
Proposed Benefit Summary

225543 SISC-Self Insured Schools of California

Principal Benefits for Kaiser Permanente Traditional Plan (10/1/13—9/30/14)

The Services described below are covered only if all of the following conditions are satisfied:

- The Services are Medically Necessary
- The Services are provided, prescribed, authorized, or directed by a Plan Physician and you receive the Services from Plan Providers inside our Southern California Region Service Area (your Home Region), except where specifically noted to the contrary in the *Evidence of Coverage (EOC)* for authorized referrals, hospice care, Emergency Services, Post-Stabilization Care, Out-of-Area Urgent Care, and emergency ambulance Services

Annual Out-of-Pocket Maximum for Certain Services

For Services subject to the maximum, you will not pay any more Cost Sharing during a calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:

For self-only enrollment (a Family of one Member)	\$1,500 per calendar year
For any one Member in a Family of two or more Members.....	\$1,500 per calendar year
For an entire Family of two or more Members	\$3,000 per calendar year

Deductible or Lifetime Maximum	None
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Professional Services (Plan Provider office visits)

You Pay

Most primary and specialty care consultations, exams, and treatment.....	\$20 per visit
Routine physical maintenance exams.....	No charge
Well-child preventive exams (through age 23 months)	No charge
Family planning counseling.....	No charge
Scheduled prenatal care exams and first postpartum follow-up consultation and exam...	No charge
Eye exams for refraction	No charge
Hearing exams	No charge
Urgent care consultations, exams, and treatment.....	\$20 per visit
Physical, occupational, and speech therapy	\$20 per visit

Outpatient Services

You Pay

Outpatient surgery and certain other outpatient procedures.....	\$20 per procedure
Allergy injections (including allergy serum)	No charge
Most immunizations (including the vaccine).....	No charge
Most X-rays and laboratory tests.....	No charge
Health education:	
Covered individual health education counseling.....	No charge
Covered health education programs	No charge

Hospitalization Services

You Pay

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	No charge
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Emergency Health Coverage

You Pay

Emergency Department visits	\$100 per visit
Note: This Cost Sharing does not apply if admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Sharing).	

Ambulance Services

You Pay

Ambulance Services	\$50 per trip
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Prescription Drug Coverage

You Pay

Covered outpatient items in accord with our drug formulary guidelines at Plan Pharmacies or through our mail-order service:	
Most generic items	\$10 for up to a 100-day supply
Most brand-name items	\$20 for up to a 100-day supply

Durable Medical Equipment

You Pay

Most covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines	No Charge
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Mental Health Services

You Pay

Inpatient psychiatric hospitalization.....	No charge
Individual outpatient mental health evaluation and treatment	\$20 per visit
Group outpatient mental health treatment.....	\$10 per visit

Proposed Benefit Summary*(continued)*

Chemical Dependency Services	You Pay
Inpatient detoxification	No charge
Individual outpatient chemical dependency evaluation and treatment.....	\$20 per visit
Group outpatient chemical dependency treatment	\$5 per visit
Home Health Services	You Pay
Home health care (up to 100 visits per calendar year).....	No charge
Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period)	No charge
Covered external prosthetic devices, orthotic devices, and ostomy and urological supplies	No charge
All Services related to covered infertility treatment	50% Coinsurance
Hospice care	No charge
Chiropractor	\$10 per visit, 30 visits per year

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Sharing. For a complete explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).

Better Informed Better Together

easy to get appointments



test results online



excellent prenatal care

I'm part of the decision



I can choose my doctor



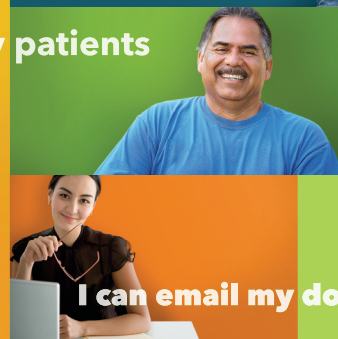
free to focus on my patients



great specialists



I can email my doctor



A better choice for good health

Kaiser Permanente is uniquely designed to give you the information and support you need to live well, with everything working seamlessly together.



your choice of top doctors

With Kaiser Permanente, you get a wide choice of doctors from many of the top medical schools in the country.



personalized care

Your care team works with you, supported by your secure electronic health record which connects them to your up-to-date health info—like lab test results, medications, and preventive screenings that are due.



everything under one roof

Most of our locations include pharmacy, lab, and X-ray services, so you can do more and drive less.



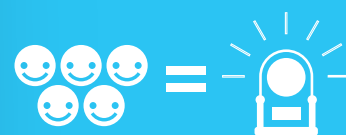
lots of healthy extras

Stay at your best with healthy resources like farmers markets and wellness classes, many of which are free.



easy online access, anytime

Use your computer, smartphone, or mobile device to email your doctor's office, schedule routine appointments, view lab test results, refill prescriptions, and more.¹



a great experience

In the J.D. Power and Associates 2012 U.S. Member Health Insurance Plan StudySM, Kaiser Permanente ranked "Highest in Member Satisfaction among Commercial Health Plans in California" for the fifth year in a row.²

kp.org

¹Available when you receive care at Kaiser Permanente facilities.

²Kaiser Foundation Health Plan, Inc., received the highest numerical score among commercial health plans in the California region in the proprietary J.D. Power and Associates 2008–2012 U.S. Member Health Plan StudiesSM. 2012 study based on 32,868 total member responses, measuring eight plans in the California region (excludes Medicare and Medicaid). Proprietary study results are based on experiences and perceptions of members surveyed December 2011–January 2012. Your experiences may vary. Visit jdpower.com.

Better Informed. Better Together.

Making smart decisions—whether you’re choosing a health plan for your family or dealing with a health condition—can be easier than you think. All you need is a partner to give you the right information and support. Take a look at everything you get with your membership, and you’ll agree that Kaiser Permanente is the best choice for your health.



A better way to get and stay healthy

Choose more than a health plan. We also offer our own great doctors, convenient facilities, and advanced technology—all together in one easy-to-use package. This makes it simple for you to get excellent, coordinated care.



Excellent care

Get an entire care team that works with you and for you. Your doctors, nurses, and specialists are connected to our electronic health record system, so they can work together to provide the best care for your needs.



Online access anytime, anywhere

Stay better informed about your health—and better able to manage it—with online and mobile tools that help you get the information you want, when you want it.






Convenient classes, resources, and more

Take your health beyond checkups with a partner that provides the inspiration and support you need to live life to the fullest.



A better way to get and stay healthy

Be better informed and take an active role in your health. You and your family get everything you need to live well, and we work together with you to help you make better choices every step of the way.

		
What you need, when you need it	Personalized care	Everything under one roof
<p>We make it simple for you to get care:</p> <ul style="list-style-type: none">▪ Easy-to-schedule appointments▪ Email access to your doctor's office▪ Same-day, after-hours, and weekend services at many locations▪ 24-hour telephone health advice from registered nurses▪ Recent medical information and most test results online▪ Convenient locations▪ Emergency care coverage anywhere in the world	<p>Your doctors, nurses, and specialists take the time to know you and your health needs. Supported by your secure electronic health record, your entire care team is up to speed and ready to take care of you. Having a team that's informed and focused on you can lead to quicker, better diagnoses and treatments.</p>	<p>Most of our locations conveniently offer multiple services under one roof. You can see your doctor, get lab services and X-rays, and fill prescriptions all at the same place. That can help you save time and avoid driving all over town.</p> <p>For prescription refills, you can even order online and have most mailed to your home with free shipping.</p>

See how Kaiser Permanente has helped members at kp.org/carestories.

Your electronic health record brings it all together

Our innovative electronic health record system is securely linked to every Kaiser Permanente facility in your region, so you get coordinated care wherever you go.

Your doctor's office

Your electronic health record is updated with each visit, whether you see your personal physician or another Kaiser Permanente doctor. From department to department and facility to facility, your record goes where you go.

Pharmacy, lab, and X-ray

If your doctor prescribes you medications or orders lab tests, there's no paperwork to take with you. Just visit any of our pharmacies, and the pharmacist or technician will pull up your doctor's orders.



Excellent care

Get great care from doctors, nurses, and specialists who focus on you and your health. Your care team works together, sharing best practices and coordinating any specialty care you may need. This combination of teamwork and expertise helps make our doctors better informed, so they can provide the best care for your needs.



Your choice of top doctors

Excellent care starts with having a great doctor. With Kaiser Permanente, you get a wide choice of skilled physicians from many of the top medical schools in the country. Our doctors are caring, supportive, and highly respected in their fields, with many teaching at prestigious universities throughout the state. This makes it easy to find the one who's right for you and your family. Just go online to view our doctor profiles or give us a call.



Great specialists

You also have access to specialists who are experts in their fields. They're ready to help diagnose and treat most conditions that might come up. Our doctors and specialists work together, making referrals easier. And you don't even need a referral for many of our specialty departments, including Obstetrics-Gynecology, Psychiatry, and Chemical Dependency Services.



A focus on you and your family

Our care model reduces the burden of administrative hassles, insurance claim forms, and other paperwork for our doctors, nurses, and specialists. And unlike most practitioners, our doctors aren't paid by procedure. They're free to focus on what they do best—delivering great care that's right for you.

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

Specialty care

If your doctor refers you to a specialty department, you'll receive a call. When you come in, your specialist will have your health information right at his or her fingertips.




At home or on the go

My Health Manager on kp.org is your personal link to your electronic health record. This set of online tools helps you stay connected and informed about your health.



Online access anytime, anywhere

Plug into your health with a variety of online and mobile tools that help you get the information you want, when you want it. Whether you’re on the go or just taking advantage of a quiet moment at home, we’ve got you covered.

		
<p>It’s easy to stay connected</p> <p>As a member registered on kp.org, you have secure, 24-hour access to My Health Manager. This online resource offers convenient tools for managing your care at our facilities.</p> <ul style="list-style-type: none">▪ Email your doctor’s office.▪ View lab test results as soon as they’re available.▪ Refill prescriptions.▪ Schedule or cancel routine appointments.▪ Help take care of a family member, like a child or parent, using these features and more.	<p>A website full of healthy ideas</p> <p>Get informed and inspired on our award-winning website, kp.org. Take charge of your health anytime, anywhere, with online articles, wellness topics, and health calculators. And find new ways to live well with recipes from world-class chefs, music channels, podcasts, videos, and more.</p>	<p>Good health on the go</p> <p>Our mobile apps make it easy to manage your health no matter where you are—at home, at work, and when you’re on the go. Just download our free apps for the iPhone®, iPad®, or iPod touch® from the App StoreSM, or for the AndroidTM from Google Play.</p> <p><small>Apple, iPhone, iPad, and iPod touch are trademarks of Apple, Inc., registered in the U.S. and other countries. App Store is a service mark of Apple, Inc. Android is a trademark of Google, Inc.</small></p>




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

<p>Top reasons to join Kaiser Permanente</p>	<p>Better care</p> <p>You get great care, backed by innovative technology. Your care team can securely access your up-to-date health information and make sure you get care that’s right for you.</p>	<p>Better doctors</p> <p>You get top Kaiser Permanente doctors who aren’t burdened with excessive insurance paperwork or paid by procedure. Their only focus and incentive is working together with you to deliver the care you really need.</p>
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Convenient classes, resources, and more

Fit wellness into your schedule, no matter how busy you are. We give you lots of healthy extras that can help you stay informed about ways to live healthier—mind, body, and spirit. And we’ll work together with you to provide the extra motivation you need to get started, stick with it, and maybe even cross a finish line.

 <h3>Learn something new</h3> <p>With the many health classes offered at our facilities, there’s something for everyone. Try classes on yoga, eating well, baby care, specific health conditions, and much more. Classes vary by location and some may require a fee.</p>	 <h3>Fresh food in the parking lot</h3> <p>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.</p>	 <h3>Maximize your health</h3> <p>Try our personalized online wellness programs. They 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! mobile 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.</p>
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Find tools, tips, and information for living well at kp.org/livehealthy.

Better access

You get information and tools that make it easy for you to get and stay healthy—including easy-to-schedule appointments, email access to your doctor, telephone health advice, and helpful online tools.

Better visits

You get the convenience of being able to take care of multiple services in one trip, with virtually no paperwork. At most locations, your doctor, lab services, X-rays, and pharmacy are all together in one place.



Watch members share why they chose Kaiser Permanente at kp.org/thrive.

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 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 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
<p>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 always know what to expect.</p>	<p>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.</p>	<p>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.)</p>
	<p>Knowing what to expect</p> <p>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.</p>	

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*.

THE KAISER PERMANENTE HOSPITAL SERVICES

Deductible HMO Plan

With your Kaiser Permanente health plan, you receive a wide range of care and support to help you stay healthy and get the most out of life. Even before you reach your deductible, most doctor's office visits, radiology services, and lab tests are covered at a copay or coinsurance, and most preventive care services—like routine physical exams, mammograms, and cholesterol screenings—are covered at little or no cost to you. All in all, it's a financial and physical win-win.



Simple copays or coinsurance for most doctor's office visits, radiology services, lab tests, and prescription drugs, all year round



Most preventive care services covered at little or no cost to you



After you reach your hospital deductible, most covered hospital services available at a copay or coinsurance



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



Personalized online cost estimates that give you an idea of what you'll pay for scheduled services



An out-of-pocket maximum that puts a cap on how much you'll spend on most covered services each calendar year

A better plan for healthy living

Know what to expect, then jump in with both feet. With a coordinated approach to care that helps limit how much you'll pay for most services covered by your plan, you can be free to live your life to the fullest. 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*.

Limits on your expenses	Limits on your family expenses	Know before you go
Under your plan, copays and coinsurance help limit your costs for many types of care, while your out-of-pocket maximum puts a cap on how much you'll pay for most covered services each calendar year. With your hospital deductible, you'll pay full charges for most hospital services until you reach a set amount—then most covered hospital services will be covered at a copay or coinsurance.	If your family is covered under your plan, you also have a family deductible and out-of-pocket maximum. After your family reaches its hospital deductible, everyone in your plan will pay copays or coinsurance for most hospital services for the rest of the calendar year. If a family member reaches his or her individual hospital deductible before the family hospital deductible is met, he or she will start paying copays or coinsurance before the rest of the family.	Knowing how your deductible plan works can give you a better idea of how much you're likely to pay when you receive care. Once you're a member, you can register on our website to use our Estimates tool. It helps you know in advance what you can expect to pay for the services you plan to receive during scheduled visits. You'll also be able to see how close you are to reaching your deductible, which can help you understand what types of payments you'll need to make.

DEDUCTIBLE

The set amount you'll need to reach before you start paying copays or coinsurance for most hospital services covered by your plan.

Example: After you reach your deductible, you pay a copay or coinsurance instead of full charges for most hospital services for the rest of the calendar year.

COPAYMENT

A set dollar amount you'll pay for certain services or prescriptions covered by your plan. Because of the set amounts, you'll always know what to expect.

Example: \$10 for office visits, and \$20 for generic prescription drugs. (For details about your copays, see the *Disclosure Form Part One* at the front of this book.)

Keeping your payments simple	Your prescription drug coverage	
You'll make a payment for most scheduled services when you check in for your visit. If the services you receive require additional costs, you'll be billed for the difference later. In general, you won't have to pay for unscheduled services at the time of your visit. Just wait until you get your bill.	Generic drugs are covered at a copay, even before you've reached your hospital deductible. Brand-name drugs are typically covered the same way (but with a higher copay), unless your plan has a separate brand-name drug deductible. (See the <i>Disclosure Form Part One</i> at the front of this book for details about your drug benefits.) To fill your prescriptions, simply visit one of our pharmacies, which are conveniently located at most Kaiser Permanente facilities. For refills, you can order online, by phone, by mail, or in person.	

For more information, including resources for managing your costs, visit kp.org/deductibleplans.

COINSURANCE

A percentage of charges you'll pay for certain services covered by your plan. Like copays, coinsurance helps keep payments predictable.

Example: 20 percent coinsurance for a \$200 outpatient procedure = \$40. (For details about your coinsurance, see the *Disclosure Form Part One* at the front of this book.)

OUT-OF-POCKET MAXIMUM

The maximum amount you'll pay in a calendar year for most services covered by your plan. This helps protect you if you have a serious illness or injury.

Example: After you reach your out-of-pocket maximum, you'll receive most covered services at no charge for the rest of the calendar year.

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. Some locations have specialty, after-hours, ob/gyn, and pediatric services available as well.



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.

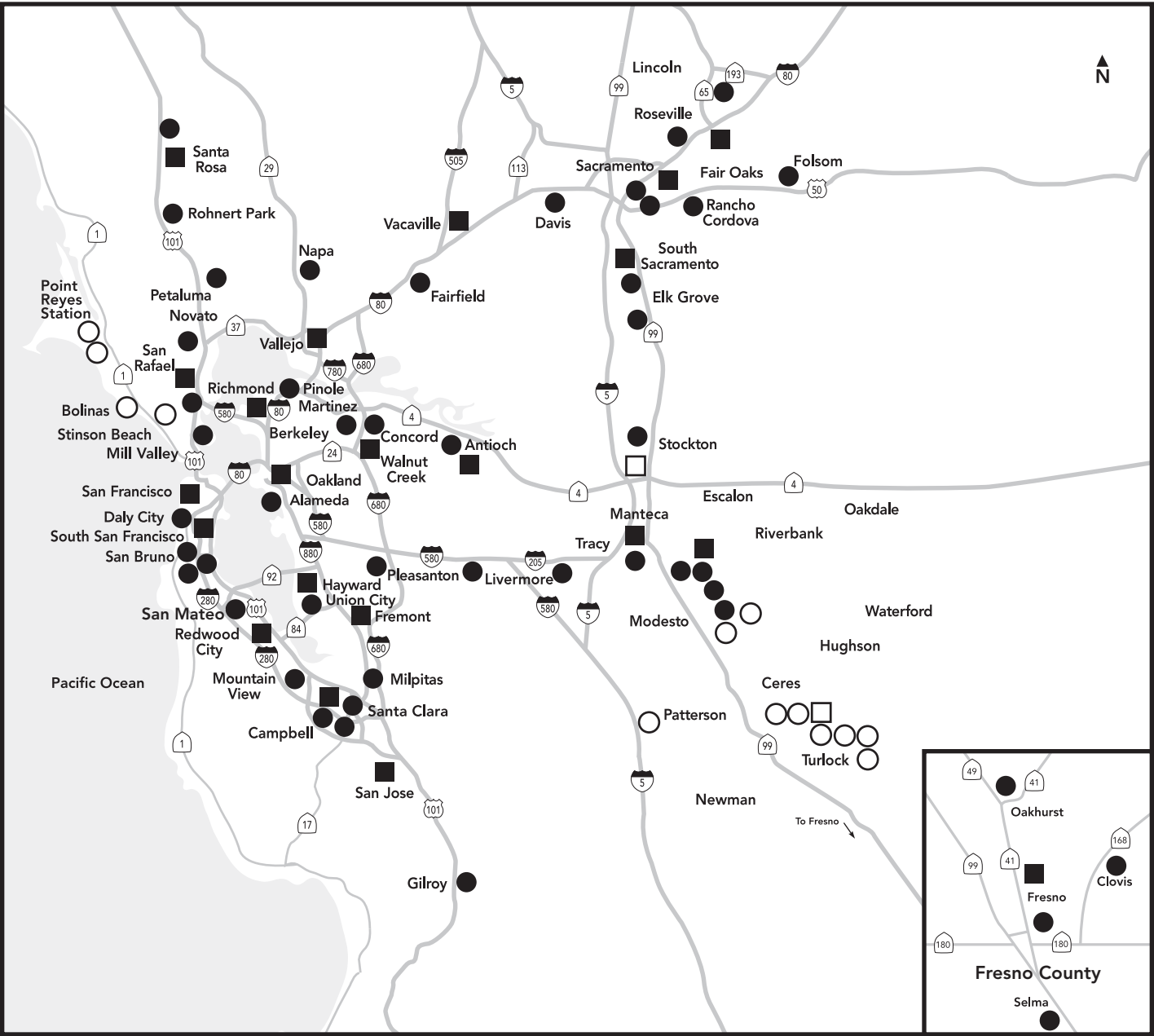


Find a location near you

Search by ZIP code or keyword at kp.org/facilities. You can look for a facility near your home or work online, or download our free KP 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	200 E. Hacienda Ave. 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	■ Hayward Medical Center	27400 Hesperian Blvd.
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	280 W. MacArthur Blvd.
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 Medical Center	2425 Geary Blvd.
San Jose	■ San Jose Medical Center	250 Hospital Pkwy.
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.

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Locations are in bold.

● Kaiser Permanente medical offices
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○ Affiliated medical offices

Locations Northern California

City	Facility	Address
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 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 ¹	525 W. Acacia St.
Tracy	● Tracy Medical Offices	2185 W. Grant Line Road
Turlock	□ Emanuel Medical Center ¹	825 Delbon Ave.
	○ 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

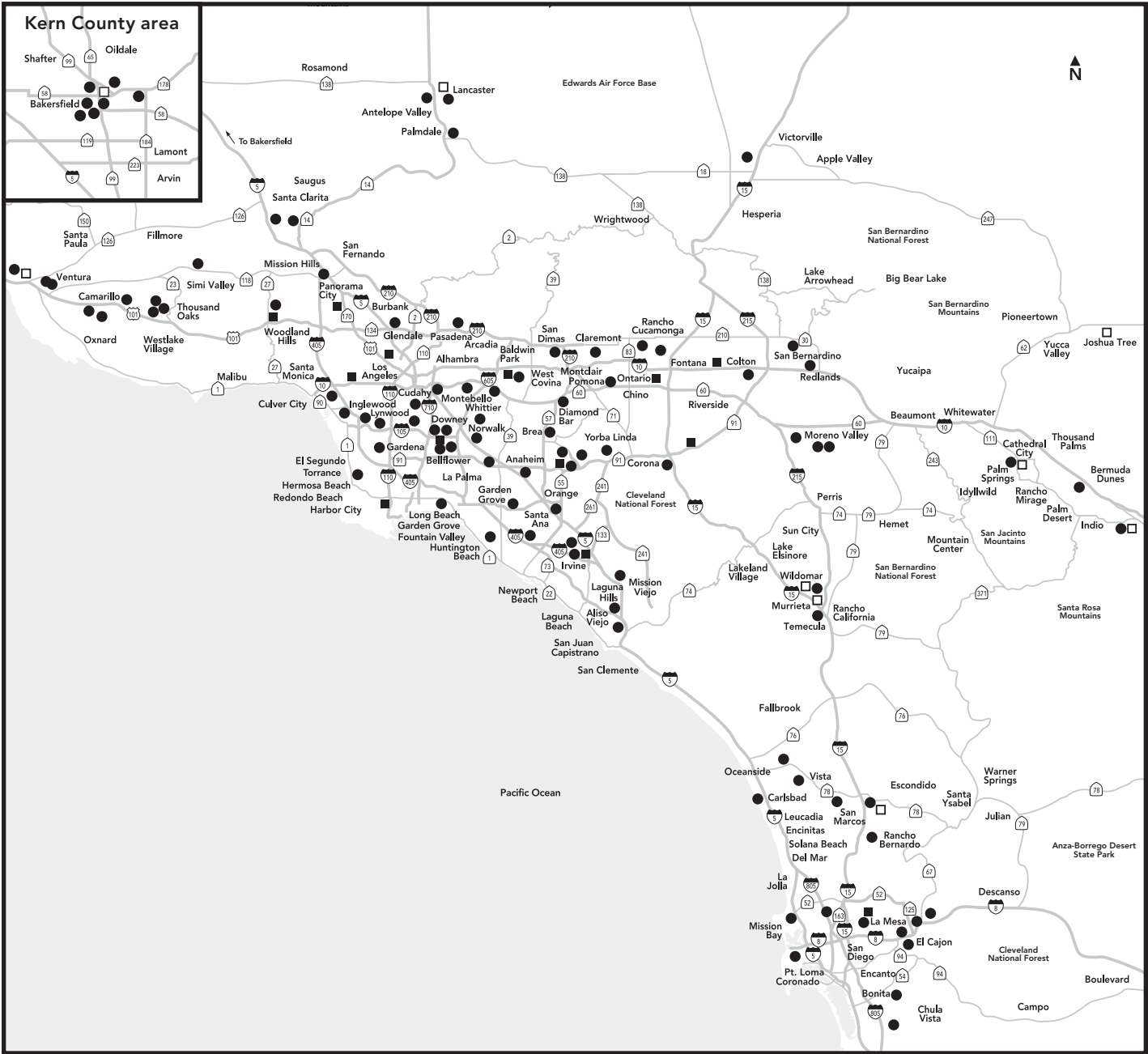
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○ Affiliated medical offices

Southern California

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(hospital and medical offices)
- 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	■ Anaheim Medical Center (Scheduled to open Sept. 2012)	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 ¹	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
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.
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.
El Cajon	● Bostonia Medical Offices	1630 E. Main St.
	● El Cajon Medical Offices	250 Travelodge Drive

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

● Kaiser Permanente medical offices
□ Affiliated plan hospitals

○ Affiliated medical offices

Locations Southern California

City	Facility	Address
Escondido	● Escondido Medical Offices	732 N. Broadway
	○ Palomar Health Downtown	555 E. Valley Pkwy.
	□ Palomar Medical Center – Emergency services ¹ (Scheduled to open Aug. 2012.)	2185 W. Citracado Pkwy.
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 Medical Offices	444 W. Glenoaks Blvd.
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 E. Monroe St.
	□ John F. Kennedy Memorial Hospital – Emergency services ¹	47111 Monroe St.
Inglewood	● Inglewood Medical Offices	110 N. La Brea Ave.
Irvine	■ 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 ¹	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 ¹	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.
Mission Viejo	● Mission Viejo Medical Offices	23781 Maquina Ave.

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Locations Southern California

City	Facility	Address
Montebello	● Montebello Medical Offices	1550 Town Center Drive
Moreno Valley	● Moreno Valley Community Hospital – Emergency services	27300 Iris Ave.
	● Heacock Medical Offices	12815 Heacock St.
	● Iris Medical Offices	27350 Iris Ave.
Murrieta	□ Rancho Springs Medical Center	25500 Medical Center Drive
Norwalk	● Norwalk Medical Offices	12501 E. Imperial Hwy.
Oceanside	● Oceanside Medical Offices	3609 Ocean Ranch Blvd.
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 ¹	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.
	● Clairemont Mesa Medical Offices	7060 Clairemont Mesa Blvd.
	● Mission Bay Medical Offices	3033 Bunker Hill St.
	● Otay Mesa Outpatient Medical Center	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 Outpatient Medical Center	400 Craven Road

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○ Affiliated medical offices

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.
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 (Scheduled to open fall 2012.)	322 E. Thousand Oaks Blvd.
Torrance	● Torrance Medical Offices	20790 Madrona Ave.
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 (Scheduled to open fall 2012.)	1000 S. Hill Road
	□ Community Memorial Hospital of San Buenaventura – Emergency services ¹	147 N. Brent St.
Victorville	● High Desert Medical Offices	14011 Park Ave.
Vista	● Vista Medical Offices	780 Shadowridge Drive
West Covina	● West Covina Medical Offices	1249 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.

¹Affiliated 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 (June 2012). If you have questions about the information in this guide, please contact our Member Service Call Center at **1-800-464-4000 (1-800-777-1370** for the hearing/speech impaired), weekdays from 7 a.m. to 7 p.m. and weekends from 7 a.m. to 3 p.m.

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○ Affiliated medical offices

THE KAISER PERMANENTE

Disclosure Form Part Two

Traditional Plan and Deductible Plan

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 Call Center at **1-800-464-4000** or **1-800-777-1370** (TTY), weekdays from 7 a.m. to 7 p.m. and weekends from 7 a.m. to 3 p.m.

Ayuda en su propio idioma

Tenemos disponibles intérpretes 24 horas al día, siete 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 más información, llame a nuestro Centro de Llamadas de Servicios a los Miembros al **1-800-788-0616** ó **1-800-777-1370** (TTY) los días de semana de 7 a. m. a 7 p. m., y los fines de semana de 7 a. m. a 3 p. m.

我們用您的語言為您提供幫助

我們每週七天，每天24小時為您提供免費翻譯服務。我們也會為您、您的家人、及朋友提供利用我們的設施及服務所需的任何協助。此外你還可以索取以您的母語編寫的資料。查詢詳情，請於週一至週五上午7時至下午7時、週末上午7時至下午3時、致電**1-800-757-7585**或**1-800-777-1370**(TTY專線)與我們的會員服務電話中心聯絡。

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 Call 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 Call 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 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.

Disclosure Form Part Two

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.
- ▶ You reasonably 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 Call 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 Call 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 Call 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 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 Call Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**), weekdays from 7 a.m. to 7 p.m. and weekends from 7 a.m. to 3 p.m. (except holidays). 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 Call 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, and dermatology. However, you do not need a referral or prior authorization to receive care from any of the following:

- ▶ 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 care from these providers, 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.

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 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 a physician(s) at a transplant center, and the Medical Group will authorize the Services if the transplant center's physician(s) determine(s) that they are Medically Necessary. Note: A Plan Physician may provide or authorize a corneal transplant without using this Medical Group transplant authorization procedure.

Disclosure Form Part Two

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 Call Center toll free at **1-800-464-4000** (TTY users call **1-800-777-1370**).

Second opinions

If you request a second opinion, it will be provided to you when Medically Necessary by an appropriately qualified medical professional. Either you can ask your personal Plan Physician to help you arrange for a second medical opinion, or you can make an appointment with another Plan Physician. 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 Call 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 your Cost Sharing amount as described in the *Evidence of Coverage* at the time you receive the Services.

For items ordered in advance, you may have to pay the Cost Sharing in effect on the order date (although we will not cover the item unless you still have coverage for it on the date you receive it), and you may be required to pay the Cost Sharing before the item is ordered. If you receive more than one Service from a provider, or Services from more than one provider, you may be required to pay separate Cost Sharing amounts for each Service and each provider.

Note: In some cases, we may agree to bill you for your Cost Sharing amount.

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 certain covered Services subject to the Deductible until you meet the Deductible each calendar year. 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 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. The only payments that count toward a Deductible are those you make for covered Services that are subject to the Deductible, but only if the Service would otherwise be covered. When you

pay a Deductible amount for a Service, we will give you a receipt. We will also send you a statement summarizing the amounts you have paid toward reaching your Deductible and the annual out-of-pocket maximum. You can also obtain a copy of this statement from our Member Service Call 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

There is a limit to the total amount of Cost Sharing you must pay in a calendar year for certain Services you receive in the same calendar year, which are listed in the *Evidence of Coverage*. 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.

If you enroll in a Deductible Plan, we will send you a monthly statement of the amounts you have paid, including the amount you have paid toward reaching 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 reaching the annual out-of-pocket maximum. When the receipts add up to the annual out-of-pocket maximum, please call our Member Service Call Center toll free at **1-800-464-4000** 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 Call 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.

- ▶ 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 as described in the *Evidence of Coverage* or, pending regulatory approval, you no longer meet Health Plan eligibility requirements because you commit one of the following acts (if you commit one of these acts, 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 behavior threatens the safety of Plan personnel or of any person or property at a Plan Facility.
 - ▶ You commit theft from Health Plan, from a Plan Provider, or at a Plan Facility.
- ▶ 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.

Disclosure Form Part Two

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 Call 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

Most 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 Call Center representatives are available to assist you weekdays from 7 a.m. to 7 p.m. and weekends from 7 a.m. to 3 p.m. (except holidays) 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 Call 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 Call 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 are about an "adverse benefit determination" as defined in the Employee Retirement Income Security Act (ERISA) claims procedure regulation (29 CFR 2560.503-1), 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 licensed intermediate care facility, except for covered hospice care
- ▶ 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)

- ▶ Eyeglasses, contact lenses, and contact lens eye examinations, unless otherwise stated in the *Evidence of Coverage*
- ▶ Services related to eye surgery or orthokeratologic Services for the purpose of correcting refractive defects such as myopia, hyperopia, or astigmatism
- ▶ Hearing aids, 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 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 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
- ▶ Services to correct refractive defects of the eye (such as eye surgery or contact lenses to reshape the eye)
- ▶ 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

Disclosure Form Part Two

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 Call 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.
- ▶ Serious Chronic Conditions. We may cover these Services 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.

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 Call 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 Call 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) 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 Call 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

Disclosure Form Part Two

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. 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 prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to 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 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

Disclosure Form Part Two

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.
- ▶ You reasonably 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 Call 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 Call 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 Call 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 locations of Plan Pharmacies, please call our Member Service Call 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 Call 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 entirely 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,

Disclosure Form Part Two

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, 93741, 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, 94576

***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, 94279–80, 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, 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, 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,

Disclosure Form Part Two

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, 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, 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, 91380-81, 91383-87, 91390, 91392-96, 91401-13, 91416, 91423, 91426, 91436, 91470, 91482, 91495-96, 91499, 91501-08, 91510, 91521-23, 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, 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, 92863-71, 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

► 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.

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)

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.

Notes

Handwriting practice lines consisting of 30 horizontal dotted lines.



For more information

Visit us at kp.org or call our Member Service Call Center,
Mon–Fri, 7 a.m.–7 p.m., and Sat–Sun, 7 a.m.–3 p.m.

- 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



Kaiser Foundation Health Plan, Inc.
1950 Franklin St.
Oakland, CA 94612

kp.org

California Region Group Enrollment/Change Form

Kaiser \$20 Co-Pay Plan

Please print or type in black ink only. See instructions on reverse before completing this form. Make a copy for your records.

TO BE COMPLETED BY EMPLOYER

Company name Murrieta Valley Unified School District

Hire date (mm/dd/yyyy)

Group number 225543-0801

Enrollment unit 0000

Effective enrollment/
change date (mm/dd/yyyy)

A. ENROLLMENT/CHANGE REASON (see Change Table for assistance)

New group: ☐ Yes ☐ No

☐ New Hire (complete sections A, B, C, D)

☐ Open Enrollment (complete sections A, B, C, D)

Health Plan (Check one) ☐ HMO Plan ☐ Deductible Plan ☐ Other _____

☐ Loss of Other Coverage (complete sections A, B, C, D)

☐ Other (please specify) _____

☐ Name change (complete sections A, B, C, D) From: _____

To: _____

Event Date (mm/dd/yyyy) _____

B. EMPLOYEE Have you ever been a Kaiser Permanente member? ☐ Yes ☐ No

Medical Record No. (if known) _____

Social Security No. _____

Name (Last, First, MI) _____

Birth Date (mm/dd/yyyy) _____

Gender ☐ M ☐ F

Home Address _____

City _____

State _____

ZIP _____

Work Phone _____

Home Phone _____

E-mail _____

Ethnicity _____

Preferred Language _____

C. FAMILY For additional dependents, attach a separate sheet with employee's name at top. (Last, First, MI)

☐ Add ☐ Delete ☐ Spouse ☐ Domestic partner

Gender ☐ M ☐ F

Spouse/domestic partner name: _____

Former last name (if any): _____

Social Security No. _____

Birth Date (mm/dd/yyyy) _____

Medical Record No. _____

☐ Add ☐ Delete ☐ Child ☐ Student

Gender ☐ M ☐ F

Dependent name: _____

Relationship: _____

Social Security No. _____

Birth Date (mm/dd/yyyy) _____

Medical Record No. _____

☐ Add ☐ Delete ☐ Child ☐ Student

Gender ☐ M ☐ F

Dependent name: _____

Relationship: _____

Social Security No. _____

Birth Date (mm/dd/yyyy) _____

Medical Record No. _____

☐ Add ☐ Delete ☐ Child ☐ Student

Gender ☐ M ☐ F

Dependent name: _____

Relationship: _____

Social Security No. _____

Birth Date (mm/dd/yyyy) _____

Medical Record No. _____

Do any of dependents above live at another address? ☐ Yes ☐ No If yes, complete the following:

Name (Last, First, MI): _____

Address: _____

D. Kaiser Foundation Health Plan Arbitration Agreement: I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and, if my Group must comply with ERISA, certain benefit-related disputes) any dispute between myself, my heirs, relatives, or other 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 out of or related to membership in Health Plan, including any claim for medical or hospital malpractice (a claim that medical services 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, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

Employee/Applicant signature _____

Date _____

Employer signature _____

Date _____

*Additional documentation may be required.

California Region Group Enrollment/Change Form

General instructions

1. Please print firmly and legibly in black ink.
2. To enroll, the subscriber must reside or work within one of the ZIP codes listed on the enclosed sheet.
3. The employer must complete the first section titled "To be completed by employer."
4. The employer is responsible for confirming all information prior to submitting, especially effective dates, as these affect your Health Plan dues.
5. The employee/subscriber must complete Sections A and B. See right column for detailed instructions.
6. Be sure to sign and date the bottom of the form.
7. Once the form is complete (including employer section), the subscriber should make a copy for his or her records, and to use as a temporary ID card, after the effective date.
8. All changes to accounts, including effective dates and child or student status, will be made in accordance with the contractual agreement between the purchaser and Kaiser Permanente.

Instructions for completing employer and new enrollment sections and sections A through D:

- To be completed by employer:** The employer must complete all fields to ensure we have correct account and enrollment information.
- Section A:** The subscriber must complete this section.
- Section B:** The subscriber must always complete this section. Use the Change Table (below) for assistance.
- Section C:** The subscriber must indicate the requested change to the account and complete all fields for any dependents being enrolled. We will verify the eligibility of these dependents during the enrollment process. Be sure to include any former last names for both spouses and dependents. Also indicate the appropriate role. The student role should be marked only if the dependent qualifies as an "overage dependent" attending school. Please contact your employer regarding rules for overage dependent students. A completed *Student Certification* form may be required.
- Section D:** The subscriber must sign and date this section.

Change Table

Add dependent	Event date
Acquired student status*	Student status date
Family adoption*	Adoption date
Loss of coverage	Coverage loss date
New spouse (marriage)	Marriage date
Moved into service area	Move date
Newborn addition	Birth date
Open enrollment	Open enrollment effective date
Delete dependent	Event date
Loss of student status	Status change date
Divorce	Divorce date
Member deceased*	Death date
Delete dependent(s)	Dependent termination date
Open enrollment	Open enrollment effective date
Demographic Change	Event date
Address change, telephone number change	Status change date
Demographic (name, birthdate, social security number) change	Status change date

*Additional documentation may be required.