



## HMO

When you choose a Kaiser Permanente HMO plan, you'll enjoy time-saving convenience and high quality, personalized care. You can choose from six different HMO plans. They range from our affordable plans with low copays and low deductibles, to plans with higher out-of-pocket costs in favor of low monthly premiums. With options starting at less than \$60 a month,<sup>1</sup> you're sure to find a plan that fits your budget!

Here are a few good reasons to choose Kaiser Permanente HMO:

### ■ Affordable coverage

Copays for primary care visits are only \$30. And no matter which plan you choose, your affordable monthly premiums include coverage for preventive care, hospitalization, and prescriptions.

### ■ Wide selection of doctors

In addition to doctors at our 12 Kaiser Permanente Medical Centers, you'll have access to 1,000 affiliated doctors practicing in their own offices all over town.

### ■ Convenience

You can save time by seeing a doctor and getting lab, X-ray, and pharmacy services *all in one building*—at most Kaiser Permanente Medical Centers. You can also see a doctor at night or on weekends at one of several locations,<sup>2</sup> get nurse advice 24 hours a day by phone, or even make a same-day appointment at our medical centers. And you can order prescription refills, request appointments, email an advice nurse or pharmacist, or research health topics right from home at [kp.org](http://kp.org).

### ■ Personalized Care

You have the freedom to choose your own personal physician, and to change your mind for any reason. You'll have a caring doctor who takes the time to listen and get to know you—so you can get the personalized care you deserve.

### ■ Simplicity

You won't have to worry about filing claims when you visit our medical centers, or any of our affiliated doctors and hospitals.

### ■ Access

You'll have direct access to select specialties including OB/GYN, dermatology, optometry, and behavioral health.

## Lower your premiums

If you want low monthly premiums, check out Plan 1,000, 2,000, 3,000, or 5,000. (See enclosed insert for rates.) Your out-of-pocket costs—copays, coinsurance, and deductibles—will be higher than Premier Plan and Plan 500 for many services, but your monthly premiums could be significantly lower. To make your decision easier, the only differences between Plan 1,000, 2,000, 3,000, and 5,000 are the deductibles and the monthly premiums. (See the benefit chart on pages 8-9 for more details.)

<sup>1</sup> For single subscriber in Plan 5,000; and HSA Options 5,000/100%, and 3,500/80% Self. The rate you pay for your coverage depends on the plan you choose, your age, your gender, and how many family members are enrolling. Rate charts are enclosed separately.

<sup>2</sup> Copays are higher for urgent care visits. See benefits chart on pages 8-9.

| 2007 HMO benefit summaries  | Premier Plan                                  | Plan 500                                      |
|---|---|---|
| <b>Deductible</b> - Individual / Family   | None  | \$500 / \$1,500                               |
| <b>Coinsurance Out-of-Pocket Max</b> - Individual / Family  | Not Applicable                                | \$2,000 / \$6,000                             |
| <b>Maximum Benefit While Covered</b> <sup>1</sup>   | Unlimited                                     | Unlimited                                     |
| <b>Coinsurance</b>  | Not Applicable                                | Plan pays 70% after Annual Deductible         |
| <b>Benefits</b> ▶ <i>Benefits shown with copays are not subject to deductible. You pay amount shown unless otherwise noted.</i> |   |   |
| <b>Office Services</b>  |   |   |
| ■ Primary Care  | \$30 copay                                    | \$30 copay                                    |
| ■ Specialty Care  | \$50 copay                                    | \$50 copay                                    |
| ■ Special Procedures (Cardiac Stress Tests, EMG, others)  | \$50 copay                                    | Plan pays 70%                                 |
| ■ Preventive Services <sup>2</sup>  | Plan pays 100%                                | Plan pays 100%                                |
| ■ Maternity (obstetrician/midwife) <sup>3</sup>   | \$1,000 copay                                 | \$1,000 copay                                 |
| <b>Outpatient Services</b>  |   |   |
| ■ Laboratory Services   | Plan pays 100%                                | Plan pays 100%                                |
| ■ Radiology Services  | Plan pays 100%                                | Plan pays 100%                                |
| ■ High Tech Radiology Services (MRI, CT, PET, others)   | \$100 copay                                   | Plan pays 70%                                 |
| ■ Rehabilitation Therapies - 20 visits (Physical, Occupational, Speech Therapy)   | \$50 copay                                    | Plan pays 70%                                 |
| ■ Outpatient Surgery Facility   | \$100 copay                                   | Plan pays 70%                                 |
| ■ Hospital Outpatient Facility  | \$100 copay                                   | Plan pays 70%                                 |
| ■ Physician and Other Professional Charges  | Plan pays 100%                                | Plan pays 70%                                 |
| <b>Emergency Services</b>   |   |   |
| ■ Emergency Room Visit (per visit; copay waived if admitted)  | \$150 copay                                   | \$150 copay                                   |
| ■ After-Hours Urgent Care (per visit)   | \$60 copay                                    | \$60 copay                                    |
| ■ Ambulance (per trip)  | \$150 copay                                   | \$150 copay                                   |
| <b>Inpatient Services</b>   |   |   |
| ■ Hospital (facility charge)  | \$500 per admission                           | Plan pays 70%                                 |
| ■ Maternity (hospital delivery) <sup>3</sup>  | \$2,000 copay                                 | \$2,000 copay                                 |
| ■ Physician and Other Professional Charges  | Plan pays 100%                                | Plan pays 70%                                 |
| <b>Mental Health Services</b>   |   |   |
| ■ Outpatient Mental Health - 48 visits  | \$60 copay                                    | \$60 copay                                    |
| ■ Outpatient Group Therapy  | \$30 copay                                    | \$30 copay                                    |
| ■ Inpatient Mental Health Facility - 30 days  | \$500 per admission                           | Plan pays 70%                                 |
| ■ Inpatient Mental Health Professional  | Plan pays 100%                                | Plan pays 70%                                 |
| <b>Pharmacy Services</b> - 30 day supply  |   |   |
| ■ Generic Drugs - Kaiser Permanente Medical Centers/Designated community pharmacies   | Mail Order available<br>\$15 copay/\$21 copay | Mail Order available<br>\$15 copay/\$21 copay |
| ■ Brand Preferred Drugs   | \$30 copay/\$36 copay                         | \$30 copay/\$36 copay                         |
| ■ Brand Non-Preferred Drugs   | Not Applicable                                | Not Applicable                                |
| ■ Deductible  | \$200 Rx Deductible                           | \$200 Rx Deductible                           |
| <b>Other Services</b>   |   |   |
| ■ Durable Medical Equipment/Prosthetics and Orthotics   | Plan pays 50%                                 | Plan pays 70%                                 |
| ■ Vision Exam   | \$50 copay                                    | \$50 copay                                    |

| Plan 1,000                            | Plan 2,000                            | Plan 3,000                            | Plan 5,000                            |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| \$1,000 / \$3,000                     | \$2,000 / \$6,000                     | \$3,000 / \$9,000                     | \$5,000 / \$15,000                    |
| \$2,000 / \$6,000                     | \$2,000 / \$6,000                     | \$2,000 / \$6,000                     | \$2,000 / \$6,000                     |
| Unlimited                             | Unlimited                             | Unlimited                             | Unlimited                             |
| Plan pays 70% after Annual Deductible | Plan pays 70% after Annual Deductible | Plan pays 70% after Annual Deductible | Plan pays 70% after Annual Deductible |
| \$30 copay                            | \$30 copay                            | \$30 copay                            | \$30 copay                            |
| \$50 copay                            | \$50 copay                            | \$50 copay                            | \$50 copay                            |
| Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         |
| Plan pays 100%                        | Plan pays 100%                        | Plan pays 100%                        | Plan pays 100%                        |
| \$1,000 copay                         | \$1,000 copay                         | \$1,000 copay                         | \$1,000 copay                         |
| Plan pays 100%                        | Plan pays 100%                        | Plan pays 100%                        | Plan pays 100%                        |
| Plan pays 100%                        | Plan pays 100%                        | Plan pays 100%                        | Plan pays 100%                        |
| Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         |
| Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         |
| Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         |
| \$150 copay                           | \$150 copay                           | \$150 copay                           | \$150 copay                           |
| \$60 copay                            | \$60 copay                            | \$60 copay                            | \$60 copay                            |
| \$150 copay                           | \$150 copay                           | \$150 copay                           | \$150 copay                           |
| Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         |
| \$2,000 copay                         | \$2,000 copay                         | \$2,000 copay                         | \$2,000 copay                         |
| Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         |
| \$60 copay                            | \$60 copay                            | \$60 copay                            | \$60 copay                            |
| \$30 copay                            | \$30 copay                            | \$30 copay                            | \$30 copay                            |
| Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         |
| Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         |
| Mail Order available                  | Mail Order available                  | Mail Order available                  | Mail Order available                  |
| \$15 copay/\$21 copay                 | \$15 copay/\$21 copay                 | \$15 copay/\$21 copay                 | \$15 copay/\$21 copay                 |
| \$30 copay/\$36 copay                 | \$30 copay/\$36 copay                 | \$30 copay/\$36 copay                 | \$30 copay/\$36 copay                 |
| Not Applicable                        | Not Applicable                        | Not Applicable                        | Not Applicable                        |
| \$200 Rx Deductible                   | \$200 Rx Deductible                   | \$200 Rx Deductible                   | \$500 Rx Deductible                   |
| Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         | Plan pays 70%                         |
| \$50 copay                            | \$50 copay                            | \$50 copay                            | \$50 copay                            |



## Frequently asked questions—HMO

### 1. Do I have to go to Kaiser Permanente's Medical Centers to get care?

No. You'll also have access to doctors in their *own* offices all over metro-Atlanta. If you *do* choose to get care at our medical centers—as so many of our members do—you'll enjoy the convenience of being able to see a doctor and get lab, X-ray, and pharmacy services *all in the same building*.

### 2. Can I see the doctor I have now if I choose a Kaiser Permanente HMO plan?

If your current primary care doctor is one of our 1,000 affiliated community physicians, you can continue to see him or her. If you have a specialist, and that person is part of our network, you may be able to see him or her as well. (You will need a referral from your Kaiser Permanente personal physician for most specialty care.)

### 3. How do I find out which doctors are available?

Visit our searchable online Medical Staff Directory at [kp.org](http://kp.org). You can also refer to the printed *Kaiser Permanente HMO Physician Directory*. If you would like a copy, talk to your broker or call our Personal Advantage Call Center at (404) 364-7001.

### 4. What if I need emergency care when I'm traveling?

You're covered for emergency or urgent care anywhere you travel. Receiving emergency or urgent care outside of our metro-Atlanta Service Area is one of the few times you may need to file a claim.

### 5. Can I cover just my kids if I want to?

Yes! You can get coverage for just your children, just your spouse, just yourself, or any combination of the above who live in our Service Area. Just choose the appropriate plan.

### 6. Can I pay just my copayments right away, or do I have to satisfy my deductible first?

Yes, for services that only require a copay, you can pay just your copay right from the start. With our HMO plans, the annual deductible does not apply to physician visits unless noted otherwise in the description of benefits.

### 7. How does coinsurance work?

With some plans, certain services have deductibles and coinsurance instead of copays. Once you meet the deductible, you will be responsible for paying a certain percentage—the coinsurance—of Eligible Charges.\* The benefits chart on pages 8-9 shows which services have coinsurance.

### 8. Who should I call if I have a question?

You can talk to your broker or call our Personal Advantage Call Center at (404) 364-7001.



## Kaiser Permanente Custom Care HealthInvestor (HSA)

Choosing Kaiser Permanente's new Custom Care HealthInvestor (HSA) can be a great way to lower your monthly premiums. You can take advantage of the money you save on premiums by contributing to a tax-advantaged Health Savings Account (HSA). The money in your HSA can be used to pay for any qualified medical expense. You can use the money now, or you can build savings to pay for health expenses *in the future*.

Here are a few good reasons to choose Custom Care HealthInvestor (HSA):

### ■ Affordability

You'll enjoy low monthly premiums, and still have coverage for a broad range of services including preventive care, hospital visits, and prescriptions.

### ■ Tax savings

The money you contribute to your HSA can be excluded from your taxable income. It's also tax-free when used to pay for qualified medical expenses. And any investment earnings in your HSA accumulate tax-free.

### ■ Investment opportunity

Through our preferred provider of HSA services, Wells Fargo, you can choose from a variety of funds for your HSA. Investment results accu-

mulate tax-free, and whatever you don't spend on medical expenses carries over from year to year.

### ■ Kaiser Permanente care and convenience

HealthInvestor (HSA) gives you access to our HMO network of providers—the doctors in our 12 Medical Centers and over 1,000 doctors in their *own* offices all over metro-Atlanta. You'll also be able to enjoy the timesaving convenience of multiple services under one roof at most of our medical centers. And you'll enjoy the great discounts and services available exclusively to Kaiser Permanente members, like 24-hour health coaches, online tools, health classes, and discounts on health clubs, Weight Watchers, and more.

## Understanding HealthInvestor (HSA)

You can choose from three different individual plans or four different family plans. The plans are designed to make things simple. Just choose the plan with the annual deductible, coinsurance, and out-of-pocket maximum that best meets your needs.

All services except preventive care will be subject to the deductible. You'll be responsible for paying the *full cost* of the services you receive *at the time of service* until you have satisfied your plan's deductible. If you are enrolled in the CarePay<sup>SM</sup> HSA from Kaiser Permanente and Wells Fargo, you can simply use the convenient CarePay<sup>SM</sup> HSA Visa<sup>®</sup> debit card to pay for your eligible expenses. The cost will be deducted

from your HSA. (Preventive care will either be covered 100 percent or at a \$15 copay, depending on the service.) With our family plans, the deductible can be met by expenses for a combination of enrolled family members, or by expenses for just one member.

Once your annual deductible is met, you'll just have to pay the copayment or coinsurance, if any—until you reach your out-of-pocket maximum. Once you've reached your out-of-pocket maximum, we'll pay 100 percent of your covered services for the remainder of the calendar year.

## Enjoy the tax savings of an HSA

If you choose to take advantage of an HSA, you can use your HSA funds, tax-free, to pay for a broad range of qualified medical expenses. Some of the many expenses HSA funds can be used to pay for—whether or not they're covered by your plan—include:

- Deductibles, copayments, and coinsurance.
- Glasses, LASIK eye surgery, or contact lenses.
- Dental and orthodontic services.
- Prescription drugs and certain over-the-counter medications.
- Certain types of alternative medicine services.

Any money from your HSA used to pay for qualified medical expenses is tax-free. For a complete listing of qualified expenses under Internal Revenue Code Section 213(d), visit [irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).

**Questions?** Talk with your broker or call (404) 364-7001.



The money in your HSA—along with any investment earnings on it—will accumulate tax-free. And as the HSA account owner, the money is yours, even if you change qualified deductible health plans.

## Experience the Wells Fargo advantage

Although you can choose any financial trustee for your HSA, we've chosen Wells Fargo as our preferred provider of HSA services. Wells Fargo is one of only two "Aaa"-rated banks (the highest credit ranking given by Moody's) in the United States.

With the CarePay<sup>SM\*</sup> HSA from Kaiser Permanente and Wells Fargo, you can choose from a variety of funds—from a conservative money market fund to an aggressive stock fund. You'll also have no setup fees, an initial investment requirement of only \$100, and no transaction fees. Plus, you can go online any time and view account information, change investment fund elections, download forms, and access lists of covered expenses. And with the CarePay HSA Visa<sup>®</sup> debit card, paying for health services is as easy as the swipe of a card.

## Invest in your future

With the CarePay HSA, you can pay for health care expenses as they occur. Or, you can save for the future by:

- Building savings in the account to pay for years when you have more out-of-pocket expenses.
- Keeping money not used during working years to be used for medical needs at retirement.
- Investing money in the HSA and earning tax-free investment results.
- After retirement age (65), using the money in an HSA for non-medical expenses without penalty.

## Where to get care

With Custom Care HealthInvestor (HSA), you'll have access to our HMO network of doctors. For a map of locations, please see page 7.

## A lot to feel good about

- Low premiums.
- Great coverage including preventive care.
- High quality care and service from Kaiser Permanente.
- Tax-free health savings.
- An investment that can build from year to year.

*\*Note: CarePay<sup>SM</sup> is a trademark of Kaiser Permanente identifying financial products our members can access through our arrangements with preferred financial providers. Your CarePay HSA account is provided and administered by Wells Fargo. Kaiser Permanente does not provide or administer financial products, including HSAs, and does not offer financial, tax or investment advice. Members are responsible for their own investment decisions. Members can use their CarePay HSA Visa debit card anywhere, not limited to Kaiser Permanente facilities. For information about your CarePay HSA, please contact Wells Fargo at 1-866-890-8308.*

*The tax references contained in this brochure relate to federal income tax only. The tax treatment of Health Savings Account (HSA) contributions and distributions under your state's income tax laws may differ from the federal tax treatment, and differ from state to state. Consult with your financial or tax advisor for more information.*

# Custom Care HealthInvestor (HSA)

## Benefits Summary

|                               | SELF-ONLY PLANS                                   |  |                                       | FAMILY PLANS (2+)                                 |  |                                       |                                       |
|-------------------------------|---|--|---------------------------------------|---|--|---------------------------------------|---------------------------------------|
|                               | HSA Option<br>3,500/100%<br>Self                  | HSA Option<br>5,000/100%<br>Self       | HSA Option<br>3,500/80%<br>Self       | HSA Option<br>3,500/100%<br>Family                | HSA Option<br>5,000/100%<br>Family     | HSA Option<br>3,500/80%<br>Family     | HSA Option<br>5,000/80%<br>Family     |
| Annual Deductible             | \$3,500   | \$5,000                                | \$3,500                               | \$3,500   | \$5,000                                | \$3,500                               | \$5,000                               |
| Out-of-Pocket Maximum         | \$3,500   | \$5,000                                | \$5,000                               | \$3,500   | \$5,000                                | \$7,500                               | \$9,000                               |
| Coinsurance                   | Plan pays 100% after Annual Deductible            | Plan pays 100% after Annual Deductible | Plan pays 80% after Annual Deductible | Plan pays 100% after Annual Deductible            | Plan pays 100% after Annual Deductible | Plan pays 80% after Annual Deductible | Plan pays 80% after Annual Deductible |
| Maximum Benefit while Covered | Unlimited   |  |                                       | Unlimited   |  |                                       |                                       |
| Preventive Visits             | \$15 Copay  |  |                                       | \$15 Copay  |  |                                       |                                       |
| Preventive Services           | Plan pays 100% (Annual Deductible not applicable) |  |                                       | Plan pays 100% (Annual Deductible not applicable) |  |                                       |                                       |
| All Other Covered Services    | Subject to Annual Deductible and Coinsurance      |  |                                       | Subject to Annual Deductible and Coinsurance      |  |                                       |                                       |

This plan summary is intended to only highlight some of the principal provisions of the plan. Please refer to your *Evidence of Coverage* for further details of the plan, or for specific limitations and exclusions. Certain underwriting guidelines apply. Applicants subject to medical review.

Questions? Talk with your broker or call (404) 364-7001.



## Common Questions— Custom Care HealthInvestor (HSA)

### Q: How do I apply for HealthInvestor (HSA)?

A: Just fill out a Membership Application for Personal Advantage and choose the appropriate plan. If you need an application, talk to your broker, or call Kaiser Permanente at **(404) 364-7001** Monday-Friday 8 a.m.-5 p.m., or visit [kp.org/care](http://kp.org/care).

### Q: What doctors can I see with HealthInvestor (HSA)?

A: You'll have access to the Kaiser Permanente HMO network of providers—doctors at our 12 Medical Centers and over 1,000 doctors in their own offices all over metro-Atlanta. You can receive qualified medical services from other providers, but you'll be responsible for the full cost of these services. (However, you can pay for them with money from your HSA.)

### Q: How do the deductible and the Out-of-Pocket (OOP) maximum work for families?

A: There is just one deductible for the whole family. The deductible may be satisfied by expenses incurred by one family member, or by a combination of family members. Once the deductible has been satisfied during a calendar year, all family members are exempt from any further deductible requirements for that year.

The OOP maximum works in a similar way. Eligible expenses for one family member or any combination of family members can satisfy the OOP maximum for the whole family.

Once the OOP maximum is reached, Kaiser Permanente pays for 100 percent of covered services for the entire family for the remainder of the calendar year.

### Q: Who is eligible for an HSA?

A: To be eligible to establish and make a contribution to an HSA, you have to be covered by a qualifying high deductible health plan, like HealthInvestor (HSA). Also, you may not be covered by other health insurance that's not a qualifying deductible health plan, although there are certain exceptions. (Some of the exceptions include workers' compensation, specific injury insurance, and insurance for accidents, disability, dental care, vision care, or long-term care. You may also have coverage for a specific disease or illness as long as it pays a specific dollar amount when the policy is triggered.) You are not eligible to contribute to an HSA if you are enrolled in Medicare or claimed as a dependent on someone else's tax return, or if you have received medical benefits from the Department of Veterans Affairs at any time over the past three months.

### Q: How do I set up an HSA?

A: You can establish an HSA account at any approved HSA financial provider. For added convenience, Kaiser Permanente members can set up a CarePay HSA through Wells Fargo, our preferred HSA trustee and administrator. You can sign up online or call Wells Fargo for enrollment materials.

Visit [wfbbs.com/kaiserpermanente](http://wfbbs.com/kaiserpermanente), or call a Wells Fargo HSA customer service representative at **1-866-890-8308** Monday-Friday 8 a.m.-8 p.m. (EST).

### Q: How much can be contributed to my HSA?

A: Annual contributions for 2006 are capped at \$2,700 for individual coverage and \$5,450 for family coverage, or your deductible—whichever amount is less. For 2007 and after, these maximums will be indexed for inflation. The amount you may contribute also depends on the number of months you are covered by a qualifying deductible plan during the year.

### Q: Where can I get more information about Kaiser Permanente's Deductible Plans with HSA Option?

A: For more information, you can talk to your broker, call Kaiser Permanente at **(404) 364-7001** Monday-Friday 8 a.m.-5 p.m., or visit [kp.org/care](http://kp.org/care).



## Consumer Choice Option

As part of a Georgia state law, you have another option available to you through Kaiser Permanente Personal Advantage called the Consumer Choice Option. This option can be added to any of our Personal Advantage plans.

- With Consumer Choice Option, you can nominate and use providers not normally available through Kaiser Permanente.
- You still receive benefits comparable to those you would receive when using in-plan or Select providers.
- This option costs 17.5 percent more than what is quoted in the rates for 2007.

If you would like more information on the Consumer Choice Option—including an election form, information on how to nominate a provider, and rate information—please call our Consumer Choice Option representative at (404) 364-4900.

If you think you would be interested in enrolling in the Consumer Choice Option, please wait until after you receive and review the materials to return your medical questionnaire. The medical questionnaire and Consumer Choice Option election form must be returned to Kaiser Permanente at the same time.

# Our privacy practices

## Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

*In this notice we use the terms “we,” “us” and “our” to describe the Kaiser Permanente, Georgia Region. For more details, please refer to section IV. of this notice.*

## I. What is “Protected Health Information?”

Your protected health information (PHI) is health information that contains identifiers, such as your name, social security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifiers.

If you are a Kaiser Foundation Health Plan member and also an employee of any Kaiser Permanente company, PHI does not include the health information in your employment records.

In the course of providing and administering health care, we collect various types of health information from various sources, such as you,

other members (for example, your spouse or parents), and other health care professionals. The types of information we collect and maintain about our members include among other things, medical and hospital records, such as general medical, mental health, and substance abuse patient records, laboratory results, X-ray results, pharmacy records, and appointment records. Kaiser Permanente collects other health plan information using a variety of techniques. Examples include:

- Collecting information from you through surveys, applications, related forms, and other written requests and communications;
- Collecting information from your employer, benefits plan sponsor, or association regarding group coverage that you may have through group applications, census data, and other written requests and communications;
- Collecting information from visitors to our Web site such as online forms, site visit data, and other on-line communications; and
- Collecting information from consumer or medical reporting agencies or other sources such as insurance support organizations and credit bureaus.



## II. About our responsibility to protect your PHI

By law, we must

- 1) protect the privacy of your PHI;
- 2) tell you about your rights and our legal duties with respect to your PHI; and
- 3) tell you about our privacy practices and follow our notice currently in effect.

We take these responsibilities seriously and, as in the past, we will continue to take appropriate steps to safeguard the privacy of your PHI.

## III. Your rights regarding your PHI

This section tells you about your rights regarding your PHI, for example, your medical and billing records. It also describes how you can exercise these rights.

### Your right to see and receive copies of your PHI

In general, you have a right to see and receive copies of PHI in designated record sets such as your medical record or billing record. If you would like to see or receive a copy of such a record, please write to us. When you know the Kaiser Permanente facility or medical center where you received your care, please write to us at that address. If you don't know where your records that you want to see are located, please write to us at Customer Service Department; Kaiser Foundation Health Plan of Georgia, Inc.; Nine Piedmont Center;

3495 Piedmont Road, NE; Atlanta, Georgia 30305-1736.

After we receive your written request, we will let you know when and how you can see or obtain a copy of your record. If you agree, we will give you a summary or explanation of your PHI instead of providing a copy.

We may charge you a fee for the copy, summary, or explanation. If we don't have your record but we know who does, we will tell you who to contact to request it.

In limited situations, we may deny some or all of your request to see or receive a copy of your records, but if we do, we will tell you why in writing and explain your right, if any, to have our denial reviewed.

### Your right to choose how we send PHI to you

You may ask us to send your PHI to you at a different address (for example, your work address) or by different means (for example, fax instead of regular mail). When we can reasonably and lawfully agree to your request, we will. However, we are permitted to charge you for any additional cost of sending your PHI to different addresses or by different means.

### Your right to correct or update your PHI

If you believe there is a mistake in your PHI or that important information is missing, you may request that we correct, delete, or add to the record. Please write to us and tell us what you are asking for and why we should make the correction, deletion, or addition. Your request

should be sent as described above in the section entitled "Your right to see and receive copies of your PHI."

If we approve your request, we will make the correction or addition to your PHI. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement.

### Your right to an accounting of disclosures of PHI

You may ask us for a list of our disclosures of your PHI. If you would like a list of disclosures, please write to us as described above in the section entitled "Your right to see and receive copies of your PHI." The list we give you will include disclosures made in the last six years, unless you request a shorter time period or if fewer than six years have passed since April 14, 2003. For example, if you requested a list of disclosures on April 14, 2005, the list would cover only two years.

You are entitled to one disclosure accounting in any 12-month period at no charge. If you request any additional accountings fewer than 12 months later, we may charge a fee.

Except as may otherwise be required under state law, an accounting does not include certain disclosures, for example, disclosures to carry out treatment, payment and health care operations; disclosures that occurred prior to April 14, 2003; disclosures for which Kaiser Permanente, Georgia Region had a signed authorization; disclosures of your PHI to you; disclosures for notifications for disaster relief purposes; or disclosures to persons involved in your care and persons acting on your behalf.



### **Your right to request limits on uses and disclosures of your PHI**

You may request that we limit our uses and disclosures of your PHI for treatment, payment, and health care operations purposes. However, by law, we do not have to agree to your request. Because we strongly believe that this information is needed to manage care of our members/patients appropriately, it is our policy not to agree to requests for restrictions.

### **Your right to receive a paper copy of this notice**

You also have a right to receive a paper copy of this notice upon request.

## **IV. Kaiser Permanente companies subject to this notice**

This notice applies to the Kaiser Permanente, Georgia Region which includes:

- The Southeast Permanente Medical Group, Inc. (TSPMG)
- Kaiser Foundation Health Plan of Georgia, Inc. including its health plan and provider operations;
- Kaiser Foundation Hospitals (KFH), as described below; and
- Kaiser Foundation Health Plan, Inc. (KFHP, Inc.), as described below

Our health care delivery sites include Kaiser Permanente medical centers, our member call advice and appointment centers, and our member Web site.

To provide you with the health care you expect when treating you, paying for your care, and conducting our operations, such as quality assurance, accreditation, licensing and compliance, these Kaiser Permanente companies share your PHI with each other.

Our personnel may have access to your PHI as employees, physicians, volunteers, persons working with us in other capacities, or professional staff members and others authorized to enter information into a medical record of a Kaiser Permanente Medical Center. Our region may also share your PHI with KFH and KFHP, Inc. in connection with shared services and other national Kaiser Permanente activities for treatment, payment, or health care operations purposes. For example, if you are being considered for a transplant, we will share your PHI with our Kaiser Permanente National Transplant Network.

## **V. How we may use and disclose your PHI**

Your confidentiality is important to us. Our physicians and employees are required to maintain the confidentiality of the PHI of our members/patients and we have policies

and procedures and other safeguards to help protect your PHI from improper use and disclosure. Sometimes we are allowed by law to use and disclose certain PHI without your written permission. We briefly describe these uses and disclosures below and give you some examples.

How much PHI is used or disclosed without your written permission will vary depending, for example, on the intended purpose of the use of disclosure. Sometimes we may only need to use or disclose a limited amount of PHI, such as to send you an appointment reminder or to confirm that you are a health plan member. At other times we may need to use or disclose more PHI such as when we are providing medical treatment.

### **Treatment**

This is the most important use and disclosure of your PHI. For example, our physicians, nurses, and other health care personnel, including trainees, involved in your care use and disclose your PHI to diagnose your condition and evaluate your health care needs. Our personnel will use and disclose your PHI in order to provide and coordinate the care and services you need, for example: prescriptions; X-rays; and lab work. If you need care from health care providers who are not part of Kaiser Permanente, such as community resources to assist with your health care needs at home, we may disclose your PHI to them.



### **Treatment alternatives and health-related benefits and services**

In some instances, the law permits us to contact you: 1) to describe our network or describe the extent to which we offer and pay for various products and services; 2) for your treatment; 3) for case management and care coordination; or 4) to direct or recommend available treatment options, therapies, health care providers, or care settings. For example, we may tell you about a new drug or procedure or about educational or health management activities.

### **Payment**

Your PHI may be needed to determine our responsibility to pay for, or to permit us to bill and collect payment for, treatment and health-related services that you receive. For example, we may have an obligation to pay for health care you receive from an outside provider. When you or the provider sends us the bill for health care services, we use and disclose your PHI to determine how much, if any, of the bill we are responsible for paying.

### **Health care operations**

We may use and disclose your PHI for certain health care operations, such as: quality assessment and improvement; training and evaluation of health care professionals; licensing; accreditation; activities relating to the creation, renewal or replacement of health insurance or health benefits; conducting medical review; legal

services; auditing functions, including fraud and abuse detection and compliance programs; customer services; and determining premiums and other costs of providing health care. We may also disclose your PHI for certain health care operations of other health plans and health care providers.

### **Business associates**

We may contract with business associates to perform certain functions or activities on our behalf, such as payment and health care operations. These business associates must agree to safeguard your PHI.

### **Appointment reminders**

Your PHI allows us to contact you about appointments for treatment or other health care you may need.

### **Specific types of PHI**

There are stricter requirements for use and disclosure of some types of PHI, for example, drug and alcohol abuse patient information, mental health records, and HIV/AIDS information. However, there are still circumstances in which these types of information may be used or disclosed without your authorization.

If you become a patient in our chemical dependency program, we will give you a separate written notice, as required by law, about your privacy rights for your chemical dependency program PHI.

### **Communications with family and others when you are present**

Sometimes a family member or other person involved in your care will be present when we are discussing your PHI with you. If you object, please tell us and we won't discuss your PHI or we will ask the person to leave.

### **Communications with family and others when you are not present**

There may be times when it is necessary to disclose your PHI to a family member or other person involved in your care because there is an emergency, you are not present, or you lack the decision making capacity to agree or object. In those instances, we will use our professional judgment to determine if it's in your best interest to disclose your PHI. If so, we will limit the disclosure to the PHI that is directly relevant to the person's involvement with your health care. For example, we may allow someone to pick up a prescription for you.

### **Disclosure in case of disaster relief**

We may disclose your name, city of residence, age, gender, and general condition to a public or private disaster relief organization to assist disaster relief efforts, unless you object at the time.

### **Disclosures to parents as personal representatives of minors**

In most cases, we may disclose your minor child's PHI to you. In some situations, however, we are permitted or even required by law to deny



your access to your minor child's PHI. Examples of when we must deny such access include situations involving your daughter's pregnancy, the prevention of her pregnancy, childbirth, and abortion records where a court waives parental notification of abortion. In addition, the law denies access to your child's PHI if your child is married or otherwise emancipated.

### **Research**

Kaiser Permanente engages in extensive and important research. Some of our research may involve medical procedures and some is limited to collection and analysis of health data. Research of all kinds may involve the use or disclosure of your PHI. Your PHI can generally be used or disclosed for research without your permission if an Institutional Review Board (IRB) approves such use or disclosure. An IRB is a committee that is responsible, under federal law, for reviewing and approving human subjects research to protect the safety of the participants and the confidentiality of PHI.

### **Organ donation**

Except as limited by applicable law, we may use or disclose PHI to organ-procurement organizations to assist with organ, eye, or other tissue donations.

### **Public health activities**

Public health activities cover many functions performed or authorized by government agencies to promote and protect the public's health and may require us to disclose your PHI.

For example, we may disclose your PHI as part of our obligation to report to public health authorities certain diseases, injuries, conditions, and vital events such as births or abortions. Sometimes we may disclose your PHI to someone you may have exposed to a communicable disease, or who may otherwise be at risk of getting or spreading the disease.

The Food and Drug Administration (FDA) is responsible for tracking and monitoring certain medical products, such as pacemakers and hip replacements, to identify product problems and failures and injuries they may have caused. If you have received one of these products, we may use and disclose your PHI to the FDA or other authorized persons or organizations, such as the maker of the product.

We may use and disclose your PHI as necessary to comply with federal and state laws that govern workplace safety.

### **Health oversight**

As health care providers and health plans, we are subject to oversight conducted by federal and state agencies. These agencies may conduct audits of our operations and activities and in that process, they may review your PHI.

### **Disclosures to your employer or your employee organization**

If you are enrolled in Kaiser Foundation Health Plan of Georgia through your employer or employee

organization, we may share certain PHI with them without your authorization but only when allowed by law. For example, we may disclose your PHI for a workers compensation claim or to determine whether you are enrolled in the plan or whether premiums have been paid on your behalf. For other purposes, such as for inquiries by your employer or employee organization on your behalf, we will obtain your authorization when necessary.

### **Workers' compensation**

In order to comply with workers' compensation laws, we may use and disclose your PHI. For example, we may communicate your medical information regarding a work-related injury or illness to claims administrators, insurance carriers, and others responsible for evaluating your claim for workers' compensation benefits.

### **Military activity and national security**

We may sometimes use or disclose the PHI of armed forces personnel to the applicable military authorities when they believe it is necessary to properly carry out military missions. We may also disclose your PHI to authorized federal officials as necessary for national security and intelligence activities or for protection of the President and other government officials and dignitaries.

### **Marketing**

Kaiser Permanente may use and, in some instances, disclose your PHI to contact you about benefits, services or supplies that we can offer you in addition to your KP coverage.



### **Fundraising**

We may use or disclose PHI to contact you to raise funds for our organization.

### **Required by law**

In some circumstances federal or state law requires that we disclose your PHI to others. For example, the Secretary of the Department of Health and Human Services may review our compliance efforts, which may include seeing your PHI.

### **Lawsuits and other legal disputes**

We may use and disclose PHI in responding to a court or administrative order, a subpoena, or a discovery request. We may also use and disclose PHI to the extent permitted by law without your authorization, for example, to defend a lawsuit or arbitration.

### **Law enforcement**

We may disclose PHI to authorized officials for law enforcement purposes, for example, to respond to a search warrant, report a crime on our premises, investigate fraud, or help identify or locate someone.

### **Serious threat to health or safety**

We may use and disclose your PHI if we believe it is necessary to avoid a serious threat to your health or safety or to someone else's.

### **Abuse or neglect**

By law, we may disclose PHI to the appropriate authority to report suspected child abuse or neglect or to identify suspected victims of abuse, neglect, or domestic violence.

### **Coroners and funeral directors**

We may disclose PHI to a coroner or medical examiner to permit identification of a body, determine cause of death, or for other official duties. We may also disclose PHI to funeral directors.

### **Inmates**

Under the federal law that requires us to give you this notice, inmates do not have the same rights to control their PHI as other individuals. If you are an inmate of a correctional institution or in the custody of a law enforcement official, we may disclose your PHI to the correctional institution or the law enforcement official for certain purposes, for example, to protect your health or safety or someone else's.

## **VI. All other uses and disclosures of your PHI require your prior written authorization**

Except for those uses and disclosures described above, we will not use or disclose your PHI without your written authorization. When your authorization is required and you authorize us to use or disclose your PHI for some purpose, you may revoke

that authorization by notifying us in writing at any time. Please note that the revocation will not apply to any authorized use or disclosure of your PHI that took place before we received your revocation. Also, if you gave your authorization to secure a policy of insurance, including health care coverage from us, you may not be permitted to revoke it until the insurer can no longer contest the policy issued to you or a claim under the policy.

## **VII. How to contact us about this notice or to complain about our privacy practices**

If you have any questions about this notice, or want to lodge a complaint about our privacy practices, please let us know by calling or writing to Customer Service Department; Kaiser Foundation Health Plan of Georgia, Inc.; Nine Piedmont Center; 3495 Piedmont Road, NE; Atlanta, Georgia 30305-1736.

If you are enrolled in a plan other than Senior Advantage, you may call Customer Service at (404) 261-2590. Its hours of operation are Monday through Friday from 8:30 a.m. to 9 p.m. and Saturday through Sunday from 8 a.m. through 2 p.m. If you are enrolled in Senior Advantage, you may call the Senior Advantage Customer Service Department at (404) 233-3700 or toll free at 1-800-232-4404 (TTY: 1-800-255-0056). Its hours of operation are Monday



through Friday from 8:30 a.m. through 5 p.m. You also may notify the Secretary of the Department of Health and Human Services (HHS).

We will not take retaliatory action against you if you file a complaint about our privacy practices.

## VIII. Changes to this notice

We may change this notice and our privacy practices at any time, as long as the change is consistent with state and federal law. Any revised notice will apply both to the PHI we already have about you at the time of the change, and any PHI created or received after the change takes effect. If we make an important change to our privacy practices, we will promptly change this notice and provide a new notice on our member Web site at [kp.org](http://kp.org) and our member publication, *Partners in Health*. Except for changes required by law, we will not implement an important change to our privacy practices before we revise this notice.

## IX. Effective date of this notice

This notice is effective on April 14, 2003.

# Additional information

## About your Personal Advantage coverage

Before you review the specific plan information, check to make sure you live within our Service Area. You're eligible to apply for Personal Advantage coverage if you live in one of the following counties: Barrow, Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Newton, Paulding, Rockdale, Spalding, and Walton.

You can enjoy the benefits of Kaiser Permanente Personal Advantage until age 65, regardless of health. However, please note that coverage can end for failure to pay premiums when due, or for misrepresentation of medical or other important information on your application.

When you turn 65 or become eligible for Medicare, you have the option to apply for our Senior Advantage plan. If you are already eligible for Medicare as your primary coverage, you are not eligible for Personal Advantage, but you can apply for Senior Advantage. You can ask about our coverage for Medicare-eligible members by calling toll-free 1-888-468-0100.

If you have any questions or would like more information, just talk to your broker, call our

Personal Advantage Call Center at (404) 364-7001, or check out the Personal Advantage Web site at [kp.org/care](http://kp.org/care).

## Drug Formulary

Kaiser Permanente uses a drug formulary for our HMO and HealthInvestor (HSA) plans. Our drug formulary is a continually updated list of medications that are determined to be safe and effective. Use of formulary drugs enables us to provide quality care at a reasonable cost.

If you request a nonformulary drug, you will be responsible for the full cost of that drug, unless there is a clear medical reason to use it rather than the similar formulary drug. In specific cases, such as allergy to the formulary alternative, your physician may request an exception for coverage of a nonformulary drug at your regular pharmacy copay. Certain prescriptions require expert review before they can be dispensed.

If you have any questions about the formulary, call 1-800-232-4404.

## Preauthorization

When you need to obtain preauthorization for covered services, or have a question about whether a service requires preauthorization, please contact the Kaiser Permanente Utilization Management Department at (404) 364-7320 or 1-800-221-2412.



At Kaiser Permanente, the Utilization Management Program works with Participating Providers to plan, organize, and deliver quality health care services by ensuring these services are medically appropriate, medically necessary, and provided in a cost-effective manner. Some services require preauthorization by the Utilization Management Program. Examples include, but are not limited to:

- Elective inpatient admissions.
- Outpatient surgery.
- Specialized services such as home health, medical supplies/equipment, and hospice care.
- Skilled nursing and acute rehabilitation facilities.
- Certain behavioral health services and/or chemical dependency treatment.

Failure to obtain preauthorization may result in penalties against your benefit payment, or we may deny all or part of your claim. In the event any service is denied because it does not meet criteria, you may request an appeal.

## Exclusions

As with all health plans, there are some exclusions. The following services are excluded from all coverage. (Please note that this is a summary—for a complete list, refer to the *Personal Advantage Evidence of Coverage*.)

- Services which an employer or any government agency is responsible to provide, including workers' compensation

- Custodial care or care in an intermediate care facility
- Services provided or arranged by criminal justice institutions or mental health institutions for Members in the custody of law enforcement officers if you are confined in the institution, except for emergency services
- Cosmetic services (including drugs and injectables)
- Cord blood procurement and storage for possible future need or for a yet-to-be determined member recipient
- Dental services other than those specified (including most hospital services for dental care)
- Physical examinations required for obtaining or maintaining employment or participation in employee programs, or insurance or government licensing
- Experimental or investigational services
- Refractive surgery or corrective lenses, eyeglasses, and hearing aids
- Orthoptics (eye exercises)
- Services and drugs related to the treatment of obesity
- Routine foot care services
- Examinations for the prescription of hearing aids
- All services and drugs related to sexual reassignment surgery
- Long-term physical, speech, and occupational therapy and rehabilitation
- Cognitive rehabilitation programs
- Vocational rehabilitation
- Services that are primarily educational in nature
- Cost of semen and eggs
- Services for conception by artificial means including infertility drugs
- Reversal of voluntary infertility
- Nonhuman and artificial organs and their implantation
- Court-ordered services
- Mental health services for chronic conditions and mental retardation after diagnosis
- Testing for ability, aptitude, intelligence, or interest
- Corrective shoes and orthotic foot supports and inserts
- More than one device for the same part of the body or same function
- Replacement of lost devices
- Dental devices and appliances other than those specified
- Electronic monitors of bodily functions (except infant apnea monitors and blood glucose monitors)
- Devices to perform medical testing of body fluids, excretions, or substances
- Devices not medical in nature
- Convenience, comfort, or luxury items
- Disposable supplies for home use
- Reconstructive surgery following removal of breast implants that were inserted for cosmetic reasons



- Drugs for the treatment of sexual dysfunction disorders
- Most disposable supplies
- Transportation and lodging

## Who provides the coverage

HMO and Custom Care HealthInvestor plans are provided by Kaiser Foundation Health Plan, Inc.

## This is only a summary

This is a summary description and is not intended to replace your *Individual Agreement* or *Personal Advantage Evidence of Coverage*, which contain the complete provisions of this coverage. If you have questions or need additional information, please call 1-800-232-4404.

## For more information

Have a question that's not answered in this information kit? Just talk with your broker, call our Personal Advantage Call Center at (404) 364-7001, or check out the Personal Advantage Web site at [kp.org/care](http://kp.org/care).

# How to apply

It's simple to apply. Once you've chosen a plan, just follow the steps below.

### To apply by mail

1. Make sure you live in one of the counties we serve: Barrow, Bartow, Butts, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Henry, Newton, Paulding, Rockdale, Spalding, and Walton.
2. Fill out the *Membership Application for Personal Advantage*, enclosed separately. Complete all the requested information to avoid delays. **Be sure to sign it and complete the Payment Options section.**
3. Mail the following items in the postage-paid envelope provided inside the application:
  - Your **completed and signed** application
  - A **check for the first month's premium** (unless you select the *Payment by Credit Card* option)

### Apply today!

Just complete your application (enclosed separately) or apply online at [kp.org/care](http://kp.org/care).

### To apply online

1. Apply online any time at [kp.org/care](http://kp.org/care).
2. Follow the online instructions to apply for coverage. If you need any assistance, please call your broker or our Personal Advantage Call Center at (404) 364-7001 from 8:30 a.m. to 5 p.m. (EST), Monday through Friday (except holidays).

Once we receive your application, it will be processed in approximately seven business days. (To be eligible for Personal Advantage, your application must pass medical review.) Then, we'll send you a letter notifying you whether or not you have been approved for coverage. We won't deposit your check or charge your credit card unless you're accepted for membership.

**Please do not cancel your current coverage.** Personal Advantage coverage will not begin until you receive a written notice of approval. If approved, your coverage will begin on the effective date indicated on the notice.