

Kaiser Permanente Hawaii

# 2025 Annual Subscriber Notice



This mailing contains information and notices we are required to provide to all subscribers.

- Health plan information
- Prescription drug labeling
- Your rights and protections against surprise medical bills
- Newborns' and Mothers' Health Protection Act
- Women's Health and Cancer Rights Act of 1998
- Nondiscrimination Notice
- Help in your language

# Health plan information

Information about plan benefits and medical services listed below can be found in your Evidence of Coverage<sup>1</sup>. For a printed copy of the information, please contact Member Services toll free (Monday through Friday, 8 a.m. to 5 p.m.; Saturday, 8 a.m. to noon) at **1-800-966-5955** or TTY **711**.

## Health benefits

- Benefits, services, and copays
- Submitting claims
- Receiving care outside of Kaiser Permanente's service area
- Pharmaceutical management procedures (also at [kp.org/hawaii/formulary](https://www.kp.org/hawaii/formulary))

## Member rights

- Rights and responsibilities (also at [kp.org/memberrights/hi](https://www.kp.org/memberrights/hi))
- Complaint procedures
- Appeal procedures
- Language services
- Nondiscrimination
- Privacy notices (also at [kp.org/privacy/hi](https://www.kp.org/privacy/hi))

## Health services (also at [kp.org/hawaii/getcare](https://www.kp.org/hawaii/getcare) and [kp.org/hawaii/medicalstaff](https://www.kp.org/hawaii/medicalstaff))

- Primary care services and doctors
- Specialty care services and doctors
- Behavioral health care services
- Hospital services
- Emergency care
- Urgent care/after-hours care
- Care outside of Kaiser Permanente's service area

## Additional health plan information available on [kp.org](https://www.kp.org)

- Quality and patient safety at [kp.org/hawaii/quality](https://www.kp.org/hawaii/quality)
- Utilization management process at [healthy.kp.org/hawaii/pages/utilization-management](https://www.healthy.kp.org/hawaii/pages/utilization-management)
- New medical technologies and our Patient Centered Medical Home approach at [healthy.kp.org/hawaii/pages/quality-safety/commitment-to-quality](https://www.healthy.kp.org/hawaii/pages/quality-safety/commitment-to-quality)
- Health classes, online guides and tools to support your health goals at [kp.org/hawaii/health-wellness](https://www.kp.org/hawaii/health-wellness)

<sup>1</sup>The Evidence of Coverage for Commercial and Marketplace members is available online at [kp.org/formsandpubs](https://www.kp.org/formsandpubs) or upon request to Member Services; the Evidence of Coverage for Medicare members is available online at [kp.org/eochi](https://www.kp.org/eochi) or upon request to Member Services.

# Prescription drug labeling

Prescription drug label information is available in alternative formats for individuals who have difficulty seeing or reading standard printed labels on prescription drug containers. For more information, call **808-643-7979**.

# Your rights and protections against surprise medical bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

## What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain **out-of-pocket costs**, like a **copayment**, **coinsurance**, or **deductible**. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network and/or your plan does not cover out-of-network services.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than your in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit. Your health plan coverage may not cover out-of-network services when you agree (consent) to receive services from the out-of-network providers.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care – like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service. Providers and facilities are not balance billing you when they seek to collect cost sharing or another amount that you agreed to pay or are required to pay under your plan for the services that they provided.

## You're protected from balance billing for:

### Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

### Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out of network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services, or when an in-network provider is not available. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

**You're never required to give up your protections from balance billing.** You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

## **When balance billing isn't allowed, you also have these protections:**

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization")
  - Cover emergency services by out-of-network providers and facilities
  - Base what you owe the provider or facility (your cost-sharing) on what it would pay an in-network provider or facility and show that amount in your Explanation of Benefits
  - Count any amount you pay for emergency services or non-emergency services provided by certain out-of-network providers at an in-network facility toward your in-network deductible and out-of-pocket limit

**If you think you've been wrongly billed by a provider or facility**, contact the federal government at: **1-800-985-3059** or the Hawaii Insurance Division, Department of Commerce and Consumer Affairs at <https://cca.hawaii.gov/ins/consumers/health/> or call **808-586-2804**.

Visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers) for more information about your rights under federal law.

## **Newborns' and Mothers' Health Protection Act**

The Newborns' and Mothers' Health Protection Act requires that health benefit policies which provide maternity benefits must provide coverage for a minimum of 48 hours of inpatient care following a normal vaginal delivery and a minimum of 96 hours of inpatient care following a cesarean section for a mother and her newborn child. The care must be provided in a licensed health care facility.

A decision to shorten the length of stay may be made only by the attending health care provider after conferring with the mother. If the stay is shortened, coverage must be provided for up to 2 follow-up visits with specified health care providers with the first being within 48 hours after discharge. After conferring with the mother, the health care provider must determine whether the initial visit will be conducted at home or at the office and whether a second visit is appropriate. Specified services are required to be provided at such visits.

Covered benefits are subject to all provisions described in your plan, including but not limited to: copayments, coinsurance, deductibles, exclusions, limitations, and reductions.

## **Women's Health and Cancer Rights Act of 1998**

The Women's Health and Cancer Rights Act of 1998 was passed into law on October 21, 1998. This federal law requires all health insurance plans that provide coverage for a mastectomy must also provide coverage for the following medical care:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications at all stages of the mastectomy, including lymphedemas

We provide medical and surgical benefits for a mastectomy. Covered benefits are subject to all provisions described in your plan, including but not limited to: copayments, coinsurance, deductibles, exclusions, limitations, and reductions.

## **Nondiscrimination Notice**

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, braille, and accessible electronic formats
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-966-5955** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at:

### **Membership Services**

**Attn: Kaiser Civil Rights Coordinator**

**711 Kapiolani Blvd**

**Honolulu, HI 96813**

**1-800-966-5955**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at <https://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice>

## Help in your language

**ATTENTION:** If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

**Cebuano (Bisaya) PAGPAHIMANGNO:** Kung nag-istorya ka og Cebuano, ang mga serbisyo sa tabang sa pinulongan lakip ang angay nga mga auxiliary nga mga himan ug serbisyo, libre, anaa kanimo. Tawag sa **1-800-966-5955** (TTY: **711**).

**中文 (Chinese) 注意事項:** 如果您說中文, 您可獲得免費語言協助服務, 包括適當的輔助器材和服務。致電 **1-800-966-5955** (TTY: **711**)。

**Chuuk (Chukese) ESINESIN:** Ika en mi sine Fosun Chuuk, mi kawor aninisin fosun fonu mei pachonong pisekin aninis, ese kamo, mi kawor ngonuk. Kekeru **1-800-966-5955** (TTY: **711**).

**‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI:** Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke nā lawelawe kōkua ‘ōlelo me nā kōkua kōkua kūpono a me nā lawelawe, manuahi ‘ole, loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

**Iloko (Ilocano) ATENSION:** No makasaoka iti Ilokano, dagiti serbisio a tulong iti pagsasao agraman dagiti maitutop a kanayonan a tulong ken serbisio, a libre, ket mabalina a mausar para kenka. Tawagan ti **1-800-966-5955** (TTY: **711**).

**日本語 (Japanese) 注意:** 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。 **1-800-966-5955** までお電話ください (TTY: **711**)。

**한국어 (Korean) 주의:** 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-966-5955** (TTY: **711**) 로 전화해 주세요.

**ລາວ (Laotian) ເອົາໃຈໃສ່:** ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-966-5955** (TTY: **711**).

**Kajin Majōl (Marshallese) Roñjake:** Ñe kwōje!ā kajin Kajin Majōl, eo ej jipañ eok ilo kajin in ekaoba jermal ko jet, ejje!ok oñāāer, repe!lok ñan eok. Kūr tok **1-800-966-5955** (TTY: **711**).

**Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN:** Díí saad bee yánífti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, biniit’aa da beeso ndinish’aaah t’aala’l bí’aa ‘anashwo’ doo biniit’aa, t’aadoo baahilinigoo bits’aadoo yeel, t’áá jiiik’eh, éí ná hóló, koji’ hódíílnih **1-800-966-5955** (TTY: **711**).

**Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR:** Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien me kele mehleh oh sarawi kan me pahn limpoak, en kak sawa ni ke, lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

**Faa-Samoa (Samoa) FA’AMALU:** Afai e te tautala i le Gagana Samoa, o auaunaga fesoasoani i le gagana, e aofia ai meafaigaluega talafeagai ma auaunaga, e leai ni totogi, o lo’o avanoa mo oe. Fa’amalie atu i le **1-800-966-5955** (TTY: **711**).

**Español (Spanish) ATENCIÓN:** Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-966-5955** (TTY: **711**).

**Tagalog (Tagalog) PAALALA:** Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

**Lea Faka-Tonga (Tongan) FAKATOKANGA'I:** Kapau 'oku ke lea Faka-Tonga, 'oku 'i ai ha sevesi tokoni fakatonu lea pea mo ha naunau me'a fanongo, 'oku ta'etotongi, mo faingamalie kiate koe. Taa **1-800-966-5955** (TTY: **711**).

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-966-5955** (TTY: **711**).



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