

Guide to Multi-Choice Plans





ONE PLAN MANY OPTIONS

- More than **6,800** doctors.
- **12** convenient Kaiser Permanente Medical Centers.
- **40** hospitals throughout metro-Atlanta.
- Hundreds of pharmacies, including Kaiser Permanente Medical Center Pharmacies, Costco, CVS, Eckerd Drugs, Kroger, Publix, Target Stores, K-Mart, and Walgreens.
- Choice of three benefit levels each time you need care.*
- Members can move from one level to another at any time.*
- Members control their out-of-pocket costs based on the doctor they choose.
- No referral needed for any PPO or Non-participating Provider.

* Costs and coverage will vary depending on the benefit level chosen.

The choice and flexibility you deserve

PPO OPTION

	Select Providers* (Tier 1)	PPO Providers*— PHCS Network (Tier 2)	Non-participating Providers (Tier 3) - Any other licensed hospital.
Access	<ul style="list-style-type: none"> Doctors practicing in Kaiser Permanente Medical Centers, and 1,600 private-practice Affiliated Community Physicians. Select a personal physician (practicing in Adult Medicine, Pediatrics, General Practice, or Family Medicine) to coordinate care received by specialists or in the hospital. 20 affiliated hospitals. 12 Kaiser Permanente Medical Centers conveniently located throughout metro-Atlanta. Most offer lab, X-ray, and pharmacy services. Affiliated Community Physicians' offices located throughout metro-Atlanta. 3 Kaiser Permanente and 8 Affiliated Community After-hours Urgent Care Centers for night and weekend care. 	<ul style="list-style-type: none"> Over 5,000 participating PHCS** physicians within Kaiser Permanente's 20-county Service Area. Not required to select a personal physician. 20 participating PHCS hospitals. Doctors' offices located throughout metro-Atlanta. 	<ul style="list-style-type: none"> Any other licensed provider. Not required to select a personal physician. Any other hospital. Any other licensed doctor's office in metro-Atlanta.
Costs	<ul style="list-style-type: none"> Higher level of coverage for most services. Lower annual deductibles. Low member copayments or coinsurance. Virtually no paperwork or claims to file. 	<ul style="list-style-type: none"> Mid-level of coverage for most services. Annual deductibles. Member copayments and coinsurance. Virtually no paperwork or claims to file. 	<ul style="list-style-type: none"> Lower level of coverage for most services. Higher annual deductibles. Higher member coinsurance. May be required to file a claim for reimbursement.

* For a list of Select and PPO Providers, please reference the Multi-Choice Physician Directory. The continued participation of any one provider or hospital cannot be guaranteed. To verify participation, call our Customer Service Department at (404) 261-2590.

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

Kaiser Permanente Multi-Choice Hospital List

Select Providers (Tier 1)

Medical services performed at these hospitals will be paid at the Kaiser Permanente Provider benefit level:

Children's Healthcare of Atlanta
at Egleston
Children's Healthcare of Atlanta
at Scottish Rite
Emory Eastside Medical Center
Fayette Community Hospital
Glancy Rehabilitation Center
Henry Medical Center
Newton General Hospital
North Fulton Regional Hospital

Northside Hospital-Forsyth
Northside Hospital-Cherokee
Northside Hospital
Piedmont Hospital
Rockdale Hospital
Shepherd Center
Southern Regional Medical Center
St. Joseph's Hospital of Atlanta
WellStar Cobb Hospital
WellStar Douglas Hospital
WellStar Kennestone Hospital
WellStar Paulding Hospital

PPO Providers – PHCS Network (Tier 2)

Medical services performed at these hospitals will be paid at the PPO Provider benefit level:

Atlanta Medical Center
Barrow Community Hospital
Cartersville Medical Center
Charter Behavioral Health System
of Atlanta-Midtown
DeKalb Medical Center
Decatur Hospital
Emory Adventist Hospital
Inner Harbour Hospital
Gwinnett Medical Center

Joan Glancy Memorial Hospital
Laurelwood
Newnan Hospital
Newnan West Hospital
Northeast Georgia Medical Center-
Lanier Park Campus
Northeast Georgia Medical Center
South Fulton Medical Center
Spalding Regional Hospital
SummittRidge Psychiatry Facility
Tanner Medical Center-Villa Rica
Walton Regional Medical Center

Non-participating Providers (Tier 3)

Any other licensed hospital.

FREQUENTLY ASKED QUESTIONS

Q. Do members need to select a benefit level when they enroll, or can they use all benefit levels?

A. Members can use all benefit levels. Each time they need care, they decide which benefit level they want to use based on the doctor they see. Their costs are associated with the benefit level they choose.

Q. Can members continue to see a non-Kaiser Permanente provider after they enroll in Multi-Choice?

A. Yes. They will simply need to inform the provider that they are now a Kaiser Permanente Multi-Choice member, which includes PHCS Network physicians. If the provider is one of our PPO Providers (part of the PHCS Network), the member will receive the cost savings and higher level of coverage of the PPO Provider benefit level of Multi-Choice. (If the physician is not a PPO Provider, the member will be covered under the Non-participating Provider benefit level.)

Q. How do members identify themselves as Kaiser Permanente Multi-Choice members?

A. They would simply show their Kaiser Permanente medical ID card whenever they get medical care, or their MedImpact MedCare pharmacy card whenever they get a prescription filled. In addition, their enrollment packet will contain a letter confirming their membership in Kaiser Permanente Multi-Choice, which they can present to any PPO Provider when getting care.

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

A. Yes. All covered family members have the option of choosing a benefit level each time they need care.

Q. Are members restricted to one location or physician for their care?

A. No. Multi-Choice is about choice. Each time members need care, they can choose a Select Provider, a PPO Provider (PHCS Network), or a Non-participating Provider.

Q. How will members know if their provider is a PPO Provider (PHCS Network)?

A. By referring to the Kaiser Permanente *Multi-Choice Physician Directory* or visiting *phcs.com*. Starting in January 2006, they can also search the online *Medical Staff Directory* (under the "Locate our services" tab) on *kp.org*. (Because participation in the PHCS Network changes, they will need to confirm participation with the provider prior to receiving services.)

Q. Will members have to get approval to receive care?

A. For some services, our members are required to get preauthorization by the Kaiser Permanente Utilization Management Program. Our Utilization Management Program works with providers to plan, organize, and deliver quality health care services by providing services that are medically appropriate and medically necessary.

For a listing of covered services requiring preauthorization, please see the *Evidence of Coverage* you receive after joining Kaiser Permanente. Failure to obtain preauthorization may result in penalties against their benefit payment, or we may deny all or part of the claim. For preauthorization, call the Kaiser Permanente Utilization Management Department at **(404) 364-7320** or toll-free **1-800-221-2412** from 8 a.m.-5 p.m. (EST) Monday through Friday.

Q. How can new members transfer a prescription to a PPO pharmacy (MedImpact MedCare Pharmacy Network)?

A. The member would simply tell the pharmacist at the PPO pharmacy that they would like to transfer a prescription. Give the pharmacist the name and phone number of the pharmacy they previously used and the prescription number from the drug label. The pharmacist will do the rest.

Q. When will members have to file claims?

A. Members won't have to file claims for services provided or directed by a Select Provider or pharmacy. Most PPO Providers or pharmacies will also file claims for them. If they go to a Non-participating Provider or pharmacy, they may be required to pay their bill in full at the time of service and file a claim for reimbursement.

Q. How do members file a medical claim?

A. The member would need to request that their physician send us their claim information on a HCFA 1500 form (claim standard format) as soon as possible after the service is rendered. For hospital or out-patient surgery center visits, they would need to ask the hospital or surgery center to send us a UB92 form.

If a Non-participating Provider is used, the member may have to pay their bill in full and file a claim for reimbursement. We'll accept itemized bills if they can't get a HCFA 1500 or UB92 form (for hospital visits or use of a surgery center). The bill will need to include the patient's health record number, name, date of service, CPT codes with billed charges, and the amount they paid, if applicable.

Medical claim information should be mailed to:
Kaiser Permanente
Claims Administration
P.O. Box 190849
Atlanta, GA 31119-0849

To check on the status of a claim, members should call our Claims Customer Service department at **(404) 261-2825** Monday through Friday from 8:30 a.m.-5 p.m. (EST)

Q. How do members get pharmacy claim forms?

A. To obtain a pharmacy claim form, members should call the MedImpact Pharmacy Help Desk at **1-800-788-2949**, 8-1 a.m. (EST) Monday through Friday and from 9 a.m.-10 p.m. (EST) on Saturday.

Pharmacy claims should be mailed to:
MedImpact Healthcare Systems, Inc.
10680 Treena Street
5th Floor
San Diego, CA 92131

It is very important that the pharmacy claim be sent to the correct address for timely processing. If the member goes to a Non-participating pharmacy, they will most likely have to pay at the time of service and file a claim to be reimbursed.

Q. Does an emergency room visit require preauthorization?

A. No, an emergency room visit (less than 24-hour stay) does not require preauthorization.

Members can get emergency care from the nearest available facility. However, if they are admitted to the hospital for emergency care or surgery, they, their doctor, or another responsible party should notify us within 24 hours of the admission, or as soon as reasonably possible. They should simply call **(404) 365-0966** locally or **1-800-611-1811** long distance (24 hours a day, seven days a week).

Members are strongly encouraged to contact Kaiser Permanente after all emergency care is received so we can coordinate follow-up services. Once they are stabilized, they must obtain preauthorization for continuing hospitalization. By notifying us as soon as possible, members will protect themselves from potential liability for payment for services they receive after transfer to a Select Provider would have been possible.

How to reach us

MULTI-CHOICE PLANS

Health Line

Provides nurse advice and health information 24 hours a day, seven days a week. To schedule or cancel an appointment at a Kaiser Permanente Medical Center, call:

Monday-Friday 7 a.m. to 7 p.m.

(404) 365-0966 locally

1-800-611-1811 long distance

(Disponible en Español)

Customer Service

Offers assistance selecting a personal physician, explaining how Kaiser Permanente works and questions and concerns about Affiliated Community Physicians, eligibility, and coverage verification.

Monday-Friday 7 a.m. to 9 p.m.

Saturday and Sunday 8 a.m. to 2 p.m.

(404) 261-2590 locally

1-888-865-5813 long distance

(Disponible en Español)

Pharmacy

Members with a prescription drug benefit can have prescriptions filled at any Kaiser Permanente Medical Center pharmacy or designated Community Pharmacies in the metropolitan Atlanta area. In addition, two great time-saving options are available when refilling prescriptions previously filled at a Kaiser Permanente Medical Center Pharmacy:

Order online at members.kp.org

24-hour Refill Line at **(770) 434-2008**

Multi-Choice members can also have their prescriptions filled at any PPO pharmacy (MedCare Pharmacy Network). For a complete list of PPO pharmacies, contact MedImpact at **1-800-788-2949**.

Or, log on to medimpact.com

Medical Claims

Answers questions about medical bills and provides medical claims for Multi-Choice plans.

Monday-Friday 8:30 a.m. to 5 p.m.

(404) 261-2825

Pharmacy Claims

To obtain pharmacy claim forms:

Monday-Friday 8 a.m. to 1 a.m.

Saturday 9 a.m. to 10 p.m.

1-800-788-2949

Group Billing

Helps with questions regarding premium billing for groups.

Monday-Friday 7 a.m. to 5 p.m.

1-866-238-2262

Direct Pay/Individual Billing

Answers questions about premium billing for individual products.

Monday-Friday 8 a.m. to 10 p.m.

1-866-238-2808

Supply Line

Provides assistance with enrollment supplies.

(404) 364-7002

brokersupplies.ga@kp.org

Kaiser Permanente Online

kp.org

