Benefit Summary

31342 NORTHERN CALIF PIPE TRADES H&WTF

Principal Benefits for
Kaiser Permanente Senior Advantage (HMO) with Part D (7/1/23—6/30/24)

Plan Out-of-Pocket Maximum
For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount:
For any one Member ................................................................. $750 per calendar year

Plan Deductible
None

Professional Services (Plan Provider office visits) You Pay
Most Primary Care Visits and most Non-Physician Specialist Visits $15 per visit
Most Physician Specialist Visits .............................................. $15 per visit
Annual Wellness visit and the “Welcome to Medicare” preventive visit .................................................. No charge
Routine physical exams............................................................... No charge
Routine eye exams with a Plan Optometrist............................... $15 per visit
Urgent care consultations, evaluations, and treatment ................. $15 per visit
Physical, occupational, and speech therapy................................ $15 per visit

Telehealth Visits You Pay
Primary Care Visits and Non-Physician Specialist Visits by interactive video.................................................. No charge
Physician Specialist Visits by interactive video.......................... No charge
Primary Care Visits and Non-Physician Specialist Visits by telephone.......................................................... No charge
Physician Specialist Visits by telephone...................................... No charge

Outpatient Services You Pay
Outpatient surgery and certain other outpatient procedures........ $15 per procedure
Most immunizations (including the vaccine)............................... No charge
Most X-rays and laboratory tests................................................ No charge
Manual manipulation of the spine.............................................. $15 per visit

Hospitalization Services You Pay
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs ...................................................... No charge

Emergency Health Coverage You Pay
Emergency Department visits.................................................. $50 per visit
Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the Emergency Department Cost Share (see “Hospitalization Services” for inpatient Cost Share)

Ambulance Services You Pay
Ambulance Services.................................................................. No charge

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

(continues)
### Prescription Drug Coverage

<table>
<thead>
<tr>
<th>You Pay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most brand-name items</td>
<td>$20 for up to a 100-day supply</td>
</tr>
</tbody>
</table>

### Durable Medical Equipment (DME)

<table>
<thead>
<tr>
<th>You Pay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered durable medical equipment for home use</td>
<td>No charge</td>
</tr>
</tbody>
</table>

### Mental Health Services

<table>
<thead>
<tr>
<th>You Pay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient psychiatric hospitalization</td>
<td>No charge</td>
</tr>
<tr>
<td>Individual outpatient mental health evaluation and treatment</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>Group outpatient mental health treatment</td>
<td>$7 per visit</td>
</tr>
</tbody>
</table>

### Substance Use Disorder Treatment

<table>
<thead>
<tr>
<th>You Pay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient detoxification</td>
<td>No charge</td>
</tr>
<tr>
<td>Individual outpatient substance use disorder evaluation and treatment</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>Group outpatient substance use disorder treatment</td>
<td>$5 per visit</td>
</tr>
</tbody>
</table>

### Home Health Services

<table>
<thead>
<tr>
<th>You Pay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health care (part-time, intermittent)</td>
<td>No charge</td>
</tr>
</tbody>
</table>

### Other

<table>
<thead>
<tr>
<th>You Pay</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyeglasses or contact lenses every 24 months</td>
<td>Amount in excess of $150 Allowance</td>
</tr>
<tr>
<td>Hearing aid(s) every 36 months</td>
<td>Amount in excess of $1,500 Allowance per aid</td>
</tr>
<tr>
<td>Skilled nursing facility care (up to 100 days per benefit period)</td>
<td>No charge</td>
</tr>
<tr>
<td>External prosthetic and orthotic devices</td>
<td>No charge</td>
</tr>
<tr>
<td>Meals delivered to your home following discharge from a hospital due to congestive heart failure</td>
<td>No charge up to two meals per day in a consecutive four-week period, once per calendar year</td>
</tr>
</tbody>
</table>

This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the *EOC*. 
Your Kaiser Permanente CHIROPRACTIC benefits

When you need chiropractic care, follow these simple steps:

1. Find an ASH Participating Provider near you:
   - Go to ashlink.com/ash/kp, or
   - Call 1-800-678-9133 (TTY 711), Monday through Friday, from 5 a.m. to 6 p.m. Pacific time

2. Schedule an appointment.

3. Pay for your office visit when you arrive for your appointment.

(See the reverse for more details.)
YOUR KAISER PERMANENTE
CHIROPRACTIC BENEFIT

<table>
<thead>
<tr>
<th>Office Visits</th>
<th>Cost Sharing and Visit Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Services are limited to Medically Necessary Chiropractic Services authorized and provided by ASH Participating Providers except for the initial examination, Emergency Chiropractic Services, Urgent Chiropractic Services, and Services that are not available from ASH Participating Providers or other licensed providers with which ASH contracts to provide covered care. You can obtain an initial examination from any ASH Participating Provider without a referral from a Kaiser Permanente Plan Physician. Each office visit counts toward any visit limit, if applicable.</td>
<td>Office visit cost share: $10 copayment per visit (if your Amendment is paired with an HDHP HMO evidence of coverage, this cost share is subject to the Plan Deductible described in your EOC).</td>
</tr>
<tr>
<td>X-rays and laboratory tests: Medically Necessary X-rays and laboratory tests are covered at no charge when prescribed as part of covered chiropractic care and an ASH Participating Provider provides the Services or refers you to another licensed provider with which ASH contracts for the Services. If your Amendment is paired with an HDHP HMO evidence of coverage, this cost share is subject to the Plan Deductible described in your EOC.</td>
<td>Office visit limit: 20 visits per year</td>
</tr>
<tr>
<td>Chiropractic supports and appliances: If the amount of the appliance in the ASH Plans fee schedule exceeds $50, you will pay the amount in excess of $50. Covered chiropractic appliances are limited to: elbow supports, back supports, cervical collars, cervical pillows, heel lifts, hot or cold packs, lumbar braces and supports, lumbar cushions, orthotics, wrist supports, rib belts, home traction units, ankle braces, knee braces, rib supports, and wrist braces.</td>
<td></td>
</tr>
</tbody>
</table>

ASH Participating Providers

ASH Plans contracts with ASH Participating Providers and other licensed providers to provide covered Chiropractic Services. You must receive these services from an ASH Participating Provider or another licensed provider with which ASH contracts, except for Emergency Chiropractic Services, Urgent Chiropractic Services, and Services that are not available from contracted providers that are authorized in advance by ASH Plans. The list of ASH Participating Providers is available on the ASH Plans website at ashlink.com/ash/kaisercamedicare for Kaiser Permanente Senior Advantage members, or ashlink.com/ash/kp for all other members, or from the ASH Plans Customer Service Department toll free at 1-800-678-9133 (TTY 711). The list of ASH Participating Providers is subject to change at any time without notice.

How to obtain services

To obtain covered Services, call an ASH Participating Provider to schedule an initial examination. If additional Services are required, verification that the Services are Medically Necessary may be required. Your ASH Participating Provider will request any medical necessity determinations. An ASH Plans clinician in the same or similar specialty as the provider of Services under review will decide whether the Services are or were Medically Necessary. ASH Plans will disclose to you, upon request, the written criteria it uses to make the decision to authorize, modify, delay, or deny a request for authorization. If you have questions or concerns, please contact the ASH Plans Customer Service Department.
Second Opinions

You may request a second opinion in regard to covered Services by contacting another ASH Participating Provider. An ASH Participating Provider may also request a second opinion in regard to covered Services by referring you to another ASH Participating Provider in the same or similar specialty.

Your costs

When you receive covered Chiropractic Services, you must pay the cost share described below. The cost share does not apply toward the Plan Deductible or Plan Out-of-Pocket Maximum described in your Health Plan Evidence of Coverage (“EOC”), unless your Chiropractic Services Amendment (“Amendment”) is amending an HSA-Qualified High Deductible Health Plan (HDHP) HMO plan evidence of coverage. If your Amendment is paired with an HDHP HMO evidence of coverage, the cost share you pay for covered Services is subject to the Plan Deductible and Plan Out-of-Pocket Maximum described in your EOC.

Emergency and Urgent Chiropractic Services

We cover Emergency Chiropractic Services and Urgent Chiropractic Services provided by both ASH Participating Providers and Non–Participating Providers. We do not cover follow-up or continuing care from a Non–Participating Provider unless ASH Plans has authorized the services in advance. Also, we do not cover services from a Non–Participating Provider that ASH Plans determines are not Emergency Chiropractic Services or Urgent Chiropractic Services.

Getting Assistance

If you have a question or concern regarding the Services you received from an ASH Participating Provider or another licensed provider with which ASH Plans contracts, you may call the ASH Plans Customer Service Department toll free at 1-800-678-9133 (TTY 711), weekdays from 5 a.m. to 6 p.m. Pacific time.

Grievances

You can file a grievance with Kaiser Permanente regarding any issue. Your grievance must explain your issue, such as the reasons why you believe a decision was in error or why you are dissatisfied with Services you received. You may submit your grievance orally or in writing to Kaiser Permanente as described in your Health Plan EOC.

Exclusions

- Services provided by a chiropractor that are not within the scope of licensure for a chiropractor licensed in California
- Adjunctive therapy not associated with spinal, muscle, or joint manipulations
- Air conditioners, air purifiers, therapeutic mattresses, chiropractic appliances, durable medical equipment, supplies, devices, appliances, and any other item except those listed as covered in your Amendment
- Services for asthma or addiction, such as nicotine addiction
- Hypnotherapy, behavior training, sleep therapy, and weight programs
- Thermography
- Experimental or investigational Services
- CT scans, MRIs, PET scans, bone scans, nuclear medicine, and any other type of diagnostic imaging or radiology other than X-rays covered under the “Covered Services” section of your Amendment
- Ambulance and other transportation
- Education programs, non-medical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
- Services for pre-employment physicals or vocational rehabilitation
- Drugs and medicines, including non-legend or proprietary drugs and medicines
- Services you receive outside the state of California except for Emergency Chiropractic Services and Urgent Chiropractic Services
- Hospital services, anesthesia, manipulation under anesthesia, and related services
- Dietary and nutritional supplements, such as vitamins, minerals, herbs, herbal products, injectable supplements, and similar products
- Massage therapy
- Maintenance care (services provided to members whose treatment records indicate that they have reached maximum therapeutic benefit)
Definitions

ASH Participating Provider: A chiropractor who is licensed to provide chiropractic services in California and who has a contract with ASH Plans to provide Medically Necessary Chiropractic Services to you.


Chiropractic Services: Chiropractic services include spinal and extremity manipulation and adjunctive therapies such as ultrasound, therapeutic exercise, or electrical muscle stimulation, when provided during the same course of treatment and in conjunction with chiropractic manipulative services, and other services provided or prescribed by a chiropractor (including laboratory tests, X-rays, and chiropractic supports and appliances) for the treatment of your Musculoskeletal and Related Disorder.

Emergency Chiropractic Services: Covered Chiropractic Services provided for the treatment of a Musculoskeletal and Related Disorder which manifests itself by acute symptoms of sufficient severity (including severe pain) such that you could expect the absence of immediate Chiropractic Services to result in serious jeopardy to your health or body functions or organs.

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.

Musculoskeletal and Related Disorders: Conditions with signs and symptoms related to the nervous, muscular, and/or skeletal systems. Musculoskeletal and Related Disorders are conditions typically categorized as structural, degenerative, or inflammatory disorders; or biomechanical dysfunction of the joints of the body and/or related components of the muscle or skeletal systems (muscles, tendons, fascia, nerves, ligaments/capsules, discs, and synovial structures), and related manifestations or conditions.

Non-Participating Provider: A provider other than an ASH Participating Provider.

Services: Health care services or items.

Urgent Chiropractic Services: Chiropractic Services that meet all of the following requirements:

• They are necessary to prevent serious deterioration of your health, resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy.

• They cannot be delayed until you return to the Service Area.

This is a summary and is intended to highlight only the most frequently asked questions about the chiropractic benefit, including cost share. Please refer to the Amendment for a detailed description of the chiropractic coverage.
Language Assistance Services

English: Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. Just call us at 1-800-464-4000, 24 hours a day, 7 days a week (closed holidays). TTY users call 711.

Arabic: خدمات الترجمة المتوفرة في أي وقت من الحلياء، 24 ساعة في اليوم، 7 أيام في الأسبوع. يمكنك طلب خدمات الترجمة أو ترجمة النصوص باللغة العربية أو الإنجليزية. تواصل معنا على الرقم 1-800-464-4000، 24 ساعة في اليوم، 7 أيام في الأسبوع. الم#: تواصل معنا على الرقم 1-800-464-4000، 24 ساعة في اليوم، 7 أيام في الأسبوع.


Chinese: 每周7天，每天24小时提供免费服务。您可以选择口译服务，要求将资料翻译成您的所需语言或转换为其他格式。我们每周7天，每天24小时均欢迎您打电话1-800-757-7858，与我们联系（节假日除外）。听障及语障专线(TTY)使用者请拨打711。

Hindi: चाहिए कंट्री लागत के दुःखियों के संबंध में अपने भाषा में तथा इंग्लिश में मार्गदर्शन के लिए हमारे सेवकों को यह अनुभव दिलीज में, खासकर एनडीएस, राजस्थान राजस्थान, दिल्ली या अन्य शहरों में मार्गदर्शन दिलीज के लिए इंग्लिश में अनुभव कर सकते हैं। यह केवल हमें 1-800-464-4000 पर, दिन के 24 घंटे, समय के साथ दिन बढ़ता रहता है) छात्र के लिए, TTY उपयोगकर्ता 711 पर काल करें।


Japanese: 当院では、言語支援を無料で、午前中休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。お気軽にお問い合わせください（祭日を除き年中無休）。TTYユーザーは711にお電話ください。

Khmer: ប្រសិនបើអ្នកចង់ការជួយការរកឃើញធាតុឆ្លាក់ស្នោត្ត 24 នាទីឆ្នាំង 7 នាទីអាយុឆ្នាំង ស្នោត្តមូលដ្ឋានប្រការណ៍ ការបង្កើតរឿងស្នោត្តមូលដ្ឋានប្រការណ៍ ស្នោត្តមូលដ្ឋានប្រការណ៍ នៅទីក្រុងឈឺ 1-800-464-4000 ឆ្នាំង 24 នាទីឆ្នាំង 7 នាទីអាយុឆ្នាំង (រឿងស្នោត្តមូលដ្ឋានប្រការណ៍) ស្នោត្តមូលដ្ឋានប្រការណ៍ 711។


Laotian: ເກົາລະອຽມເອົາຮູບຮ່າງສຳນັກງານໂທລ່ຽວໂທຣິການຊີວິດ 24 ເຊັ່ນ, ປະຊາທິບິດ 7 ເຊັ່ນຄຳທຳນັດ. ທ່ານ/ຊຸມທານຊາຍສຳນັກງານໂທລ່ຽວໂທຣິການຊີວິດ, ແຈ່ງເຊັ່ນສຳນັກງານໂທລ່ຽວໂທຣິການຊີວິດ, ປະຊາທິບິດ 711.
Navajo: Saad bee áká'a ayeeed náhóló t’áá jiık'é, naadiin doi biką’ diįį ahéé’iiikeed tsots’iid yiskágajj damoo ná’ádleehjįį. Atah halné’e áká’adoolwołiįį gó, t’áádoó le’ę t’áá hóbaażádiįį hadilvąąg'go, éi doodaii’ naánná lá ał’ág ádaat’eelgįį bee háadilvąąyaa’go. Kójj hodihiih 1-800-464-4000, naadiin doi biką’ diįį ahéé’iiikeed tsots’iid yiskágajj damoo ná’ádleehjįį (Dahodiin biniyée e’e’aaahgo éi da’deelkaal). TTY chodeevoolinįįtįį kojj hodihiih 711.

Punjabi: ਵਿਚ ਵਿੱਚ ਸੁਖਾ ਚੇਕ ਦੇ, ਫਿਰ ਦੇ ਸੋ ਫਿਰ, ਕੂਹਾਰਕੀਅੜ ਮੇਲਾਣ ਡਾਂਤੇ ਕਲੀ ਪ੍ਰਤਕਾਲ ਹੈ। ਨੂੰ ਹਰੇ ਲਿੱਚ ਪੁਰਾਣੀ ਦੀ ਭਾਰਤ ਕਲੀ, ਮਾਨਸਕੀਆਂ ਤੁਂ ਆਪਟੀ ਕਾਮ ਦਿੱਚ ਅੰਤਰਕਟ ਬਲਾਸਿੱਟਾਤੀ ਕਲੀ, ਨੇ ਵਿਚੋ ਨੇ ਪਨੇ ਹਵਾਈ ਦੀ ਪੁਰਾਣੀ ਬਣਾ ਕਲੀ ਬ੍ਰਿਟਿਸ਼ ਬਤ ਮਾਤਰੇ ਹੈ। ਸਾਨ ਰੇਸਰ ਮੋਟੀ 1-800-464-4000 ਫਰ, ਫਿਰ ਦੇ ਸੋ ਫਿਰ (ਹੁਂ ਟੂਅਰ ਦੇ ਹਰੇ ਲਿੱਚ ਚੇਕ ਵਿੱਚ ਹੋਣਗੇ) ਦੇਲ ਬਤੇ। TTY ਰੂ ਪ੍ਰਤਕਾਲ ਬਣਾ ਕਲੀ 711। 'ਟੀ ਟੀ ਬਤਨਾਲ।

Russian: Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Просто позвоните нам по телефону 1-800-464-4000, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи нины TTY могут звонить по номеру 711.

Spanish: Contamos con asistencia de idiomas sin costo alguno para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. Solo llame al 1-800-788-0616, 24 horas al día, 7 días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al 711.

Tagalog: May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Tawagan lamang kami sa 1-800-464-4000, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa 711.

Thai: เราบริการแปลฟรีสำหรับคุณตลอด 24 ชั่วโมง ทุกวันตลอดชั่วโมงทำการของเราสามารถให้คำแนะนำ สำหรับคำถามของคุณที่เกี่ยวกับความคุ้มครองการดูแล สุขภาพของคุณและคุณอย่างสามารถให้มีการแปลเอกสาร รายบุคคลที่สำคัญได้ โดยไม่มีการคิดค่าบริการเพียงไทย ทางเรียกนัดหมาย 1-800-464-4000 ตลอด 24 ชั่วโมงทุกวัน (คิดค่าบริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ 711.

Vietnamese: Dịch vụ thông dịch được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, tài liệu phán dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. Quý vị chỉ cần gọi cho chúng tôi tại số 1-800-464-4000, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi 711.