

Offer your employees the best of both worlds with Kaiser Permanente Added Choice

Available providers

Added Choice offers 3 levels of coverage. The doctors and hospitals you choose to see will determine how much you pay.

	KP Providers Tier 1	Contracted Providers Tier 2	Non-Contracted Providers Tier 3
Hawaii	<ul style="list-style-type: none"> 700+ physicians and clinicians 20+ KP facilities Urgent and emergency care 	<ul style="list-style-type: none"> 3,000+ contracted physicians 160+ contracted hospitals and care facilities¹ 	Any other licensed physician
Kaiser Permanente States (see map on other side)	<ul style="list-style-type: none"> 39 hospitals 622 medical office buildings in 8 states and the District of Columbia Urgent and emergency care 	N/A	Any other licensed physician
Non-Kaiser Permanente States	Urgent and emergency care	Cigna PPO Network	Any other licensed physician
Prescriptions	Any Kaiser Permanente facility	Med Impact Network, which includes Longs, Times, KTA, and Pharmacare Hawaii	Med Impact Network non-contracted pharmacies are not covered under this benefit plan.
Referrals	Yes, specialists require referral from primary care physician	No, referrals are not required to see specialists, however, pre-certification may be required for some inpatient and outpatient procedures.	
Example: How much would a \$250 office visit for a covered expense cost you? ²	Set copays and coinsurance: Total bill charge: \$250 Your copayment: \$20 Your total payment: \$20	20% coinsurance May vary based on provider After annual deductible is met: Total bill charge: \$250 MAC: ³ \$180 You pay 20% of the MAC (\$180 x 20%): \$36 KPIC pays \$144 (\$180 x 80%) Your total responsibility: \$36	20% of maximum allowable cost plus potential balanced billing After annual deductible is met: Total billed charge: \$250 MAC: ³ \$180 You pay 20% of the MAC (\$180 x 20%): \$36 You are also responsible for the difference between the billed charge and the MAC (\$250 - \$180 = \$70) KPIC pays \$144 Your total responsibility: (\$36 + \$70): \$106

Kaiser Foundation Health Plan, Inc. underwrites the Kaiser Permanente provider option of this plan. The contracted and non-contracted provider options of this plan are underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP).



Dedicated Support for Your Employees

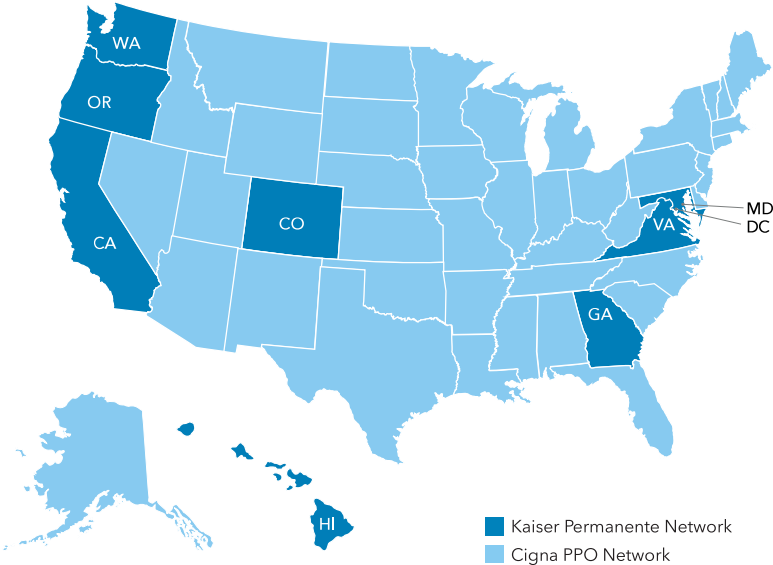
For your employees who are managing chronic conditions or have specialty medical needs, it can be tough to make the change to a new health care system. Fortunately, with the Kaiser Permanente Added Choice Point-of-Service Plan, your employees can choose to transition their care to Kaiser Permanente or continue seeing their non-Kaiser Permanente providers.

If your employee chooses to transition their care to Kaiser Permanente, our dedicated team can help minimize disruption while managing their care transition and connecting them with doctors, specialists, and prescription medications to meet their needs.

If your employees choose to continue seeing their current providers, and to avoid any surprise costs, it is important for them to understand if their providers fall under Tier 2 or Tier 3.

To ensure your employees have the knowledge and information they need to make the best medical and financial choices for themselves and their family, Kaiser Permanente can provide hosted Office Hours with each employee to go over their options. Once your employees join a Kaiser Permanente health plan, our Customer Service team is here to chat with each member 1-1 about their specific health care situation and needs. Call Customer Service at **1-800-238-5742 (TTY 711)**, Monday through Friday 8a.m. to 5 p.m., Saturday, 8 a.m. to 12 p.m. HST

Whether your employees choose among Kaiser Permanente's many top doctors⁴ or select their own providers under our Added Choice Point-of-Service Plan, our team will help them connect to the right care.



¹Contracted providers, hospitals, and care facilities in Hawaii as of November 2022.

²This example is an illustration of the type of out-of-pocket costs you may incur based on the type of provider you choose. Your actual plan benefits may vary from the example shown. Benefits under the Added Choice plan are also subject to exclusions and limitations.

³Maximum Allowable Charge (MAC)

The maximum charge that we will allow for a covered service you receive from contracted or non-contracted health care providers. For non-emergency services, the MAC is determined by Kaiser Permanente Insurance Company (KPIC) as the lesser of: (1) the usual and customary charge for services or supplies generally made by providers within a local area; (2) the rate KPIC has negotiated with the provider for covered services; or (3) the actual billed charges for the covered services. For non-contracted providers, this amount may be less than the amount billed by your provider. You may be responsible for any amount in excess of the MAC when seeking care from non-contracted providers. You can find a more detailed description of the MAC in your KPIC Certificate of Insurance. An exception to this definition exists for emergency services rendered by non-contracted providers. Please see your KPIC Certificate of Insurance for details regarding this exception.

⁴223 of our doctors are recognized as Castle Connolly Top Doctors and Rising Stars in 2023. This list is excerpted from the Castle Connolly Top Doctors database. For more information, visit castleconnolly.com. At Kaiser Permanente Hawaii, you have access to more than 700 physicians and clinicians in over 100 specialties.