

More flexibility. More choices. Nationwide.

With our Added Choice health plan, members can receive care from Kaiser Permanente providers and an extensive network of contracted providers.

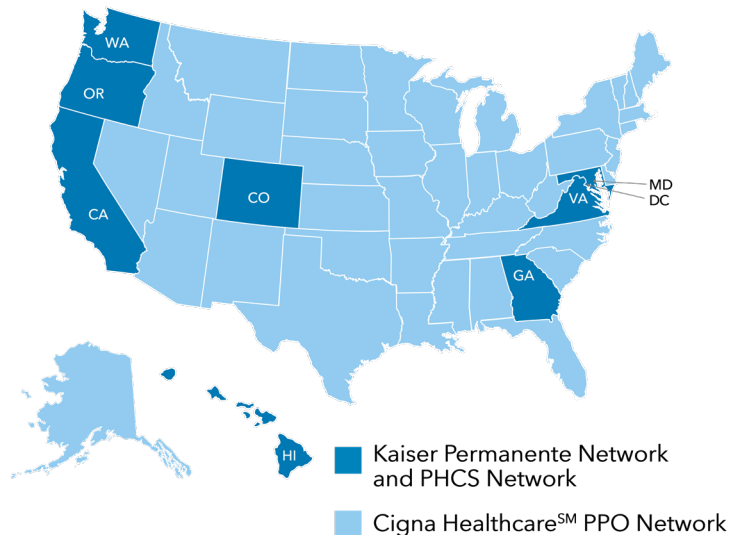
Your care, your choice

The Added Choice point-of-service health plan offers members the freedom to choose the provider that meets their needs.¹ All Added Choice plans include 3 provider tiers:

- **Tier 1: Kaiser Permanente providers**
With Kaiser Permanente providers, members experience fully coordinated care across our network. They can choose their doctor for each visit and will have the lowest out-of-pocket costs.
- **Tier 2: Contracted providers**
Members also have the flexibility to choose from contracted providers in the PHCS Network and Cigna HealthcareSM PPO Network.^{2, 3, 4} Plus, there are no claim forms to complete and no unexpected costs at the time of service.
- **Tier 3: Non-contracted providers**
Members can also see any licensed provider across the country.⁵

Coverage in Hawaii and nationwide

Whether members are at home or traveling, our nationwide coverage provides peace of mind. In Hawaii, California, Colorado, Georgia, Maryland, Oregon, Virginia, Washington, and Washington, D.C., members can get care from Kaiser Permanente providers and contracted providers from the PHCS Network.^{1, 2} In all other states, members can select providers from the Cigna Healthcare PPO Network.³



Find care near you

To search for providers, visit kp.org/addedchoice-hawaii. If you have any questions or would like more information, call Customer Service at **1-800-238-5742 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m., Saturday, 8 a.m. to noon HST.

¹Kaiser Foundation Health Plan, Inc. (KFHP) underwrites the Kaiser Permanente provider option. The contracted and non-contracted provider options of this plan are underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of KFHP. ²For the Contracted Provider Network, Kaiser Permanente Insurance Company (KPIC) has contracted with PHCS, Inc a subsidiary of MultiPlan, Inc. The list of contracted PHCS Network providers is subject to change without notice. ³The Cigna Healthcare PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration.

Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc.

⁴Contracted providers include other Hawaii providers directly contracted by Kaiser Permanente of Hawaii. ⁵If a Non-Contracted Provider is used, the member is responsible for the difference between the Maximum Allowable Charge (MAC) and the amount the Non-Contracted Provider actually charged, in addition to any applicable deductible and coinsurance amounts. Please see your Evidence of Coverage and/or your Certificate of Insurance for details.

Experience the best of both worlds with Kaiser Permanente Added Choice

Added Choice offers 3 tiers of coverage. The doctors and facilities you choose will determine how much you pay.

	Tier 1 Kaiser Permanente providers	Tier 2 Contracted providers	Tier 3 Non-contracted providers
Hawaii¹	<ul style="list-style-type: none"> • 600+ providers • 20+ facilities • Kaiser Permanente urgent care 	<p>Direct contracts</p> <ul style="list-style-type: none"> • 3000+ providers • 160+ facilities <p>PHCS Network</p> <ul style="list-style-type: none"> • 4000+ contracted providers • 180+ contracted facilities • Contracted urgent care 	Any other licensed physician and facility
Other Kaiser Permanente states (California, Colorado, Georgia, Maryland, Oregon, Virginia, Washington, and Washington, D.C.)	<ul style="list-style-type: none"> • 24,000+ providers • 600+ facilities • Kaiser Permanente urgent care 	<p>PHCS Network</p> <ul style="list-style-type: none"> • 239,000+ contracted providers • 20,000+ contracted facilities • Contracted urgent care 	Any other licensed physician and facility
Non-Kaiser Permanente states	N/A	Cigna Healthcare SM PPO Network	Any other licensed physician and facility
Prescriptions	<ul style="list-style-type: none"> • 30+ Kaiser Permanente pharmacies in Hawaii • 360+ Kaiser Permanente pharmacies nationwide 	<p>MedImpact Network</p> <ul style="list-style-type: none"> • 140+ contracted pharmacies in Hawaii, including Longs Drugs, Walgreen's, Times, Costco, KTA, Pharmacare Hawaii and more.² • 60,000+ contracted pharmacies nationwide 	Non-contracted pharmacies are not covered. Members must use Kaiser Permanente or MedImpact pharmacies. ²
Emergency care	Covered worldwide	Covered worldwide	Covered worldwide
Referrals	Yes, specialists require referral from primary care physician.	No, referrals are not required to see specialists. However, pre-certification may be required for some inpatient and outpatient procedures.	No, referrals are not required to see specialists. However, pre-certification may be required for some inpatient and outpatient procedures. Members are responsible for ensuring non-contracted providers obtain necessary pre-certification.
Out-of-pocket costs	<p>Tier 1 will have the lowest out-of-pocket costs with set copays and coinsurance.</p> <ul style="list-style-type: none"> • Total bill charge: \$250 • Your copayment: \$20 • Your total responsibility: \$20 	<p>Tier 2 will have higher out-of-pocket costs than Tier 1 services. Members are responsible for a 20% coinsurance (may vary by provider) and pay their cost share at their visit.</p> <p>After annual deductible is met:</p> <ul style="list-style-type: none"> • Total bill charge: \$250 • Maximum Allowable Charge (MAC)⁴: \$180 • You pay 20% of the MAC (\$180 x 20%): \$36 • KPIC pays 80% of the MAC (\$180 x 80%): \$144 • Your total responsibility: \$36 	<p>Tier 3 will have the highest out-of-pocket costs. Members are responsible for 20% of the Maximum Allowable Charge plus potential balance billing.⁴ They may be required to pay the full cost of services first and submit a claim for reimbursement for covered services.</p> <p>After annual deductible is met:</p> <ul style="list-style-type: none"> • Total bill charge: \$250 • Maximum Allowable Charge (MAC): \$180 • You pay 20% of the MAC (\$180 x 20%): \$36 • KPIC pays 80% of the MAC (\$180 x 80%): \$144 • You are also responsible for the difference between the bill charge and the MAC (\$250 - \$180 = \$70) • Your total responsibility: (\$36 + \$70): \$106

¹Contracted providers, hospitals, and care facilities in Hawaii as of December 2024. ²Not all locations in a chain participate, some are independently contracted. To check on a specific pharmacy or for more information, call MedImpact Customer Service at 1-800-788-2949 (TTY 711) at any time.

³This example is an illustration of the type of out-of-pocket costs you may incur based on the type of provider you choose. Your actual plan benefits may vary from the example shown. Benefits under the Added Choice plan are also subject to exclusions and limitations. ⁴Maximum Allowable Charge (MAC) The maximum charge that we will allow for a covered service you receive from contracted or non-contracted health care providers. For non-emergency services, the MAC is determined by Kaiser Permanente Insurance Company (KPIC) as the lesser of: (1) the usual and customary charge for services or supplies generally made by providers within a local area; (2) the rate KPIC has negotiated with the provider for covered services; or (3) the actual billed charges for the covered services. For non-contracted providers, this amount may be less than the amount billed by your provider. You may be responsible for any amount in excess of the MAC when seeking care from non-contracted providers. You can find a more detailed description of the MAC in your KPIC Certificate of Insurance. An exception to this definition exists for emergency services rendered by non-contracted providers. Please see your KPIC Certificate of Insurance for details regarding this exception.