

KAISER PERMANENTE HMO FLEX



FLEX YOUR OPTIONS

Your Kaiser Permanente HMO plan provides you and your family with high-quality care when and where you need it – convenient access to state-of-the-art facilities and the latest technology, and over 600 top-notch doctors in more than 100 specialties. With HMO Flex, you and your family have even more options at a great value.

You and your covered dependents can see the following types of licensed providers statewide and on the U.S. mainland[§]:

- General Practice
- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Behavioral Health (Mental Health and Chemical Dependency providers)

BENEFIT HIGHLIGHTS:

BENEFIT*	YOU PAY**
10 routine office visits per year	\$25 copay per visit
10 combined basic lab, X-rays, and testing per year	20% of applicable charges
10 prescriptions per year	20% of applicable charges

CLAIMS

Your provider may file a claim for you. If your provider does not agree to file a claim for you, you must file a claim by sending your name, medical record number, paid receipts, and medical documentation for covered services to:

Kaiser Foundation Health Plan, Inc.
National Claims Administration – Hawaii Claims (HMO Flex rider)
P.O. Box 378021
Denver, CO 80237-9998

To check on the status of a claim, please call our Claims Administration Department at **1-877-875-3805**.

Questions? We can help.

Please call Member Services at **1-800-966-5955** (TTY: **711**), Monday through Friday, 8 a.m. to 5 p.m., and Saturday, 8 a.m. to noon.

[§]If you receive care or services within another Kaiser Permanente service area, our Visiting Member policy applies. Visit kp.org/travel and see our Visiting Member brochure ("Getting care in Kaiser Permanente service areas") for details.

*Office visits are limited to 10 routine office visits per year, including immunizations and clinically-administered contraceptives covered under health care reform. Basic lab, X-rays, and testing are limited to 10 combined services per year. Prescription drugs are limited to 10 prescriptions per year. Prescriptions are not subject to the Kaiser Permanente formulary, but medications on the Kaiser Permanente formulary are recommended. See kp.org/formulary for the up-to-date list.

**HMO Flex rider copays and coinsurance do not count toward your health plan's annual out-of-pocket maximum or deductible.

This is a summary of the Kaiser Permanente Hawaii HMO Flex rider, available upon your employer's contract renewal. Eligibility is based on your employer's contract. HMO Flex is not available to Kaiser Permanente Senior Advantage members, members with Medicare as your primary coverage, and Medicaid (QUEST Integration) members. Please see your *Benefit Summary* for more information about coverage, limitations, and exclusions.

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INFORMATION FOR PROVIDERS

HMO Flex members: Present this flyer to your non-Kaiser Permanente provider at the time you receive services.

WHAT IS THE KAISER PERMANENTE HMO FLEX BENEFIT?

In addition to the care included in our traditional HMO plan, Kaiser Permanente offers the HMO Flex benefit to eligible members, subject to their employer's contract. The HMO Flex benefit provides coverage for primary care office visits to non-Kaiser Permanente providers. HMO Flex covers up to 10 routine office visits per year at a \$25 copay per visit* for the following types of providers:

- General Practice
- Family Medicine
- Internal Medicine
- Obstetrics and Gynecology
- Pediatrics
- Behavioral Health (Mental Health and Chemical Dependency)

BENEFIT HIGHLIGHTS:

BENEFIT*	KAISER PERMANENTE MEMBER PAYS
10 routine office visits per year	\$25 copay per visit
10 combined basic lab, X-rays, and testing per year	20% of applicable charges
10 prescriptions per year	20% of applicable charges

WHERE DO I MAIL CLAIMS?

If your office is not billing us directly, you may file claims for covered services to:

Kaiser Foundation Health Plan, Inc.
National Claims Administration – Hawaii Claims (HMO Flex rider)
P.O. Box 378021
Denver, CO 80237-9998

To check on the status of a claim, please call our Claims Administration Department at **1-877-875-3805**.

Questions about the Kaiser Permanente HMO Flex benefit?

Call Member Services at **1-800-966-5955**, Monday through Friday, 8 a.m. to 5 p.m., and Saturday, 8 a.m. to noon (closed holidays).

*Only specific services are covered under the Kaiser Permanente HMO Flex rider, and limitations and exclusions apply. Office visits are limited to 10 routine primary care office visits per year, including immunizations and clinically-administered contraceptives covered under health care reform. Basic lab, X-rays, and testing are limited to 10 combined services per year. Prescription drugs are limited to 10 prescriptions per year. Prescriptions are not subject to the Kaiser Permanente formulary, but medications on the Kaiser Permanente formulary are recommended. See kp.org/formulary for the up-to-date list. For details, Kaiser Permanente members should see their *Benefit Summary*.