

A better choice for good health

a wide range of specialists



test results online



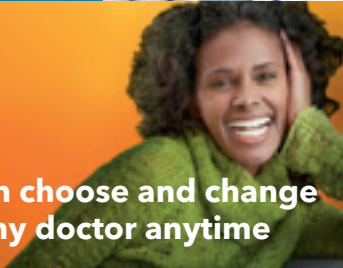
convenient facilities near you



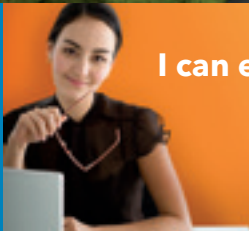
better care for healthier tomorrows



I can choose and change
my doctor anytime



I can email my doctor



free to focus on you



I'm part of
the decision



Discover the Kaiser Permanente difference

With care and coverage working seamlessly together, Kaiser Permanente is uniquely designed to be your partner in health so you can feel your best — in mind, body, and spirit.



your choice of top doctors

You can choose and change your doctor anytime, for any reason. Our doctors are among the best. They love caring for people and aren't weighed down by a lot of paperwork, so they can focus on you.



personalized care and attention

You're at the center of your care. Your doctors, nurses, and specialists, all connected by your electronic health record, work together to help you manage your health.



everything under one roof

You can do more and drive less because most of our locations include pharmacy, lab, X-ray services, and more.



lots of healthy extras

Stay at your best with healthy resources like farmers markets and wellness classes, many of which are offered at no cost.



online access anytime, anywhere

It's easy to stay involved in your care. Use your computer or mobile device to email your doctor's office, schedule routine appointments, view most lab test results, refill most prescriptions, and more.



healthier tomorrows

Every decision starts with what's best for you. That's why our high-quality care for conditions like cancer, heart disease, and diabetes leads to better outcomes and healthier tomorrows.

kp.org

Note: Many features discussed in this book are available only to members receiving care at Kaiser Permanente medical facilities.

Your partner in good health

Nationwide, over 9 million people turn to us as their trusted partner in total health. Take a look, and you'll see why Kaiser Permanente is a better choice.



The power to choose

With many great doctors and convenient facilities, it's easier to get the care you need when and where you want it. Plus, you can choose and change your doctor anytime, for any reason.



Excellent care

You're at the center of everything we do, which is why the personalized care you get leads to healthier tomorrows. Our board-certified specialists and multidisciplinary care teams are pioneering new ways to prevent, detect, and treat illness.



Your health. Your way.

We're always here when you need us, however you need us — in person, by phone, or online. With convenient online and mobile tools, you can manage your family's health care anytime, anywhere.



Healthy extras

We're not your typical health care provider. We partner with you so you have the knowledge and resources to manage your health — inside and outside the doctor's office. We also partner with communities, through farmers markets, fitness events, and other programs.



The power to choose

Stay in charge of your health. It's simple to make smart choices when you have great doctors and convenient facilities.



Your choice of top doctors

You have a wide selection of skilled doctors that you can choose from and change anytime, for any reason.

Our doctors:

- Come from many of the top medical schools in the country
- Work hand in hand with your entire care team, who are all connected by your electronic health record
- Don't have excessive paperwork so they can focus only on delivering the care you need
- Care about their patients and love what they do



Under-one-roof access

Save time and avoid driving all over town for care. You'll have many locations to choose from, and most of them offer multiple services under one roof. You can see your doctor, get a lab test or an X-ray, and pick up your medications — all without leaving the building. And when you get care with fewer delays, you can get better faster too.



Extra conveniences

- Email your doctor's office with routine questions.
- Get same-day, after-hours, and weekend services at most locations.
- Doctors and staff who speak more than one language, providing personalized care.
- Refill most prescriptions online with free shipping.
- Make routine appointments with a call or click.
- View recent office visits and most test results online.
- Call an advice nurse with access to your health information, 24/7.
- Travel freely; you're covered for emergency care worldwide.

Hear examples of how Kaiser Permanente has helped different members at kp.org/kpcaresstories.

Your electronic health record brings it all together

Your doctor's office

Your record gets updated with each visit to a Kaiser Permanente facility, so it's always current.

Pharmacy, lab, X-ray

No need for paperwork when you get services at our facilities — your doctor's orders are already there.



Excellent care

Kaiser Permanente has one of the largest multispecialty medical groups in the country, which includes cardiologists, cardiac surgeons, and others.



Personalized care and attention

A care team that's informed and focused on you can lead to better health. From your doctor and caregivers — who are all connected to your electronic health record and keep up-to-date on how you're doing — to our free online programs and Wellness Coaching by Phone service, your care is not one-size-fits-all. It's personalized to your needs and schedule.



Top specialty care for healthier tomorrows

Our doctors, nurses, and other caregivers use an advanced care delivery system that Kaiser Permanente pioneered. It's had a measurable impact on the prevention, detection, and treatment of conditions like cancer, heart disease, stroke, and diabetes. We were also rated in the top 10 percent among cholesterol management programs for patients with cardiovascular conditions.¹



Leaders in prevention

We're committed to preventive care and overall wellness. To help keep you from getting sick in the first place, we provide routine appointments, preventive screenings, wellness programs, and much more. As a result, we're #1 in screenings for breast cancer in all our regions, and were rated in the top 10 percent for cervical and colon cancer screenings. Plus, 86 percent of our members who were diagnosed with high blood pressure now have their blood pressure under control, compared to 50 percent nationally.^{1,2}

¹Ratings based on Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, and Controlling High Blood Pressure 2012 ratings for commercial and Medicare plans from the Healthcare Effectiveness Data and Information Set (HEDIS) published by the National Committee for Quality Assurance. For more information, visit ncqa.org.

²Kaiser Permanente program average is the weighted average of each regional health plan's screening rate and its eligible population.

Learn more about the doctors available in your area at kp.org/searchdoctors.

Specialty care

Your specialists are up to speed and ready to take care of you.

At home or on the go

Get your health information on your computer or mobile device to stay informed and in charge.



Your health. Your way.

We're always here when you need us, however you need us. You get many services under one roof at most of our locations and can call an advice nurse 24/7. Online or through mobile, you can manage your family's health needs anytime, anywhere.



It's easy to stay connected

Members registered on kp.org have secure access to My Health Manager, the online tool that helps you manage your family's health care anytime, anywhere.

With My Health Manager, you can:

- Email your doctor's office with routine questions.
- Refill most prescriptions.
- View most lab test results.
- Schedule or cancel routine appointments.



A website full of healthy ideas

Get informed and inspired on our award-winning website, kp.org. Take charge of your health with articles, wellness topics, and health calculators. Our music channels, podcasts, fitness videos, and recipes from world-class chefs can help you find new and interesting ways to live well and thrive.



Good health on the go

Manage your care at home, work, or play with our mobile app, which puts all the convenient features of My Health Manager right in the palm of your hand. You can download the free Kaiser Permanente app from the App StoreSM or Google PlayTM.

App Store is a service mark of Apple, Inc., and Google Play is a trademark of Google, Inc.

For a guided tour of My Health Manager, visit kp.org/myhealthmanagertour.

Top reasons to join Kaiser Permanente




You can choose
and change your doctor
anytime, for any reason.

Excellent care,
for conditions like cancer,
heart disease, and diabetes,
leads to healthier tomorrows.



Healthy extras

Good health starts with helpful information and resources. That’s why you get lots of healthy extras that can help you stay educated on ways to live healthier in body, mind, and spirit.

| | | |
|--|---|--|
|  Learn something new |  Fresh food in the parking lot |  Maximize your health |
| Fit wellness into your schedule, no matter how busy you are. With the many health classes offered at our facilities, there’s something for everyone. Try classes on yoga, eating well, baby care, ongoing health conditions, and much more. Classes vary by location and some may require a fee. | Eating well is easier when you bring home fresh food from our farmers markets. They’re conveniently located at many of our facilities, so you can pick up some healthy fruits and veggies after your visit. | Our personalized online wellness programs can help you lose weight, stay active, reduce stress, sleep better, stop smoking, and much more. You can also download the free Every Body Walk! app for your smartphone or mobile device from the App Store or Google Play. It’s a fun, interactive tool to help you create and maintain a daily walking routine. |










Find tools, tips, and information for living well at kp.org/livewell.

Under-one-roof convenience,
and care online or by phone, means you can manage your health needs anytime, anywhere.

Healthy extras
like on-site classes* and farmers markets help you stay well.

*Some classes may require a fee.

Experience the Kaiser Permanente difference

| The experience... | With some health plans | With Kaiser Permanente* |
|--|--|--|
| Choosing your doctor  | All you know is that your doctor accepts your insurance. | <input checked="" type="checkbox"/> You can research and choose your doctor on kp.org. Switch anytime. |
| Getting care in your language  | Some health plans have few multilingual doctors. | <input checked="" type="checkbox"/> We have multilingual doctors and staff, plus Spanish and Chinese clinics in some areas. We offer interpretation services by phone in 140+ languages. |
| Your health. Your way.  | Even for minor concerns, you make an appointment, drive to the doctor's office, and sit in the waiting room. | <input checked="" type="checkbox"/> For minor concerns, you can request a phone appointment or email your doctor's office with routine questions. |
| 24/7 advice nurse  | When your child has a late-night fever, there's often no medical advice available. | <input checked="" type="checkbox"/> Specially trained, local Kaiser Permanente nurses can offer medical advice by phone, 24/7. |
| Visiting a specialist  | Hope that your primary care doctor has sent your records. | <input checked="" type="checkbox"/> Your specialist has already reviewed your information via your electronic health record. |
| Making an appointment  | Call, wait on hold, and get frustrated. | <input checked="" type="checkbox"/> Schedule routine appointments from your computer or mobile device. |
| During your visit  | Your doctor flips through your files, searching for answers you've already given him. | <input checked="" type="checkbox"/> Your doctor can easily access your medical history and prescriptions through your electronic health record. |
| Recalling your doctor's instructions  | You can take notes during your visit, or trust your memory later. | <input checked="" type="checkbox"/> View your past visit details, and most lab test results online, whenever you want. |
| Asking routine questions without a visit  | Call your doctor's office, leave a message, and hope you don't miss the return call. | <input checked="" type="checkbox"/> You can email your doctor's office, and get a reply within 48 hours — sometimes sooner. |

*These features are available when you receive care at Kaiser Permanente facilities.

To learn more about Kaiser Permanente, visit kp.org.

THE KAISER PERMANENTE

Traditional Plan

With your Kaiser Permanente health plan, you get a wide range of care and support to help you stay healthy and get the most out of life. There are no deductibles to keep track of and virtually no paperwork to worry about for the services you receive. And when you come in for care, you'll pay just a copay for most services covered by your plan.



Simple copays for most covered services, including prescriptions



No paperwork to fill out or bills for the services you receive



No deductibles to keep track of



No referrals required for certain specialties, like optometry and obstetrics-gynecology

Excellent care made easy

You get all the resources you need to stay in control of your health, and your plan. We make it simple for you to know what to expect, and to get the best care for your needs. For more details about your plan, see the *Disclosure Form Part Two* at the back of this book or ask your benefits manager for your *Evidence of Coverage*.

| How copays work | No deductibles or coinsurance | Prescription drug and vision coverage |
|--|---|---|
| Copays keep things simple. No matter what type of covered service you receive, you won't have to worry about deductibles or coinsurance payments. You pay a set dollar amount for certain services or prescriptions covered by your plan. Because of the set costs, you know what to expect. | For routine care, including doctor's office visits and inpatient hospitalization, you'll pay just a copay. Your copays may be higher for inpatient hospitalization and emergency care, but emergency care copays are waived if you're admitted to the hospital. | Your prescription drugs are covered at a copay when you fill your prescriptions at our pharmacies. You'll also pay a simple copay for vision exams from Kaiser Permanente optometrists. (Optical coverage for contact lenses and eyeglasses varies depending on your plan.) |
| | Knowing what to expect Copays for scheduled services are due when you check in for your visit. By letting you know what you can expect to pay ahead of time, your set copays can help you keep your financial and physical well-being in balance. | |

For a list of services covered at a copay, see the *Disclosure Form Part One* at the front of this book or ask your benefits manager for your *Evidence of Coverage*.

KAISER PERMANENTE

Locations

It's easy to find the care you need, when you need it. On average, our California members have a Kaiser Permanente location within 8 miles of home. And since most of our facilities offer many services under one roof, you can take care of a variety of health care needs with every visit.



Convenient access

Many of our facilities offer same-day, after-hours, and weekend services, along with ob-gyn, pediatrics, and other specialty departments.



When you're away from home

When you join Kaiser Permanente in California, you're enrolled in either our Northern or Southern California Region. If you visit any other Kaiser Permanente region outside of where you live, you can receive care as a visiting member.

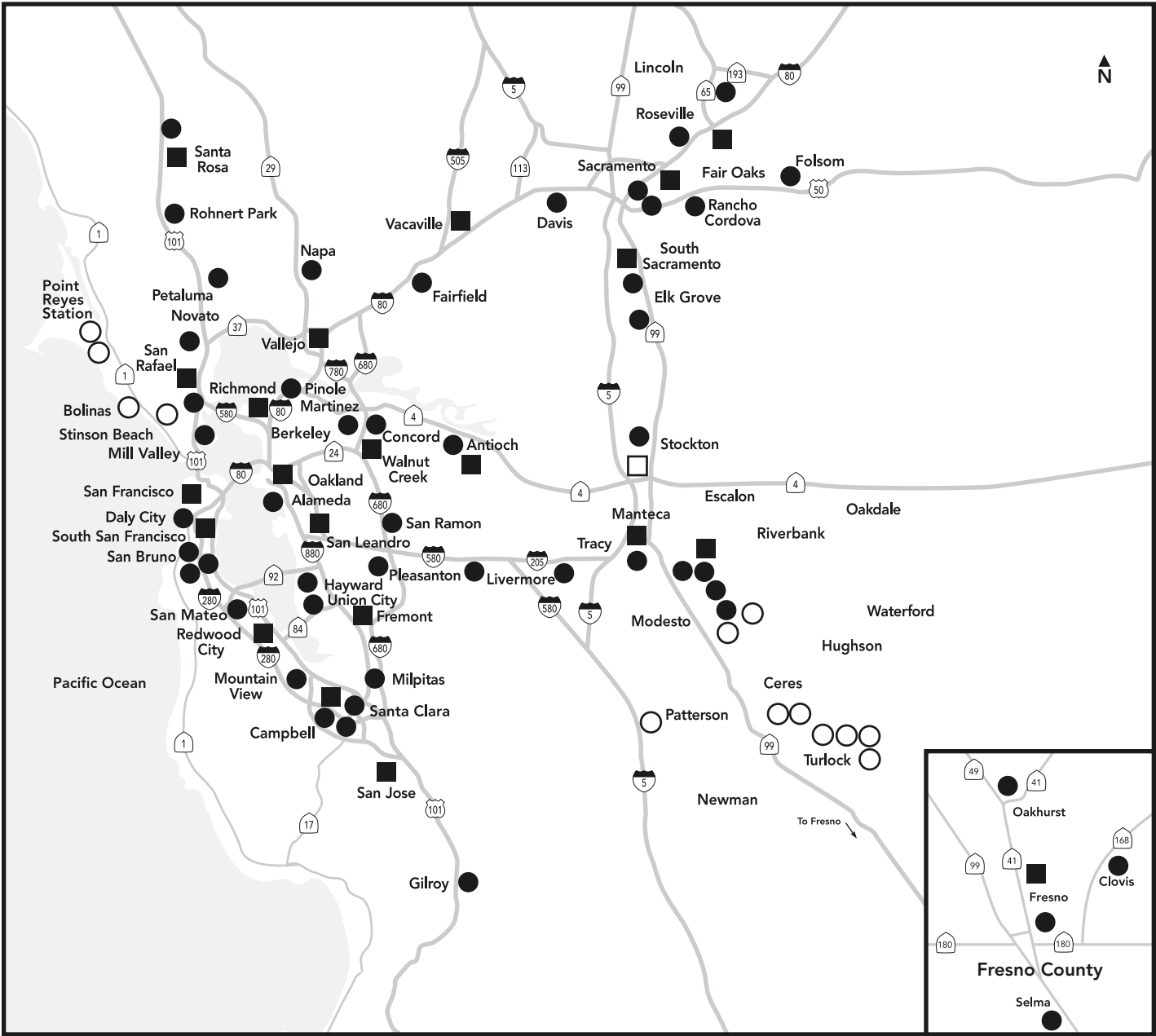


Find a location near you

Search by ZIP code or keyword at kp.org/kpfacilities, or download our free Kaiser Permanente app for your smartphone or mobile device and use the location finder.

Northern California

The following information can help you find Kaiser Permanente and affiliated facilities in your community.



Maps not to scale

- Kaiser Permanente medical centers
(hospital and medical offices)
- Kaiser Permanente medical offices
- Affiliated medical offices
- Affiliated plan hospitals

Locations Northern California

| City | Facility | Address |
|----------------|--|--------------------------------|
| Alameda | ● Alameda Medical Offices | 2417 Central Ave. |
| Antioch | ■ Antioch Medical Center | 4501 Sand Creek Road |
| | ● Delta Fair Medical Offices | 3400 Delta Fair Blvd. |
| Bolinas | ○ Bolinas Family Practice | 88 Mesa Road |
| Campbell | ● Campbell Medical Offices | 220 E. Hacienda Ave. |
| Clovis | ● Clovis Medical Offices | 2071 E. Herndon Ave. |
| Daly City | ● Daly City Medical Offices | 395 Hickey Blvd. |
| Davis | ● Davis Medical Offices | 1955 Cowell Blvd. |
| Elk Grove | ● Elk Grove Medical Offices | 9201 Big Horn Blvd. |
| | ● Elk Grove Promenade Medical Offices | 10305 Promenade Pkwy. |
| Fairfield | ● Fairfield Medical Offices | 1550 Gateway Blvd. |
| Folsom | ● Folsom Medical Offices | 2155 Iron Point Road |
| Fremont | ■ Fremont Medical Center | 39400 Paseo Padre Pkwy. |
| Fresno | ■ Fresno Medical Center | 7300 N. Fresno St. |
| | ● First Street Medical Offices | 4785 N. First St. |
| Gilroy | ● Gilroy Medical Offices | 7520 Arroyo Circle |
| Hayward | ● Sleepy Hollow Medical Offices | 27303 Sleepy Hollow Ave. |
| Lincoln | ● Lincoln Medical Offices | 1900 Dresden Drive |
| Livermore | ● Livermore Medical Offices | 3000 Las Positas Road |
| Manteca | ■ Manteca Medical Center | 1777 W. Yosemite Ave. |
| | ● Manteca Medical Offices | 1721 W. Yosemite Ave. |
| Martinez | ● Martinez Medical Offices | 200 Muir Road |
| Mill Valley | ● Mill Valley Medical Offices | 750 Redwood Hwy. |
| Milpitas | ● Milpitas Medical Offices | 770 E. Calaveras Blvd. |
| Modesto | ■ Modesto Medical Center | 4601 Dale Road |
| | ● Bangs Avenue Medical Offices | 4125 Bangs Ave. |
| | ● Dale Road Medical Offices | 3800 Dale Road |
| | ● Modesto Medical Offices | 4601 Dale Road |
| | ● Standiford Avenue Medical Offices | 1320 Standiford Ave. |
| | ○ Cornerstone Family Practice Medical Group | 1444 Florida Ave. |
| | ○ Family Health Care Medical Group | 1320 Celeste Drive |

■ Kaiser Permanente medical centers
(hospital and medical offices)
Locations are in bold.

● Kaiser Permanente medical offices
□ Affiliated plan hospitals

○ Affiliated medical offices

Locations Northern California

| City | Facility | Address |
|----------------------|--|---|
| Mountain View | ● Mountain View Medical Offices | 555 Castro St. 565 Castro St. |
| Napa | ● Napa Medical Offices | 3285 Claremont Way 1675 Permanente Way |
| Novato | ● Novato Medical Offices | 97 San Marin Drive |
| Oakhurst | ● Oakhurst Medical Offices | 40595 Westlake Drive |
| Oakland | ■ Oakland Medical Center | 3600 Broadway |
| Patterson | ○ First Care Medical Center | 101 N. Third St. |
| Petaluma | ● Petaluma Medical Offices | 3900 Lakeville Hwy. |
| Pinole | ● Pinole Medical Offices | 1301 Pinole Valley Road |
| Pleasanton | ● Pleasanton Medical Offices | 7601 Stoneridge Drive |
| Point Reyes Station | ○ Point Reyes Medical Clinic | 3 Sixth St. |
| | ○ West Marin Medical Center | 11150 State Route 1 |
| Rancho Cordova | ● Rancho Cordova Medical Offices | 10725 International Drive |
| Redwood City | ■ Redwood City Medical Center | 1150 Veterans Blvd. |
| Richmond | ■ Richmond Medical Center | 901 Nevin Ave. |
| Rohnert Park | ● Rohnert Park Medical Offices | 5900 State Farm Drive |
| Roseville | ■ Roseville Medical Center | 1600 Eureka Road |
| | ● Roseville Medical Offices – Riverside | 1001 Riverside Ave. |
| Sacramento | ■ Sacramento Medical Center | 2025 Morse Ave. |
| | ■ South Sacramento Medical Center | 6600 Bruceville Road |
| | ● Fair Oaks Boulevard Medical Offices | 2345 Fair Oaks Blvd. |
| | ● Point West Medical Offices | 1650 Response Road |
| San Bruno | ● Bayhill Medical Offices | 801 Traeger Ave. 851 Traeger Ave. |
| | ● San Bruno Medical Offices | 901 El Camino Real |
| | ● Sneath Lane Medical Offices | 1001 Sneath Lane 1011 Sneath Lane |
| San Francisco | ■ San Francisco Medical Center | 2425 Geary Blvd. |
| San Jose | ■ San Jose Medical Center | 250 Hospital Pkwy. |
| San Leandro | ■ San Leandro Medical Center | 2500 Merced St. |
| San Mateo | ● San Mateo Medical Offices | 1000 Franklin Pkwy. |
| San Rafael | ■ San Rafael Medical Center | 99 Montecillo Road |
| | ● Downtown San Rafael Medical Offices – 3rd St. | 1033 Third St. |

■ Kaiser Permanente medical centers
(hospital and medical offices)
Locations are in bold.

● Kaiser Permanente medical offices
□ Affiliated plan hospitals

○ Affiliated medical offices

Locations Northern California

| City | Facility | Address |
|----------------------------|---|---|
| San Ramon | ● San Ramon Medical Offices | 2300 Camino Ramon |
| Santa Clara | ■ Santa Clara Medical Center | 700 Lawrence Expwy. |
| | ● Santa Clara Arques Medical Offices | 1263 Arques Ave. |
| | ● Santa Clara Medical Offices | 710 Lawrence Expwy. |
| Santa Rosa | ■ Santa Rosa Medical Center | 401 Bicentennial Way |
| | ● Santa Rosa Richard Stein Medical Offices | 3925 Old Redwood Hwy. 3975 Old Redwood Hwy. |
| Selma | ● Selma Medical Offices | 2651 Highland Ave. |
| South San Francisco | ■ South San Francisco Medical Center | 1200 El Camino Real |
| Stinson Beach | ○ Stinson Beach Medical Center | 3419 State Route 1 |
| Stockton | ● Stockton Medical Offices | 7373 West Lane |
| | □ Dameron Hospital* | 525 W. Acacia St. |
| Tracy | ● Tracy Medical Offices | 2185 W. Grant Line Road |
| Turlock | ○ Rodney Avilla, DO | 2101 Geer Road |
| | ○ Jagmohan Bhinder, MD | 1860 Colorado Ave. |
| | ○ Maryam Esho, MD | 1729 N. Olive Ave. |
| | ○ Nirbhai Hundal, MD | 1516 Colorado Ave. |
| | ○ Puliadi Kumar, MD | 1110 Delbon Ave. |
| | ○ Turlock Pediatric Medical Group | 1100 Delbon Ave. |
| Union City | ● Union City Medical Offices | 3551 Whipple Road 3553 Whipple Road 3555 Whipple Road |
| Vacaville | ■ Vacaville Medical Center | 1 Quality Drive |
| Vallejo | ■ Vallejo Medical Center | 975 Sereno Drive |
| Walnut Creek | ■ Walnut Creek Medical Center | 1425 S. Main St. |
| | ● Park Shadelands Medical Offices | 320 Lennon Lane |

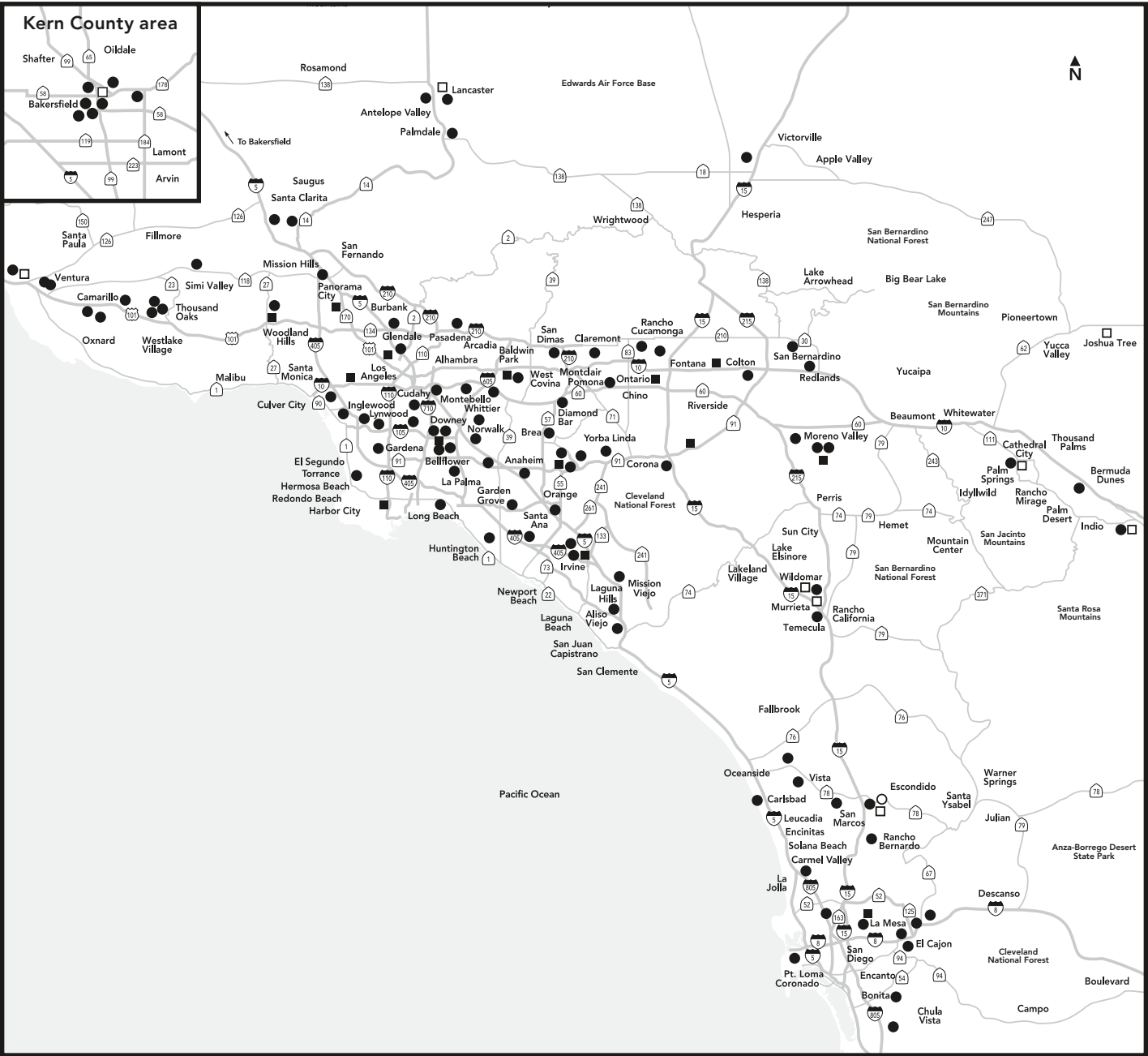
■ Kaiser Permanente medical centers
(hospital and medical offices)
Locations are in bold.

● Kaiser Permanente medical offices
□ Affiliated plan hospitals

○ Affiliated medical offices

Southern California

The following information can help you find Kaiser Permanente and affiliated facilities in your community.



Maps not to scale

- Kaiser Permanente medical centers (hospital and medical offices)
Locations are in bold.

● Kaiser Permanente medical offices

○ Affiliated medical offices

□ Affiliated plan hospitals

Locations Southern California

| City | Facility | Address |
|------------------|--|--|
| Aliso Viejo | ● Aliso Viejo Medical Offices | 24502 Pacific Park Drive |
| Anaheim | ■ Orange County–Anaheim Medical Center | 3440 E. La Palma Ave. |
| | ● Anaheim Hills Medical Offices | 5475 E. La Palma Ave. |
| | ● Anaheim Kraemer Medical Offices | 3460 E. La Palma Ave., Building 1 3430 E. La Palma Ave., Building 2 |
| | ● Euclid Medical Offices | 1188 N. Euclid St. |
| | ● Lakeview Medical Offices | 411 N. Lakeview Ave. |
| Bakersfield | ● Central Medical Offices | 3733 San Dimas St. |
| | ● Chester Avenue Medical Offices | 2531 Chester Ave. |
| | ● Coffee Road Medical Offices | 4801 Coffee Road |
| | ● Discovery Plaza Medical Offices | 1200 Discovery Drive |
| | ● East Hills Medical Offices | 3700 Mall View Road |
| | ● Ming Medical Offices | 8800 Ming Ave. |
| | ● Stockdale Medical Offices | 3501 Stockdale Hwy. |
| | □ San Joaquin Community Hospital – Emergency services* | 2615 Chester Ave. |
| Baldwin Park | ■ Baldwin Park Medical Center | 1011 Baldwin Park Blvd. |
| Bellflower | ● Bellflower Medical Offices | 9400 E. Rosecrans Ave. |
| | ● Rosecrans Medical Offices | 9333 E. Rosecrans Ave. |
| Bonita | ● Bonita Medical Offices | 3955 Bonita Road |
| Brea | ● Brea Medical Offices | 1900 E. Lambert Road |
| Camarillo | ● Camarillo 2620 Las Posas Road Medical Offices | 2620 E. Las Posas Road |
| Carlsbad | ● Carlsbad Medical Offices | 6860 Avenida Encinas |
| Carmel Valley | ● Carmel Valley Medical Offices | 3851 Shaw Ridge Road |
| Carson | ● Carson Medical Offices | 18600 South Figuero St. |
| Cerritos | ● Cerritos Medical Offices | 10820 E. 183rd St. |
| Chino | ● Chino Medical Offices | 11911 Central Ave. |
| City of Industry | ● Crossroads Medical Offices | 12801 Crossroads Pkwy. S. |
| Claremont | ● Indian Hill Medical Offices | 250 W. San Jose St. |
| Colton | ● Colton Medical Offices | 789 E. Cooley Drive |
| Corona | ● Corona Medical Offices | 2055 Kellogg Ave. |
| Cudahy | ● Cudahy Medical Offices | 7825 Atlantic Ave. |
| Culver City | ● Playa Vista Medical Offices | 5620 Mesmer Ave. |
| Delano | ▲ Kern County mobile health vehicle | 1420 Cecil Ave. 601 Woollomes Ave. |
| Diamond Bar | ● Diamond Bar Medical Offices | 1336 Bridgegate Drive |
| Downey | ■ Downey Medical Center | 9333 E. Imperial Hwy. |
| | ● Garden Medical Offices | 9353 E. Imperial Hwy. |
| | ● Orchard Medical Offices | 9449 E. Imperial Hwy. |

■ Kaiser Permanente medical centers (hospital and medical offices)
Locations are in bold.

● Kaiser Permanente medical offices

▲ Kaiser Permanente mobile health vehicle

○ Affiliated medical offices

□ Affiliated plan hospitals

Locations Southern California

| City | Facility | Address |
|------------------|--|--------------------------------------|
| El Cajon | ● Bostonia Medical Offices | 1630 E. Main St. |
| | ● El Cajon Medical Offices | 250 Travelodge Drive |
| Escondido | ● Escondido Medical Offices | 732 N. Broadway |
| | ○ Palomar Health Downtown Campus | 555 E. Valley Pkwy. |
| | □ Palomar Medical Center – Emergency services* | 2185 W. Citracado Pkwy. |
| Foothill Ranch | ● Foothill Ranch Medical Offices | 26882 Towne Centre Drive |
| Fontana | ■ Fontana Medical Center | 9961 Sierra Ave. |
| Garden Grove | ● Garden Grove Medical Offices | 12100 Euclid St. |
| Gardena | ● Gardena Medical Offices | 15446 S. Western Ave. |
| Glendale | ● Glendale Orange Street Medical Offices | 501 N. Orange St. |
| Harbor City | ■ South Bay Medical Center | 25825 S. Vermont Ave. |
| Huntington Beach | ● Huntington Beach Medical Offices | 18081 Beach Blvd. |
| Indio | ● Kaiser Permanente Indio Medical Offices | 46-900 Monroe St. |
| | □ John F. Kennedy Memorial Hospital – Emergency services* | 47111 Monroe St. |
| Inglewood | ● Inglewood Medical Offices | 110 N. La Brea Ave. |
| Irvine | ■ Orange County–Irvine Medical Center | 6640 Alton Pkwy. |
| | ● Alton/Sand Canyon Medical Offices | 6650 Alton Pkwy. 6670 Alton Pkwy. |
| | ● Barranca Medical Offices | 6 Willard |
| Joshua Tree | □ Hi-Desert Medical Center – Emergency services* | 6601 White Feather Road |
| La Mesa | ● La Mesa Medical Offices | 8080 Parkway Drive |
| | ● Rancho San Diego Medical Offices | 3875 Avocado Blvd. |
| La Palma | ● La Palma Medical Offices | 5 Centerpointe Drive |
| Lancaster | ● Lancaster Medical Offices | 43112 N. 15th St. W. |
| | ● Women’s Health Office (Ob-Gyn) | 44105 15th St. W. |
| | □ Antelope Valley Hospital – Emergency services* | 1600 W. Avenue J |
| Long Beach | ● Long Beach Medical Offices | 3900 E. Pacific Coast Hwy. |
| Los Angeles | ■ Los Angeles Medical Center | 4867 W. Sunset Blvd. |
| | ■ West Los Angeles Medical Center | 6041 Cadillac Ave. |
| | ● Culver Marina Medical Offices | 12001 W. Washington Blvd. |
| | ● East Los Angeles Medical Offices | 5119 E. Pomona Blvd. |
| | ● South Los Angeles Medical Offices | 1550 W. Manchester Ave. |
| Lynwood | ● Lynwood Medical Offices | 3830 Martin Luther King Jr. Blvd. |
| Mission Hills | ● Mission Hills Medical Offices | 11001 Sepulveda Blvd. |

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▲ Kaiser Permanente mobile health vehicle

○ Affiliated medical offices
□ Affiliated plan hospitals

Locations Southern California

| City | Facility | Address |
|---|---|-------------------------------------|
| Mission Viejo | ● Mission Viejo Medical Offices | 23781 Maquina Ave. |
| Montebello | ● Montebello Medical Offices | 1550 Town Center Drive |
| Moreno Valley | ● Moreno Valley Medical Center – Medical Office Building 2 | 27200 Iris Ave. |
| | ● Heacock Medical Offices | 12815 Heacock St. |
| | ● Iris Medical Offices | 27350 Iris Ave. |
| Murrieta | □ Rancho Springs Medical Center | 25500 Medical Center Drive |
| North Hollywood | ● North Hollywood Medical Offices | 5250 Lankershim Blvd. |
| Norwalk | ● Norwalk Medical Offices | 12501 E. Imperial Hwy. |
| Oceanside | ● Oceanside Medical Offices | 1302 Rocky Point Drive |
| Ontario | ■ Ontario Medical Center | 2295 S. Vineyard Ave. |
| Oxnard | ● Oxnard 2103 East Gonzales Road Medical Offices | 2103 E. Gonzales Road |
| | ● Oxnard 2200 East Gonzales Road Medical Offices | 2200 E. Gonzales Road |
| Palm Desert | ● Kaiser Permanente Palm Desert Medical Offices | 75-036 Gerald Ford Drive |
| Palm Springs | ● Kaiser Permanente Palm Springs Medical Offices | 1100 N. Palm Canyon Drive |
| | □ Desert Regional Medical Center – Emergency services* | 1150 N. Indian Canyon Drive |
| Palmdale | ● Palmdale Medical Offices | 4502 E. Avenue S |
| Panorama City | ■ Panorama City Medical Center | 13651 Willard St. |
| Pasadena | ● Pasadena Medical Offices | 3280 E. Foothill Blvd. |
| Rancho Cucamonga | ● Rancho Cucamonga Medical Offices | 10850 Arrow Route |
| Redlands | ● Redlands Medical Offices | 1301 California St. |
| Riverside | ■ Riverside Medical Center | 10800 Magnolia Ave. |
| San Bernardino | ● San Bernardino Medical Offices | 1717 Date Place |
| San Diego | ■ San Diego Medical Center/ Kaiser Foundation Hospital | 4647 Zion Ave. |
| | ● Carmel Valley Medical Offices | 3851 Shaw Ridge Road |
| | ● Clairemont Mesa Medical Offices | 7060 Clairemont Mesa Blvd. |
| | ● Otay Mesa Medical Offices | 4650 Palm Ave. 4660 Palm Ave. |
| | ● Point Loma Medical Offices | 3250 Fordham St. 3420 Kenyon St. |
| | ● Rancho Bernardo Medical Offices | 17140 Bernardo Center Drive |
| | ● Vandever Medical Offices | 4405 Vandever Ave. |
| San Dimas | ● San Dimas Medical Offices | 1255 W. Arrow Hwy. |
| San Juan Capistrano | ● San Juan Capistrano Medical Offices | 30400 Camino Capistrano |
| San Marcos | ● San Marcos Medical Offices | 400 Craven Road |
| <div> <div> ■ Kaiser Permanente medical centers (hospital and medical offices) Locations are in bold. </div> <div> ● Kaiser Permanente medical offices ▲ Kaiser Permanente mobile health vehicle </div> <div> ○ Affiliated medical offices □ Affiliated plan hospitals </div> </div> | | |

Locations Southern California

| City | Facility | Address |
|----------------|---|----------------------------|
| Santa Ana | ● Harbor–MacArthur Medical Offices | 3401 S. Harbor Blvd. |
| | ● Santa Ana Medical Offices | 1900 E. Fourth St. |
| Santa Clarita | ● Canyon Country Medical Offices | 26415 Carl Boyer Drive |
| | ● Santa Clarita Medical Offices | 27107 Tourney Road |
| Simi Valley | ● Simi Valley Medical Offices | 3900 Alamo St. |
| Taft | ▲ Kern County mobile health vehicle | 301 Gardner Field Road |
| Tehachapi | ▲ Kern County mobile health vehicle | 710 W. Tehachapi Blvd. |
| Temecula | ● Temecula Medical Offices | 27309 Madison Ave. |
| Thousand Oaks | ● Thousand Oaks 365 East Hillcrest Drive Medical Offices | 365 E. Hillcrest Drive |
| | ● Thousand Oaks 145 Hodencamp Road Medical Offices | 145 Hodencamp Road |
| | ● Thousand Oaks 322 East Thousand Oaks Boulevard Medical Offices | 322 E. Thousand Oaks Blvd. |
| Torrance | ● Torrance Medical Offices | 20790 Madrona Ave. |
| Tustin | ● Tustin Ranch Medical Offices | 2521 Michelle Drive |
| Upland | ● Upland Medical Offices | 1183 E. Foothill Blvd. |
| Ventura | ● Ventura 2601 East Main Street Medical Offices | 2601 E. Main St. |
| | ● Ventura 888 South Hill Road Medical Offices | 888 S. Hill Road |
| | ● Ventura 1000 South Hill Road Medical Offices | 1000 S. Hill Road |
| | □ Community Memorial Hospital of San Buenaventura – Emergency services* | 147 N. Brent St. |
| Victorville | ● High Desert/Victorville Medical Offices | 14011 Park Ave. |
| Vista | ● Vista Medical Offices | 780 Shadowridge Drive |
| West Covina | ● West Covina Medical Offices | 1249 S. Sunset Ave. |
| Whittier | ● Whittier Medical Offices | 12470 Whittier Blvd. |
| Wildomar | ● Wildomar Medical Offices | 36450 Inland Valley Drive |
| | □ Inland Valley Medical Center | 36485 Inland Valley Drive |
| Woodland Hills | ■ Woodland Hills Medical Center | 5601 De Soto Ave. |
| | ● Erwin Street Medical Offices | 21263 Erwin St. |
| Yorba Linda | ● Yorba Linda Medical Offices | 22550 Savi Ranch Pkwy. |

*Affiliated plan facilities provide selected inpatient and/or outpatient hospital and emergency services.

The information in this guide is current as of the date of publication (May 2014). If you have questions about the information in this guide, please contact our Member Service Contact Center at **1-800-464-4000 (1-800-777-1370 for the hearing/speech impaired)**, 24 hours a day, 7 days a week (closed holidays).

■ Kaiser Permanente medical centers (hospital and medical offices)
Locations are in bold.

● Kaiser Permanente medical offices
▲ Kaiser Permanente mobile health vehicle

○ Affiliated medical offices
□ Affiliated plan hospitals

THE KAISER PERMANENTE

Disclosure Form Part Two

Traditional Plans and Deductible Plans

This Disclosure Form summarizes some of the important features of your Kaiser Permanente membership, as well as general exclusions and limitations of your coverage. *Please read the following information so that you will know from whom or what group of providers you may obtain health care. Also, you should read this Disclosure Form and the Evidence of Coverage carefully if you have special health care needs.*

Disclosure Form Part Two

Help in Your Language

Interpreters are available 24 hours a day, seven days a week, at no cost to you. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. In addition, you may be able to get materials written in your language. For more information, call our Member Service Contact Center at **1-800-464-4000** or **1-800-777-1370** (TTY) 24 hours a day, seven days a week (except holidays, and after 5 p.m. the day after Thanksgiving, Christmas Eve, and New Year's Eve).

Ayuda en su propio idioma

Tenemos disponibles intérpretes 24 horas al día, 7 días a la semana, sin ningún costo para usted. También podemos ofrecerle a usted, sus familiares y sus amigos cualquier tipo de ayuda que necesiten para tener acceso a nuestras instalaciones y servicios. Además, usted puede obtener materiales escritos en su idioma. Para obtener más información llame a la Central de Contactos de Servicio a los Miembros las 24 horas del día, los siete días de la semana (excepto que se cierra los días festivos y después de las 5:00 p. m. el día después del Día de Acción de Gracias, la víspera de Navidad y la víspera Año Nuevo) al **1-800-788-0616** (si tiene problemas auditivos o del habla llame al **1-800-777-1370** (TTY) o al **711**).

語言協助

我們在所有營業時間內免費提供口譯服務，包括美式手語。我們也可以向您本人、您的家人和朋友提供使用我們設施和服務所需的任何特別協助，包括其他安排和助聽器材。此外，您也可以索取翻譯成您的語言的會員須知資料。如需更多資訊，請致電 **1-800-757-7585**（TTY 使用者請撥 **1-800-777-1370**）與我們「會員服務聯絡中心」聯絡，每週七天，每天 24 小時為您服務（假日休息；感恩節翌日、聖誕節前夕及新年前夕下午 5 時後休息）。

This *Disclosure Form* summarizes some of the important features of your Kaiser Permanente membership, as well as general exclusions and limitations of your coverage. ***Please read the following information so that you will know from whom or what group of providers you may obtain health care. Also, you should read this Disclosure Form and the Evidence of Coverage carefully if you have special health care needs.***

When you join Kaiser Permanente, you are enrolling in one of two Health Plan Service Areas in California (the Northern California or Southern California Region), which we call your "Home Region." Please refer to *Your Benefits (Disclosure Form Part One)* to learn which California Region is your Home Region. This *Disclosure Form* describes your coverage in your Home Region. Also, this *Disclosure Form* describes different benefit plans, for example benefit plans that include Deductibles for specified Services. Everything in this section of the *Disclosure Form* applies to all benefit plans, except as otherwise indicated. Please see *Your Benefits (Disclosure Form Part One)* for a summary of Deductibles, Copayments, and Coinsurance. If you have questions about benefits, please call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**) or refer to the *Evidence of Coverage*.

Some capitalized terms have special meaning in this *Disclosure Form*, as described in the "Definitions" section at the end of this booklet. *Evidence of Coverage*: To obtain an *Evidence of Coverage*, please contact your group. The *Evidence of Coverage* provides details about the terms and conditions of your coverage, including exclusions and limitations. Also, you have the right to review one before enrolling. This *Disclosure Form* is only a summary.

Note: State law requires disclosure form documents to include the following notice: "Some hospitals and other providers do not provide one or more

of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call the Kaiser Permanente Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**), to ensure that you can obtain the health care services that you need."

Please be aware that if a Service is covered but not available at a particular Plan Facility, we will make it available to you at another facility.

How to obtain care

Our Members receive covered medical care from Plan Providers (physicians, registered nurses, nurse practitioners, and other medical professionals) inside your Home Region's Service Area at Plan Facilities except as described in this *Disclosure Form* or the *Evidence of Coverage* for the following Services listed below:

- ▶ Authorized referrals
- ▶ Emergency ambulance Services
- ▶ Emergency Services, Post-Stabilization Care, and Out-of-Area Urgent Care
- ▶ Hospice care

For Plan Facility locations, please refer to the enclosed facility listing, *Your Guidebook* to Kaiser Permanente Services (*Your Guidebook*), our website at **kp.org**, or your local telephone book under "Kaiser Permanente."

Emergency Services

Emergency Care. If you have an Emergency Medical Condition, call **911** (where available) or go to the nearest hospital Emergency Department. You

Disclosure Form Part Two

do not need prior authorization for Emergency Services. When you have an Emergency Medical Condition, we cover Emergency Services you receive from Plan Providers or Non-Plan Providers anywhere in the world.

Emergency Services are available from Plan Hospital Emergency Departments 24 hours a day, seven days a week.

Post-Stabilization Care. Post-Stabilization Care is Medically Necessary Services related to your Emergency Medical Condition that you receive after your treating physician determines that this condition is Stabilized. We cover Post-Stabilization Care from a Non-Plan Provider, including inpatient care at a Non-Plan Hospital, only if we provide prior authorization for the care (prior authorization means that we must approve the Services in advance).

To request authorization to receive Post-Stabilization Care from a Non-Plan Provider, you must call us toll free at **1-800-225-8883** (TTY users call **711**) or the notification telephone number on your Kaiser Permanente ID card before you receive the care if it is reasonably possible to do so (otherwise, call us as soon as reasonably possible). Be sure to ask the Non-Plan Provider to tell you what care (including any transportation) we have authorized since we do not cover unauthorized Post-Stabilization Care or related transportation provided by Non-Plan Providers.

Please refer to the *Evidence of Coverage* for coverage information, exclusions, and limitations.

Urgent Care

Inside your Home Region Service Area. If you think you may need Urgent Care, call the appropriate appointment or advice nurse telephone number at a Plan Facility. Please refer to *Your Guidebook* for advice nurse and Plan Facility telephone numbers.

Out-of Area urgent Care. If you have an Urgent Care need due to an unforeseen

illness, unforeseen injury, or unforeseen complication of an existing condition (including pregnancy), we cover Medically Necessary Services to prevent serious deterioration of your (or your unborn child's) health from a Non-Plan Provider if all of the following are true:

- ▶ You receive the Services from Non-Plan Providers while you are temporarily outside your Home Region's Service Area
- ▶ A reasonable person would have believed that your (or your unborn child's) health would seriously deteriorate if you delayed treatment until you returned to your Home Region's Service Area

You do not need prior authorization for Out-of-Area Urgent Care.

Your ID card

Each Member's Kaiser Permanente ID card has a medical record number on it, which you will need when you call for advice, make an appointment, or go to a provider for covered care. When you get care, please bring your Kaiser Permanente ID card and a photo ID. Your medical record number is used to identify your medical records and membership information. Your medical record number should never change. Please call our Member Service Contact Center if we ever inadvertently issue you more than one medical record number or if you need to replace your Kaiser Permanente ID card.

If you need to get care before you receive your ID card, please ask your group for your group (purchaser) number and the date your coverage became effective.

Interpreter Services

If you need interpreter services when you call us or when you get covered Services, please let us know. Interpreter services are available 24 hours a day, seven days a week, at no cost to you. For more information about the interpreter services

we offer, please call our Member Service Contact Center.

Plan Facilities and Your Guidebook to Kaiser Permanente Services (Your Guidebook)

At most of our Plan Facilities, you can usually receive all the covered Services you need, including Emergency Services, Urgent Care, specialty care, pharmacy, and laboratory tests. You are not restricted to a particular Plan Facility, and we encourage you to use the facility that will be most convenient for you. For facility locations, please refer to the enclosed facility listing or call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**).

- ▶ All Plan Hospitals provide inpatient Services and are open 24 hours a day, seven days a week
- ▶ Emergency Services are available at Plan Hospital Emergency Departments listed in *Your Guidebook* (please refer to *Your Guidebook* for Emergency Department locations in your area)
- ▶ Same-day Urgent Care appointments are available at many locations (please refer to *Your Guidebook* for Urgent Care locations in your area)
- ▶ Many Plan Medical Offices have evening and weekend appointments
- ▶ Many Plan Facilities have a Member Services Department (refer to *Your Guidebook* for locations in your area)

Plan Medical Offices and Plan Hospitals for your area are listed in *Your Guidebook*. *Your Guidebook* describes the types of covered Services that are available from each Plan Facility in your area, because some facilities provide only specific types of covered Services. *Your Guidebook* also explains how to use our Services and make appointments, lists hours of operations, and includes a detailed telephone directory for appointments and advice. *Your Guidebook* provides other important information, such as preventive

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care guidelines and your Member rights and responsibilities.

Your *Guidebook* is subject to change and periodically updated. We will mail you *Your Guidebook* after you've enrolled. If you do not receive a copy or need another copy, call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**, 24 hours a day, seven days a week (except holidays, and after 5 p.m. the day after Thanksgiving, Christmas Eve, and New Year's Eve). You can also download a copy from our website at **kp.org**.

Your personal Plan Physician

Personal Plan Physicians play an important role in coordinating care, including hospital stays and referrals to specialists. We encourage you to choose a personal Plan Physician. You may choose any available personal Plan Physician. Parents may choose a pediatrician as the personal Plan Physician for their child. Most personal Plan Physicians are Primary Care Physicians (generalists in internal medicine, pediatrics, or family practice, or specialists in obstetrics-gynecology who the Medical Group designates as Primary Care Physicians). Some specialists who are not designated as Primary Care Physicians but who also provide primary care may be available as personal Plan Physicians. You can change your personal Plan Physician for any reason. To learn how to select a personal Plan Physician, please call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**). You can find a directory of our Plan Physicians on our website at **kp.org**. For the current list of physicians who are available as Primary Care Physicians, please call the personal physician selection department at the phone number listed in *Your Guidebook*.

Getting a referral

Referrals to Plan Providers

A Plan Physician must refer you before you can receive care from specialists, such as specialists in surgery, orthopedics, cardiology, oncology, urology, dermatology, and physical, occupational, and speech therapies. Also, a Plan Physician must refer you before you can get care from Qualified Autism Service providers covered under "Behavioral Health Treatment for Pervasive Developmental Disorder or Autism" in the *Evidence of Coverage*. However, you do not need a referral or prior authorization to receive most care from any of the following Plan Providers:

- ▶ Your personal Plan Physician
- ▶ Generalists in internal medicine, pediatrics, and family practice
- ▶ Specialists in optometry, psychiatry, chemical dependency, and obstetrics-gynecology

Although a referral or prior authorization is not required to receive most care from these providers, a referral may be required in the following situations:

- ▶ The provider may have to get prior authorization for certain Services in accord with "Medical Group authorization procedure for certain referrals" in this "Getting a Referral" section.
- ▶ The provider may have to refer you to a specialist who has a clinical background related to your illness or condition.

Medical Group authorization procedure for certain referrals

The following Services require prior authorization by the Medical Group for the Services to be covered (prior authorization means that the Medical Group must approve the Services in advance):

- ▶ **Durable medical equipment.** If your Plan Physician prescribes durable medical equipment, he or she will

submit a written referral to the Plan Hospital's durable medical equipment coordinator, who will authorize the durable medical equipment if he or she determines that your durable medical equipment coverage includes the item and that the item is listed on our formulary for your condition. If the item doesn't appear to meet our durable medical equipment formulary guidelines, then the durable medical equipment coordinator will contact the Plan Physician for additional information. If the durable medical equipment request still doesn't appear to meet our durable medical equipment formulary guidelines, it will be submitted to the Medical Group's designee Plan Physician, who will authorize the item if he or she determines that it is Medically Necessary. For more information about our durable medical equipment formulary, please refer to the *Evidence of Coverage*

- ▶ **Ostomy and urological supplies.** If your Plan Physician prescribes ostomy or urological supplies, he or she will submit a written referral to the Plan Hospital's designated coordinator, who will authorize the item if he or she determines that it is covered and the item is listed on our soft goods formulary for your condition. If the item doesn't appear to meet our soft goods formulary guidelines, then the coordinator will contact the Plan Physician for additional information. If the request still doesn't appear to meet our soft goods formulary guidelines, it will be submitted to the Medical Group's designee Plan Physician, who will authorize the item if he or she determines that it is Medically Necessary. For more information about our soft goods formulary, please refer to the *Evidence of Coverage*

- ▶ **Services not available from Plan Providers.** If your Plan Physician decides that you require covered Services not available from Plan Providers, he or she will recommend

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to the Medical Group that you be referred to a Non-Plan Provider inside or outside your Home Region's Service Area. The appropriate Medical Group designee will authorize the Services if he or she determines that they are Medically Necessary and are not available from a Plan Provider. Referrals to Non-Plan Physicians will be for a specific treatment plan, which may include a standing referral if ongoing care is prescribed. Please ask your Plan Physician what Services have been authorized

- ▶ **Transplants.** If your Plan Physician makes a written referral for a transplant, the Medical Group's regional transplant advisory committee or board (if one exists) will authorize the Services if it determines that they are Medically Necessary. In cases where no transplant committee or board exists, the Medical Group will refer you to physician(s) at a transplant center, and the Medical Group will authorize the Services if the transplant center's physician(s) determine that they are Medically Necessary. Note: A Plan Physician may provide or authorize a corneal transplant without using this Medical Group transplant authorization procedure

Decisions regarding requests for authorization will be made only by licensed physicians or other appropriately licensed medical professionals. This description is only a brief summary of the authorization procedure. For more information and other Services that are subject to an authorization procedure, please refer to the *Evidence of Coverage* or call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**).

Second opinions

If you want a second opinion, you can either ask your personal Plan Physician to help you arrange for one, or you can make an appointment with another Plan Physician who is an appropriately

qualified medical professional for your condition. For more information, please refer to the *Evidence of Coverage*.

How Plan Providers are paid

Health Plan and Plan Providers are independent contractors. Plan Providers are paid in a number of ways, such as salary, capitation, per diem rates, case rates, fee for service, and incentive payments. To learn more about how Plan Physicians are paid to provide or arrange medical and hospital care for Members, please ask your Plan Physician or call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**).

Your costs

Cost Sharing (Deductibles, Copayments, and Coinsurance)

When you receive covered Services, you must pay the Cost Sharing amount listed in the *Evidence of Coverage*. In most cases, your provider will ask you to make a payment toward your Cost Sharing at the time you receive Services. Keep in mind that this payment may cover only a portion of the total Cost Sharing for the covered Services you receive, and you will be billed for any additional Cost Sharing amounts that are due. In some cases, your provider will not ask you to make a payment at the time you receive Services, and you will be billed for any Cost Sharing amounts that are due. The following are examples of when you may get a bill:

- ▶ You receive Services during your visit that were not scheduled when you made your payment at check in
- ▶ You receive Services from a second provider during your visit that were not scheduled when you made your payment at check in
- ▶ You go in for Preventive Care Services and receive non-preventive Services during your visit that were

not scheduled when you made your payment at check in

- ▶ You go in for Preventive Care Services and instead receive non-preventive Services during your visit
- ▶ At check-in, you ask to be billed for some or all of the Cost Sharing for the Services you will receive, and we agree to bill you
- ▶ Medical Group authorizes a referral to a Non-Plan Provider and the provider does not collect Cost Sharing at the time you receive Services

If you have questions about Cost Sharing for specific Services that you are scheduled to receive or that your provider orders during a visit or procedure, please visit our website at **kp.org/memberestimates** to use our Cost Sharing estimate tool or call our Member Service Contact Center weekdays 7 a.m. to 5 p.m. toll free at **1-800-390-3507** (TTY users call **1-800-777-1370**).

Copayments and Coinsurance

A summary of Copayments and Coinsurance is listed in *Your Benefits (Disclosure Form Part One)*. Please refer to the "Benefits and Cost Sharing" section of the *Evidence of Coverage* for the complete list of Copayments and Coinsurance.

Deductibles

If your coverage includes Deductibles, you must pay Charges for Services subject to the Deductible until you meet the Deductible each calendar year. The only payments that count toward a Deductible are those you make for covered Services that are subject to the Deductible.

If you are a Member in a Family of two or more Members, you reach the Deductible either when you meet the Deductible for any one Member, or when your Family reaches the Family Deductible. Each other member in your Family must continue to pay Charges during the calendar year until either he or she reaches the Deductible for any

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one Member in a Family of two or more Members, or your Family reaches the Family Deductible. After you meet the Deductible and for the remainder of that calendar year, you pay the applicable Copayment or Coinsurance, subject to the annual out-of-pocket maximum

A summary of which Services are subject to the Deductible is listed in *Your Benefits (Disclosure Form Part One)*. When the Copayment or Coinsurance for a particular Service is described as “after Deductible,” and you have not met the Deductible, you must pay Charges for those Services. Please refer to the “Benefits and Cost Sharing” section of the *Evidence of Coverage* for the complete list of the Services that are subject to the Deductible.

If you would like an estimate of the Charges for a Service before you schedule an appointment or procedure, please visit our website at [kp.org/memberestimates](https://www.kp.org/memberestimates) to use our Cost Sharing estimate tool or call our Member Service Contact Center weekdays 7 a.m. to 5 p.m. toll free at **1-800-390-3507** (TTY users call **1-800-777-1370**).

When you pay Charges for Services subject to the Deductible, we will give you a receipt and we will send you a Summary of Accumulation. The Summary of Accumulation will include the total amounts you have paid toward your Deductible and toward your annual out-of-pocket maximum. You can also obtain a copy of this Summary of Accumulation from our Member Service Contact Center toll free at **1-800-390-3507**.

Please refer to *Your Benefits (Disclosure Form Part One)* to learn if your coverage is subject to a Deductible and the amount of the Deductible. Please refer to the *Evidence of Coverage* for more information about Deductibles.

Annual out-of-pocket maximum

For Services that are subject to the annual out-of-pocket maximums, there is a limit to the total amount of Cost Sharing you

must pay in a calendar year for Services you receive in the same calendar year. The limit amounts are specified in *Your Benefits (Disclosure Form Part One)*. If you are a Member in a Family of two or more Members, you reach the annual out-of-pocket maximum either when you meet the maximum for any one Member, or when your Family reaches the Family maximum. Please refer to the *Evidence of Coverage* for more information about annual out-of-pocket maximums. When Services are not subject to the annual out-of-pocket maximum, you must pay Copayments or Coinsurance even if you have already reached your annual out-of-pocket maximum. Please refer to the *Evidence of Coverage* for a list of Services that are subject to the annual out-of-pocket maximum.

If you are enrolled in a Deductible Plan, when you pay Cost Sharing that applies to the annual out-of-pocket maximum, we will give you a receipt and we will send you a Summary of Accumulation. The Summary of Accumulation will include the total amounts you have paid toward your Deductible and toward your annual out-of-pocket maximum. If you are not enrolled in a Deductible Plan, ask for and keep the receipt when you pay for one of the Services listed in the *Evidence of Coverage* that count toward the annual out-of-pocket maximum. When the receipts add up to the annual out-of-pocket maximum, please call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**) to find out where to turn in your receipts. When you turn them in, we will give you a document stating that you do not have to pay any more Cost Sharing for the specified Services through the end of the calendar year.

Payment of Premiums

Your group is responsible for paying Premiums, except that you are responsible for paying Premiums if you have Cal-COBRA coverage. If you are responsible for any contribution to the

Premiums that your group pays, your group will tell you the amount and how to pay your group (through payroll deduction, for example).

Financial liability

Our contracts with Plan Providers provide that you are not liable for any amounts we owe. However, you may be liable for the cost of noncovered Services you obtain from Plan Providers or Non-Plan Providers. If our contract with any Plan Provider terminates while you are under the care of that provider, we will retain financial responsibility for covered care you receive from that provider until we make arrangements for the Services to be provided by another Plan Provider and notify you of the arrangements. In some cases, you may be eligible to receive Services from a terminated provider in accord with applicable law. Please refer to “Completion of Services from Non-Plan Providers” in the “Miscellaneous notices” section for more information.

Reimbursement for Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

If you receive Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care from a Non-Plan Provider, or if you receive emergency ambulance Services, you must pay for the Services unless the provider agrees to bill us. If you want us to pay for the Services you must file a claim. We will reduce any payment we make to you or the Non-Plan Provider by applicable Cost Sharing.

To file a claim, this is what you need to do:

- ▶ As soon as possible, request our claim form by calling our Member Service Contact Center toll free at **1-800-464-4000** or **1-800-390-3510** (TTY users call **1-800-777-1370**). One of our representatives will be happy to assist you if you need help completing our claim form

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- ▶ If you have paid for Services, you must send us our completed claim form for reimbursement. Please attach any bills and receipts from the Non-Plan Provider
- ▶ To request that a Non-Plan Provider be paid for Services, you must send us our completed claim form and include any bills from the Non-Plan Provider. If the Non-Plan Provider states that they will submit the claim, you are still responsible for making sure that we receive everything we need to process the request for payment. If you later receive any bills from the Non-Plan Provider for covered Services other than your Cost Sharing amount, please call our Member Service toll free at **1-800-390-3510** for assistance
- ▶ You must complete and return to us any information that we request to process your claim, such as claim forms, consents for the release of medical records, assignments, and claims for any other benefits to which you may be entitled. For example, we may require documents such as travel documents or verification of your travel or itinerary

Please refer to the *Evidence of Coverage* for additional instructions, coverage information, exclusions, limitations, and dispute resolution for denied claims.

Termination of benefits

- Your group is required to inform the Subscriber of the date your membership terminates except as otherwise noted. You will be billed as a non-Member for any Services you receive after your membership terminates.
- Membership will cease for you (the Subscriber) and your Dependents if:
- ▶ The contract between your group and Kaiser Permanente is terminated for any reason
 - ▶ You are no longer eligible for group coverage or you no longer meet Health Plan eligibility requirements as described in the *Evidence of Coverage*

- ▶ You intentionally commit fraud in connection with membership, Health Plan, or a Plan Provider (if you intentionally commit fraud, we may terminate your membership immediately by sending written notice to the Subscriber, termination will be effective on the date we send the notice, and you will not be allowed to enroll in Health Plan in the future)
- ▶ Your group fails to pay Premiums for your Family (or if your Family fails to pay Premiums for Cal-COBRA coverage for your Family)

Please refer to the *Evidence of Coverage* for more information.

Continuation of membership

Continuation of group coverage

You may be able to continue your group coverage for a limited time after you would otherwise lose eligibility, if required by law, under COBRA or Cal-COBRA. Please refer to the *Evidence of Coverage* for more information.

If at any time you become entitled to continuation of group coverage such as Cal-COBRA, please examine your coverage options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in a higher premium or you could be denied coverage entirely. Note: Medical history does not impact premiums or eligibility for our individual plan described under "Converting from group membership to an individual plan" in this section. However, the individual plan premiums and coverage are different from the premiums and coverage under your group plan.

If you are called to active duty in the uniformed services, you may be able to continue your coverage for a limited time after you would otherwise lose eligibility, if required by the Uniformed Services

Employment and Reemployment Rights Act (USERRA). Please contact your group if you want to know how to elect USERRA coverage and how much you must pay your group.

Converting from group membership to an individual plan

You may be eligible to convert to our nongroup Individual-Conversion Plan if you no longer meet the eligibility requirements described in the *Evidence of Coverage*, or if you enroll in COBRA, Cal-COBRA, or USERRA continuation coverage and then lose eligibility for that coverage. We must receive your enrollment application within 63 days of the date of our termination letter or of your membership termination date (whichever date is later).

For information about converting your membership or about other individual plans, please refer to the *Evidence of Coverage*, or call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**).

Getting assistance

We want you to be satisfied with the health care you receive from Kaiser Permanente. If you have any questions or concerns, please discuss them with your personal Plan Physician or with other Plan Providers who are treating you. They are committed to your satisfaction and want to help you with your questions.

Member Services

Many Plan Facilities have an office staffed with representatives who can provide assistance if you need help obtaining Services. At different locations, these offices may be called Member Services, Patient Assistance, or Customer Service. In addition, our Member Service Contact Center representatives are available to assist you 24 hours a day, seven days a week (except holidays, and after 5 p.m.

the day after Thanksgiving, Christmas Eve, and New Year's Eve). toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**). For your convenience, you can also contact us through our website at **kp.org**.

Member Service representatives at our Plan Facilities and Member Service Contact Center can answer any questions you have about your benefits, available Services, and the facilities where you can receive care. For example, they can explain your Health Plan benefits, how to make your first medical appointment, what to do if you move, what to do if you need care while you are traveling, and how to replace your ID card. These representatives can also help you if you need to file a claim.

Dispute resolution and binding arbitration

Member Service representatives at our Plan Facilities or Member Service Contact Center can help you with unresolved issues. They can also help you file a grievance orally or in writing. You can also submit a grievance electronically at **kp.org**. You must submit your grievance within 180 days of the date of the incident.

Independent medical review is available if you believe that we improperly denied, modified, or delayed Services or payment of Services, and that either (1) our denial was based on a finding that the Services are not Medically Necessary, or (2) for life-threatening or seriously debilitating conditions, the requested treatment was denied as experimental or investigational. Also, if you should file a grievance and you later need help with it because your grievance is an emergency, it hasn't been resolved to your satisfaction, or it's unresolved after 30 days, you may call the California Department of Managed Health Care toll free at **1-888-HMO-2219** and a TDD line (**1-877-688-9891**) for the hearing and speech impaired for assistance.

Except for Small Claims Court cases and claims that cannot be subject to binding arbitration under governing law, any dispute between Members, their heirs, or associated parties (on the one hand) and Health Plan, its health care providers, or other associated parties (on the other hand) for alleged violation of any duty arising from your Health Plan membership, must be decided through binding arbitration. This includes claims for medical or hospital malpractice (a claim that medical services or items were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, regardless of legal theory. Both sides give up all rights to a jury or court trial, and both sides are responsible for certain costs associated with binding arbitration.

This is a brief summary of dispute resolution options. Please refer to the *Evidence of Coverage* for more information, including the complete arbitration provision.

Renewal provisions

Your group is responsible for informing you when its contract with Kaiser Permanente is changed or terminated. The contract generally changes each year, or sooner if required by law.

Principal exclusions, limitations, and reductions of benefits

Exclusions

The following are the principal exclusions from coverage. See the *Evidence of Coverage* for the complete list, including details and any exceptions to the exclusions. Also, additional exclusions that apply only to a particular benefit are listed in the description of that benefit in the *Evidence of Coverage*.

- ▶ Care in a residential care facility or licensed intermediate care facility,

unless otherwise stated in the *Evidence of Coverage*

- ▶ Chiropractic Services, unless otherwise stated in the *Evidence of Coverage*
- ▶ Artificial insemination, unless otherwise stated in the *Evidence of Coverage*, and conception by artificial means
- ▶ Cosmetic Services, except for Services covered under "Reconstructive Surgery" and "Prosthetic and Orthotic Devices" in the *Evidence of Coverage*
- ▶ Custodial care, except for covered hospice care
- ▶ Dental and orthodontic Services and X-rays, except for Services covered under "Dental and Orthodontic Services" in the *Evidence of Coverage*
- ▶ Disposable supplies for home use, such as bandages, gauze, tape, antiseptics, dressings, Ace-type bandages, and diapers, underpads, and other incontinence supplies
- ▶ Experimental or investigational Services, except as required by law for certain cancer clinical trials. You can request an independent medical review if you disagree with our decision to deny treatment because it is experimental or investigational (please refer to the *Evidence of Coverage* for details about independent medical review and other dispute resolution options)
- ▶ Items and services that are not health care items and services, unless otherwise stated in the *Evidence of Coverage*
- ▶ Items and services to correct refractive defects of the eye (such as eye surgery or contact lenses to reshape the eye)
- ▶ Hearing aids, unless otherwise stated in the *Evidence of Coverage*
- ▶ Massage therapy, unless otherwise stated in the *Evidence of Coverage*
- ▶ Outpatient oral nutrition, such as dietary supplements, herbal supplements, weight loss aids, formulas, and food
- ▶ Physical examinations related to employment, insurance, licensing, court orders, parole, or probation, unless

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- a Plan Physician determines that the Services are Medically Necessary
- ▶ Routine foot care Services that are not Medically Necessary
- ▶ Services not approved by the federal Food and Drug Administration (FDA) that by law require FDA approval in order to be sold in the U.S., except for certain experimental or investigational Services, and as required by law for certain cancer clinical trials
- ▶ Services performed by unlicensed people, except for behavior health treatment covered under "Behavioral Health Treatment for Pervasive Developmental Disorder or Autism" in the *Evidence of Coverage*
- ▶ Services related to conception, pregnancy, or delivery in connection with a surrogacy arrangement, except for otherwise-covered Services provided to a Member who is a surrogate
- ▶ Services related to the diagnosis and treatment of infertility, unless otherwise stated in the *Evidence of Coverage*
- ▶ Services related to a noncovered Service, except for Services we would otherwise cover to treat complications of the noncovered Service
- ▶ Transgender surgery, unless otherwise stated in the *Evidence of Coverage*
- ▶ Travel and lodging expenses, unless otherwise stated in the *Evidence of Coverage*
- ▶ Treatment of hair loss or growth

Limitations

We will make a good faith effort to provide or arrange for covered Services within the remaining availability of facilities or personnel. In the event of unusual circumstances that delay or render impractical the provision of Services, such as major disaster, epidemic, war, riot, civil insurrection, disability of a large share of personnel at a Plan Facility, complete or partial destruction of facilities, and labor disputes. Under these circumstances, if you have an Emergency Medical

Condition, call **911** or go to the nearest hospital as described under "Emergency Services" in the "How to obtain care" section and we will provide coverage as described in that section.

Additional limitations that apply only to a particular benefit are listed in the description of that benefit in the *Evidence of Coverage*

Reductions

If you obtain a judgment or settlement from or on behalf of a third party who allegedly caused an injury or illness for which you received covered Services, you must pay us Charges for those Services, except that the amount you must pay will not exceed the maximum amount allowed under California Civil Code Section 3040. Note: This "Reductions" section does not affect your obligation to pay Cost Sharing for these Services, but we will credit any such payments toward the amount you must pay us under this paragraph. Alternatively, we may file a subrogation claim on our own behalf against the third party. In addition to these third party liability claims by Kaiser Permanente, the contracts between Kaiser Permanente and some providers may allow these providers to recover all or a portion of the difference between the fees paid by Kaiser Permanente and the fees the provider charges to the general public for the Services you received.

Please refer to the *Evidence of Coverage* for additional information and other reductions (for example, surrogacy arrangements and workers' compensation).

To become a Member

We look forward to welcoming you as a Kaiser Permanente Member. If you are eligible to enroll, simply return a completed enrollment application to your group. Be sure to ask your group for your group (purchaser) number and the date when your coverage becomes effective. You can begin using our Services on your effective date of coverage.

Again, if you have any questions about Kaiser Permanente, please call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**) or you can refer to the *Evidence of Coverage* for details about eligibility requirements.

Miscellaneous notices

Completion of Services from Non-Plan Providers

New Member. If you are currently receiving Services from a Non-Plan Provider in one of the cases listed below under "Eligibility" and your prior plan's coverage of the provider's Services has ended or will end when your coverage with us becomes effective, you may be eligible for limited coverage of that Non-Plan Provider's Services.

Terminated provider. If you are currently receiving covered Services in one of the cases listed below under "Eligibility" from a Plan Hospital or a Plan Physician (or certain other providers) when our contract with the provider ends (for reasons other than medical disciplinary cause or criminal activity), you may be eligible for limited coverage of that terminated provider's Services.

Eligibility. The cases that are subject to this completion of Services provision are:

- ▶ Acute conditions, which are medical conditions that involve a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and has a limited duration. We may cover these Services until the acute condition ends
- ▶ We may cover Services for serious chronic conditions until the earlier of (1) 12 months from your membership effective date if you are a new Member; (2) 12 months from the termination date of the terminated provider; or (3) the first day after a course of treatment is complete, when it would be safe to transfer your care to a Plan Provider, as determined by Kaiser Permanente

after consultation with the Member and Non-Plan Provider and consistent with good professional practice. Serious chronic conditions are illnesses or other medical conditions that are serious, if one of the following is true about the condition:

- ▷ it persists without full cure
- ▷ it worsens over an extended period of time
- ▷ it requires ongoing treatment to maintain remission or prevent deterioration

▶ Pregnancy and immediate postpartum care. We may cover these Services for the duration of the pregnancy and immediate postpartum care

▶ Terminal illnesses, which are incurable or irreversible illnesses that have a high probability of causing death within a year or less. We may cover completion of these Services for the duration of the illness

▶ Care for children under age 3. We may cover completion of these Services until the earlier of (1) 12 months from the child's membership effective date if the child is a new Member; (2) 12 months from the termination date of the terminated provider; or (3) the child's third birthday

▶ Surgery or another procedure that is documented as part of a course of treatment and has been recommended and documented by the provider to occur within 180 days of your membership effective date if you are a new Member or within 180 days of the termination date of the terminated provider

To qualify for this completion of Services coverage, all of the following requirements must be met:

- ▶ Your Health Plan coverage is in effect on the date you receive the Service
- ▶ For new Members, your prior plan's coverage of the provider's Services has ended or will end when your coverage with us becomes effective

- ▶ You are receiving Services in one of the cases listed above from a Non-Plan Provider on your membership effective date if you are a new Member, or from the terminated Plan Provider on the provider's termination date
- ▶ For new Members, when you enrolled in Health Plan, you did not have the option to continue with your previous health plan or to choose another plan (including an out-of-network option) that would cover the Services of your current Non-Plan Provider
- ▶ The provider agrees to our standard contractual terms and conditions, such as conditions pertaining to payment and to providing Services inside your Home Region's Service Area
- ▶ The Services to be provided to you would be covered Services under the *Evidence of Coverage* if provided by a Plan Provider
- ▶ You request completion of Services within 30 days (or as soon as reasonably possible) from your membership effective date if you are a new Member, or from the termination date of the Plan Provider

The Cost Sharing for completion of Services is the Cost Sharing required for Services provided by a Plan Provider as described in the *Evidence of Coverage*. For more information about this provision or to request the Services or a copy of our "Completion of Covered Services" policy, please call our Member Service Contact Center.

Drug formulary

Our drug formulary includes the list of drugs that have been approved by our Pharmacy and Therapeutics Committee for our Members in your Home Region's Service Area. Our Pharmacy and Therapeutics Committee, which is primarily comprised of Plan Physicians, selects drugs for the drug formulary based on a number of factors, including safety and effectiveness as determined from a review of medical literature. The Pharmacy and Therapeutics Committee meets quarterly

to consider additions and deletions based on new information or drugs that become available. If you would like to request a copy of our drug formulary, please call our Member Service Contact Center.

Note: The presence of a drug on our drug formulary does not necessarily mean that your Plan Physician will prescribe it for a particular medical condition.

Our drug formulary guidelines allow you to obtain nonformulary prescription drugs (those not listed on our drug formulary for your condition) if they would otherwise be covered and a Plan Physician determines that they are Medically Necessary. If you disagree with your Plan Physician's determination that a nonformulary prescription drug is not Medically Necessary, you may file a grievance as described in the *Evidence of Coverage*. Also, our formulary guidelines may require you to participate in a Medical Group-approved behavioral intervention program for specific conditions, and you may be required to pay for the program.

Please refer to *Your Benefits (Disclosure Form Part One)* to learn if you have coverage for outpatient prescription drugs.

Health Insurance Counseling and Advocacy Program (HICAP)

For additional information concerning covered benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. HICAP provides health insurance counseling for California senior citizens. Call HICAP toll free at **1-800-434-0222** (TTY users call **711**), for a referral to your local HICAP office. HICAP is a service provided free of charge by the state of California.

Privacy practices

Kaiser Permanente will protect the privacy of your protected health information. We also require contracting providers to protect your protected health information. Your protected health information is individually-identifiable information (oral, written, or electronic)

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about your health, health care services you receive, or payment for your health care. You may generally see and receive copies of your protected health information, correct or update your protected health information, and ask us for an accounting of certain disclosures of your protected health information.

We may use or disclose your protected health information for treatment, health research, payment, and health care operations purposes, such as measuring the quality of Services. We are sometimes required by law to give protected health information to others, such as government agencies or in judicial actions. In addition, protected health information is shared with employers only with your authorization or as otherwise permitted by law. We will not use or disclose your protected health information for any other purpose without your (or your representative's) written authorization, except as described in our *Notice of Privacy Practices* (see below). Giving us authorization is at your discretion.

This is only a brief summary of some of our key privacy practices. Our *Notice of Privacy Practices* which provides additional information about our privacy practices and your rights regarding your protected health information is available and will be furnished to you upon request. To request a copy, please call our Member Service Contact Center toll free at 1-800-464-4000. You can also find the notice at your local Plan Facility or on our website at kp.org.

Special note about Medicare

The information contained in this booklet is not applicable to most Medicare beneficiaries. Please check with your group to determine the correct *Disclosure Form* that applies to you if you are eligible for Medicare, and to learn whether you are eligible to enroll in Kaiser Permanente Senior Advantage.

Definitions

Allowance: A specified credit amount that you can use toward the purchase price of an item. If the price of the item(s) you select exceeds the Allowance, you will pay the amount in excess of the Allowance (and that payment does not apply toward your Deductible, if any, or annual out-of-pocket maximum).

Charges: Charges means the following:

- ▶ For Services provided by the Medical Group or Kaiser Foundation Hospitals, the charges in Health Plan's schedule of the Medical Group and Kaiser Foundation Hospitals charges for Services provided to Members
- ▶ For Services for which a provider (other than the Medical Group or Kaiser Foundation Hospitals) is compensated on a capitation basis, the charges in the schedule of charges that Kaiser Permanente negotiates with the capitated provider
- ▶ For items obtained at a pharmacy owned and operated by Kaiser Permanente, the amount the pharmacy would charge a Member for the item if a Member's benefit plan did not cover the item (this amount is an estimate of: the cost of acquiring, storing, and dispensing drugs, the direct and indirect costs of providing Kaiser Permanente pharmacy Services to Members, and the pharmacy program's contribution to the net revenue requirements of Health Plan)
- ▶ For all other Services, the payments that Kaiser Permanente makes for the Services or, if Kaiser Permanente subtracts Cost Sharing from its payment, the amount Kaiser Permanente would have paid if it did not subtract Cost Sharing

Coinsurance: A percentage of Charges that you must pay when you receive a covered Service. A summary of Copayments and Coinsurance is listed in *Your Benefits (Disclosure Form Part One)*. For the complete list of Copayments and

Coinsurance, please refer to the *Evidence of Coverage*.

Copayment: A specific dollar amount that you must pay when you receive a covered Service. Note: The dollar amount of the Copayment can be \$0 (no charge). A summary of Copayments and Coinsurance is listed in *Your Benefits (Disclosure Form Part One)*. For the complete list of Copayments and Coinsurance, please refer to the *Evidence of Coverage*.

Cost Sharing: The amount you are required to pay for a covered Service, for example, a Deductible, Copayment, or Coinsurance.

Deductible: The amount you must pay in a calendar year for certain Services before we will cover those Services at the applicable Copayment or Coinsurance in that calendar year. Any Deductible amounts are listed in *Your Benefits (Disclosure Form Part One)*.

Dependent: A Member who meets the eligibility requirements as a Dependent as described in the *Evidence of Coverage*.

Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a reasonable person would have believed that the absence of immediate medical attention would result in any of the following:

- ▶ Placing the person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- ▶ Serious impairment to bodily functions
- ▶ Serious dysfunction of any bodily organ or part

A mental health condition is an Emergency Medical Condition when it meets the requirements of the paragraph above, or when the condition manifests itself by acute symptoms of sufficient severity such that a prudent layperson, who possesses an average knowledge of

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health and medicine, could reasonably expect one of the following is true:

- ▶ The person is an immediate danger to himself or herself or to others
- ▶ The person is immediately unable to provide for, or use, food, shelter, or clothing, due to the mental disorder

Emergency Services: All of the following with respect to an Emergency Medical Condition:

- ▶ A medical screening exam that is within the capability of the emergency department of a hospital, including ancillary services (such as imaging and laboratory Services) routinely available to the emergency department to evaluate the Emergency Medical Condition
- ▶ Within the capabilities of the staff and facilities available at the hospital, Medically Necessary examination and treatment required to Stabilize the patient (once your condition is Stabilized, Services you receive are Post Stabilization Care and not Emergency Services)

Evidence of Coverage: The *Evidence of Coverage* document describes the health care coverage under Health Plan's Agreement with your group.

Family: A Subscriber and all of his or her Dependents.

Health Plan: Kaiser Foundation Health Plan, Inc., a California nonprofit corporation. This *Disclosure Form* sometimes refers to Health Plan as "we" or "us."

Home Region: Health Plan's Northern California Region or Southern California Region where you are enrolled under the Group Agreement between Kaiser Foundation Health Plan, Inc., and your group.

Kaiser Permanente: Kaiser Foundation Hospitals (a California nonprofit corporation), Health Plan, and the Medical Group.

Medical Group: For Northern California Region Members, The Permanente Medical Group, Inc., a for-profit professional corporation, and for Southern California Region Members, the Southern California Permanente Medical Group, a for-profit professional partnership.

Medically Necessary: A Service is Medically Necessary if it is medically appropriate and required to prevent, diagnose, or treat your condition or clinical symptoms in accord with generally accepted professional standards of practice that are consistent with a standard of care in the medical community.

Medicare: The federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with end-stage renal disease (generally those with permanent kidney failure who need dialysis or a kidney transplant). In this *Disclosure Form*, Members who are "eligible for" Medicare Part A or B are those who would qualify for Medicare Part A or B coverage if they applied for it. Members who "have" Medicare Part A or B are those who have been granted Medicare Part A or B coverage.

Member: A person who is eligible and enrolled, and for whom we have received applicable Premiums. This *Disclosure Form* sometimes refers to a Member as "you."

Non-Plan Hospital: A hospital other than a Plan Hospital.

Non-Plan Physician: A physician other than a Plan Physician.

Non-Plan Provider: A provider other than a Plan Provider.

Out-of-Area Urgent Care: Medically Necessary Services to prevent serious deterioration of your (or your unborn child's) health resulting from an unforeseen illness, unforeseen injury, or unforeseen complication of an existing

condition (including pregnancy) if all of the following are true:

- ▶ You are temporarily outside your Home Region's Service Area
- ▶ A reasonable person would have believed that your (or your unborn child's) health would seriously deteriorate if you delayed treatment until you returned to your Home Region's Service Area

Plan Facility: Any facility listed in the enclosed facility listing or in a Kaiser Permanente guidebook (*Your Guidebook*) for your Home Region's Service Area, except that Plan Facilities are subject to change at any time without notice. For the current locations of Plan Facilities, please call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**).

Plan Hospital: Any hospital listed in the enclosed facility listing or in a Kaiser Permanente guidebook (*Your Guidebook*) for your Home Region's Service Area, except that Plan Hospitals are subject to change at any time without notice. For the current locations of Plan Hospitals, please call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**).

Plan Medical Office: Any medical office listed in the enclosed facility listing or in a Kaiser Permanente guidebook (*Your Guidebook*) for your Home Region's Service Area, except that Plan Medical Offices are subject to change at any time without notice. For the current locations of Plan Medical Offices, please call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**).

Plan Pharmacy: A pharmacy owned and operated by Kaiser Permanente or another pharmacy that we designate. Please refer to *Your Guidebook* for a list of Plan Pharmacies in your Home Region's Service Area, except that Plan Pharmacies are subject to change at any time without notice. For the current

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locations of Plan Pharmacies, please call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**).

Plan Physician: Any licensed physician who is a partner or an employee of the Medical Group, or any licensed physician who contracts to provide Services to Members in your Home Region's Service Area (but not including physicians who contract only to provide referral Services).

Plan Provider: A Plan Hospital, a Plan Physician, the Medical Group, a Plan Pharmacy, or any other health care provider that we designate as a Plan Provider in your Home Region's Service Area.

Post-Stabilization Care: Medically Necessary Services related to your Emergency Medical Condition that you receive after your treating physician determines that this condition is Stabilized.

Premiums: The periodic amounts that your group is responsible for paying for your membership under the *Evidence of Coverage* except that you are responsible for paying Premiums if you have Cal-COBRA coverage.

Primary Care Physicians: Generalists in internal medicine, pediatrics, and family practice, and specialists in obstetrics-gynecology whom the Medical Group designates as Primary Care Physicians. Please refer to our website at **kp.org** for a list of Primary Care Physicians, except that the list is subject to change without notice. For the current list of physicians that are available as Primary Care Physicians, please call the personal physician selection department at the phone number listed in *Your Guidebook*.

Region: A Kaiser Foundation Health Plan organization or allied plan that conducts a direct-service health care program. For information about Region locations in the District of Columbia and parts of California, Colorado, Georgia, Hawaii, Idaho, Maryland, Ohio, Oregon,

Virginia, and Washington, please call our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**).

Service Area: For Members enrolled in the **Northern California Region**, the following ZIP codes below for each county are inside our Northern California Region Service Area:

- ▶ All ZIP codes in **Alameda County** are inside our Service Area: 94501-02, 94514, 94536-46, 94550-52, 94555, 94557, 94560, 94566, 94568, 94577-80, 94586-88, 94601-15, 94617-21, 94622-24, 94649, 94659-62, 94666, 94701-10, 94712, 94720, 95377, 95391
- ▶ The following ZIP codes in **Amador County** are inside our Service Area: 95640, 95669
- ▶ All ZIP codes in **Contra Costa County** are inside our Service Area: 94505-07, 94509, 94511, 94513-14, 94516-31, 94547-49, 94551, 94553, 94556, 94561, 94563-65, 94569-70, 94572, 94575, 94582-83, 94595-98, 94706-08, 94801-08, 94820, 94850
- ▶ The following ZIP codes in **El Dorado County** are inside our Service Area: 95613-14, 95619, 95623, 95633-35, 95651, 95664, 95667, 95672, 95682, 95762
- ▶ The following ZIP codes in **Fresno County** are inside our Service Area: 93242, 93602, 93606-07, 93609, 93611-13, 93616, 93618-19, 93624-27, 93630-31, 93646, 93648-52, 93654, 93656-57, 93660, 93662, 93667-68, 93675, 93701-12, 93714-18, 93720-30, 93737, 93740-41, 93744-45, 93747, 93750, 93755, 93760-61, 93764-65, 93771-79, 93786, 93790-94, 93844, 93888
- ▶ The following ZIP codes in **Kings County** are inside our Service Area: 93230, 93232, 93242, 93631, 93656
- ▶ The following ZIP codes in **Madera County** are inside our Service Area: 93601-02, 93604, 93614, 93623, 93626, 93636-39, 93643-45, 93653, 93669, 93720

- ▶ All ZIP codes in **Marin County** are inside our Service Area: 94901, 94903-04, 94912-15, 94920, 94924-25, 94929-30, 94933, 94937-42, 94945-50, 94956-57, 94960, 94963-66, 94970-71, 94973-74, 94976-79
- ▶ The following ZIP codes in **Mariposa County** are inside our Service Area: 93601, 93623, 93653
- ▶ The following ZIP codes in **Napa County** are inside our Service Area: 94503, 94508, 94515, 94558-59, 94562, 94567*, 94573-74, 94576, 94581, 94589-90, 94599, 95476

*Knoxville is not in the Service Area

- ▶ The following ZIP codes in **Placer County** are inside our Service Area: 95602-04, 95626, 95648, 95650, 95658, 95661, 95663, 95668, 95677-78, 95681, 95692, 95703, 95722, 95736, 95746-47, 95765
- ▶ All ZIP codes in **Sacramento County** are inside our Service Area: 94203-09, 94211, 94229-30, 94232, 94234-37, 94239-40, 94244, 94246-50, 94252, 94254, 94256-59, 94261-63, 94267-69, 94271, 94273-74, 94277-80, 94282-91, 94293-98, 94571, 95608-11, 95615, 95621, 95624, 95626, 95628, 95630, 95632, 95638-41, 95652, 95655, 95660, 95662, 95670-71, 95673, 95680, 95683, 95690, 95693, 95741-42, 95757-59, 95763, 95811-38, 95840-43, 95851-53, 95860, 95864-67, 95887, 95894, 95899
- ▶ All ZIP codes in **San Francisco County** are inside our Service Area: 94102-05, 94107-12, 94114-27, 94129-34, 94137, 94139-47, 94151, 94156, 94158-64, 94172, 94177, 94188
- ▶ All ZIP codes in **San Joaquin County** are inside our Service Area: 94514, 95201-13, 95215, 95219-20, 95227, 95230-31, 95234, 95236-37, 95240-42, 95253, 95258, 95267, 95269, 95296-97, 95304, 95320, 95330, 95336-37, 95361, 95366, 95376-78, 95385, 95391, 95632, 95686, 95690
- ▶ All ZIP codes in **San Mateo County** are inside our Service Area: 94002, 94005, 94010-11, 94014-21, 94025-28, 94030,

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94037-38, 94044, 94060-66, 94070, 94074, 94080, 94083, 94128, 94303, 94401-04, 94497

- ▶ The following ZIP codes in **Santa Clara County** are inside our Service Area: 94022-24, 94035, 94039-43, 94085-89, 94301-06, 94309, 94550, 95002, 95008-09, 95011, 95013-15, 95020-21, 95026, 95030-33, 95035-38, 95042, 95044, 95046, 95050-56, 95070-71, 95076, 95101, 95103, 95106, 95108-13, 95115-36, 95138-41, 95148, 95150-61, 95164, 95170, 95172-73, 95190-94, 95196
- ▶ All ZIP codes in **Solano County** are inside our Service Area: 94510, 94512, 94533-35, 94571, 94585, 94589-92, 95616, 95620, 95625, 95687-88, 95690, 95694, 95696
- ▶ The following ZIP codes in **Sonoma County** are inside our Service Area: 94515, 94922-23, 94926-28, 94931, 94951-55, 94972, 94975, 94999, 95401-07, 95409, 95416, 95419, 95421, 95425, 95430-31, 95433, 95436, 95439, 95441-42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471-73, 95476, 95486-87, 95492
- ▶ All ZIP codes in **Stanislaus County** are inside our Service Area: 95230, 95304, 95307, 95313, 95316, 95319, 95322-23, 95326, 95328-29, 95350-58, 95360-61, 95363, 95367-68, 95380-82, 95385-87, 95397
- ▶ The following ZIP codes in **Sutter County** are inside our Service Area: 95626, 95645, 95648, 95659, 95668, 95674, 95676, 95692, 95836-37
- ▶ The following ZIP codes in **Tulare County** are inside our Service Area: 93238, 93261, 93618, 93631, 93646, 93654, 93666, 93673
- ▶ The following ZIP codes in **Yolo County** are inside our Service Area: 95605, 95607, 95612, 95616-18, 95645, 95691, 95694-95, 95697-98, 95776, 95798-99
- ▶ The following ZIP codes in **Yuba County** are inside our Service Area: 95692, 95903, 95961

For Members enrolled in the **Southern California Region**, The ZIP codes below for each county are in our Service Area:

- ▶ The following ZIP codes in **Imperial County** are inside our Service Area: 92274-75
- ▶ The following ZIP codes in **Kern County** are inside our Service Area: 93203, 93205-06, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93249-52, 93263, 93268, 93276, 93280, 93285, 93287, 93301-09, 93311-14, 93380, 93383-90, 93501-02, 93504-05, 93518-19, 93531, 93536, 93560-61, 93581
- ▶ The following ZIP codes in **Los Angeles County** are inside our Service Area: 90001-84, 90086-91, 90093-96, 90099, 90101, 90103, 90189, 90201-02, 90209-13, 90220-24, 90230-33, 90239-42, 90245, 90247-51, 90254-55, 90260-67, 90270, 90272, 90274-75, 90277-78, 90280, 90290-96, 90301-12, 90401-11, 90501-10, 90601-10, 90623, 90630-31, 90637-40, 90650-52, 90660-62, 90670-71, 90701-03, 90706-07, 90710-17, 90723, 90731-34, 90744-49, 90755, 90801-10, 90813-15, 90822, 90831-35, 90840, 90842, 90844, 90846-48, 90853, 90895, 90899, 91001, 91003, 91006-12, 91016-17, 91020-21, 91023-25, 91030-31, 91040-43, 91046, 91066, 91077, 91101-10, 91114-18, 91121, 91123-26, 91129, 91182, 91184-85, 91188-89, 91199, 91201-10, 91214, 91221-22, 91224-26, 91301-11, 91313, 91316, 91321-22, 91324-31, 91333-35, 91337, 91340-46, 91350-57, 91361-62, 91364-65, 91367, 91371-72, 91376, 91380-87, 91390, 91392-96, 91401-13, 91416, 91423, 91426, 91436, 91470, 91482, 91495-96, 91499, 91501-08, 91510, 91521-23, 91526, 91601-12, 91614-18, 91702, 91706, 91709, 91711, 91714-16, 91722-24, 91731-35, 91740-41, 91744-50, 91754-56, 91765-73, 91775-76, 91778, 91780, 91788-93, 91795, 91801-04, 91896, 91899, 93243, 93510, 93532, 93534-36, 93539, 93543-44, 93550-53, 93560, 93563, 93584, 93586, 93590-91, 93599

- ▶ All ZIP codes in **Orange County** are inside our Service Area: 90620-24, 90630-33, 90638, 90680, 90720-21, 90740, 90742-43, 92602-07, 92609-10, 92612, 92614-20, 92623-30, 92637, 92646-63, 92672-79, 92683-85, 92688, 92690-94, 92697-98, 92701-08, 92711-12, 92728, 92735, 92780-82, 92799, 92801-09, 92811-12, 92814-17, 92821-23, 92825, 92831-38, 92840-46, 92850, 92856-57, 92859, 92861-71, 92885-87, 92899
- ▶ The following ZIP codes in **Riverside County** are inside our Service Area: 91752, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92247-48, 92253-55, 92258, 92260-64, 92270, 92274, 92276, 92282, 92320, 92324, 92373, 92399, 92501-09, 92513-19, 92521-22, 92530-32, 92543-46, 92548, 92551-57, 92562-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599, 92860, 92877-83
- ▶ The following ZIP codes in **San Bernardino County** are inside our Service Area: 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758-59, 91761-64, 91766, 91784-86, 91792, 92252, 92256, 92268, 92277-78, 92284-86, 92305, 92307-08, 92313-18, 92321-22, 92324-26, 92329, 92331, 92333-37, 92339-41, 92344-46, 92350, 92352, 92354, 92357-59, 92369, 92371-78, 92382, 92385-86, 92391-95, 92397, 92399, 92401-08, 92410-15, 92418, 92423-24, 92427, 92880
- ▶ The following ZIP codes in **San Diego County** are inside our Service Area: 91901-03, 91908-17, 91921, 91931-33, 91935, 91941-47, 91950-51, 91962-63, 91976-80, 91987, 92003, 92007-11, 92013-14, 92018-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-61, 92064-65, 92067-69, 92071-72, 92074-75, 92078-79, 92081-86, 92088, 92091-93, 92096, 92101-24, 92126-32, 92134-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-79, 92182, 92184, 92186-87, 92190-91, 92193, 92195-99

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► The following ZIP codes in **Ventura County** are inside our Service Area: 90265, 91304, 91307, 91311, 91319-20, 91358-62, 91377, 93001-07, 93009-12, 93015-16, 93020-22, 93030-36, 93040-44, 93060-66, 93094, 93099, 93252

For each ZIP code listed for a county, our Service Area includes only the part of that ZIP code that is in that county. When a ZIP code spans more than one county, the part of that ZIP code that is in another county is not inside our Service Area unless that other county is listed above and that ZIP code is also listed for that other county. If you have a question about whether a ZIP code is in our Service Area, please call our Member Service Contact Center.

Note: We may expand your Home Region's Service Area at any time by giving written notice to your group. ZIP codes are subject to change by the U.S. Postal Service.

Services: Health care services or items ("health care" includes both physical health care and mental health care) and behavioral health treatment covered under "Behavioral Health Treatment for Pervasive Developmental Disorder or Autism" in the *Evidence of Coverage*.

Stabilize: To provide the medical treatment of the Emergency Medical Condition that is necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the person from the facility. With respect to a pregnant woman who is having contractions, when there is inadequate time to safely transfer her to another hospital before delivery (or the transfer may pose a threat to the health or safety of the woman or unborn child), "Stabilize" means to deliver (including the placenta).

Subscriber: A Member who is eligible for membership on his or her own behalf and not by virtue of Dependent status and who meets the eligibility requirements as a Subscriber.

Urgent Care: Medically Necessary Services for a condition that requires prompt medical attention but is not an Emergency Medical Condition.

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- **1-800-464-4000** English
- **1-800-788-0616** Spanish
- **1-800-757-7585** Chinese dialects
- **1-800-777-1370** TTY for the deaf, hard of hearing, or speech impaired

For updates about health care reform, visit kp.org/reform.



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