

2027 Summary of Benefits

Kaiser Permanente Dual Complete Oahu (HMO D-SNP) and
Kaiser Permanente Dual Complete Maui (HMO D-SNP)

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If you have questions, please call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit kp.org/medicare.

Introduction

This document is a brief summary of the benefits and services covered by Kaiser Permanente Dual Complete. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Kaiser Permanente Dual Complete. Key terms and their definitions appear in alphabetical order in the last chapter of the Kaiser Permanente Dual Complete *Evidence of Coverage*.

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A. Disclaimers

 This is a summary of health services covered by Kaiser Permanente Dual Complete for 2027. This **Summary of Benefits** includes the following plans:

- Kaiser Permanente Dual Complete Oahu
- Kaiser Permanente Dual Complete Maui

This is only a summary. Please read the Kaiser Permanente Dual Complete *Evidence of Coverage* and the QUEST *Member Handbook* for the full list of benefits. The Kaiser Permanente Dual Complete *Evidence of Coverage* is located on our website at kp.org/eochi. The QUEST *Member Handbook* is located on our website at kpquest.org/benefits. You can also ask for a copy from Member Services by calling **1-800-805-2739** (TTY **711**), 7 days a week, 7:45 a.m. to 8 p.m.

- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **808-432-5330** (TTY **711**), 24 hours a day, 7 days a week.
- ❖ Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Kaiser Permanente depends on contract renewal.
- ❖ For more information about Medicare, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). 24 hours per day, 7 days a week. TTY users should call 1-877-486-2048.
- ❖ For more information about Hawaii D-SNPs, you can check the Med-QUEST Division's website medquest.hawaii.gov/en/members-applicants/Dual-Eligible-Special-Needs-Plan.
- ❖ You can get this document for free in other formats, such as large print, braille, audio file, or data file. Call Member Services at 1-800-805-2739 for additional information. (TTY users should call 711.) Hours are 7:45 a.m. to 8 p.m., 7 days a week. The call is free.
- ❖ This document is available for free in Chinese, Ilocano, Korean, or Vietnamese.
- ❖ Call Member Services **1-800-805-2739** (TTY **711**), 7:45 a.m. to 8 p.m., 7 days a week, to request the following:
 - Preferred language other than English and/or alternate format,
 - A standing request for future mailings and communications, and

- Change a standing request for preferred language and/or format.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What's a FIDE-SNP?	A FIDE SNP is a Fully Integrated Dual Eligible Special Needs Plan. This is a type of health plan that contracts with both Medicare and Med-QUEST Division to provide Medicare and Medicaid services to enrollees. A FIDE SNP combines your doctors, hospital, pharmacies, home care, nursing home care, and other health care providers into one coordinated care system. It also has health coordinators to help you manage all your providers and services. They all work together to provide the care you need.
Will I get the same Medicare and Medicaid benefits in Kaiser Permanente Dual Complete that I get now?	You'll get most of your covered Medicare and Medicaid benefits directly from Kaiser Permanente Dual Complete. You'll work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team assessment. You may also get other benefits outside of your health plan the same way you do now, directly from Community Care Services (CCS) or through Hawaii's Department of Health's Developmental Disabilities Division (DDD), Adult Mental Health Division (AMHD) and Child and Adolescent Mental Health Division (CAMHD), if applicable. When you enroll in Kaiser Permanente Dual Complete, you and your care team will work together to develop an Individualized Care Plan to address your health and support needs, reflecting your personal preferences and goals. If you're taking any Medicare Part D drugs that Kaiser Permanente Dual Complete doesn't normally cover, you can get a temporary supply and we'll help you to transition to another drug or get an exception for Kaiser Permanente Dual Complete to cover your drug if medically necessary. For more information, call Member Services at the numbers listed at the bottom of this page.



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Frequently Asked Questions	Answers
Can I use the same doctors I use now?	This is often the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Kaiser Permanente Dual Complete and have a contract with us, you can keep going to them. • Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. You must use the providers in Kaiser Permanente Dual Complete’s network. If you use providers or pharmacies that aren’t in our network, the plan may not pay for these services or drugs. • If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Kaiser Permanente Dual Complete’s plan. • If you’re currently under treatment with a provider that’s out of Kaiser Permanente Dual Complete’s network, or have an established relationship with a provider that’s out of Kaiser Permanente Dual Complete’s network, call Member Services to check about staying connected. To find out if your providers are in the plan’s network, call Member Services at the numbers listed at the bottom of this page or read Kaiser Permanente Dual Complete’s <i>Provider and Pharmacy Directory</i> on the plan’s website at kp.org/directory. If Kaiser Permanente Dual Complete is new for you, we’ll work with you to develop an Individualized Care Plan to address your needs.



Frequently Asked Questions	Answers
What's a Kaiser Permanente Dual Complete health coordinator?	A Kaiser Permanente Dual Complete health coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need, including the following: • Your Kaiser Permanente Dual Complete health coordinator will call you to learn more about your health and personal goals and develop an Individualized Care Plan. To contact your health coordinator, call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m.
What are Long-term Services and Supports (LTSS)?	Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.
What happens if I need a service but no one in Kaiser Permanente Dual Complete's network can provide it?	Most services will be provided by our network providers. If you need a service that can't be provided within our network, Kaiser Permanente Dual Complete will pay for the cost of an out-of-network provider.
Where's Kaiser Permanente Dual Complete available?	The service area for these plans include: • Kaiser Permanente Dual Complete Oahu Plan includes all of Honolulu County. • Kaiser Permanente Dual Complete Maui Plan includes parts of Maui County, in these zip codes only: ○ 96708, 96713, 96732, 96733, 96753, 96761, 96767, 96768, 96779, 96784, 96788, 96790, and 96793. You must live in one of these areas to join the plan.



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Frequently Asked Questions	Answers
What's prior authorization?	Prior authorization means an approval from Kaiser Permanente Dual Complete to seek services outside of our network or to get services not routinely covered by our network before you get the services. Kaiser Permanente Dual Complete may not cover the service, procedure, item, or drug if you don't get prior authorization. If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Kaiser Permanente Dual Complete can provide you or your provider with a list of services or procedures that require you to get prior authorization from Kaiser Permanente Dual Complete before the service is provided. Refer to the QUEST <i>Member Handbook</i> and Chapter 3, of the <i>Evidence of Coverage</i> to learn more about prior authorization. Refer to the Benefits Chart in Chapter 4 of the <i>Evidence of Coverage</i> to learn which services require a prior authorization. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services for help.
What's a referral?	A referral means that your primary care provider (PCP) must give you approval to go to someone that isn't your PCP. A referral is different than a prior authorization. If you don't get a referral from your PCP, Kaiser Permanente Dual Complete may not cover the services. Kaiser Permanente Dual Complete can provide you with a list of services that require you to get a referral from your PCP before the service is provided. Refer to the <i>Evidence of Coverage</i> and the QUEST <i>Member Handbook</i> to learn more about when you'll need to get a referral from your PCP.
Do I pay a monthly amount (also called a premium) under Kaiser Permanente Dual Complete?	No. Because you have Medicaid you won't pay any monthly premiums, including your Medicare Part B premium, for your health coverage.



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Frequently Asked Questions	Answers
Do I pay a deductible as a member of Kaiser Permanente Dual Complete?	No. You don't pay deductibles in Kaiser Permanente Dual Complete.
What's the maximum out-of-pocket amount that I'll pay for medical services as a member of Kaiser Permanente Dual Complete?	There's no cost-sharing for medical services in Kaiser Permanente Dual Complete, so your annual out-of-pocket costs will be \$0.
What happens if I lose my Medicaid coverage?	If you are within our plan's 6-month period of deemed continued eligibility, we will continue to provide all Medicare Advantage plan-covered benefits. However, your cost-sharing for the Medicare-covered Part D drugs and services will change as described in your <i>Evidence of Coverage</i> . During this time, your Medicaid benefits will not be covered.



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C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Inpatient hospital stay	\$0	Prior authorization is required for transplants only. There's no limit to the number of medically necessary inpatient hospital days. A referral is required.
	Outpatient hospital services, including observation	\$0	A referral is required for outpatient hospital services only.
	Ambulatory surgical center (ASC) services	\$0	A referral is required.
	Doctor or surgeon care	\$0	



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You want a doctor	Visits to treat an injury or illness	\$0	
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	
	Wellness visits, such as a physical	\$0	Routine physical exams are covered if the exam is medically appropriate preventive care in accord with generally accepted professional standards of practice. Your first annual wellness visit can't take place within 12 months of your "Welcome to Medicare" preventive visit. However, you don't need to have had a "Welcome to Medicare" visit to be covered for annual wellness visits after you've had Part B for 12 months.
	"Welcome to Medicare" (preventive visit one time only)	\$0	We cover the "Welcome to Medicare" preventive visit only during the first 12 months that you have Medicare Part B. When you make your appointment, tell your doctor's office you want to schedule your "Welcome to Medicare" preventive visit.
	Specialist care	\$0	A referral is required for most specialists. Refer to your <i>Evidence of Coverage</i> or the QUEST <i>Member Handbook</i> for a list of services that do not require a referral.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	Prior authorization is not required. If you get emergency care at an out-of-network hospital and need inpatient care after your emergency is stabilized, you must return to a network hospital in order for your care to continue to be covered or you must have your inpatient care at the out-of-network hospital authorized by our plan.
	Urgent care	\$0	Prior authorization is not required. Urgent care is covered out-of-network as follows: Inside our service area - You must obtain urgent care from network providers, unless our provider network is temporarily unavailable or inaccessible due to an unusual and extraordinary circumstance (for example, major disaster). Outside our service area - You have urgent care coverage within the United States and its territories when you travel if you need medical attention right away for an unforeseen illness or injury and you reasonably believed that your health would seriously deteriorate if you delayed treatment until you returned to our service area.
You need medical tests (continued on the next page)	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	A referral is required. Prior authorization is required for some services.
You need medical tests (continued from previous page)	Lab tests and diagnostic procedures, such as blood work	\$0	A referral is required for diagnostic procedures and tests only.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			Prior authorization is required for some lab tests.
You need hearing/auditory services	Hearing screenings	\$0	
	Hearing aids	\$0	Prior authorization is required. Medicaid covers hearing aid devices (includes service/loss/damage warranty, a trial or rental period): • One hearing aid per ear every 24 months. Services are provided by or under the direction of an otorhinolaryngologist or an audiologist when medically necessary.
You need dental care (continued on the next page)	Dental check-ups and preventive care	\$0	The Department of Human Services (DHS) Med-QUEST Division covers dental benefits for QUEST (Medicaid) members. For help finding a dentist who accepts Medicaid, call Community Case Management Corporation (CCMC) at 808-792-1070 or toll-free at 1-888-792-1070. CCMC can explain the covered dental benefits and help you find a dentist near you. For information about your Medicare dental benefits, or for a list of Hawaii Dental Service (HDS) Medicare Advantage Network dentists, please visit hawaiidental-service.com or call HDS customer service at 808-529-9248 (or toll free at 1-844-379-4325) Monday through Friday, 7:30 a.m. to 4:30 p.m.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued on the next page)			Medicare-covered dental services out-of-state are only covered when provided by Delta Dental Medicare Advantage Network dentists. To locate a Delta Dental Medicare Advantage Network dentist, contact the state's local Delta Dental office.
	Restorative and emergency dental care	\$0	The Department of Human Services (DHS) Med-QUEST Division covers dental benefits for QUEST (Medicaid) members. For help finding a dentist who accepts Medicaid, call Community Case Management Corporation (CCMC) at 808-792-1070 or toll-free at 1-888-792-1070. CCMC can explain the covered dental benefits and help you find a dentist near you. For more information about your Medicare dental benefits, or for a list of Hawaii Dental Service (HDS) Medicare Advantage Network dentists, please visit hawaiidental-service.com or call HDS customer service at 808-529-9248 (or toll free at 1-844-379-4325) Monday through Friday, 7:30 a.m. to 4:30 p.m.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need dental care (continued from previous page)			Medicare-covered dental services out-of-state are only covered when provided by Delta Dental Medicare Advantage Network dentists. To locate a Delta Dental Medicare Advantage Network dentist, contact the state's local Delta Dental office.
You need eye care	Eye exams	\$0	For people who are at high risk of glaucoma, Medicare will cover one glaucoma screening each year. A referral is required. Medicaid covers routine eye exams: • Once in 24 months Additional visits may be allowed with prior approval when medically necessary.
	Glasses or contact lenses	\$0	Eyeglasses or contact lenses after cataract surgery: \$0 up to Medicare's limit, but you pay any amounts beyond that limit. Medicaid also covers eyeglasses, contact lenses, frames, other parts of glasses, fittings and adjustments when medically necessary and prescribed by an ophthalmologist or optometrist: • One every 24 months



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need behavioral health services	Behavioral health services	\$0	For specialized behavioral health services, see Community Care Services (CCS) in Section D . CCS provides specialized behavioral health services to eligible adult Medicaid members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI).
	Inpatient and outpatient care and community-based services for people who need behavioral health services	\$0	For specialized behavioral health services, see Community Care Services (CCS) in Section D . CCS provides specialized behavioral health services to eligible adult Medicaid members with severe mental illness (SMI) and/or severe and persistent mental illness (SPMI).
You need substance use disorder services	Substance use disorder services	\$0	Inpatient and outpatient treatment for substance use disorder (SUD) is covered when medically necessary. SUD treatment in a treatment setting accredited by the Alcohol and Drug Abuse Division (ADAD) of the Hawaii State Department of Health includes: • Medication approved by FDA for SUDs. • Methadone/Levomethadyl acetate services for acute opiate detoxification as well as maintenance.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	A referral is required.
	Nursing home care	\$0	Prior authorization is required.
	Adult Foster Care and Group Adult Foster Care	\$0	Prior authorization is required.
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	A referral is required. Prior authorization is required except for the initial evaluation.
You need help getting to health services	Ambulance services	\$0	
	Emergency transportation	\$0	
	Transportation to medical appointments and services	\$0	Medicaid covers non-emergency medical transportation (referral required) and non-medical transportation to help you get to appointments when you don't have a way to get there yourself. For more information, refer to the QUEST <i>Member Handbook</i> .
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need drugs to treat your illness or condition (continued from previous page)	Medicare Part D drugs		
	Tier 1: Preferred generic	Tiers 1–2: Your copay for a one-month (30-day) supply is \$0–\$5.80 per prescription.	There may be limitations on the types of drugs covered. Please refer to Kaiser Permanente Dual Complete’s <i>List of Covered Drugs (Drug List)</i> for more information.
	Tier 2: Generic		
	Tier 3: Preferred brand-name	Tiers 3–5: Your copay for a one-month (30-day) supply is \$0–\$14.40 per prescription.	Once you or others on your behalf pay \$2,400, you’ve reached the catastrophic coverage stage and you pay \$0 for all your Medicare drugs for the rest of the calendar year. Read the <i>Evidence of Coverage</i> for more information on this stage.
	Tier 4: Nonpreferred		
	Tier 5: Specialty		
	Tier 6: Vaccines	Tier 6: \$0 Copays for drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	A long-term supply (up to 100 days or three months) may be available from either a retail pharmacy or our mail-order pharmacy. The cost share for a long-term supply is the same as a one-month supply. Not all drugs are available through mail order.
You need help getting better or have special health needs	Rehabilitation services	\$0	Prior authorization is required except for the initial evaluation.
	Medical equipment for home care	\$0	Prior authorization is required.
	Dialysis services	\$0	A referral is required.
You need foot care	Podiatry services	\$0	A referral is required.
	Orthotic services	\$0	Prior authorization is required.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need durable medical equipment (DME) Note: This isn't a complete list of covered DME. For a complete list, contact Member Services or refer to the QUEST <i>Member Handbook</i> and Chapter 4 of the <i>Evidence of Coverage</i> .	Wheelchairs, crutches, and walkers	\$0	Prior authorization is required.
	Nebulizers	\$0	Prior authorization is required.
	Oxygen equipment and supplies	\$0	Prior authorization is required.
You need help living at home (continued on the next page)	Home health services	\$0	A referral is required.
	Home maintenance such as grab bars and ramps	\$0	Medicaid covers physical changes to the member's home that are preauthorized and medically necessary to ensure the health, welfare, and safety of the member, allowing the member to stay at home as much as possible. Without these adaptations, the member would require institutionalization. For more information, refer to the QUEST <i>Member Handbook</i> .
	Adult day health, adult day care, or other support services	\$0	Medicaid covers Adult Day Care Center (ADC) and Adult Day Health Center (ADH), and other Long-Term Services and Supports to eligible beneficiaries. Prior authorization is required. For more information, refer to the QUEST <i>Member Handbook</i> .



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need help living at home (continued from previous page)	Home delivered meals	\$0	Home-delivered meals are covered by Medicaid (up to two meals a day) to individuals who cannot prepare nutritionally-sound meals without help and need meal services to stay independent in the community and to prevent institutionalization. Prior authorization is required. For more information, refer to the QUEST <i>Member Handbook</i> .
	Personal care attendant services	\$0	Medicaid covers personal care attendant services to eligible beneficiaries to help them stay in their own homes and communities rather than live in institutional settings, such as nursing facilities. Prior authorization is required. For more information, refer to the QUEST <i>Member Handbook</i> .
Additional services (continued on the next page)	Chiropractic services	\$0	A referral is required. We cover adjustments of the spine to correct alignment. These Medicare-covered services are provided by a network chiropractor. For the list of network chiropractors, please visit http://www.ashlink.com/ASH/KaiserHIC and click the “Medicare Provider Search” link for Medicare members.
	Diabetes supplies and services	\$0	
	Prosthetic services	\$0	Prior authorization is required.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued on the next page)	Radiation therapy	\$0	A referral is required.
	Services to help manage your disease	\$0	
	Fitness benefit — One Pass®	\$0	You have access to the One Pass complete fitness program for the body and mind. One Pass includes: • A large core and premium gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location. • Live, on-demand, and digital fitness programs at home. • Social clubs and activities available on the One Pass member website and mobile app. • One home fitness kit annually for strength, yoga, or dance. • Online brain health cognitive training programs. For more information about participating gyms and fitness locations, the program's benefits, or to set up your online account, visit YourOnePass.com or call 1-877-614-0618 (TTY 711), Monday through Friday, 3 a.m. to 4 p.m. HST.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
Additional services (continued from previous page)	Non-emergency medical transportation (non-routine)	\$0	We cover medically necessary, non-emergency medical transportation to home (within 100 miles), a skilled nursing facility (SNF), or another higher level of care, immediately following an inpatient hospitalization or after certain emergency, urgent care, or outpatient hospital encounters, when ordered by a network provider . Refer to the <i>Evidence of Coverage</i> for more details.

The above summary of benefits is provided for informational purposes only and isn't a complete list of benefits. For a complete list and more information about your benefits, you can read the Kaiser Permanente Dual Complete *Evidence of Coverage* and the QUEST *Member Handbook*. If you don't have an *Evidence of Coverage* or QUEST *Member Handbook*, call Kaiser Permanente Dual Complete Member Services at the numbers listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit **kp.org/medicare** or **kpquest.org**.



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D. Benefits covered outside of Kaiser Permanente Dual Complete

There are some services that you can get that aren't covered by Kaiser Permanente Dual Complete but are covered by Medicare, Medicaid, or a State or county agency. This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
The Department of Human Services (DHS) Med-QUEST Division covers dental benefits for QUEST (Medicaid) members. For help finding a dentist who accepts Medicaid, call Community Case Management Corporation (CCMC) at 808-792-1070 or toll-free at 1-888-792-1070. CCMC can explain the covered dental benefits and help you find a dentist near you. For information about your Medicare dental benefits, or for a list of Hawaii Dental Service (HDS) Medicare Advantage Network dentists, please visit hawaiidental-service.com or call HDS customer service at 808-529-9248 (or toll-free at 1-844-379-4325) Monday through Friday, 7:30 a.m. to 4:30 p.m. Medicare-covered dental services out-of-state are only covered when provided by Delta Dental Medicare Advantage Network dentists. To locate a Delta Dental Medicare Advantage Network dentist, contact the state's local Delta Dental office.	\$0
Intellectual and developmental disabilities home and community-based services Medicaid waiver program (Hawaii's Department of Health's Developmental Disabilities Division).	\$0
State of Hawaii Organ and Tissue Transplant (SHOTT)	\$0
Certain hospice care services covered outside of Kaiser Permanente Dual Complete	\$0



If you have questions, please call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m. The call is free. For more information, visit **kp.org/medicare**.

Other services covered by Medicare, Medicaid, or a State Agency	Your costs
Specialized behavioral health services are provided by the Community Care Services (CCS) program. This program provides intensive behavioral health services, in addition to basic behavioral health services covered by Medicaid health plans, to adults diagnosed with a qualifying serious mental illness (SMI) and/or a serious and persistent mental illness (SPMI). These adults must be enrolled in a Medicaid health plan and meet CCS eligibility criteria as determined by Med-QUEST Division (MQD).	\$0

E. Services that Kaiser Permanente Dual Complete, Medicare, and Medicaid don't cover

This isn't a complete list. Call Member Services at the numbers listed at the bottom of this page to find out about other excluded services.

Services Kaiser Permanente Dual Complete, Medicare, and Medicaid don't cover	
Certain exams and services needed: • To get or keep a job • To get insurance • To get any kind of license • By order of a court, or if for parole or probation	This exclusion does not apply if a network doctor finds that the services are medically necessary.
Cosmetic services. Services to change the way you look (including surgery on normal parts of your body to change how you look).	Covered in cases of an accidental injury or for improvement of the functioning of a malformed body member.
Experimental services.	Experimental services are drugs, equipment, procedures, or services that are being tested in a laboratory or on animals, but they are not ready to be tested in humans, except as a covered clinical research study described in the <i>Evidence of Coverage</i> .



If you have questions, please call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit kp.org/medicare.

Services Kaiser Permanente Dual Complete, Medicare, and Medicaid don't cover

Items and services that are not health care items and services.	Unless they are approved under your Medicaid coverage under Durable Medical Equipment.
Items and services for the promotion, prevention, or other treatment of hair loss or hair growth.	
Reversal of sterilization.	
Services not considered "reasonable and necessary" according to standards of Medicare and Medical Assistance	
Services not approved by the federal Food and Drug Administration	We do not cover drugs, supplements, tests, vaccines, devices, radioactive materials, and any other services that by law require federal Food and Drug Administration ("FDA") approval in order to be sold in the U.S. but are not approved by the FDA. This exclusion does not apply to the following situations: Covered emergency services received in Canada or Mexico, services covered under Clinical Trials, and services provided as part of covered investigational services.
Services provided to veterans in Veterans Affairs (VA) facilities.	However, when a veteran gets emergency services at a VA hospital and the VA cost-sharing is more than the cost-sharing under our plan, we will reimburse the veteran for the difference. You are still responsible for your cost-sharing amounts, if any.



Services Kaiser Permanente Dual Complete, Medicare, and Medicaid don't cover

When a service is not covered, all services related to the noncovered service are excluded

This exclusion does not apply to treatment of complications that result from the noncovered services, if those complications would be otherwise covered. For example, if you have cosmetic surgery that is not covered, we will not cover the services you get to prepare for the surgery or for follow-up care. If you later suffer a life-threatening complication such as a serious infection, this exclusion will not apply and we will cover the services needed to treat the complication, as long as the services are covered under the *Evidence of Coverage* or QUEST *Member Handbook*.



F. Your rights as a member of the plan

As a member of Kaiser Permanente Dual Complete, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We'll tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage* or the *QUEST Member Handbook*. Your rights include, but aren't limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex, sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers and health coordinator
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they're covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it



If you have questions, please call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit kp.org/medicare.

- Ask for a second opinion. Kaiser Permanente Dual Complete will pay for the cost of your second opinion visit
- Make your health care wishes known in an advance directive
- **You have the right to timely access to care that doesn't have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
- **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
- **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private
 - Have privacy during treatment
- **You have the right to make complaints about your covered services or care.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - File a complaint with Kaiser Permanente at 1-800-805-2739 (TTY 711). The Kaiser Permanente website **kp.org** has instructions available online.
 - Appeal certain decisions made by Kaiser Permanente
 - Ask for a State Administrative Hearing for appeals not resolved wholly in your favor
 - Get a detailed reason for why services were denied

For more information about your rights, you can read the *Evidence of Coverage* and the *QUEST Member Handbook*. If you have questions, you can call Kaiser Permanente Dual Complete Member Services at the numbers listed at the bottom of this page.



If you have questions, please call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit **kp.org/medicare**.

G. How to file a complaint or appeal a denied service

If you have a complaint or think Kaiser Permanente Dual Complete should cover something we denied, call Member Services at the numbers listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read **Chapter 9** of the *Evidence of Coverage*. You can also call Kaiser Permanente Dual Complete Member Services at the numbers listed at the bottom of this page.

Coverage Decisions, Appeals and Complaints about medical care

A **coverage decision** about your health care is a decision about:

- your benefits and covered services **or**
- the amount we pay for your health services.

An **appeal** is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake or disagree with the decision.

You can make a complaint about us or any provider (including a non-network or network provider). A network provider is a provider who works with our plan. You can also make a **complaint** about the quality of the care you got to us or to the Quality Improvement Organization. You can send a complaint about our plan to Medicare. You can use an online form at www.medicare.gov/MedicareComplaintForm/home.aspx. Or you can call **1-800-MEDICARE (1-800-633-4227)** to ask for help.

You can also file a complaint with the Hawaii Medicaid Ombudsman, Koan Risk Solutions, Inc., email: hiombudsman@koanrisksolutions.com, **1-888-488-7988** (toll-free) or **808-746-3324** (Oahu).

CALL	1-800-805-2739 This call is free. 7 days a week, 7:45 a.m. to 8 p.m. We have free interpreter services for people who do not speak English.
TTY	711 This call is free. 7 days a week, 7:45 a.m. to 8 p.m.



FAX	If your coverage decision, appeal, or complaint qualifies for a fast decision, fax your request to our Expedited Review Unit at 808-432-5691 .
WRITE	Kaiser Permanente Attn: Authorizations and Referral Management 2828 Paa Street Honolulu, HI 96819
WEBSITE	kp.org



If you have questions, please call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit **kp.org/medicare**.

Coverage decisions for Part D prescription drugs

A coverage decision about your Medicare drugs is a decision about:

- your benefits and Medicare covered drugs or
- the amount we pay for your Medicare drugs.

CALL	1-888-277-3917 This call is free. 7 days a week, 8 a.m. to 8 p.m. We have free interpreter services for people who do not speak English.
TTY	711 This call is free. 7 days a week, 8 a.m. to 8 p.m.
FAX	1-844-403-1028
WRITE	OptumRx c/o Prior Authorization P.O. Box 2975 Mission, KS 66201
WEBSITE	kp.org



If you have questions, please call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit **kp.org/medicare**.

Appeals for Part D prescription drugs

An appeal is a way to ask us to change a coverage decision.

CALL	1-800-805-2739 This call is free. 7 days a week, 7:45 a.m. to 8 p.m. We have free interpreter services for people who do not speak English.
TTY	711 This call is free. 7 days a week, 7:45 a.m. to 8 p.m.
FAX	808-432-5260
WRITE	Kaiser Permanente Attn: Member Relations 711 Kapiolani Blvd. Honolulu, HI 96813 Email address: KPHawaii.appeals@kp.org
WEBSITE	kp.org



If you have questions, please call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m. The call is free. For more information, visit kp.org/medicare.

Complaints for Part D prescription drugs

You can make a complaint about us or any pharmacy. This includes a complaint about your Medicare prescription drugs.

If your complaint is about a coverage decision about your Medicare prescription drugs, you can make an appeal (see "Appeals for Part D prescription drugs" above).

CALL	1-800-805-2739 This call is free. 7 days a week, 7:45 a.m. to 8 p.m. We have free interpreter services for people who do not speak English.
TTY	711 This call is free. Monday through Friday, 7:45 a.m. to 8 p.m.
FAX	808-432-5260
WRITE	Kaiser Permanente Attn: Member Relations 711 Kapiolani Blvd. Honolulu, HI 96813
WEBSITE	You can submit a complaint about our plan directly to Medicare. To submit an online complaint to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx



If you have questions, please call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit **kp.org/medicare**.

Quality Improvement Organization (QIO)

Our state has an organization called Commence Health. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. Commence Health is not connected with our plan. Contact Commence Health for help with:

- Questions about your health care rights
- You can make a complaint about the care you got if you:
 - have a problem with the quality of care,
 - think your hospital stay is ending too soon, or
 - think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

CALL	1-877-588-1123 Calls to this number are free. Monday through Friday, 9 a.m. to 5 p.m. Weekends and holidays, 10 a.m. to 4 p.m.
TTY	711
WRITE	Commence Health BFCC-QIO Program P.O. Box 2687 Virginia Beach, VA 23450
WEBSITE	www.livantaqio.cms.gov



The State of Hawaii Department of Human Services Med-QUEST Division (Hawaii's Medicaid program)

The State of Hawaii Department of Human Services Med-QUEST Division is responsible for regulating health plans. Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources.

CALL	1-800-316-8005 Monday through Friday, 7:45 a.m. to 4:30 p.m.
TDD	711
WRITE	To identify a mailing address for an office location near you, please visit https://medquest.hawaii.gov/en/contact-us.html
WEBSITE	www.medquest.hawaii.gov

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Kaiser Permanente Dual Complete Member Services. Phone numbers are the numbers listed at the bottom of this page.
- Or, call the Medicaid Customer Service Center at 1-808-432-5330 or toll free at 1-800-651-2237. TTY users may call 711.
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users may call 1-877-486-2048. You can call these numbers for free.



If you have questions, please call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit kp.org/medicare.

If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Kaiser Permanente Dual Complete Member Services:

1-800-805-2739 (TTY 711).

Calls to this number are free. 7:45 a.m. to 8 p.m., 7 days a week.

Member Services also has free language interpreter services available for non-English speakers.



If you have questions, please call Member Services at 1-800-805-2739 (TTY 711), 7 days a week, 7:45 a.m. to 8 p.m. The call is free. **For more information**, visit kp.org/medicare.

NONDISCRIMINATION NOTICE

Kaiser Permanente complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently or less favorably because of:

- Race
- Color
- National Origin (including limited English proficiency and primary language)
- Age
- Disability
- Sex

Kaiser Permanente provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, braille, accessible electronic formats, other formats)

Kaiser Permanente provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact **808-432-5330**, toll-free **1-800-651-2237** or by TTY **711**

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way, you can file a grievance with: Kaiser Civil Rights Coordinator, 711 Kapiolani Blvd., Honolulu, HI 96813. Phone: **808-432-5330** or toll-free **1-800-651-2237**; TTY: **711**; Fax: **808-432-5300**; Email: civil-rights-coordinator@kp.org.

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Kaiser Permanente Civil Rights Coordinator is available to help you.

This notice is available at [Noticehttps://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice/medicaid](https://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice/medicaid)

You can also file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201; **1-800-368-1019**, **1-800-537-7697** (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

HELP IN YOUR LANGUAGE

(English) Do you need help in another language? Language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call 1-800-651-2237 to tell us which language you speak. (TTY: 711).
(Cantonese) 您需要其他语言帮助吗? 我们免费为您提供语言援助服务, 包括适当的辅助工具和服务。请致电 1-800-651-2237 告知我们您说什么语言。(TTY: 711).
(Chuukese) En mi nit aninis non pwan och fosun fonu? Mi kawor aninisin fosun fonu me ekoch pisekin aninis, ese kamo, mi kawor ngonuk. Kekeru 1-800-651-2237 ka ereni kich meni fosun fonu ke kan fos non. (TTY: 711).
(French) Avez-vous besoin d'aide dans une autre langue ? Des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le 1-800-651-2237 pour nous dire quelle langue vous parlez. (TTY: 711).
(German) Benötigen Sie Hilfe in einer anderen Sprache? Die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen steht Ihnen kostenfrei zur Verfügung. Rufen Sie 1-800-651-2237 an, um uns mitzuteilen, welche Sprache Sie sprechen. (TTY: 711).
(Hawaiian) Loa'a iā 'oe nā lawelawe kōkua 'ōlelo me nā kōkua kōkua a me nā lawelawe me ka uku 'ole. Kāhea 1-800-651-2237 oe ia la kaua a e ha'ina 'oe ia la maua mea 'olelo o na 'aina 'e. (TTY: 711).
(Ilocano) Kasapulam kadi ti tulong iti sabali a pagsasao? Dagiti serbisio a tulong iti pagsasao agraman dagiti maitutop a kanayonan a tulong ken serbisio, a libre, ket mabalin a mausar para kenka. Tawagan ti 1-800-651-2237 tapno maibagam kadakami no ania a pagsasao ti pagsasaom. (TTY: 711).
(Japanese) 他の言語でのサポートが必要ですか? 適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。 1-800-651-2237 にお電話いただき、使用される言語をお知らせください。(TTY : 711) 。
(Korean) 다른 언어로 도움이 필요하신가요? 언어 지원 서비스는 필요에 따라 보조 기기 및 서비스를 포함하여 무료로 제공됩니다. 도움이 필요한 언어를 알려주시려면 1-800-651-2237 로 전화해 주세요. (TTY : 711) .
(Mandarin) 您需要其他語言的幫助嗎? 您可獲得免費語言協助服務, 包括適當的輔助器材和服務。致電 1-800-651-2237 告訴我們您說哪種語言。(TTY: 711).
(Marshallese) Kwōj ke aikuj jipañ ilo kajin ko jet? Ro rej ropajikin jipañ eok ikijien kajin im jermal ko jet repojakin jermal ippañ ilo ejjelok oñaer. Kūr tok 1-800-651-2237 ñan kaaroñ tok kōm kōn kajin eo aṃ. (TTY: 711).

(Samoan) O lo'o e mana'omia se fesoasoani i se isi gagana? O auaunaga fesoasoani i le gagana, e aofia ai meafaigaluega talafeagai ma auaunaga, e leai ni totogi, o lo'o avanoa mo oe. Fa'amalie atu i le 1-800-651-2237 ma ta'u mai i matou le gagana e te tautala ai. (TTY: 711).
(Spanish) ¿Necesita ayuda en otro idioma? Tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al 1-800-651-2237 para que nos indique el idioma que habla. (TTY: 711).
(Tagalog) Kailangan mo ba ng tulong sa ibang wika? Available sa iyo ang mga serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa 1-800-651-2237 para sabihin sa amin kung aling wika ang sinasalita mo. (TTY: 711).
(Tongan) 'Oku ke toe fiema'u ha tokoni 'i ha lea kehe? 'Oku 'i ai ha sevesi tokoni fakatonu lea pea mo ha naunau me'a fanongo, 'oku ta'etotongi, mo faingamalie kiate koe. Taa 1-800-651-2237 pea talamai 'a e lea 'oku ke faka'aonga'i. (TTY: 711).
(Vietnamese) Bạn có cần trợ giúp bằng ngôn ngữ khác không? Bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi 1-800-651-2237 để cho chúng tôi biết ngôn ngữ bạn nói. (TTY: 711).
(Visayan) Nanginahanglan ka ba og tabang sa laing pinulongan? Ang mga serbisyo sa tabang sa pinulongan lakip ang angay nga mga auxiliary nga mga himan ug serbisyo, libre, anaa kanimo. Tawag sa 1-800-651-2237 aron isulti kanamo kung unsang pinulongan ang imong ginasulti. (TTY: 711).