

Benefits and Services

HealthChoice benefits

The table below shows the health care services and benefits that all HealthChoice enrollees can get when they need them. We offer other services not listed here (see page 22). For a few special benefits, you have to be certain ages or have a certain kind of problem. We will never charge you for any of the health care services we provide. This table lists the basic benefits that you can get through Kaiser Permanente when you need them.

Prior Approval

Some services are only covered if we approve them first. If your PCP or specialist decides you need a service that requires prior approval, he/she will send us a request for approval. Our decision is made by a qualified health care professional. If we have questions, we will ask your doctor. Once the decision is made, we will notify you and your doctor.

If you have a question or are confused about whether or not we offer a certain benefit, you can call the HealthChoice Enrollee Help Line at 800-284-4510 or Kaiser Permanente Member Services at 855-249-5019 for help.

Benefit	What it is	Who can get this benefit	What you don't get with this benefit
Primary Care Services	These are all of the basic health services you need to take care of your general health needs, and are usually provided by your PCP, another doctor, or advanced practice nurse.	All enrollees	
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services for Children	Regular well-child check-ups, immunizations (shots), and other check-ups to look for illness. Whatever is needed to take care of sick children and to keep healthy children well.	Enrollees under age 21	
Pregnancy-related Services	Medical care during and after pregnancy, including hospital stays and, when needed, home visits after delivery.	Women who are pregnant, and for two months after the birth.	

Benefit	What it is	Who can get this benefit	What you don't get with this benefit
Family Planning	Family planning office visits, lab tests, birth control pills and devices (includes latex condoms from the pharmacy, without a doctor's order) and permanent sterilizations.	All enrollees	
Primary Mental Health Services	Primary mental health services are basic mental health services provided by your PCP or another Kaiser Permanente participating provider in the network. If more than just basic mental health services are needed, your PCP will refer you to, or you can call, the Public Mental Health System at 800-888-1965 for specialty mental health services.	All enrollees	You do not get specialty mental health services from Kaiser Permanente. For example, for treatment of serious emotional problems like schizophrenia, your PCP or specialist will refer you to, or you can call, the Public Mental Health System at 800-888-1965.
Pharmacy Services	Prescription drugs, insulin, needles and syringes, birth control pills and devices, coated aspirin for arthritis, iron pills (ferrous sulfate), and chewable vitamins for children younger than age 12. You can get latex condoms from the drug store without a doctor's order.	All enrollees	Non-prescription drugs except for coated aspirin, iron pills, and chewable vitamins for children younger than age 12.
Specialist Services	Health care services provided by specially trained doctors or advanced practice nurses. You might have to get a referral from your PCP before you can see a specialist.	All enrollees	

Benefit	What it is	Who can get this benefit	What you don't get with this benefit
Laboratory & Diagnostic Services	Lab tests and X-rays to help find out the cause of an illness.	All enrollees	
Case Management	A case manager may be assigned to help you plan for and receive health care services. The case manager also keeps track of what services are needed and what has been provided.	Special Populations: <ol style="list-style-type: none"> 1. Children with special health care needs; 2. Pregnant and postpartum women; 3. Individuals with HIV/AIDS; 4. Individuals who are homeless; 5. Individuals with physical or developmental disabilities; 6. Individuals in need of substance abuse care; and 7. Children in state-supervised care. 	
Diabetes Care	Special services, medical equipment, and supplies for enrollees with diabetes.	Enrollees who have been diagnosed with diabetes.	
Treatment for Substance Use Disorders	Services include a comprehensive substance abuse assessment, individual and group counseling services, opioid maintenance treatment, detox treatment (inpatient or outpatient as needed), partial hospitalization, and referral to substance abuse services that we do not offer. Intensive outpatient services are covered for those who are under 21 or pregnant and postpartum.	Pregnant and postpartum women and persons with HIV/AIDS will have access to treatment within 24 hours of request.	

Benefit	What it is	Who can get this benefit	What you don't get with this benefit
Podiatry	Foot care when medically needed. Includes special shoes, supports, and routine foot care.	Available to enrollees under age 21 or individuals with diabetes and circulatory problems.	
Vision Care	<p>Eye Exams</p> <ul style="list-style-type: none"> • Under 21: one exam every year • 21 and Older: one exam every two years <p>Glasses</p> <ul style="list-style-type: none"> • Under 21 only • Contact lenses if there is a medical reason why glasses will not work 	<p>Exams All enrollees</p> <p>Glasses and contact lenses Enrollees under age 21</p>	More than one pair of glasses per year unless lost, stolen, broken, or new prescription is needed.
Home Health Services	Support services for people who are terminally ill.	Those who need skilled nursing care in their home, usually after being in a hospital.	No personal care services (help with daily living).
Hospice Care	In-home health care services, including nursing and home health aide care.	All enrollees	
Rehabilitation Outpatient	Rehabilitation services, including physical therapy, occupational therapy, and speech therapy (without a hospital stay).	All enrollees Some services for members under 21 years old are offered by the State (see page 23).	
Nursing Home	Full-time nursing care in a nursing home.	All enrollees After 30 days, State pays instead of Kaiser Permanente.	
Chronic Hospital	Full-time hospital care for long-term illness.	All enrollees After 30 days, State pays instead of Kaiser Permanente.	

Benefit	What it is	Who can get this benefit	What you don't get with this benefit
Blood & Blood Products	Blood used during an operation, etc.	All enrollees	
Dialysis	Treatment for kidney disease.	All enrollees	
DME & DMS	Durable medical equipment (DME) and disposable medical supplies (DMS) are things like crutches, walkers, wheelchairs, and finger stick supplies (for people who do blood testing at home).	All enrollees	
Transplants	Medically necessary transplants.	All enrollees	No experimental transplants.
Clinical Trials	Enrollees costs for studies to test the effectiveness of new treatments or drugs.	Enrollees with life threatening conditions, when authorized.	





Optional benefits and applicable terms and conditions

As a member of Kaiser Permanente, we offer our members several extra benefits. This section of the Handbook explains those benefits and who is eligible to receive them.

Dental services for adults 21 years of age or older (Except for pregnant women. See page 23 for children and pregnant women.)

Kaiser Permanente offers preventive dental benefits to our adult members who are not pregnant (pregnant members already have coverage for dental services). Dental services are provided by DentaQuest. You can call DentaQuest at 855-208-6316. Dental services do not require a referral from your PCP. The preventive services we cover include:

- Dental exams two times per year (one every six months)
- Dental cleaning two times per year (one every six months)
- Limited X-rays once a year
- Limited fillings for cavities
- Limited non-surgical extractions

Vision care for adults 21 years of age or older

We offer our adult members one eye examination per year and one pair of glasses every two years. If your glasses are lost, stolen, broken or your eyesight has changed, you may be able to get new frames or lenses sooner, as needed.

Pharmacy

Kaiser Permanente offers the no copay for any prescription approved by your PCP or specialist.

Healthy living classes and wellness coaching

Kaiser Permanente works to keep you healthy with healthy living classes and wellness coaching at no charge. These classes cover a large number of health topics including prenatal care, weight management, stop smoking, successful living with heart failure, diabetes, asthma, and many other topics. These classes are held at Kaiser Permanente medical centers.

For more information about healthy living classes and programs in your area, please visit kp.org/healthyliving or call 301-816-6565 or 800-444-6696 toll free. Please see page 42 for more on our healthy living programs.

CareConnect Program

Case management is available for:

- Children with special health care needs
- Pregnant and postpartum women
- Individuals with HIV/AIDS
- Individuals who are homeless
- Individuals with physical or developmental disabilities
- Individuals in need of substance abuse care
- Children in state-supervised care

CareConnect case managers can provide the following types of help:

- Initial assessment, including medication review
- Care planning based on your needs and wishes
- Coordination of care across doctors—Coaching and monitoring of your health status
- Support and education
- Assistance with access to Kaiser Permanente and community resources

If you would like more information, call 866-223-2347.

Benefits and services not offered by Kaiser Permanente but offered by the State

These are benefits and services that we do not provide. People who need these services can get them through the State using their red and white Medical Assistance or dental card.

Dental services for children under 21 and pregnant women

General dentistry including regular and emergency treatment is offered. Dental services are provided by the Maryland Healthy Smiles Dental Program administered by DentaQuest. If you are eligible for the Dental Services Program, you will receive information and a dental card from DentaQuest. If you have not received your dental ID card or have questions about your dental benefits, call the Maryland Healthy Smiles Dental Program at 888-696-9596.

Specialty mental health services

We offer only the basic primary mental health services that your PCP can provide. If these services are not enough to take care of your problem, you, your PCP, or your specialist can request specialty mental health services through the Public Mental Health System by calling 800-888-1965.

Intermediate Care Facilities for the Mentally Retarded (ICF-MR) services

This is treatment in a care facility for people who have an intellectual disability and need this level of care.

Skilled personal care services

This is skilled help with daily living activities.

Medical day care services

This is help to improve daily living skills in a center licensed by the state or local health department, which includes medical and social services.

Transportation services

We do not have to pay for your transportation to medical services, unless we send you to a far-away county to get treatment that you could not get in a closer county. We will help you arrange non-emergency transportation, if needed for a medical visit or treatment, through your city or county government (usually the county health department). Emergency transportation is provided by local fire companies (911 emergency service), but this is only for real emergencies.

Nursing home & long-term care services

Kaiser Permanente does not pay for your care in a nursing home, rehabilitation hospital, or chronic hospital after the first 30 days. After that, the services are considered “long-term care”. After the first 30 days, you will not have to leave the nursing home or long-term hospital; you just will not be enrolled in Kaiser Permanente anymore. (This is something the State and Kaiser Permanente will take care of for you.) Once you are not a member of Kaiser Permanente, the State will pay for the medical treatment you need, including nursing home and other long-term care.

Abortion services

This medical procedure to end certain kinds of pregnancies is covered by the State only if:

- (1) The patient will probably have serious physical or mental health problems, or could die, if she has the baby;
- (2) She is pregnant because of rape or incest and reported the crime; or
- (3) The baby will have very serious health problems.

Women eligible for HealthChoice only because of their pregnancy are not eligible for abortion services.

Occupational, physical, and speech therapy, and audiology for children under the age of 21

The State pays for these services if medically needed. For help in finding a provider, you can call the State’s Hotline at 800-492-5231.

HIV/AIDS

Certain diagnostic services for HIV/AIDS are paid for by the State (viral load testing, genotypic, and phenotypic or other HIV/AIDS resistance testing). Most HIV/AIDS drugs are also paid for by the State.

Speech augmenting devices

Equipment that helps people with speech impairments to communicate.

Benefits and services not offered by Kaiser Permanente or the State

These are benefits and services that Kaiser Permanente is not required to offer. We offer a few of them anyway (see page 22). The State will not offer any of the benefits and services on this list.

- Anything that you do not have a medical need for.
- Anything experimental unless part of an approved clinical trial.
- Autopsies.
- Shots for travel—outside the continental United States or medical care outside the United States.
- Diet and exercise programs—to help you lose weight.
- Fertility treatment services—including services to reverse a voluntary sterilization.
- Cosmetic surgery—operations to make you look better, but you do not need for any medical reason.
- Private hospital room—for people without a medical reason such as having a contagious disease.
- Private duty nursing—for people over 21 years old.

- Orthodontist services—braces to straighten teeth for people 21 years old and older, or children who do not have a serious problem that makes it difficult for them to speak or eat.
- Special (orthopedic) shoes and supports—for people who do not have diabetes or circulation problems or are older than age 21.
- Routine foot care—for people who do not have diabetes or circulation problems or are older than age 21.
- Non-prescription drugs—except coated aspirin for arthritis, insulin, iron pills, and chewable vitamins for children younger than age 12.
- Hearing aids—for people over age 21.
- Dental services for adults—except for pregnant women (see page 22 for adult dental benefits offered by Kaiser Permanente).

Self-referral services

What are self-referral services?

You will go to your PCP for most of your health care, or your PCP will send you to a specialist who belongs to MAPMG or is a participating provider. For some types of services, you can choose a health care provider who is not part of our network, and we will still pay for the service. These are called “self-referral services.” We will also pay for any related lab work and medicine received at the same site that you receive the self-referral visit. The following are self-referred services:

Family planning services

If you choose to do so, you can go to a provider who is not a part of our network for any of these family planning services:





- Family planning office visit
- Pap smear
- Special contraceptive supplies
- Diaphragm fitting
- IUD insertion and removal
- FDA approved contraceptives

Emergency services

If you have a real medical emergency, you do not need a referral from your PCP to go to the emergency room (ER). If you're not sure if you should go to the ER, call 800-677-1112 for advice. After you are treated for an emergency condition you may need additional services to make sure the emergency condition does not return. These are called post-stabilization services. We will work

with the hospital staff to decide if you need these services. If you would like additional information about how this is decided, contact us at 800-777-7904.

School-based health center services

For children enrolled in schools that have a health center, there are a number of services that they can receive from the school health center. These are:

- Office visits and treatment for acute or urgent physical illness, including needed medicine
- One follow-up office visit, unless the case is complicated
- Self-referred family planning services (listed earlier)

Pregnancy services

If you were pregnant when you joined Kaiser Permanente and had already seen a provider who is not in Kaiser Permanente's network for at least one complete prenatal check-up, then you can choose to keep seeing that provider. You may see that provider all through your pregnancy, delivery, and for two months after the baby is born for follow-up, as long as the provider agrees to continue to see you.

Baby's first check-up before leaving hospital

It is best to select your baby's doctor before you deliver. If the Kaiser Permanente MAPMG doctor you selected or another Kaiser Permanente doctor does not see your newborn baby for a check-up before the baby is ready to go home from the hospital, we will pay for the on-call doctor to do the check-up in the hospital.

Check-up for children entering State custody

Children entering foster care or kinship care are required to have a check-up within 30 days. The foster parent can choose a convenient provider to self-refer for this visit.

Certain providers for children with special health care needs

Children with special healthcare needs may self-refer to providers outside of the Kaiser Permanente network under certain conditions. Self-referral for children with special needs is intended to ensure continuity of care, and assure that appropriate plans of care are in place. Self-referral for children with special health care needs will depend on whether or not the condition that is the basis for the child's special health care needs is diagnosed before or after the child's initial enrollment in an MCO. Medical services directly related to a special needs child's medical condition may be accessed out-of-network only if the following specific conditions are satisfied:

New Enrollee: A child who, at the time of initial enrollment, was receiving these services as part of a current plan of care may continue to receive

these specialty services if the pre-existing out-of-network provider submits the plan of care to us for review and approval within 30 days of the child's effective date of enrollment in Kaiser Permanente. We must approve these services as medically necessary.

Established Enrollee: A child who is already enrolled in Kaiser Permanente when diagnosed as having a special health care need requiring a plan of care that includes specific types of services may request a specific out-of-network provider. We must grant the request unless we have a local in-network specialty provider with the same professional training and expertise who is reasonably available and provides the same services.

If we deny, reduce, or terminate the services, you can file an appeal. For information about appeals, see page 45 of this Handbook.

Diagnostic Evaluation Service (DES)

One annual diagnostic and evaluation service (DES) visit for any enrollee diagnosed with HIV/AIDS, which we are responsible for facilitating on your behalf.

Renal dialysis

Some people with kidney disease need to have their blood cleaned. This is called "renal dialysis." A person who needs renal dialysis does not have to go to a Kaiser Permanente participating provider for this treatment, but can choose any provider, either inside or outside of our MCO. People needing this service may be eligible for the Rare and Expensive Case Management Program (see page 35).

Substance Use Disorder (SUD)

If you are in need of substance abuse treatment, you may self-refer to a certified substance abuse treatment provider for a Comprehensive Substance Abuse Assessment (CSAA). You may self-refer for the initial CSAA if the following conditions are met:

- You are not currently in treatment for a substance use disorder;

- You have not received a self-referred CSAA during that calendar year; and
- The assessment provider is a certified substance use disorder provider.

You can also self-refer for other treatments such as individual and group counseling, detoxification, and inpatient care. You must meet certain criteria to receive these services. Contact us at 866-530-8778 for more information.

Birth centers

Services performed at a birthing center, including an out-of-state center located in a contiguous (a state that borders Maryland) state, are covered as part of self-referred services.

Notice of stopping or changing benefits, service, or health care locations

If your medical office or provider moves or closes, Kaiser Permanente will send you a letter telling you to choose another provider near you. Once you have chosen a new provider, Kaiser Permanente will send you a new member ID card within 10 business days.

If your benefits change for any reason, Kaiser Permanente will send you a letter telling you about the change before it happens.

If you become ineligible for Medical Assistance, you will be automatically dis-enrolled. If you regain eligibility within 120 days, you will be automatically re-enrolled with Kaiser Permanente.

