

**Disclosure Form Part One**

35995/128742 ACWA JPIA

**Principal Benefits for  
Kaiser Permanente Traditional HMO + Optical Plan (1/1/23—12/31/23)**

**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.

<b>Amounts Per Accumulation Period</b>	<b>Self-Only Coverage (a Family of one Member)</b>	<b>Family Coverage Each Member in a Family of two or more Members</b>	<b>Family Coverage Entire Family of two or more Members</b>
Plan Out-of-Pocket Maximum	\$1,500	\$1,500	\$3,000
Plan Deductible	None	None	None
Drug Deductible	None	None	None

**Plan Provider Office Visits**

**You Pay**

Most Primary Care Visits and most Non-Physician Specialist Visits .....	\$10 per visit
Most Physician Specialist Visits .....	\$10 per visit
Routine physical maintenance exams, including well-woman exams ....	No charge
Well-child preventive exams (through age 23 months) .....	No charge
Scheduled prenatal care exams .....	No charge
Routine eye exams with a Plan Optometrist.....	No charge
Urgent care consultations, evaluations, and treatment .....	\$10 per visit
Most physical, occupational, and speech therapy .....	\$10 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 .....	\$10 per procedure
Most immunizations (including the vaccine).....	No charge
Most X-rays and laboratory tests .....	No charge

**Hospitalization Services**

**You Pay**

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.....	No charge
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**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 .....	\$50 per trip
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**Prescription Drug Coverage**

**You Pay**

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 .....	\$5 for up to a 100-day supply
Most brand-name items (Tier 2) at a Plan Pharmacy or through our mail-order service .....	\$15 for up to a 100-day supply
Most specialty items (Tier 4) at a Plan Pharmacy .....	\$15 for up to a 30-day supply

**Durable Medical Equipment (DME)**

**You Pay**

DME items as described in the EOC .....	20% Coinsurance
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**Mental Health Services**

**You Pay**

Inpatient psychiatric hospitalization .....	No charge
Individual outpatient mental health evaluation and treatment .....	\$10 per visit
Group outpatient mental health treatment .....	\$5 per visit

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(continued)

<b>Substance Use Disorder Treatment</b>	<b>You Pay</b>
Inpatient detoxification .....	No charge
Individual outpatient substance use disorder evaluation and treatment .....	\$10 per visit
Group outpatient substance use disorder treatment .....	\$5 per visit
<b>Home Health Services</b>	<b>You Pay</b>
Home health care (up to 100 visits per Accumulation Period) .....	No charge
<b>Other</b>	<b>You Pay</b>
Eyeglasses or contact lenses:	
Eyeglass frame every 24 months .....	Amount in excess of \$125 Allowance
Regular eyeglass lenses every 12 months .....	No charge
Contact lenses every 12 months .....	Amount in excess of \$125 Allowance
Skilled nursing facility care (up to 100 days per benefit period) .....	No charge
Prosthetic and orthotic devices as described in the <i>EOC</i> .....	No charge
Services to diagnose or treat infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the <i>EOC</i> .....	the Cost Share you would pay if the Services were to treat any other condition
Assisted reproductive technology ("ART") Services .....	Not covered
Hospice care .....	No charge
Chiropractic .....	\$10 per visit up to 30 visits

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This is a summary of the most frequently asked-about benefits. 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 a complete explanation, please 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](https://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

Services	Cost Sharing and Office Visit Maximums
<p>Chiropractic Services are covered when provided by an ASH Participating Provider and medically necessary to treat and/or diagnose Musculoskeletal and Related Disorders. You can obtain services from any ASH Participating Provider without a referral from a Plan Physician.</p>	<p><b>Office visit cost share:</b> \$10 copay per visit</p> <p><b>Office visit limit:</b> 30 visits per year</p> <p><b>Chiropractic appliance benefit:</b> If the amount of the appliance in the ASH Plans fee schedule exceeds \$50, you will pay the amount in excess of \$50, and that payment will not apply toward any applicable deductible or out-of-pocket maximum. 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.</p>

**Office visits:** Covered Services are limited to Medically Necessary Chiropractic Services authorized and provided by ASH Participating Providers except for 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. Each office visit counts toward any visit limit, if applicable, even if an adjustment is not provided during the visit.

**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.

## ASH Participating Providers

ASH Plans contracts with ASH Participating Providers and other licensed providers to provide covered Chiropractic Services, including laboratory tests, X-rays, and chiropractic appliances. You must receive covered 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 ASH Participating Providers or other licensed providers with which ASH contracts to provide covered Services 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/kp](http://ashlink.com/ash/kp) or from the ASH Plans Customer Service Department toll free at **1-800-678-9133 (TTY 711)**, weekdays from 5 a.m. to 6 p.m. 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 Services. ASH Plans will disclose to you, upon request, the process that it uses to authorize, modify, delay, or deny a request for authorization. If you have questions or concerns, please contact 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 Services, you must pay your Cost Share amount as described in the *Chiropractic Services Amendment* of your Health Plan *Evidence of Coverage*. The Cost Share does not apply toward the Plan Out-of-Pocket Maximum described in the Health Plan *Evidence of Coverage*.

**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 contracts, you may call 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 *Evidence of Coverage*.

**Exclusions and Limitations**

- 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 types of diagnostic imaging or radiology other than X-rays covered under the "Covered Services" section of your *Chiropractic Services Amendment*
  - Ambulance and other transportation
  - Education programs, nonmedical self-care or self-help, any self-help physical exercise training, and any related diagnostic testing
  - Services for pre-employment physicals or vocational rehabilitation
  - 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 *Chiropractic Services Amendment*
  - 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
  - Adjunctive therapy not associated with spinal, muscle, or joint manipulations
  - Dietary and nutritional supplements, such as vitamins, minerals, herbs, herbal products, injectable supplements, and similar products
  - Massage therapy
  - Services provided by a chiropractor that are not within the scope of licensure for a chiropractor licensed in California
  - Maintenance care (services provided to members whose treatment records indicate that they have reached maximum therapeutic benefit)
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## Definitions

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

**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 manipulative services (including 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 a reasonable person could expect the absence of immediate Chiropractic Services to result in serious jeopardy to your health or body functions or organs.

**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.

**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.

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This is only a summary and is intended to highlight only the most frequently asked questions about the benefit, including cost shares. Please refer to the *Chiropractic Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for a detailed description of the chiropractic benefits, including exclusions and limitations, Emergency Chiropractic Services, and Urgent Chiropractic Services.

Kaiser Foundation Health Plan, Inc. (Health Plan), contracts with American Specialty Health Plans of California, Inc. (ASH Plans), to make the ASH Plans network of ASH Participating Providers available to you. You can obtain covered Services from any ASH Participating Provider without a referral from a Plan Physician. Your Cost Share is due when you receive covered Services. Please see the definitions section of your *Chiropractic Services Amendment of the Kaiser Foundation Health Plan, Inc., Evidence of Coverage* for terms you should know.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-678-9133 (TTY: 1-877-257-2746).

ملحوظة: إذا كنت تتحدث انكليزية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-678-9133 (رقم هاتف الصم والبكم: 1-877-257-2746).

ՈՒՇԱՂԴՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, սպասե՛ք անվճար կարող եմ տրամադրվել լեզվական աջակցության ծառայություններ: Տեսակապե՛ք 1-800-678-9133 (TTY (հեռաձայն)՝ 1-877-257-2746):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-678-9133 (TTY: 877-257-2746) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-678-9133 (TTY: 1-877-257-2746) पर कॉल करें।

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-678-9133 (TTY: 1-877-257-2746).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-678-9133 (TTY: 1-877-257-2746) まで、お電話にてご連絡ください。

ឆ្លើយ: បើអ្នកនិយាយភាសាខ្មែរ, ការជំនួយភាសាឥតគិតថ្លៃសម្រាប់អ្នកមានសេវាសម្រាប់អ្នកឮ ។ ទូរស័ព្ទ 1-800-678-9133 (TTY: 1-877-257-2746)។

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-678-9133 (TTY: 1-877-257-2746)번으로 전화해 주십시오.

Dii baa akó nínizin: Dii saad bee yánílti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éi ná hóló, koji' hódíilnih 1-800-678-9133 (TTY: 1-877-257-2746).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-678-9133 (TTY: 1-877-257-2746) 'ਤੇ ਕਾਲ ਕਰੋ।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-678-9133 (телефакс: 1-877-257-2746).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-678-9133 (TTY: 1-877-257-2746).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-678-9133 (TTY: 1-877-257-2746).

ไทย: มีบริการช่วยเหลือทางภาษาฟรี โทร 1-800-678-9133 (TTY: 1-877-257-2746)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-678-9133 (TTY: 1-877-257-2746)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-678-9133 (TTY: 1-877-257-2746).