Benefit Summary
31342 NORTHERN CALIF PIPE TRADES H&WTF

Principal Benefits for
Kaiser Permanente Traditional HMO Plan (7/1/22—6/30/23)

Accumulation Period
The Accumulation Period for this plan is January 1 through December 31.

Out-of-Pocket Maximums and Deductibles
For Services that apply to the Plan Out-of-Pocket Maximum, you will not pay any more Cost Share for the rest of the Accumulation Period once you have reached the amounts listed below.

<table>
<thead>
<tr>
<th>Amounts Per Accumulation Period</th>
<th>Self-Only Coverage (a Family of one Member)</th>
<th>Family Coverage Each Member in a Family of two or more Members</th>
<th>Family Coverage Entire Family of two or more Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Out-of-Pocket Maximum</td>
<td>$1,000</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Plan Deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Drug Deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

Professional Services (Plan Provider office visits)
Most Primary Care Visits and most Non-Physician Specialist Visits ................................ $30 per visit
Most Physician Specialist Visits .................................................................................. $30 per visit
Routine physical maintenance exams, including well-woman exams ................................ No charge
Well-child preventive exams (through age 23 months) ................................................ No charge
Family planning counseling and consultations ................................................................ No charge
Scheduled prenatal care exams ..................................................................................... No charge
Routine eye exams with a Plan Optometrist ................................................................... No charge
Urgent care consultations, evaluations, and treatment ................................................ $30 per visit
Most physical, occupational, and speech therapy ........................................................ $30 per visit

Outpatient Services
Outpatient surgery and certain other outpatient procedures ........................................ $30 per procedure
Allergy antigens (including administration) ................................................................. $3 per visit
Most immunizations (including the vaccine) ................................................................ $30 per visit
Most X-rays and laboratory tests .................................................................................. No charge

Emergency Health Coverage
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.

Ambulance Services
Ambulance Services .................................................................................................... No charge

Prescription Drug Coverage
Covered outpatient items in accord with our drug formulary guidelines:
Most generic items (Tier 1) at a Plan Pharmacy or through our mail-order service $10 for up to a 100-day supply
Most brand-name items (Tier 2) at a Plan Pharmacy or through our mail-order service $25 for up to a 100-day supply
Most specialty items (Tier 4) at a Plan Pharmacy ....................................................... $25 for up to a 30-day supply

Durable Medical Equipment (DME)
DME items as described in the EOC........................................................................... No charge

Mental Health Services
Inpatient psychiatric hospitalization .............................................................................. $100 per admission
Individual outpatient mental health evaluation and treatment ................................ $30 per visit
Group outpatient mental health treatment................................................................. $15 per visit

Substance Use Disorder Treatment
Inpatient detoxification .............................................................................................. $100 per admission
Individual outpatient substance use disorder evaluation and treatment ................ $30 per visit
Group outpatient substance use disorder treatment ................................................ $5 per visit

Home Health Services
Home health care (up to 100 visits per Accumulation Period) ................................ $0 per visit

Other
Hearing aids every 36 months ..................................................................................... Amount in excess of $2,000 Allowance per aid

52599.122.1.S000654688 - KAISER PERMANENTE TRADITIONAL PLAN ACTIVES (continues)
<table>
<thead>
<tr>
<th>Other</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled nursing facility care (up to 100 days per benefit period)</td>
<td>No charge</td>
</tr>
<tr>
<td>Prosthetic and orthotic devices as described in the <em>EOC</em></td>
<td>No charge</td>
</tr>
<tr>
<td>Diagnosis and treatment of infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <em>EOC</em></td>
<td>see <em>EOC</em> for Cost Share</td>
</tr>
<tr>
<td>Assisted reproductive technology (&quot;ART&quot;) Services</td>
<td>Not covered</td>
</tr>
<tr>
<td>Hospice care</td>
<td>No charge</td>
</tr>
</tbody>
</table>

This proposal is a summary and does not include all benefits, member cost share, out-of-pocket maximums, exclusions, or limitations. For a complete description, please refer to the *Evidence of Coverage*. 
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>
</table>
| **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. | **Office visit cost share:** $15 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)  
**Office visit limit:** 20 visits per year  
**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. |

**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.

**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](http://ashlink.com/ash/kaisercamedicare) for Kaiser Permanente Senior Advantage members, or [ashlink.com/ash/kp](http://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.

**ASH Plans:** American Specialty Health Plans of California, Inc., a California corporation.

**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: تعاون أقسام الترجمة اللغة متوفرة لك في أي وقت، 24 ساعة في اليوم، 7 أيام في الأسبوع. إذا كنت بحاجة إلى خدمة الترجمة، أو خدمة غير منها إلى شكل آخر، أو ترجمة المواد إلى لغتك، يمكننا الإجابة على احتياجاتك. اتصل بنا على الرقم 1-800-464-4000، 24 ساعة في اليوم، 7 أيام في الأسبوع.

Armenian: օգտվողները 711-ից զանգահարեն օգնություն անվճար է տալիս: Օրինակ, ինչպես երկարակարգված ծրագրեր թարգմանված կամ թարգմանված լեզվով, Ձեր բանավոր 7 օր կարող 24-24 ժամ անց ձեզ տրամադրվել հարցում: TTY օգտատերը 711-ից կարող են օգնել.

Chinese: 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務，要求將資料翻譯成您所用語言或轉換為新的格式。我們每週 7 天，每天 24 小時均歡迎您打電話 1-800-757-7585 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 711。

Hindi: बिना किसी लागत के दुबारिया सेवाएं, दिन के 24 घंटे, साप्ताहिक के मात्र तिन उपलब्ध हैं। आप एक दुबारिया की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। बस केवल हमें 1-800-464-4000 पर, दिन के 24 घंटे, साप्ताहिक के मात्र तिन (छह) बजे बंद (जहाँ तिन) है) कॉल करें। TTY उपयोगकर्ता 711 पर कॉल करें।

Japanese: 当院では、言語支援を無料で、年中無休、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 1-800-464-4000 までお電話ください（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: អរើប្រឹកត សូមស្វែងរកសេវាការជួយរៀនរបស់អ្នក 24 ថ្ងៃ 7 នាទី ស្វែងរកសេវាការជួយរៀនរបស់អ្នក 24 ថ្ងៃ 7 នាទី និងសេវាការជួយរៀនរបស់អ្នក 24 ថ្ងៃ 7 នាទី (ំពីសេវាការជួយរៀន TTY ដៅលែង 711)។


Laotian: ພາສາនេះដើរដឹងអាចធ្វើការដាច់ទុកថាមកពីទីផ្សារផ្សេងទៀត៖ ទាបតុក, សប្ដាហ៍ 24 ថ្ងៃ 7 នាទី, 7 បាល់តំណើរ, ជាមួយ សមាជិកប្រកួតខ្មែរប្រភេទណ៍, ប្រកួតខ្មែរ សមាជិកប្រកួតបង្គារាល, កីតិបត្រអន្តរជាតិ សមាជិកប្រកួតបង្គារាល, កីតិបត្រអន្តរជាតិ សមាជិកប្រកួតបង្គារាល TTY ដៅលែង 711, សប្ដាហ៍ 24 ថ្ងៃ 7 នាទី, 7 បាល់តំណើរ (ពីមាសបង្កើតឆ្នាំ) បើកដោយ TTY ជួល 711.
Navajo: Saad bee áká’á ayeed nálóló t’áá jiik’é, naadinii doo bibąą’ diį’ ahéé’iikkeed tsosts’id yiskáajj damoo ná’ádleehjí. Atah halne’é áká’adoolwolígíí jókí, t’áadoo le’é t’aá hóhazaadjí hadilyąą’ go, éi doodai’ náná lá al’ą́a ádaat’ehigii bee hádadiyaa’ go. Koį́ hodiiilnih 1-800-464-4000, naadinii doo bibąą’ diį’ ahéé’iikkeed tsosts’id yiskáajj damoo ná’ádleehjí (Dahodiyn biniiyé e’e’aahgo éí da’deelkaal). Kojí hodiilnih 1-800-464-4000, naadinii doo bibąą’ d̨í ahéé’iikkeed tsosts’id yiskáajj damoo ná’ádleehjí (Dahodiyn biniiyé e’e’aahgo éí da’deelkaal). TTY chodeeyoolínígíí kojí hodiilnih 711.

Punjabi: ਬਿਨ ਾਂ ਬਿਸੀ ਲ ਗਤ ਦੇ, ਬਦਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਬਦਨ, ਦੁਭ ਸੀਆ ਸੇਵ ਵ ਾਂ ਤੁਹ ਲਈ ਉਪਲਿਧ ਹੈ। ਤੁਸੀਂ ਇੱਕ ਦੁਭ ਸੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਾਂ ਨਾਂ ਆਪਣੀ ਭ ਸ ਬਵੱਚ ਅਨੁਵ ਦ ਿਰਵ ਉਣ ਲਈ, ਜ ਾਂ ਬਿਸੇ ਫ ਰਮੈਟ ਬਵੱਚ ਪਰ ਪਤ ਿਰਨ ਲਈ ਹੋ। ਇਸ ਬਸਰਫ਼ ਸ ਨਾਂ 1-800-464-4000 ਜਾਂ ਬਦਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਬਦਨ ((ਛੁੱਟੀਆਾਂ ਵ ਲੇ ਬਦਨ ਿੰਦ ਰਬਹੰਦ ਹੈ)) ਫ਼ੋਨ ਮਿਰੋ। ਤਿਆਲੀ ਹਿੰਦੀ ਲਿਂਗ 711 ਤੇ ਫ਼ੋਨ ਮਿਰਨ।

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 линии 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. Maari 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 araw bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa 711.

Thai: เราถือว่าการสื่อสารที่สำคัญคือ 24 ชั่วโมง ที่เราแนะนำขั้นตอนที่ท่านสามารถทำได้ทันที ทางศูนย์กลางภาษาของคุณที่เกี่ยวข้องกับความต้องการของคุณ ศูนย์กลางภาษาของคุณและคุณสามารถใช้การแปลเอกสาร ระบันรายการที่คุณใช้ได้โดยไม่มีการคิดค่าบริการเพียงไทย หากท่านติดต่อ 1-800-464-4000 ตลอด 24 ชั่วโมงทุกวัน (ที่ให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ 711.