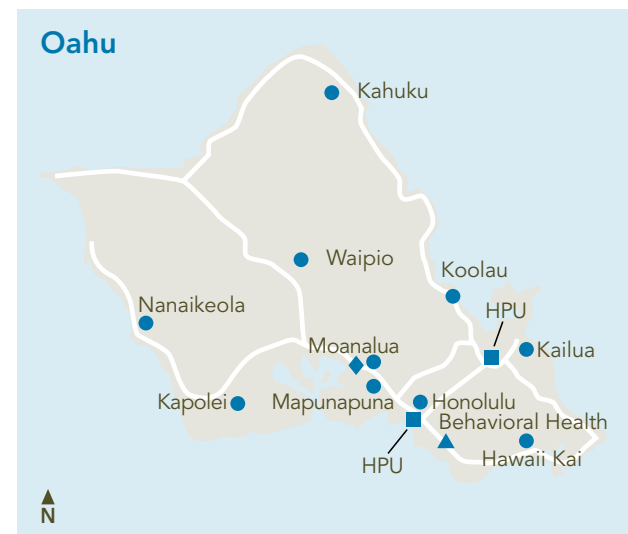
COVERAGE LIMITATIONS

Benefits and services are subject to the following limitations:

- Services may be curtailed because of a major disaster, epidemic, or other circumstances beyond Kaiser Permanente's control, such as a labor dispute or a natural disaster.
- Coverage is not provided for treatment of conditions for which a member has refused recommended treatment for personal reasons when Kaiser Permanente physicians believe no professionally acceptable alternative treatment exists. Coverage will cease at the point the member stops following the recommended treatment.
- **Chemical dependence treatment services** are limited to two treatment episodes per lifetime. (Exception: If you have the Mental Health Rider U, chemical dependence treatment services are limited to three episodes per lifetime.)
- Members are covered for **contraceptive drugs and devices** only when the prescription drugs meet all of the following criteria: (1) prescribed by a licensed prescriber, (2) is one for which a prescription is required by law, and (3) is obtained at pharmacies in the Hawaii service area that are operated by Kaiser Foundation Hospital or Kaiser Foundation Health Plan, Inc.
- **Internally implanted prosthetics, devices, and aids** (such as pacemakers, hip joints, surgical mesh, stents, bone cement, nuts, bolts, screws, and rods), durable medical equipment (if you have a Durable Medical Equipment Rider), and external prosthetics and braces (if you have an External Prosthetic Devices and Braces Rider) are subject to Medicare coverage guidelines and limitations.
- **Diabetes equipment** and supplies necessary to operate such equipment are subject to Medicare coverage guidelines and limitations, must be preauthorized in writing by Kaiser Permanente, and must be obtained from a Health Plan-designated vendor.
- **Short-term physical, occupational, and speech therapy services** means medical services provided for those conditions that meet all of the following criteria: (1) the therapy is ordered by a physician under an individual treatment plan; (2) in the judgment of a physician, the condition is subject to significant, measurable improvement in physical function with short-term therapy; (3) the therapy is provided by or under the supervision of a

physician-designated licensed physical, speech, or occupational therapist, as appropriate; and (4) as determined by a physician, the therapy must be necessary to sufficiently restore neurological and/or musculoskeletal function that was lost or impaired due to an illness or injury. Neurological and/or musculoskeletal function is sufficient when one of the following **first** occurs: (a) neurological and/or musculoskeletal function is the level of the average healthy person of the same age, (b) further significant functional gain is unlikely, or (c) the frequency and duration of therapy for a specific medical condition as specified in *Kaiser Permanente Hawaii's Clinical Practice Guidelines* have been reached. **Occupational therapy** is limited to hand rehabilitation services and medical services to achieve improved self-care and other customary activities of daily living. Speech-language pathology is limited to deficits due to trauma, drug exposure, chronic ear infections, hearing loss, and impairments of specific organic origin.

- **Tuberculin skin test** is limited to one per calendar year, unless medically necessary.
- **Transplant services** for transplant donors. Health Plan will pay for medical services for living organ and tissue donors and prospective donors if the medical services meet all of the requirements below. Health Plan pays for these medical services as a courtesy to donors and prospective donors, and this document does not give donors or prospective donors any of the rights of Kaiser Permanente members.
 - Regardless of whether the donor is a Kaiser Permanente member or not, the terms, conditions, and supplemental charges of the transplant-recipient Kaiser Permanente member will apply. Supplemental charges for medical services provided to the transplant donors are the responsibility of the transplant-recipient Kaiser Permanente member to pay, and count toward the transplant-recipient Kaiser Permanente member's limit on supplemental charges.
 - The medical services required are directly related to a covered transplant for a Kaiser Permanente member and required for (a) screening of potential donors, (b) harvesting the organ or tissue, or (c) treatment of complications resulting from the donation.
 - For medical services to treat complications, the donor receives the medical services from Kaiser Permanente practitioners inside a Health Plan Region or Group Health service area.
 - Health Plan will pay for emergency services directly related to the covered transplant that a donor receives from non-Kaiser Permanente practitioners to treat complications.
 - The medical services are provided not later than three months after donation.
 - The medical services are provided while the transplant-recipient is still a Kaiser Permanente member, except that this limitation will not apply if the Kaiser Permanente member's membership terminates because he or she dies.
 - Health Plan will not pay for travel or lodging for donors or prospective donors.
 - Health Plan will not pay for medical services if the donor or prospective donor is not a Kaiser Permanente member and is a member under another health insurance plan, or has access to other sources of payment.
 - The above policy does not apply to blood donors.



- ◆ Medical centers (hospitals)
- Medical offices
- HPU Campus
- ▲ Other facilities



Maps not to scale

Kaiser Permanente locations

- Make an appointment at any Kaiser Permanente clinic
- Choose or change your primary care physician at any time

Oahu

Behavioral Health Services 432-7600

Ala Moana Building
1441 Kapiolani Blvd., Suite 1600
Honolulu, HI 96814

Hawaii Kai Clinic 432-3700

6700 Kalaniana'ole Hwy., Suite 111
Honolulu, HI 96825

Honolulu Clinic 432-2000

1010 Pensacola St.
Honolulu, HI 96814

Kahuku Clinic 432-3900

56-565 Kamehameha Hwy.
Kahuku, HI 96731

Kailua Clinic 432-3400

201 Hamakua Dr., Bldg. B
Kailua, HI 96734

Kapolei Clinic 432-3600

599 Farrington Hwy.
Kapolei, HI 96707

Koolau Clinic 432-3800

45-602 Kamehameha Hwy.
Kaneohe, HI 96744

Mapunapuna Clinic 432-5770

2828 Paa St.
Honolulu, HI 96819

Moanalua Medical Center and Clinic 432-0000

3288 Moanalua Road
Honolulu, HI 96819

Nanaiekeola Clinic 432-3500

87-2116 Farrington Hwy.
Waianae, HI 96792

Waipio Clinic 432-3100

94-1480 Moaniani St.
Waipahu, HI 96797

Maui

Maui Behavioral Health Services 243-6020

80 Mahalani St.
Wailuku, HI 96793

Kihei Clinic 891-6800

1279 S. Kihei Road, Suite 120
Kihei, HI 96753

Lahaina Clinic 662-6900

910 Waiee St.
Lahaina, HI 96761

Maui Lani Clinic 243-6050

55 Maui Lani Pkwy.
Wailuku, HI 96793

Wailuku Clinic 243-6000

80 Mahalani St.
Wailuku, HI 96793

Hawaii

Hilo Clinic 934-4000

1292 Waianuenue Ave.
Hilo, HI 96720

Kona Clinic 334-4400

75-184 Hualalai Road
Kailua-Kona, HI 96740

Waimea Clinic 933-4500

67-1185A Mamalahoa Hwy.
Kamuela, HI 96743