

ATTACHMENT C

STATE HEALTH INSURANCE PROGRAM BENEFITS

KAISER PERMANENTE

State Health Insurance Program Benefits: Kaiser Permanence

<u>Services</u>	<u>CoPayment</u>
Outpatient Services:	
Unlimited doctor's and other health professional's office visits	\$5/visit
Health evaluations for adults, children's physicals, and well-baby care	\$5/visit
Eye examinations for glasses	\$5/visit
Immunizations (except hepatitis B, mass immunizations, and new immunizations will be provided at 1/2 non-member rates). Immunizations not in general use are not covered	No charge
Diagnostic and routine laboratory tests and x-ray procedures	No charge
Minor surgical procedures	\$5/visit
Inhalation therapy	No charge
Injections, including allergy medications	No charge
Chemotherapy medications for cancer treatment	No charge
Physical therapy and x-ray therapy	No charge
Occupational and speech therapy	1/2 non-member rates
Routine casts and dressings	No charge
Take-home supplies	Reasonable charges
Hospital Services:	
All physicians' medical and surgical services	No charge
Room and board, general nursing, use of operating room, drugs and medicines, injections, special duty nursing (when prescribed). No limit on number of days	No charge
X-ray and laboratory tests	No charge

Inhalation therapy	No charge
Physical and x-ray therapy	No charge
Occupational and speech therapy	1/2 non-member rates
Dressings, casts, blood transfusions (if blood is-replaced)	No charge
Extended care services (up to 60 days of prescribed extended care services in a skilled nursing facility each year)	No charge for first 20 days, 25% on non-member rates from 21st to 60th day

Emergency Services:

At any Kaiser Foundation hospital or medical facility	Regular benefits apply
At non-Kaiser hospitals or medical facilities, if conditions are deemed to be emergencies according to Kaiser Permanence guidelines	Regular benefits apply, with a \$25 copayment for each claim (coverage for initial emergency treatment only)

Maternity, Family Planning, and Infertility Treatment Services:

No waiting period for benefit, Full physician's services (prenatal care, delivery, and care during confinement), laboratory tests, and all hospital services	No charge after pregnancy is confirmed
Interrupted pregnancy	No charge
In-vitro fertilization (limited to one procedure per lifetime after 12 consecutive months of membership)	20 percent of charges
Family planning services	\$5/visit
Infertility services	\$5/visit

Mental Health and Alcohol/Drug Dependence Services:

Up to 20 office visits per year:	
1st - 6th visit:	\$5/visit
7th - 20th visit:	20 percent of applicable charges
Hospital care:	
30 days/year	20 percent of

applicable charges

**Physician visits:
30/year**

**20 percent of
applicable charges**

Each day of mental health hospitalization may be exchanged for two days of non-hospital residential treatment services, or two days of partial hospitalization services, or two days of day-treatment services. Limited to two treatment episodes per lifetime for alcohol/drug dependence services.

**Other Services:
(when medically required and approved or prescribed by a Kaiser Permanence physician)**

Ambulance services

No charge

Home health care

No charge

Hospice care

No charge

Copayment Maximums for 1990:

**\$700/member/year, and
\$2,100/family unit/year**

**Services applicable to copayment maximums are:
office visits, speech and occupational therapy,
and the first 20 visits for mental health care.**

Drug Plan:

There is partial coverage for drugs for which a prescription by a physician or dentist is required by law, when such prescriptions are purchased at a Kaiser Permanence medical facility. The member pays \$2 per prescription, provided the quantity prescribed does not exceed 34 days' supply, one cycle of a contraceptive drug, 100 dosage units for oral solids, or 4 oz. for liquid medications. If the medication prescribed is for a greater quantity, the member pays \$2 for each multiple of that quantity or fraction thereof. Refills are handled in the same manner as original prescriptions and must be obtained from the same pharmacy and location.

In addition, when prescribed by a physician, members may obtain the following:

- Insulin and other diabetes supplies
- Diaphragms and contraceptive pills
- Certain medications that do not require a prescription, as listed in the Kaiser Permanente formulary

The following are not covered:

- Drugs for which a prescription is not required by law, except for those listed above
- Drugs obtained from a non-Plan pharmacy
- Vitamins
- Drugs and other medications when used primarily for cosmetic purposes
- Medical supplies such as dressings and antiseptics
- Medications injected by a physician or nurse in a medical office or in the home
- Reusable devices such as blood-sugar testing meters and finger lancet cartridges
- Drugs and other medications associated with treatment of, AIDS or AIDS-related complex (ARC)

Coverage Exclusions:

- Conditions covered by workers' compensation or any other employer liability law
- Care required to be provided by any government program except Medicaid
- Custodial, domiciliary, or convalescent care
- Plastic surgery and other services for cosmetic purposes
- Dental care, including temporal-mandibular joint dysfunction
- Certain physical examinations required for obtaining or continuing employment or government licensing
- Services of podiatrists and routine foot care

Services to reverse voluntary surgically induced infertility

Experimental or investigational services

Procedures not generally and customarily available

Blood and blood products

Procedures, services, and supplies related to sex transformation

Organ transplants, except for kidney, liver, and heart transplants (HPMG criteria must be met); heart transplants and liver transplants for members older than 18 are not covered for those who have had less than 12 months of continuous membership

Durable medical equipment

Corrective appliances and artificial aids, such as braces, prosthetic devices, eyeglasses, and hearing aids

Eye examinations for contact lenses

Eye exercises

Source: Center for Health Research, Kaiser Permanence, Portland, Oregon; School of Public Health, University of Hawaii at Manoa, Honolulu, Hawaii; and Hawaii Medical Service Association Foundation, Honolulu, Hawaii, The State Health Insurance Program of Hawaii: From Legislative Priority to Reality, submitted to Department of Health, State of Hawaii, December 10, 1991, 460 pp.