KAISER PERMANENTE®

Kaiser Foundation Health Plan, Inc.
Electronic Documents Policy

This policy document constitutes the explicit, written permission of Kaiser Foundation Health Plan, Inc., (Health Plan) for the Purchaser to use the accompanying Health Plan Enrollment and Member electronic documents under the following conditions:

These electronic documents must be used as provided, without additions, deletions, or other modifications.

These electronic documents are being provided in English. Translation of these documents by any person/organization other than by Health Plan (or certified translation agencies authorized by Health Plan) is prohibited. Please contact your Health Plan account representative to learn which documents are available in other languages.

These electronic documents may be posted to Purchaser Web sites.

Health Plan will provide updated versions of these electronic documents if there are substantive language changes. Purchasers must transfer the updated versions to their sites as soon as reasonably possible, but not later than 30 days after receipt of an updated document.

The Disclosure Form (DF) is subject to change. Health Plan will provide substantive DF language changes electronically to Purchasers. It is the Purchaser's responsibility to ensure that all changes are provided to employees. All electronic DF documents include a footnote containing an original issuance date to ensure accurate tracking.

If you have questions about our Electronic Documents Policy, or questions about a specific request for an electronic document, please contact your account representative for assistance.

Kaiser Foundation Health Plan, Inc.
California Division

100103 CITY OF RIVERSIDE
Standard Plan

Summary of Benefits for Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/13—12/31/13)

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

- The Services are Medically Necessary and in accord with Medicare guidelines
- 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, except where specifically noted to the contrary in the *Evidence of Coverage* (*EOC*)

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	None
Lifetime Maximum	None
Professional Services (Plan Provider office visits)	**You Pay**
Most primary and specialty care consultations, exams, and treatment	$10 per visit
Annual Wellness visit and the Welcome to Medicare preventive visit	No charge
Routine physical exam	No charge
Eye exams for refraction	$10 per visit
Hearing exams	$10 per visit
Urgent care consultations, exams, and treatment	$10 per visit
Physical, occupational, and speech therapy	$10 per visit
Outpatient Services	**You Pay**
Outpatient surgery and certain other outpatient procedures	$10 per procedure
Allergy injections (including allergy serum)	$3 per visit
Most immunizations (including the vaccine)	No charge
Most X-rays, annual mammograms, and laboratory tests	No charge
Manual manipulation of the spine	$10 per visit
Hospitalization Services	**You Pay**
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs	$200 per admission
Emergency Health Coverage	**You Pay**
Emergency Department visits	$50 per visit
Note: This Cost Sharing does not apply if admitted to the hospital as an inpatient within 24 hours for the same condition for covered Services or if you are admitted directly to the hospital as an inpatient (see "Hospitalization Services" for inpatient Cost Sharing).	
Ambulance Services	**You Pay**
Ambulance Services	$50 per trip

continues

continued

Prescription Drug Coverage	You Pay
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items	$10 for up to a 100-day supply
Most brand-name items	$35 for up to a 100-day supply

Durable Medical Equipment	You Pay
Covered durable medical equipment for home use in accord with our durable medical equipment formulary guidelines	20 percent Coinsurance

Mental Health Services (outpatient)	You Pay
Individual mental health evaluation and treatment	$10 per visit
Group mental health treatment	$5 per visit

Chemical Dependency Services (outpatient)	You Pay
Individual chemical dependency evaluation and treatment	$10 per visit
Group chemical dependency treatment	$5 per visit

Home Health Services	You Pay
Home health care (part-time, intermittent)	No charge

Other	You Pay
Eyewear purchased at Plan Medical Offices or plan optical sales offices every 24 months	Amount in excess of $150 Allowance
Skilled nursing facility care (up to 100 days per benefit period)	No charge
External prosthetic devices, orthotic devices, and ostomy and urological supplies	20 percent Coinsurance

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).

YOUR HEALTH PLAN **COVERAGE**

Disclosure Form Part Two for Kaiser Permanente Senior Advantage and Kaiser Permanente Senior Advantage with Part D

Kaiser Foundation Health Plan, Inc.

Northern and Southern California Regions

A Medicare Advantage Organization

H0524_001331 (10/2008)
SKU# 6003029

KAISER PERMANENTE®

Introduction

Welcome to Kaiser Permanente

When you join Kaiser Permanente, you get a health plan that's dedicated to your total well-being.

Our healthy living (health education) programs offer you great ways to maintain and improve your health. You can get a wealth of information online with **kp.org**. Save time by requesting routine appointments and prescription refills online. Use the extensive health and drug encyclopedias to learn more about your health. Find Plan Facilities and providers close to home or work.

When you need medical care, we've got you covered. You can have a personal physician who understands your lifestyle. You can often take care of many health needs at one place, in one trip—from office visits to lab work, pharmacy, and X-rays. Most of our facilities provide same-day Urgent Care appointments, and many have evening and weekend appointments. You're not limited to receiving care from just one facility; you pick the Plan Facility that's most convenient for you. If you need specialty care, you have access to a wide array of medical specialties. You can even self-refer to selected specialties. And you can depend on the security of emergency coverage anywhere in the world.

We are committed to investing first and foremost in your health. From routine checkups to online services to Emergency Care, you can count on us to help you stay healthy.

Kaiser Permanente Senior Advantage

Senior Advantage provides all of the benefits covered by Medicare, except for hospice care for Members with Medicare Part A and qualifying clinical trials, which are covered under Original Medicare. As a Senior Advantage Member, you are selecting our medical care program to provide your health care. Senior Advantage is for Members entitled to Medicare, providing the advantages of combined Medicare and Health Plan benefits. Enrollment in Senior Advantage with Part D means that you are automatically enrolled in Medicare Part D.

About this booklet

This *Disclosure Form (DF) Part Two* summarizes some of the important features of your Kaiser Permanente Senior Advantage 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 One: For a summary of benefits, Copayments, and Coinsurance, see *Your Benefits (Disclosure Form Part One)*. If you have questions about benefits, please refer to your *Evidence of Coverage* or call our Member Service Call Center toll free at **1-800-443-0815** (TTY users call **1-800-777-1370**). Representatives are available seven days a week from 8 a.m. to 8 p.m.

Defined terms: Some capitalized terms have special meaning in this *Disclosure Form*, as described in the "Definitions" section at the end of this booklet.

Your Home Region: When you join Kaiser Permanente, you are enrolling in one of two Health Plan Regions in California (either our Northern California Region or Southern California Region), which we call your "Home Region." The Service Area of each Region is described in the "Definitions" section. The coverage information in this *DF* applies when you obtain care in your Home Region. Please refer to *Your Benefits (Disclosure Form Part One)* to learn which California Region is your Home Region. Also, this *DF* describes two Senior Advantage plans, which are Senior Advantage and Senior Advantage with Part D. Everything in this section of the *DF* applies to both Senior Advantage plans, except as otherwise indicated.

Medicare Part D: This Senior Advantage plan offered by your group may include Medicare Part D prescription drug coverage. To find out if this Senior Advantage plan includes Medicare Part D prescription drug coverage, please refer to *Your Benefits (Disclosure Form Part One)*. Specifically, *Your Benefits* will state "Senior Advantage with Part D" immediately before the benefit chart if Medicare Part D coverage is included. Everything in this *DF Part Two* applies to both types of Senior Advantage plans (with and without Medicare Part D), except as otherwise indicated.

Evidence of Coverage: This *Disclosure Form* is only a summary. Your *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. To obtain an *Evidence of Coverage*, please contact your group.

How to obtain care

As a Member of Kaiser Permanente, you 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 Care, Post-Stabilization Care, and Urgent Care from Non–Plan Providers
- Out-of-Area Dialysis Care
- Visiting other Regions

Original Medicare will not pay for any care that is not covered by Kaiser Permanente (except for hospice care for Members with Medicare Part A and qualifying clinical trials).

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

Emergency Care and Post-Stabilization Care from Non–Plan Providers

If you have an Emergency Medical Condition, you do not need to get prior authorization from us to get Emergency Care or Out-of-Area Urgent Care from Non–Plan Providers. However, you must get prior authorization from us for Post-Stabilization Care from Non–Plan Providers (prior authorization means that we must approve the Services in advance for the Services to be covered), except as otherwise described in this section.

Emergency Care. If you have an Emergency Medical Condition, call **911** or go to the nearest hospital (including an emergency room or urgent care center). When you have an Emergency Medical Condition, we cover Emergency Care anywhere in the world.

An Emergency Medical Condition is: (1) a medical or psychiatric condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that you could reasonably expect the absence of immediate medical attention to result in serious jeopardy to your health or body functions or organs, or (2) active labor when there isn't enough time for safe transfer to a Plan Hospital (or designated hospital) before delivery or if transfer poses a threat to your (or your unborn child's) health and safety.

Note: For ease and continuity of care, we encourage you to go to a Plan Hospital Emergency Department listed in *Your Guidebook* if you are inside your Home Region's Service Area, but only if it is reasonable to do so considering your condition or symptoms.

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 your condition is Clinically Stable.

We cover Post-Stabilization Care if one of the following is true:

- We provide or authorize the care
- The care was Medically Necessary to maintain stabilization and it was administered within one hour following a request for authorization and we have not yet responded
- We do not agree with the Non–Plan Provider about your care, and a Plan Physician is not available for consultation
- In the rare circumstance that we are unavailable or cannot be contacted

Covered Post-Stabilization Care is effective until one of the following events occurs:

- You are discharged from the Non–Plan Hospital
- We assume responsibility for your care
- The Non–Plan Provider and we agree to other arrangements

To request authorization for Post-Stabilization Care from a Non–Plan Provider, the Non–Plan Provider 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. 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, except as otherwise described in this section. Also, you will only be held financially liable if you are notified by the Non–Plan Provider or us about your potential liability.

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

Urgent Care from Non–Plan Providers

Inside the Service Area

In the event of unusual circumstances that delay or render impractical the provision of Services under this *Disclosure Form* (such as major disaster, epidemic, war, riot, and civil insurrection), we cover Urgent Care inside your Home Region's Service Area from a Non–Plan Provider.

Out-of-Area Urgent Care

If you have an Urgent Care need due to an unforeseen illness or unforeseen injury, we cover Medically Necessary Services to prevent serious deterioration of your 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 health would seriously deteriorate if you delayed treatment until you returned to your Home Region's Service Area

Your identification card

Each Member's Kaiser Permanente identification 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 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. This information will be helpful if you need care before receiving your ID card.

Your Medicare card. As a Member, you will not need your red, white, and blue Medicare card to get covered Services, but do keep it in a safe place in case you need it later.

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 on 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 Care, Urgent Care, specialty care, pharmacy, and lab work. 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.

- All Plan Hospitals provide inpatient Services and are open 24 hours a day, seven days a week
- Emergency Care is available from Plan Hospital Emergency Departments as described 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 (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 is 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 and you can get a copy by visiting our Web site at **kp.org**.

Provider Directory

We will send you annually either a provider directory or an update to your provider directory that lists our Plan Providers. If you don't have the provider directory, you can request a copy from our Member Service Call Center. Also, a complete list of Plan Providers in your area is available on your Web site 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. 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. You can find a directory of our Plan Physicians on our Web site at **kp.org**. 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*.

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 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

Medical Group authorization procedure

Certain Services, as described in the *Evidence of Coverage*, 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 for the Services to be covered).

Decisions regarding requests for authorization will be made only by licensed physicians or other appropriately licensed medical professionals. For more information about Services subject to an authorization procedure, please refer to the *Evidence of Coverage* or call our Member Service Call Center.

Second opinions

If you request a second opinion, it will be provided to you when Medically Necessary by an appropriately qualified medical professional. You can either ask your 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.

Your costs

Cost Sharing (Deductibles, Copayments, and Coinsurance)

When you receive covered Services, you must pay your Cost Sharing amount as described in your *Evidence of Coverage* at the time you receive the Services. In some cases, we may agree to bill you for your Cost Sharing amount.

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. For outpatient prescription drugs, the order date is the date that the pharmacy processes the order after receiving all the information they need to fill the prescription.

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 your *Evidence of Coverage* for the complete list of Copayments and Coinsurance.

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 your *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 your *Evidence of Coverage* for more information about annual out-of-pocket maximums.

When you pay for these Services, ask for and keep the receipt. When the receipts add up to the annual out-of-pocket maximum, please call our Member Service Call Center 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. If you are responsible for any contribution to the Premiums, your group will tell you the amount and how to pay your group. In addition to any amount you must pay your group, you must also continue to pay Medicare your monthly Medicare premium.

Medicare Part D late enrollment penalty. If you don't join a Medicare Part D drug plan when you are first eligible, or you go without creditable prescription drug coverage for a continuous period of 63 days or more, you may have to pay a late enrollment penalty when you enroll in a Part D plan later. If this Senior Advantage plan does not include Part D coverage, your group is responsible for informing you about whether your drug coverage is Medicare Part D creditable drug coverage. If this Senior Advantage plan includes Part D coverage, your group will inform you if the penalty applies to you. However, if you qualify for extra help, you may not have to pay a penalty.

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 as described in the *Evidence of Coverage*.

Requesting reimbursement

If you receive Emergency Care, Post-Stabilization Care, Out-of-Area Urgent Care, and out-of-area dialysis care from a Non–Plan Provider (and Medicare Part D drugs for Senior Advantage with Part D Members), ask the Non–Plan Provider to submit a claim to us within 60 days or as soon as possible, but no later than 15 months after receiving the care (or up to 27 months according to Medicare rules, in some cases). If the provider refuses and bills you, send us the unpaid bill with a claim form. 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 **1-800-443-0815** 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
- 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 original travel tickets to validate your claim

- The completed claim form must be mailed to the following address as soon as possible, but no later than 15 months after receiving the care (or up to 27 months according to Medicare rules, in some cases). Please do not send any bills or claims to Medicare. Any additional information we request should also be mailed to this address:

  For members enrolled in our Northern California Region:
  Kaiser Foundation Health Plan, Inc.
  Claims Department
  P.O. Box 12923
  Oakland, CA 94604-2923

  For members enrolled in our Southern California Region:
  Kaiser Foundation Health Plan, Inc.
  Claims Department
  P.O. Box 7004
  Downey, CA 90242-7004

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 if you receive any Services 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 your *Evidence of Coverage*
- Your group fails to pay us the appropriate Premiums for your Family
- You are temporarily absent from your Home Region's Service Area for more than six months in a row
- You permanently move outside your Home Region's Service Area
- You are no longer entitled to Medicare Part B
- You enroll in another Medicare health plan or a prescription drug plan
- Our contract with the Centers for Medicare & Medicaid Services (CMS) to offer Senior Advantage terminates

You may terminate (disenroll from) your Senior Advantage membership at any time. However, before you request disenrollment, please check with your group to determine if you are able to continue your group membership.

You may request disenrollment by calling toll free **1-800-MEDICARE/1-800-633-4227** (TTY users call **1-877-486-2048**) 24 hours a day, seven days a week, or by sending written notice to the following address:

Kaiser Foundation Health Plan, Inc.
California Service Center
P.O. Box 232400
San Diego, CA 92193-2400

We may terminate your membership by sending you advance written notice if you commit one of the following acts:

- You behave in a way that is disruptive, to the extent that your continued enrollment seriously impairs our ability to arrange or provide medical care for you or for our other members. We cannot make you leave our Plan for this reason unless we get permission first from Medicare
- If you let someone else use your Plan membership card to get medical care. If you are disenrolled for this reason, CMS may refer your case to the Inspector General for additional investigation
- You commit theft from Health Plan, from a Plan Provider, or at a Plan Facility
- You intentionally misrepresent membership status or commit fraud in connection with your obtaining membership
- If your coverage includes Medicare Part D prescription drugs, you knowingly falsify or withhold information about other parties that provide reimbursement for your prescription drug coverage

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

Converting from group membership to an individual plan

If you no longer meet the eligibility requirements described in the *Evidence of Coverage*, or if you enroll in COBRA continuation coverage and then lose eligibility for that coverage, we will automatically convert your group membership to our *Senior Advantage Individual Plan Agreement* if you still meet the eligibility requirements for Senior Advantage and have not disenrolled. The premiums and coverage under our individual plan will differ from those under this *Disclosure Form*

and will require that you have Medicare Part D if you don't already have Medicare Part D.

If you are no longer eligible for Senior Advantage and group coverage, you may be eligible to convert to our non-Medicare individual plan, called "Kaiser Permanente Individual–Conversion Plan." You may be eligible to enroll in our Individual–Conversion Plan if we receive your enrollment application within 63 days of the date of our termination letter or of your membership termination date (whichever date is later).

You may not be eligible to convert if your membership ends in certain cases. 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.

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 seven days a week 8 a.m. to 8 p.m. toll free at **1-800-443-0815** (TTY users call **1-800-777-1370**). For your convenience, you can also contact us through our Web site 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

If an issue is not informally resolved to your satisfaction, a representative can help you with the following procedures for resolving disputes, which are discussed in detail in your *Evidence of Coverage*:

- **Grievances.** The grievance procedure applies to any complaint or issue unless it involves a request for an initial determination, an appeal, or a complaint about certain Services ending too soon as described in the "Requests for Services or Payment, Complaints, and Medicare Appeal Procedures" section of your *Evidence of Coverage*
- **Binding arbitration.** Claims arising from your Health Plan membership must be decided through binding arbitration. This includes claims for medical or hospital malpractice, for premises liability, or relating to the coverage for, or delivery of, Services, 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. Binding arbitration does not apply to claims subject to a Medicare appeal procedure, or claims that may be brought in small claims court
- **Requests for Part C Services and Part D drugs (if applicable) or payments.** What you can do if you have problems getting the Part C Services or Part D drugs you request, or payment (including the amount you paid) for a Part C Service or Part D drug you have already received
- **Complaints if you think you are being asked to leave the hospital too soon.** What to do if you believe that you are being discharged from the hospital too soon
- **Complaints if you think your Skilled Nursing Facility (SNF), Home Health Agency (HHA), or Comprehensive Outpatient Rehabilitation Facility (CORF) Services are ending too soon.** What to do if you believe that coverage for SNF, HHA, or CORF is ending too soon

This is a brief summary of dispute resolution options. Please refer to your *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 your *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 your *Evidence of Coverage*.

- Care in a licensed intermediate care facility, except for covered hospice care
- Chiropractic Services, unless otherwise stated in your *Evidence of Coverage*
- Artificial insemination, unless otherwise stated in your *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 care and dental X-rays, unless otherwise stated in your *Evidence of Coverage*
- Experimental or investigational Services
- Eyeglasses, contact lenses, and contact lens eye examinations, unless otherwise stated in your *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 your *Evidence of Coverage*
- Outpatient oral nutrition, such as dietary supplements, herbal supplements, weight loss aids, formulas, and food, unless otherwise stated in your *Evidence of Coverage*
- 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 except for Medically Necessary Services covered by Medicare
- Services not approved by the FDA that by law require federal Food and Drug Administration (FDA) approval in order to be sold in the U.S., unless the Services are covered under the "Emergency, Post-Stabilization, and Urgent Care from Non-Plan Providers" section
- 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 a noncovered Service, except for Services we would otherwise cover to treat complications of the noncovered Service
- Transgender surgery, unless otherwise stated in your *Evidence of Coverage*
- Travel and lodging expenses
- Treatment of hair loss or growth

Limitations

We will do our best to provide or arrange for our Members' health care needs 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.

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

Reductions

As a Senior Advantage Member, you receive all Medicare covered benefits through us (except for hospice care for Members with Medicare Part A and qualifying clinical trials, which are covered by Original Medicare) and these benefits are not duplicated.

When Medicare by law is the secondary payer, federal law authorizes health plans to seek reimbursement from the medical expense provisions of any motor vehicle insurance covering you, and any liability insurance that provides payment for injuries or illness to you. We will reduce your benefits by all amounts paid or payable under your other health plan or insurance policy.

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.

Please refer to your *Evidence of Coverage* for additional information and other reductions (for example, coordination of benefits, 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 (Senior Advantage Election Form) 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 or refer to the *Evidence of Coverage* for details about eligibility requirements.

In addition, to be eligible for Kaiser Permanente Senior Advantage, the following must be true:

- You must be entitled to benefits under Medicare Part B
- You may enroll in Senior Advantage regardless of health status, except that you may not enroll if you have end-stage renal disease. This restriction does not apply to you if you are currently a Health Plan Member in the Northern California or Southern California Region and you developed end-stage renal disease while a Member
- You continue to pay your monthly premiums to Medicare
- You live in your Home Region's Service Area. The "Definitions" section describes your Home Region's Service Area and how it may change
- Your Medicare coverage is primary and your group's health care plan is secondary under federal law. **Note:** When Medicare is secondary by law, your enrollment in Senior Advantage is voluntary and is not required by us or your group. When Medicare is primary, your group may require enrollment in Senior Advantage for you to remain eligible under its group plan

Note: You may not be enrolled in two Medicare health plans at the same time. If you enroll in Senior Advantage, CMS will automatically disenroll you from any other Medicare health plan, including a Medicare Prescription Drug Plan.

Miscellaneous notices

Drug formulary

Our drug formularies include the list of drugs that have been approved by our Pharmacy and Therapeutics Committee for our Members. Our Pharmacy and Therapeutics Committee, which is primarily composed 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 an appeal as described in the *Evidence of Coverage*.

Note: Our Medicare Part D drug formulary lists drugs that we cover under Medicare Part D. We will mail you our Abridged Medicare Part D Drug Formulary annually. Our Medicare Part D Comprehensive Formulary is available upon request from our Member Service Call Center or on our Web site at **kp.org/seniormedrx.**

Health Insurance Counseling and Advocacy Program (HICAP)

The Health Insurance Counseling and Advocacy Program (HICAP) is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare. You may contact HICAP toll free at **1-800-434-0222** (TTY users call **711**) for a referral to your local HICAP office, or visit the Web site **www.aging.ca.gov** to locate an office in your area. You may also find the Web site for HICAP at **medicare.gov** (click "Search Tools" then click "Helpful Phone Numbers and Websites").

Privacy practices

Kaiser Permanente protects the privacy of your protected health information (PHI). We also require contracting providers to protect your PHI. PHI is health information that includes your name, Social Security number, or other information that reveals who you are. You may generally see and receive copies of your PHI, correct or update your PHI, and ask us for an accounting of certain disclosures of your PHI.

We may use or disclose your PHI for treatment, payment, and health care operations purposes, including health research and measuring the quality of care and Services. We are sometimes required by law to give PHI to government agencies or in judicial actions. In addition, Member-identifiable medical information is shared with your Group only with your authorization or as otherwise permitted by law. We will not use or disclose your PHI 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* describing our policies and procedures for preserving the confidentiality of medical records and other PHI is available and will be

furnished to you upon request. To request a copy, please call our Member Service Call Center. You can also find the notice at your local Plan Facility or on our Web site at kp.org.

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 annual out-of-pocket maximum).

Centers for Medicare & Medicaid Services (CMS): The Centers for Medicare & Medicaid Services is the federal agency that administers the Medicare program.

Charges: Charges means the following:

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

Clinically Stable: You are considered Clinically Stable when your treating physician believes, within a reasonable medical probability and in accordance with recognized medical standards, that you are safe for discharge or transfer and that your condition is not expected to get materially worse during or as a result of the discharge or transfer.

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 your *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 your *Evidence of Coverage*.

Cost Sharing: The Copayment or Coinsurance you are required to pay for a covered Service. Cost Sharing also means any Charges you are required to pay for covered Medicare Part D drugs.

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

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

Emergency Care:

- Evaluation by a physician (or other appropriate personnel under the supervision of a physician to the extent provided by law) to determine whether you have an Emergency Medical Condition
- Medically Necessary Services required to make you Clinically Stable within the capabilities of the facility
- Emergency ambulance Services covered under "Ambulance Services" in the *Evidence of Coverage*

Emergency Medical Condition: Either: (1) a medical or psychiatric condition that manifests itself by acute symptoms of sufficient severity (including severe pain) such that you could reasonably expect the absence of immediate medical attention to result in serious jeopardy to your health or body functions or organs; or (2) active labor when there isn't enough time for safe transfer to a Plan Hospital (or designated hospital) before delivery or if transfer poses a threat to your (or your unborn child's) health and safety.

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: A federal health insurance program for people age 65 and older and some people under age 65 with disabilities or end-stage renal disease (permanent kidney failure). In this *Disclosure Form*, Members who are "eligible for" Medicare Part A or B are those who would qualify for Medicare Part A or B coverage if they applied for it. Members who are "entitled to" or "have" Medicare Part A or B are those who have been granted Medicare Part A or B coverage. Also, a person enrolled in a Medicare Part D plan has Medicare Part D by virtue of his or her enrollment in the Part D plan (please refer to your *Your Benefits [Disclosure Form Part One]* to find out if you have Part D coverage).

Medicare Advantage Organization: A public or private entity organized and licensed by a state as a risk-bearing entity that has a contract with CMS to provide Services covered by Medicare, except for hospice care and clinical trials covered by Original Medicare. Kaiser Foundation Health Plan, Inc., is a Medicare Advantage Organization.

Medicare Advantage Plan: Sometimes called Medicare Part C. A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A (Hospital) and Part B (Medical) benefits. Medicare Advantage Plans may also offer Medicare Part D (prescription drug coverage). Please refer to your *Your Benefits (Disclosure Form Part One)* to find out if you have Part D 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 health resulting from an unforeseen illness or an unforeseen injury if all of the following are true:

- You are temporarily outside your Home Region's Service Area
- You reasonably believed that your 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.

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.

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.

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.

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 Clinically Stable.

Premiums: Periodic membership charges paid by your group.

Primary Care Physicians: Generalists in internal medicine, pediatrics, and family practice, and specialists in obstetrics/gynecology who the Medical Group designates as Primary Care Physicians. Please refer to our Web site 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.

Service Area: The geographic area approved by the Centers for Medicare & Medicaid Services (CMS) within which an eligible person may enroll in Senior Advantage. **Note:** Subject to approval by CMS, we may reduce your Home Region's Service Area effective January 1 by giving prior written notice to your Group. 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.

Northern California Region's Service Area

The following counties are entirely inside our Northern California Region's Service Area: Alameda, Contra Costa, Marin, Sacramento, San Francisco, San Joaquin, San Mateo, Solano, and Stanislaus.

Portions of the following counties are also inside our Northern California Region's Service Area, as indicated by the ZIP codes below for each county:

Amador: 95640, 95669
El Dorado: 95613–14, 95619, 95623, 95633–35, 95651, 95664, 95667, 95672, 95682, 95762
Fresno: 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, 93741, 93744–45, 93747, 93750, 93755, 93760–61, 93764–65, 93771–80, 93784, 93786, 93790–94, 93844, 93888
Kings: 93230, 93232, 93242, 93631, 93656
Madera: 93601–02, 93604, 93614, 93623, 93626, 93636–39, 93643–45, 93653, 93669, 93720

Mariposa: 93601, 93623, 93653
Napa: 94503, 94508, 94515, 94558–59, 94562, 94567, 94573–74, 94576, 94581, 94589–90, 94599, 95476
Placer: 95602–04, 95626, 95648, 95650, 95658, 95661, 95663, 95668, 95677–78, 95681, 95692, 95703, 95722, 95736, 95746–47, 95765
Santa Clara: 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
Sonoma: 94515, 94922–23, 94927–28, 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
Sutter: 95626, 95645, 95648, 95659, 95668, 95674, 95676, 95692, 95837
Tulare: 93238, 93261, 93618, 93631, 93646, 93654, 93666, 93673
Yolo: 95605, 95607, 95612, 95616–18, 95645, 95691, 95694–95, 95697–98, 95776, 95798–99
Yuba: 95692, 95903, 95961

Southern California Region's Service Area
Orange County is entirely inside our Southern California Region's Service Area. Portions of the following counties are also inside our Southern California Region's Service Area, as indicated by the ZIP codes below for each county:

Kern: 93203, 93205–06, 93215–16, 93220, 93222, 93224–26, 93238, 93240–41, 93243, 93250–52, 93263, 93268, 93276, 93280, 93285, 93287, 93301–09, 93311–14, 93380–90, 93501–02, 93504–05, 93518–19, 93531, 93536, 93560–61, 93581
Los Angeles: 90001–84, 90086–89, 90091, 90093–96, 90101–03, 90189, 90201–02, 90209–13, 90220–24, 90230–32, 90239–42, 90245, 90247–51, 90254–55, 90260–67, 90270, 90272, 90274–75, 90277–78, 90280, 90290–96, 90301–13, 90397–98, 90401–11, 90501–10, 90601–10, 90623, 90630–31, 90637–40, 90650–52, 90659–62, 90670–71, 90701–03, 90706–07, 90710–17, 90723, 90731–34, 90744–49, 90755, 90801–10, 90813–15, 90822, 90831–35, 90840, 90842, 90844–48, 90853, 90888, 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, 91131, 91182, 91184–85, 91188–89, 91191, 91199, 91201–10, 91214, 91221–22, 91224–26, 91301–11, 91313, 91316, 91321–22, 91324–31, 91333–35, 91337, 91340–46, 91350–57, 91361–65, 91367, 91371–72, 91376, 91380–81, 91383–88, 91390, 91392–96, 91399, 91401–13, 91416, 91423, 91426, 91436, 91470, 91482, 91495–97, 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, 91759, 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
Riverside: 91752, 92201–03, 92210–11, 92220, 92223, 92230, 92234–36, 92240–41, 92247–48, 92253, 92255, 92258, 92260–64, 92270, 92276, 92282, 92292, 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
San Bernardino: 91701, 91708–10, 91729–30, 91737, 91739, 91743, 91758, 91761–64, 91766, 91784–86, 91792, 91798, 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
San Diego: 91901–03, 91908–17, 91921, 91931–33, 91935, 91941–47, 91950–51, 91962–63, 91976–80, 91987, 92007–11, 92013–14, 92018–27, 92029–30, 92033, 92037–40, 92046, 92049, 92051–52, 92054–58, 92064–65, 92067–69, 92071–72, 92074–75, 92078–79, 92081–85, 92090–93, 92096, 92101–24, 92126–40, 92142–43, 92145, 92147, 92149–50, 92152–55, 92158–79, 92182, 92184, 92186–87, 92190–99
Ventura: 90265, 91304, 91307, 91311, 91319–20, 91358–62, 91377, 93001–07, 93009–12, 93015–16, 93020–22, 93030–36, 93040–44, 93060–66, 93093–94, 93099, 93252

Note: A ZIP code is considered to be inside your Home Region's Service Area only if it is in the county associated with that ZIP code. For example, since a ZIP code can span more than one county, it is possible for your ZIP code to be listed above, but you do not live inside your Home Region's Service Area because the county you live in is not part of your Home Region's Service Area. Also, the ZIP codes listed above may include ZIP codes for Post Office boxes and commercial rental mailboxes. A Post Office box or rental mailbox cannot be used to determine whether you meet the residence eligibility requirements for Senior Advantage. Your permanent residence address must be used to determine your Senior Advantage eligibility.

Services: Health care services or items.

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 Subscriber eligibility requirements as described in the *Evidence of Coverage*.

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

KAISER PERMANENTE®

Member Service Call Center
Seven days a week, 8 a.m.–8 p.m.

1-800-443-0815 toll free

1-800-777-1370
(toll free TTY for the hearing/speech impaired)

kp.org

H0524_001331 (10/2008)
SKU# 6003029

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.

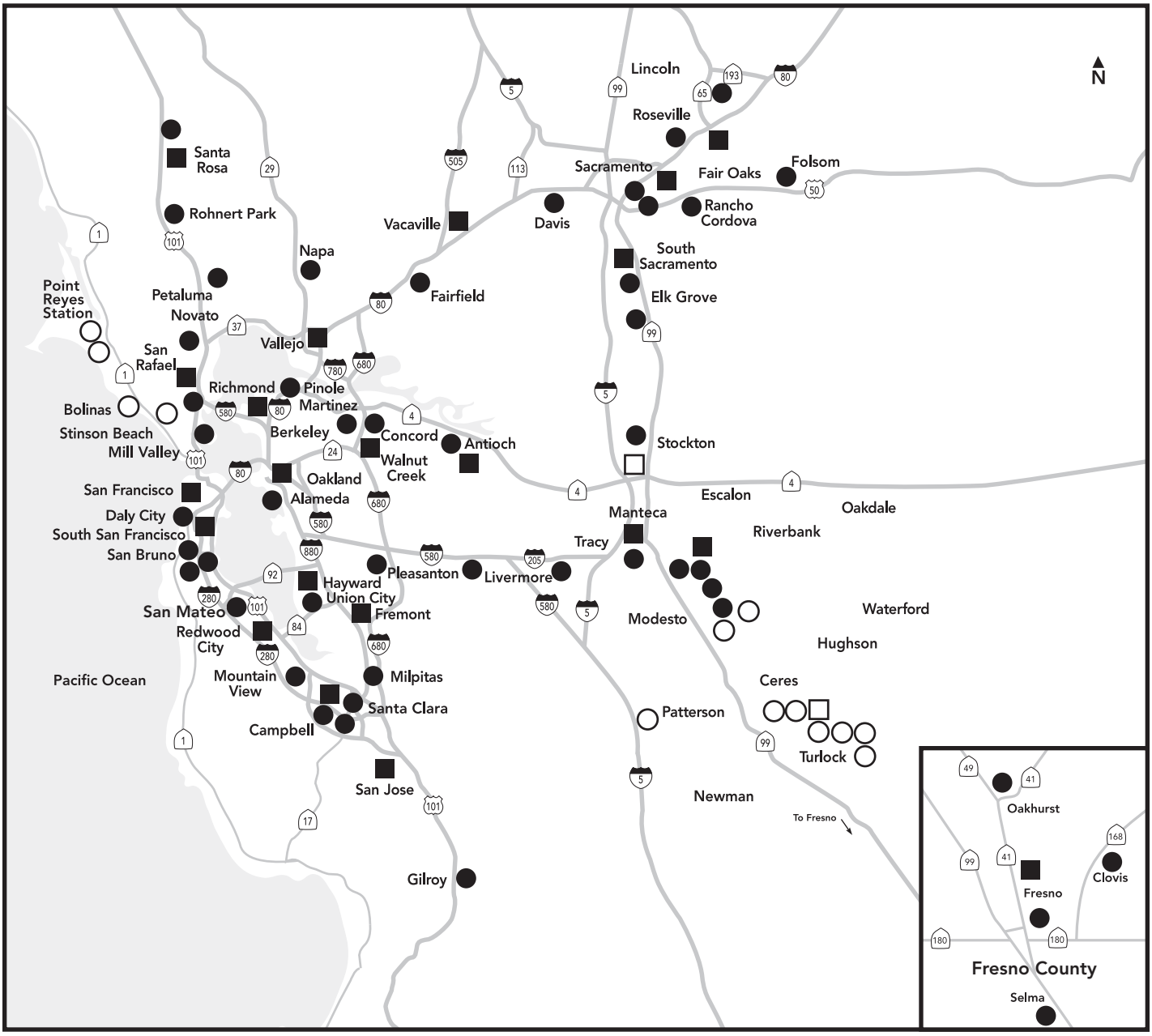
Convenient access
Many of our facilities offer same-day, after-hours, and weekend services. Some locations have specialty, after-hours, ob/gyn, and pediatric services available as well.

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

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

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	■ **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.

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

● Kaiser Permanente medical offices

□ Affiliated plan hospitals

○ Affiliated medical offices

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	● 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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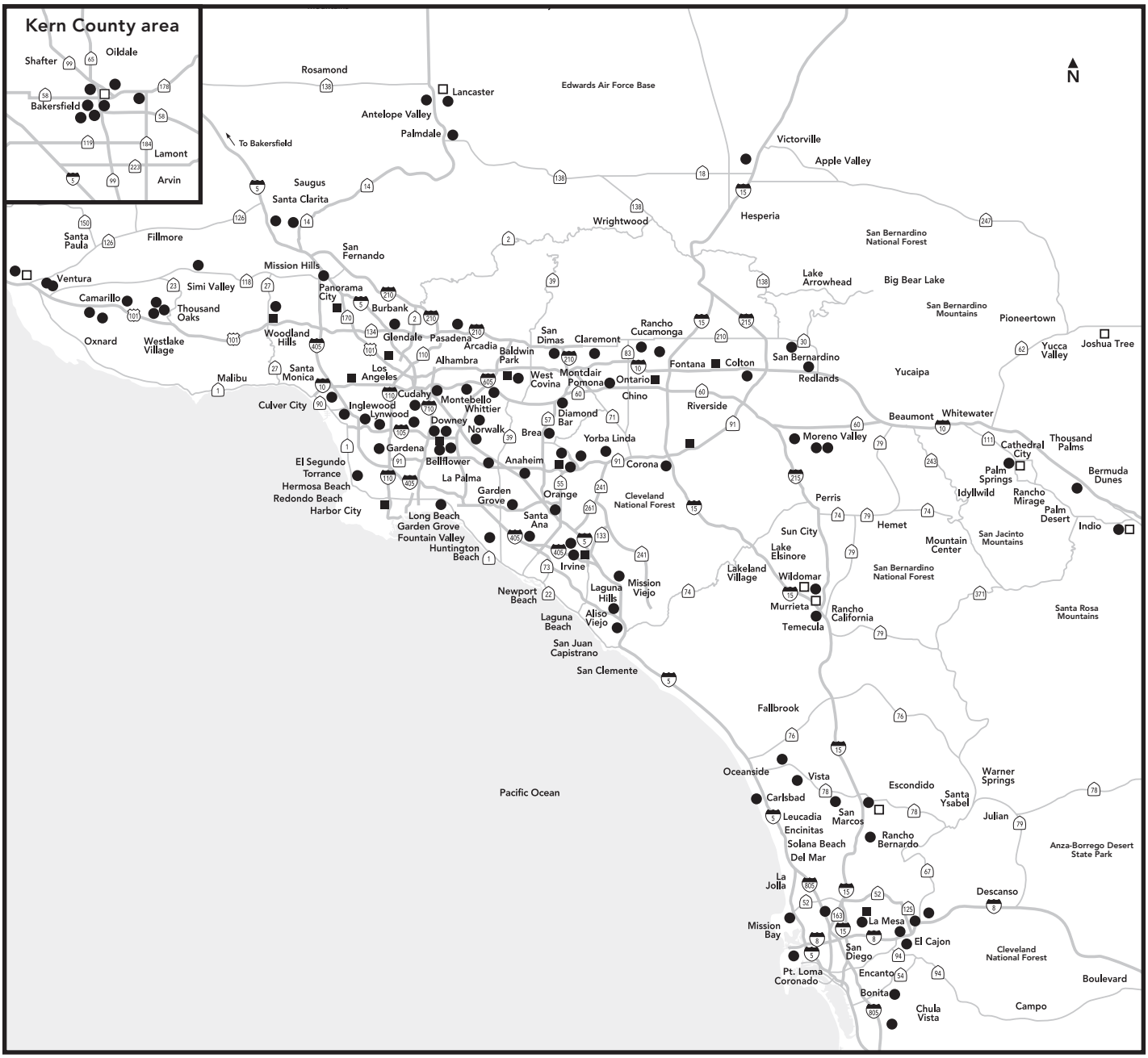
Southern California

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



Maps not to scale

■ Kaiser Permanente medical centers (hospital and medical offices)

● Kaiser Permanente medical offices

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□ Affiliated plan hospitals

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

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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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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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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.

[1]Affiliated plan facilities provide selected inpatient and/or outpatient hospital and emergency services.

The information in this guide is current as of the date of publication (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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