

1. Self-Funded Program Overview

1.1 Kaiser Permanente Insurance Company (KPIC)

Kaiser Permanente Insurance Company (KPIC), an affiliate of Kaiser Foundation Health Plan, Inc. (KFHP), administers KP’s Self-Funded Program. KPIC contracts with each Self-Funded Plan Sponsor (an “Other Payor” under your Agreement) to provide administrative services for the Plan Sponsor’s Self-Funded plan. KPIC has a dedicated team to coordinate administration with the Plan Sponsors. KPIC provides network management and certain other administrative functions through an arrangement with KFHP.

1.2 Third Party Administrator (TPA)

KPIC has contracted with a Third Party Administrator (TPA), HealthPlan Services, a Wipro Company (formally known as Harrington Health), to provide certain administrative services for KP’s Self-Funded Program, including claims processing, eligibility information, and benefit administration.

The TPA administers the Customer Service System, with automated functions as well as access to customer service representatives, which allows you to check eligibility, benefit, and claims information for Members.

The automated system (interactive voice response or IVR) is available 24 hours a day, 7 days a week. Customer service representatives are available Monday–Friday from 7 A.M. to 9 P.M. Eastern Time Zone (ET) (4 A.M. to 6 P.M. Pacific Time Zone) – see Section 2.2 of this Provider Manual.

1.3 Self-Funded Products

KP offers a Self-Funded Exclusive Provider Organization product administered by KPIC.

1.3.1 Exclusive Provider Organization (EPO)

- Mirrors our HMO product, offered on a Self-Funded basis
- Self-Funded EPO Members choose a KP primary care provider and receive care at KP or (contracted) plan medical facilities
- Except when referred by The Permanente Medical Group, Inc. (TPMG) physician or their designee, Self-Funded EPO Members will be covered for non-emergency care only at designated plan medical facilities and from designated plan practitioners

1.4 Identification Cards

Each Member is issued a Health Identification Card (Health ID Card). Members should present their Health ID Card and photo identification when they seek medical care.

Each Member is assigned a unique Medical Record Number (MRN), which is used to locate membership and medical information. Every Member receives a Health ID Card that shows their unique number. If a replacement card is needed, the Member can order a Health ID Card online or call Self-Funded Customer Service.

The Health ID Card is for identification only and does not give a Member rights to services or other benefits unless they are eligible. Anyone who is not eligible at the time of service is responsible for paying for services provided.

Exclusive Provider Organization (EPO)

