



# Personal Advantage

Health plan solutions for individuals and families



# Welcome!

Thank you for asking about Kaiser Permanente Personal Advantage. With more choices than ever—and options starting at less than \$50 a month\*—you're sure to find a health plan that meets your needs. Choose from our five HMO and two Multi-Choice POS plans. You'll find a variety of great options, including our most *flexible* plans ever, and our most *affordable* plans ever.

No matter which plan you choose, Kaiser Permanente will be your partner in total health. We'll care for the whole you—your mind, your body, and your spirit. We'll help you take an active role in your own health so you can live your life to the fullest. With Kaiser Permanente, you'll get more than just health care—you'll get *life* care. So you can *thrive*.

Take a look at the information in this booklet. It will help you find the plan that's right for you and your family. Once you've decided, just send in your application—or apply online—and you're one step closer to total health!

\* For single subscriber in HMO plans D and E and Multi-Choice plan 2. 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.



## What you'll find inside

### The Kaiser Permanente advantage

Learn why over 260,000 people in Atlanta choose Kaiser Permanente to care for their health.

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### Your plan choices

Review your many plan options, and find help choosing the one that's right for you. Learn about important features, plan benefits, and the doctors and hospitals available.

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### Our privacy practices

Read a description of how medical information about you may be used and disclosed, and how you can get access to it.

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### Additional information

Learn more about Personal Advantage coverage, our pharmacy formulary, preauthorization, exclusions, and more.

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### How to apply

Find information about applying for Kaiser Permanente Personal Advantage.

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### Payment Options form

If you're applying by mail, fill out this form to tell us how you'd prefer to pay your monthly premiums.

### Application reply envelope

Fill out the enclosed application, and return it with the Payment Options form in the pre-addressed, postage-paid envelope today! (You can also apply on the Web at [www.kp.org/care](http://www.kp.org/care).)

#### Questions?

Talk to your broker, call (404) 364-7001, or visit [www.kp.org/care](http://www.kp.org/care).

# The Kaiser Permanente advantage

You've probably heard about our dedication to quality care, excellent service, and unmatched convenience. But there are more reasons than ever to make Kaiser Permanente your partner in health.

## So much more than before

If you've considered Kaiser Permanente in the past, you'll find that we're so much more than before:

### ■ More choices

Whether you're looking for convenience and simplicity, doctor choice and flexibility, low monthly premiums—or all of the above—we have a plan for you. Take a look at your plan choices starting on page 5. You'll find a variety of affordable HMO and Multi-Choice plans, each with different coverage to meet different needs.

### ■ More flexibility

Our Multi-Choice plans combine the features of an HMO plan with the flexibility and provider choice of a PPO plan. With Multi-Choice, you can choose from *three* levels of benefits each time you need care. You'll have direct access to over 4,600 Kaiser Permanente and Participating Providers, and any other licensed non-Participating Provider you want.



### ■ More affordability

We're working harder than ever to keep your rates down. In fact, with the introduction of our new plans, premiums start at less than **\$50 a month!**\* And no matter which plan you choose, your affordable monthly premiums will include coverage for preventive care, hospitalization, and prescriptions.

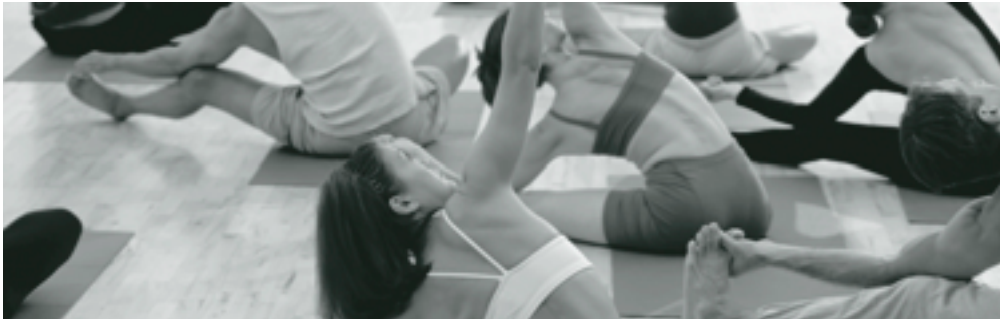
## Great care and service

For nearly 20 years, Kaiser Permanente has been providing metro-Atlanta with quality health care that's convenient, simple, and affordable. It's our distinct approach to health care that keeps our members coming back year after year:

### ■ Total health

At Kaiser Permanente, we're committed to your total health—mind, body, and spirit. You'll like how we make it easier for you to take an active role in your own health. We help you live well through health education classes, discounts on health-related services, and much more. And you're covered for the preventive care you need, like routine physicals, well-child care, mammograms, immunizations, and more. So you can stay healthy, and live your life to the fullest.

\* For single subscriber in HMO plans D and E and Multi-Choice plan 2. 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.



### ■ Personalized care

No matter which plan you choose, you select your own doctor. When you choose a Kaiser Permanente doctor, you'll get quality care from a doctor who takes the time to get to know you and your health needs. You'll have all the things you need to get the personalized care you deserve—compassionate people backed by medical excellence, advanced technology, and leading-edge research.

### ■ Convenience

We make it easy to get the care you need, when you need it. Whether it's locations close to where you live or work, seeing a physician when you need one, or multiple services under one roof, we've got you covered. And you won't have to worry about filing claims when you visit our medical centers or any of our affiliated doctors and hospitals. Most Participating providers will even file claims for you.

You'll also enjoy the convenience of many online services. On our Web site, [www.kp.org](http://www.kp.org), you can empower yourself with many 24-hour health resources including:

- Health assessment tools
- Personalized health improvement plans
- Health encyclopedia
- Online prescription refills
- Routine appointment requests
- Nurse advice by email

### The Kaiser Permanente Medical Center advantage

When you join Kaiser Permanente, you'll have the freedom to use doctors in their own offices all over Atlanta. When you choose to get care at one of our modern medical centers, you'll see why members keep coming back:

- Save time by seeing a doctor, getting lab tests or X-rays, and picking up a prescription all in the same building.\*
- See a doctor at night or on weekends at our after-hours locations.
- Get a same-day appointment when you need one.
- Receive quality, personalized care from a doctor who takes the time to listen.

\* Most medical centers.

### A few things that might surprise you

Want more reasons to choose Kaiser Permanente? Here are some that may surprise you:

#### ■ Wide selection of doctors

You'll have access to more than 1,000 doctors in our HMO plans, and over 4,600 with our Multi-Choice plans. So there's a good chance you can see the same doctor you have now.

#### ■ Easy access

With our HMO plans, you can self-refer to select specialties including OB/GYN, dermatology, and behavioral health. With Multi-Choice, you can also see any Participating or non-Participating specialist you choose—without a referral.

#### ■ Travel coverage

You'll have peace of mind knowing you're covered for emergency care anywhere you travel.

### Tools for healthy living

We make it easier for you to live a healthy life with our health classes and programs (many of which are free).

- Yoga
- Managing weight or stress
- Lowering your cholesterol
- Quitting smoking
- Managing diabetes or heart disease
- Preparing for pregnancy and childbirth

We even make it more affordable to live healthy. Through our SelfWise program, you can take advantage of a variety of health-related discounts\* including:

- Health club membership
- Weight Watchers membership
- Massage therapy, chiropractic, and acupuncture services
- Vision care including eyeglasses and contact lenses, and LASIK services

\* Available to Kaiser Permanente members and their enrolled family members. Discounts and services are provided on a fee-for-service basis, do not replace any existing benefit, and are not covered benefits. Kaiser Permanente assumes no responsibility for the arrangement, nature, quality, or outcome of the services. For more information, call (404) 261-2590.



# Your plan choices

## Getting started

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.

## Choosing a plan that's right for you

It's not easy deciding which health plan is right for you and your family. To make your decision a little easier, we give you a variety of affordable plans to choose from:

You have choices!	
HMO	Multi-Choice
5 plans	2 plans

### ■ HMO Plans (pages 6-10)

If you're looking for great value and simplicity, then one of our HMO plans could be the best option. You can choose from five plans, each with different coverage and rates. If you want low copays and low deductibles, and are willing to pay a higher monthly premium for that, consider HMO A and HMO B. If you want to keep your monthly premium at a minimum, and are willing to pay more when you need care and service, consider HMO C, D, or E. These three plans can be a good option if you don't anticipate many doctor or hospital visits. (See the benefit chart on pages 8-9 for more details.)

### ■ Multi-Choice Plans (pages 11-16)

If flexibility and choice of doctors are most important to you, then consider our Multi-Choice plans. With this option, you'll have a choice of three benefit levels each time you need care. Your coverage will vary depending on the doctor you choose—so you control your own out-of-pocket costs. You'll have the option to see any Participating or non-Participating doctor or specialist you want. Depending on the provider you choose, you may have to pay for some services up front and file a claim for reimbursement. (See the "Understanding Multi-Choice" chart on page 12 for more details.)

## Doctors and hospitals

### HMO

- Over 1,000 doctors
- 11 hospitals

### Multi-Choice

- Over 4,600 doctors
- 36 hospitals

All your options with Kaiser Permanente Personal Advantage are explained in more detail on the following pages.



## HMO

When you choose a Kaiser Permanente HMO plan, you'll enjoy time-saving convenience and high quality, personalized care. You can choose from five 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 surprisingly low monthly premiums. With options starting at less than \$50 a month,\* 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 13 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, 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 [www.kp.org](http://www.kp.org).

## Lower your premiums

If you want low monthly premiums, check out our HMO C, D, and E plans. (See enclosed insert for rates.) Your out-of-pocket costs—copays, coinsurance, and deductibles—will be higher than HMO A and B for many services, but your monthly premiums could be significantly lower. To make your decision easier, the only differences between HMO C, D, and E are the deductibles and the monthly premiums. (See the benefit chart on pages 8-9 for more details.)

### ■ 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.

## For more information

For more information about our HMO plans—including where to get care, benefit charts, and answers to frequently asked questions—take a look at the following pages. For rates, take a look at the enclosed insert. If you still have questions, feel free to talk with your broker, call our Personal Advantage Call Center at **(404) 364-7001**, or check out the Personal Advantage Web site at [www.kp.org/care](http://www.kp.org/care).

\* For single subscriber in HMO plans D and E. 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.



## Where to get care HMO plans

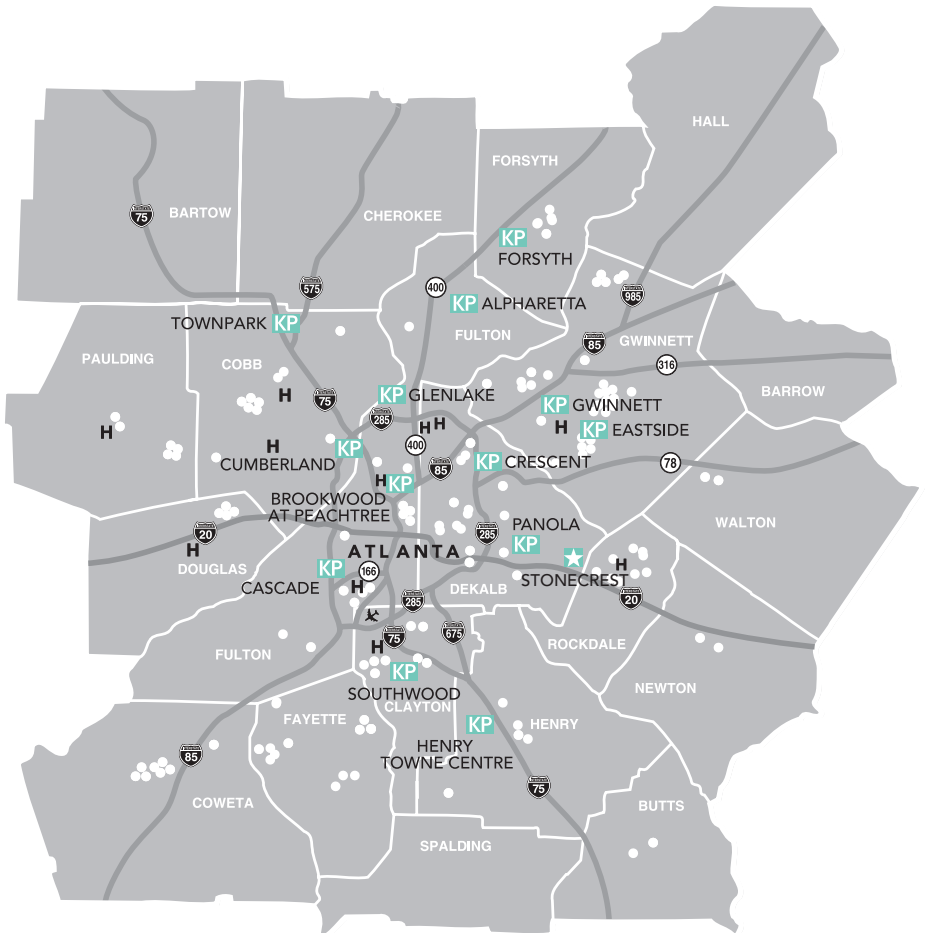
**KP** Kaiser Permanente Medical Centers  
(13 locations)

**★** New Stonecrest location —  
coming early 2005

**○** Affiliated Community Physicians'  
Medical Offices (1,000 doctors)

**H** 11 Affiliated Hospitals\*

\* The hospital that you will be admitted to will be  
determined by the primary care physician you select.



## Our medical centers

Alpharetta Medical Center  
3550 Preston Ridge Road  
Alpharetta, GA 30005

Brookwood at Peachtree Medical Office  
1745 Peachtree St., Suite U  
Atlanta, GA 30309

Cascade Medical Center  
1175 Cascade Parkway  
Atlanta, GA 30311

Crescent Medical Center  
200 Crescent Centre Parkway  
Tucker, GA 30084

Cumberland Medical Center\*  
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Eastside Medical Office  
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-- NEW --  
Forsyth Medical Office  
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Glenlake Medical Center  
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Gwinnett Medical Center\*  
3650 Steve Reynolds Blvd.  
Duluth, GA 30096

Henry Towne Centre Medical Center  
1125 Towne Centre Village Drive  
McDonough, GA 30253

Panola Medical Center  
5440 Hillandale Drive  
Lithonia, GA 30058

Southwood Medical Center\*  
2400 Mt. Zion Parkway  
Jonesboro, GA 30236

TownPark Medical Center  
750 TownPark Lane  
Kennesaw, GA 30144

-- COMING EARLY 2005 --  
Stonecrest location  
Serving South DeKalb and Rockdale counties

\* Medical centers designated for after-hours  
urgent care. Hours: Monday through Friday,  
6 to 10 p.m.; Saturday, 9 a.m. to 9 p.m.;  
Sunday, 10 a.m. to 6 p.m.

	HMO A	HMO B
<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	70% after Annual Deductible
<b>Benefits</b>		
<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/Eckerd Drugs	Mail Order available \$15 copay/\$21 copay	Mail Order available \$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

HMO C	HMO D	HMO E
\$1,000 / \$3,000	\$2,000 / \$6,000	\$5,000 / \$15,000
\$2,000 / \$6,000	\$2,000 / \$6,000	\$2,000 / \$6,000
Unlimited	Unlimited	Unlimited
70% after Annual Deductible	70% after Annual Deductible	70% after Annual Deductible
\$30 copay \$50 copay Plan pays 70% Plan pays 100% \$1,000 copay	\$30 copay \$50 copay Plan pays 70% Plan pays 100% \$1,000 copay	\$30 copay \$50 copay Plan pays 70% Plan pays 100% \$1,000 copay
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Mail Order available \$15 copay/\$21 copay \$30 copay/\$36 copay Not Applicable \$200 Rx Deductible	Mail Order available \$15 copay/\$21 copay \$30 copay/\$36 copay Not Applicable \$200 Rx Deductible	Mail Order available \$15 copay/\$21 copay \$30 copay/\$36 copay Not Applicable \$500 Rx Deductible
Plan pays 70% \$50 copay	Plan pays 70% \$50 copay	Plan pays 70% \$50 copay



## 2005 HMO benefit summaries

For Multi-Choice benefit summaries, see pages 14-15

For rates,  
see enclosed  
insert.



## Frequently asked questions- HMO

### 1. 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 specialty care.) If your doctor is not available through our HMO plans, take a look at our Multi-Choice plans starting on page 11.

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

You can find a list of doctors available through our HMO plans on our online physician directory at [www.kp.org](http://www.kp.org). You can also read the *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**.

### 3. 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.

### 4. 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.

### 5. 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.

### 6. 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.

### 7. 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**.



## Multi-Choice

Kaiser Permanente Multi-Choice POS is all about choice. It combines the value, convenience, and quality of our HMO coverage with the provider choice and flexibility of a PPO plan. And monthly premiums start below \$50!\*

Here are a few good reasons to choose Multi-Choice:

### ■ Flexibility

You have a choice of three benefit levels each time care is needed.\*\* Any time you need a covered service, choose from:

1. **Kaiser Permanente Providers:** Doctors practicing in our Medical Centers and any of our Affiliated Community Physicians practicing in their own offices all over town.
2. An extensive selection of **Participating Providers**.
3. Any other licensed provider you wish (**non-Participating Providers**).

The provider you choose will affect your coverage and out-of-pocket costs for that visit. (For more details about the three benefit levels and how they work, take a look at the chart on page 12.)

### ■ Extensive selection of doctors

You'll have access to **1,800** Kaiser Permanente Providers, more than **2,800** Participating Providers, and any other licensed doctor you choose.

### ■ Access

You won't need a referral for any Participating or non-Participating specialist.

### ■ Affordability

You can control your own out-of-pocket costs by your choice of doctors. And you'll be covered for preventive care, hospitalization, and prescriptions.

### Multi-Choice has you covered!

- Over 4,600 doctors
- 36 hospitals
- Hundreds of pharmacies

And remember—as a Kaiser Permanente member, you'll have access to many other advantages like online services and 24-hour nurse advice. (See “The Kaiser Permanente Advantage” on pages 3-4 for more details.) And no matter which doctor you choose, you still have the option to use our convenient medical centers for other services like lab, X-ray, and pharmacy.

## For more information

For more information about our Multi-Choice plans—including where to get care, benefit charts, and answers to frequently asked questions—take a look at the charts on the following pages. For rates, take a look at the enclosed insert. If you still have questions, feel free to talk to your broker, call our Personal Advantage Call Center at **(404) 364-7001**, or check out the Personal Advantage Web site at [www.kp.org/care](http://www.kp.org/care).

\* For single subscriber in Multi-Choice plan 2. 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.

\*\* Not all services are covered under all benefit levels.

## Understanding Multi-Choice

One plan—with a choice of three provider options each time care is needed:

	Kaiser Permanente Providers*	Participating Providers*	Non-Participating Providers
Doctors	<ul style="list-style-type: none"> <li>Doctors practicing in Kaiser Permanente Medical Centers, and <b>1,600</b> Affiliated Community Physicians.</li> <li>Select a personal physician (practicing in Adult Medicine, Pediatrics, General Practice, or Family Medicine) to coordinate care received by specialists or in the hospital.</li> </ul>	<ul style="list-style-type: none"> <li><b>2,800</b> participating CCN** physicians within Kaiser Permanente's 20-county Service Area.</li> <li>Not required to select a personal physician.</li> </ul>	<ul style="list-style-type: none"> <li>Any other licensed provider.</li> <li>Not required to select a personal physician.</li> </ul>
Access	<ul style="list-style-type: none"> <li><b>20</b> Affiliated Community hospitals.</li> <li><b>13</b> Kaiser Permanente Medical Centers conveniently located throughout metro-Atlanta. Most offer lab, X-ray, and pharmacy services.</li> <li>Affiliated Community Physicians' offices located throughout metro-Atlanta.</li> <li><b>3</b> Kaiser Permanente and <b>8</b> Affiliated Community After-hours Urgent Care Centers for night and weekend care.</li> <li>Referrals required for most specialist visits.</li> </ul>	<ul style="list-style-type: none"> <li><b>16</b> participating CCN hospitals.</li> <li>Doctors' offices located throughout metro-Atlanta.</li> <li>Direct access to specialists.</li> </ul>	<ul style="list-style-type: none"> <li>Any other hospital.</li> <li>Any other licensed doctor's office in metro-Atlanta.</li> <li>Direct access to specialists.</li> </ul>
Costs	<ul style="list-style-type: none"> <li>Higher level of coverage for most services.</li> <li>Lower annual deductibles.</li> <li>Low member copayments or coinsurance.</li> <li>Virtually no paperwork or claims to file.</li> </ul>	<ul style="list-style-type: none"> <li>Mid level of coverage for most services.</li> <li>Annual deductibles.</li> <li>Member copayments and coinsurance.</li> <li>Virtually no paperwork or claims to file.</li> </ul>	<ul style="list-style-type: none"> <li>Lower level of coverage for most services.</li> <li>Higher annual deductibles.</li> <li>Higher member coinsurance.</li> <li>May be required to file a claim for reimbursement.</li> </ul>

\* Kaiser Permanente Provider coverage is provided by Kaiser Foundation Health Plan of Georgia, Inc., and Participating and non-Participating provider coverages are underwritten by Kaiser Permanente Insurance Company (KPIC). For a list of Kaiser Permanente and Participating Providers, please reference the Kaiser Permanente Multi-Choice POS Physician Directory. The continued participation of any one provider or hospital cannot be guaranteed. To verify participation, call our Member Services Department at (404) 261-2590.

\*\* Kaiser Permanente Insurance Company (KPIC) has contracted with CCN, a national preferred provider organization network that contracts with physicians, hospitals, and other health care providers.



## Where to get care Multi-Choice plans

### Kaiser Permanente Providers

**KP** Kaiser Permanente Medical Centers  
(13 locations)

**★** New Stonecrest location —  
coming early 2005

**○** Affiliated Community Physicians'  
Medical Offices (1,600 doctors)

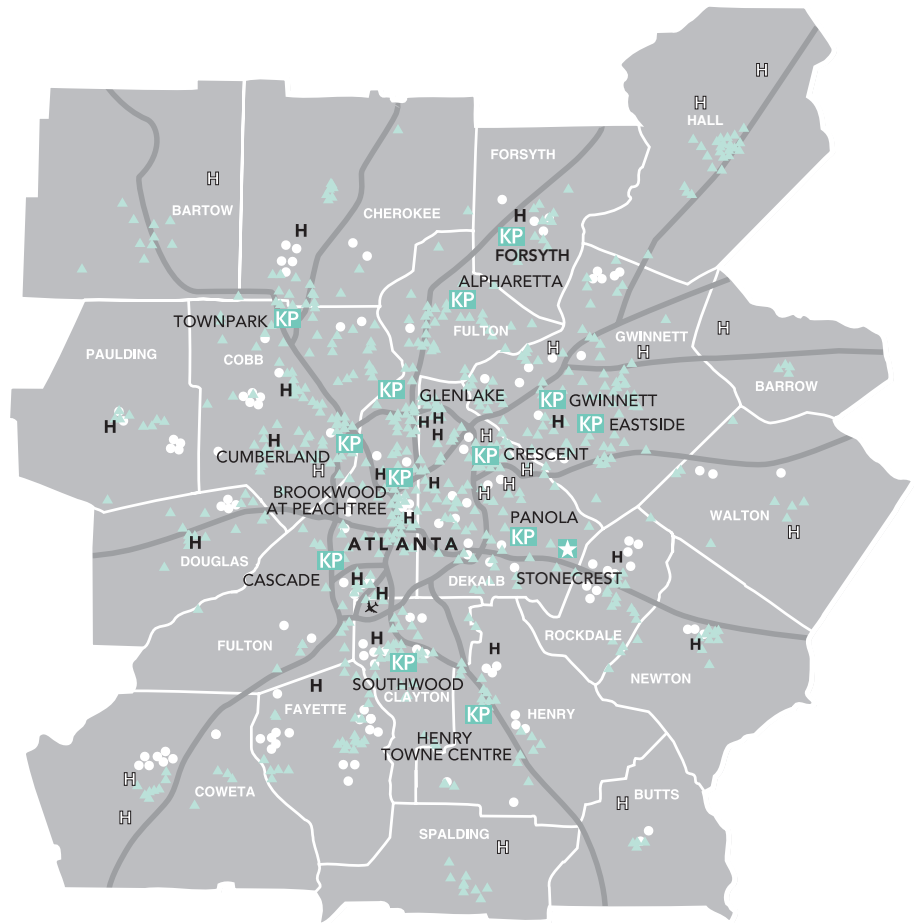
**H** 20 Kaiser Permanente Affiliated Hospitals\*

### Participating Providers

**▲** Participating Providers  
(Over 2,800 private-practice doctors)

**H** 16 Participating Hospitals

\* The hospital that you will be admitted to will be determined by the Kaiser Permanente Provider you select.



## Our medical centers

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3550 Preston Ridge Road  
Alpharetta, GA 30005

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1745 Peachtree St., Suite U  
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TownPark Medical Center  
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Stonecrest location  
Serving South DeKalb and Rockdale counties

\* Medical centers designated for after-hours  
urgent care. Hours: Monday through Friday,  
6 to 10 p.m.; Saturday, 9 a.m. to 9 p.m.;  
Sunday, 10 a.m. to 6 p.m.

	Multi-Choice Plan 1		
	Kaiser Permanente Providers	Participating Providers (CCN Network)	Non-Participating Providers
<b>Deductible - Individual / Family</b>	\$1,000 / \$3,000	\$3,000 / \$9,000	\$5,000 / \$15,000
<b>Coinsurance Out-of-Pocket Max Individual / Family</b>	\$2,000 / \$6,000	\$4,000 / \$12,000	Not Applicable
<b>Maximum Benefit While Covered <sup>1</sup></b>	Unlimited	\$5,000,000 Combined	
<b>Coinsurance</b>	80% after Annual Deductible	70% after Annual Deductible	60% after Annual Deductible
<b>Benefits</b>			
<b>Office Services</b>			
■ Primary Care	\$30 copay	\$40 copay	Plan pays 60%
■ Specialty Care	\$40 copay	\$60 copay	Plan pays 60%
■ Special Procedures (Cardiac Stress Tests, EMG, others)	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Preventive Services <sup>2</sup>	Plan pays 100%	Plan pays 100%	Plan pays 60%
■ Maternity (obstetrician/midwife) <sup>3</sup>	\$1,000 copay	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
<b>Outpatient Services</b>			
■ Laboratory Services	Plan pays 100%	Plan pays 70%	Plan pays 60%
■ Radiology Services	Plan pays 100%	Plan pays 70%	Plan pays 60%
■ High Tech Radiology Services (MRI, CT, PET, others)	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Rehabilitation Therapies (Physical, Occupational, Speech Therapy)	Plan pays 80%	Plan pays 70%	Plan pays 60%
(Up to 20 visits per calendar year combined)			
■ Outpatient Surgery Facility	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Hospital Outpatient Facility	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Physician and Other Professional Charges	Plan pays 80%	Plan pays 70%	Plan pays 60%
<b>Emergency Services</b>			
■ Emergency Room Visit (per visit; copay waived if admitted)	\$150 copay	\$150 copay	\$150 copay
■ After-Hours Urgent Care (per visit)	\$60 copay	\$80 copay	Plan pays 60%
■ Ambulance (per trip)	\$150 copay	\$150 copay	\$150 copay
<b>Inpatient Services</b>			
■ Hospital (facility charge)	Plan pays 80%	Plan pays 70%	Plan pays 60%
■ Maternity (hospital delivery) <sup>3</sup>	\$2,000 copay	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
■ Physician and Other Professional Charges	Plan pays 80%	Plan pays 70%	Plan pays 60%
<b>Mental Health Services</b>			
■ Outpatient Mental Health - 48 visits	\$60 copay	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
■ Outpatient Group Therapy	\$30 copay	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
■ Inpatient Mental Health Facility - 30 days	Plan pays 80%	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
■ Inpatient Mental Health Professional	Plan pays 80%	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
<b>Pharmacy Services - 30 day supply</b>			
■ Generic Drugs	\$15 copay	\$20 copay	\$20 copay
■ Brand Preferred Drugs	\$30 copay	\$45 copay	\$45 copay
■ Brand Non-Preferred Drugs	Not Applicable	\$60 copay	\$60 copay
■ Deductible	\$200 Rx Deductible	\$400 Combined Rx Deductible	
<b>Other Services</b>			
■ Durable Medical Equipment/Prosthetics and Orthotics	Plan pays 80%	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers only
■ Vision Exam	\$40 copay	\$60 copay	Plan pays 60%

## Multi-Choice Plan 2

Kaiser Permanente Providers	Participating Providers (CCN Network)	Non-Participating Providers
\$3,000 / \$9,000	\$5,000 / \$15,000	\$7,500 / \$22,500
\$2,000 / \$6,000	\$4,000 / \$12,000	Not Applicable
Unlimited	\$5,000,000 Combined	
80% after Annual Deductible	70% after Annual Deductible	60% after Annual Deductible
\$30 copay	\$40 copay	Plan pays 60%
\$40 copay	\$60 copay	Plan pays 60%
Plan pays 80%	Plan pays 70%	Plan pays 60%
Plan pays 100%	Plan pays 100%	Plan pays 60%
\$1,000 copay	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
Plan pays 100%	Plan pays 70%	Plan pays 60%
Plan pays 100%	Plan pays 70%	Plan pays 60%
Plan pays 80%	Plan pays 70%	Plan pays 60%
Plan pays 80%	Plan pays 70%	Plan pays 60%
(Up to 20 visits per calendar year combined)		
Plan pays 80%	Plan pays 70%	Plan pays 60%
Plan pays 80%	Plan pays 70%	Plan pays 60%
Plan pays 80%	Plan pays 70%	Plan pays 60%
\$150 copay	\$150 copay	\$150 copay
\$60 copay	\$80 copay	Plan pays 60%
\$150 copay	\$150 copay	\$150 copay
Plan pays 80%	Plan pays 70%	Plan pays 60%
\$2,000 copay	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
Plan pays 80%	Plan pays 70%	Plan pays 60%
\$60 copay	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
\$30 copay	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
Plan pays 80%	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
Plan pays 80%	Covered for Kaiser Permanente Providers Only	Covered for Kaiser Permanente Providers Only
\$15 copay	\$20 copay	\$20 copay
\$30 copay	\$45 copay	\$45 copay
Not Applicable	\$60 copay	\$60 copay
\$200 Rx Deductible	\$500 Combined Rx Deductible	
Plan pays 80%	Covered for Kaiser Permanente Providers only	Covered for Kaiser Permanente Providers Only
\$40 copay	\$60 copay	Plan pays 60%



## 2005 Multi-Choice benefit summaries

For HMO benefit summaries, see pages 8-9

For rates, see enclosed insert.



## Frequently asked questions- Multi-Choice

### 1. Can I continue to use my doctor or hospital after I enroll in Multi-Choice?

Yes. You will simply need to inform that provider that you are now a Kaiser Permanente member. Your costs and coverage will depend on the provider. If the provider is one of our Participating Providers, you'll receive the cost savings and higher level of coverage of the Participating Provider benefit level of Multi-Choice. (If the provider is not a Participating Provider, you'll be covered under the non-Participating Provider benefit level.)

### 2. Do I select a benefit level when I enroll, or can I use all benefit levels?

With Multi-Choice, you'll have access to all three benefit levels. Each time you need care, you decide which benefit level you wish to use. Your costs are associated with the benefit level you choose.

### 3. Can family members under the same coverage use different benefit levels?

Yes. Covered family members do not have to use the same benefit level. Covered family members all have the option of choosing a benefit level each time care is needed.

### 4. Am I restricted to only one location or physician for my care?

No. Our Multi-Choice plan is all about choice. Each time you need care, you can choose either a Kaiser Permanente Provider, a Participating Provider, or a non-Participating Provider.

### 5. How will I know if my provider is a Participating Provider?

You can find a list of doctors available through Multi-Choice on our online physician directory at [www.kp.org](http://www.kp.org). You can also refer to the *Kaiser Permanente Multi-Choice POS Physician Directory*. If you need a copy of the directory, talk to your broker or call our Personal Advantage Call Center at **(404) 364-7001**.

### 6. When will I have to file claims?

You won't have to file claims for services provided or directed by a Kaiser Permanente Provider or pharmacy. Most Participating Providers or pharmacies will file the claims for you. If you go to a non-Participating Provider or pharmacy, you may be required to pay your bill in full at the time of service and file a claim for reimbursement.

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

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

## 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 Kaiser Permanente providers.
- This option costs 17.5 percent more than what is quoted in the rates for 2005.

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 Member Services 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 KFHP 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 or 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 replace-



ments, 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 Member Services 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 Member Services 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 Member Services 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 [www.kp.org](http://www.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.

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 [www.kp.org/care](http://www.kp.org/care).

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**.

## Drug Formulary

Kaiser Permanente uses a drug formulary for our HMO plans and the Kaiser Permanente Provider level of our Multi-Choice 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.
- Specialist care (except self-referral specialties).
- 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 plans and the Kaiser Permanente Provider benefit level of the Multi-Choice POS plans are provided by Kaiser Foundation Health Plan of Georgia, Inc. The Participating and non-Participating Provider benefit levels of the Multi-Choice POS plans are underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of 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**.

# How to apply

Just read the enclosed “Application instructions.” (The instructions, along with your application(s) should be enclosed with this booklet.) If you need help, just talk with your broker or call our Personal Advantage Call Center at **(404) 364-7001**.

We look forward to being your partner in total health!



## Choose your monthly payment option:

- Automatic Draft Plan.** Your most convenient and reliable option is this payment method. Payments are automatically deducted from your checking or savings account on the fifth day of each month.  
To enroll, simply read and fill out the section below. **BE SURE TO INCLUDE A VOIDED CHECK.**

*Note: If you choose the Automatic Draft Plan as your payment option, you are still required to send your first month's premium along with a voided check. The automatic draft plan takes effect in your second month of coverage.*

I hereby authorize Kaiser Foundation Health Plan of Georgia, Inc., (Health Plan) to debit my checking or savings account with the financial institution named below. If a debit will differ from that of the previous month's debit, Health Plan will notify me in writing at least seven days in advance of the change.

This authority is to remain in full force and effect until Health Plan has received written notification from me of its termination in such time and in such manner as to afford Health Plan reasonable opportunity to act on it. (Must give Health Plan 30 days.)

If an entry is erroneously initiated by Health Plan to my account, I have the right to have the amount of the entry credited to my account. However, I must give the financial institution a written notice within 15 days explaining that the entry was in error.

Bank Name: \_\_\_\_\_ Member (Depositor) Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ Type of account (check one)  Savings Account  
 Checking Account  
 Other  
(Please attach a voided check)

Member Name(s): \_\_\_\_\_  
(Please Print)

Signed: \_\_\_\_\_  
(Member Signature)

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Depositor Signature)

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(2nd Depositor Signature if Joint Account)

- Payment by Credit Card.** Your credit card will be charged for your/your family's first month's premium. Also, each month's premium will be automatically charged to your credit card at the beginning of every month unless you arrange another form of payment by calling **(404) 364-7179**. Your credit card will be charged only if you are accepted for membership.

Type of card: \_\_\_\_\_

Credit card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

- Payment by Monthly Invoice.** You will receive a monthly invoice from Kaiser Permanente. Payment is due on or before the first day of each month. If payment is not received by this date, you are subject to termination of membership. If your membership is ever terminated for nonpayment, Kaiser Permanente does not allow reinstatement into any of its individual plans.

*Note: If you choose the Payment by Monthly Invoice option, you are still required to send your first month's premium. If you do not choose a payment method, you will automatically receive a monthly invoice.*

## What if all family members are not accepted?

Please remember that Kaiser Permanente's Personal Plans are individually underwritten. Each family member must pass a medical review. It is possible that some or all family members may not be accepted. In the event that all family members are not accepted, please instruct us how to handle accepted family members:

- Please enroll any accepted family members.  
 Please cancel the enrollment process for any accepted family members and return my first month's premium check.

Remove at perforation

# Personal Advantage

[kp.org/care](http://kp.org/care)