Welcome to Kaiser Permanente

Member Guide | Kaiser Foundation Health Plan of Washington (HMO)
CONTACT INFORMATION

Care Management—To see if you’re eligible to work with a registered nurse to better control your health conditions, call toll-free 1-866-656-4183.

Consulting Nurse Service—Call 1-800-297-6877 or 206-630-2224 for 24-hour health advice from experienced registered nurses.

Member Services—For answers to most questions, call 1-888-901-4600 or 206-901-4600, or TTY WA Relay 1-800-833-6388 or 711, 8 a.m.–8 p.m., 7 days a week.

Delta Dental of Washington—If you’ve elected this coverage, call Delta Dental at 1-800-554-1907, Monday–Friday, 8 a.m.–5 p.m. with questions, or go online to www.deltadentalwa.com.

Drug Formulary—This list is online at kp.org/wa/medicare/formulary.

Hospital admission (Notification Line)—If you’re admitted to an out-of-network hospital, call the Notification Line toll-free at 1-888-457-9516 within 24 hours, or as soon as possible after admittance.

Interpretive Services—Professional language interpreters are available in any language, free of charge. For assistance, call Member Services.

Mail-Order Pharmacy—Have your prescription refills mailed to you at no additional cost. Order online at kp.org/wa, call 1-800-245-7979, or fax your mail-order request form to 206-630-7950.

Mental health and chemical dependency (Behavioral Health Access Services)—If you’re a first-time patient, call toll-free 1-888-287-2680. For follow-up visits, call your provider’s office.

Provider and Facility Directory—The online directory is at kp.org/wa/medicare. If you prefer a printed copy, go to kp.org/wa/medicare/providers and fill out a short online form to request that a directory be mailed to you. You may also call Member Services or email medicare@ghc.org.

Resource Line—Call 1-800-992-2279 to get information on health education, community resources, senior services, and support groups in your area.

SilverSneakers® Fitness—Find a participating facility near you at silversneakers.com.

Tobacco cessation (Quit For Life® Program)—Call 1-800-462-5327 to register or go to quitnow.net/kpwa.

TTY WA Relay—Members who are hearing- or speech-impaired can call 1-800-833-6388 or 711, 8 a.m.–8 p.m. 7 days a week, to access Kaiser Permanente department staff, Member Services, or Delta Dental of Washington.

Vision services (Kaiser Permanente Eye Care)—To find a location near you go online to kp.org/wa/provider-directory and click on Eye Care Services, or call Member Services. To make an appointment call 1-800-664-9225. For other providers available with your plan, call Member Services or visit kp.org/wa/medicare.
Getting started
Your Kaiser Permanente Medicare Advantage plan is a lot more than just benefits and coverage. It’s a whole-person approach to health care that gives you tools to take control of your health. Here’s what you need to know right from the get-go:

Get answers to your questions
You can find specific contact information on the inside front cover of this booklet. But when in doubt, keep in mind these two main resources for finding the answers and guidance you need:

• **Go to kp.org/wa/medicare.** You’ll find lots of useful tools and information, including the provider and facility directory, pharmacy information, and links to set up online accounts.

• **Call Member Services.** Representatives can help you with just about anything, from replacing a lost ID card and obtaining a language interpreter, to answering questions about benefits, referrals, coordination with other insurers, and much more.

Watch for your ID card in the mail
You’ll soon receive an identification (ID) card that features your member number. You’ll be asked for your number when you get care, so keep your ID card handy. You’ll also receive your Evidence of Coverage (EOC). It details your benefits and services, what is and isn’t covered, and cost share information.

Choose your physician
Your personal doctor helps guide your total health care program. It’s important to designate one now, before you require a test, X-ray, or any other type of care. (You can change your personal doctor at any time, for any reason.) Here’s how to select a doctor:

Choose care from the many doctors who practice at a Kaiser Permanente medical offices clinic. When you get care from one of these physicians, your doctor, the pharmacy, lab, and X-ray are usually in one location.

OR:

You can choose from hundreds of additional doctors in our HMO network, all of whom meet our high standards of care.

You will find a directory of primary care physicians online at kp.org/wa/provider-directory. The directory also includes pharmacies, hospitals, and urgent care facilities. Select your physician online or call Member Services and notify them of your choice, or request their help in choosing a doctor.

In most cases, you must use network providers to get your medical care. The only exceptions are emergencies and special circumstances like out-of-area urgent care and dialysis.

Once you’ve chosen a doctor and registered for online services at the Kaiser Permanente website for members at kp.org/wa, complete your Health Profile. This health questionnaire provides a personalized health assessment and gives you and your doctor insight into your current health status.

Get the care you need
Now that you have a doctor and have taken your Health Profile, make an appointment. It’s easy; just call your doctor’s office. Or, if your doctor practices at a Kaiser Permanente medical office, you can go online or use the Kaiser Permanente mobile app to request an appointment. Remember that you’re covered for preventive care services, including well-care immunizations and a range of health screenings, so be sure to see your doctor for this care. Your specific cost shares, and a list of covered preventive care services, are detailed in your Evidence of Coverage.

No matter where you are or what time it is, the Consulting Nurse Service is available 24 hours a day. Call this helpline (the number is listed on the inside front cover and on your ID card) to get advice and answers to your medical questions. Experienced registered nurses work directly with an on-site physician.
Self-referrals

Seeing a specialist
Much of specialty care doesn’t require a referral from your personal primary care physician, but there are exceptions. Here’s how specialty care works with the different physician groups:

- **Kaiser Permanente Physicians**
  You can get specialty care from many specialists at Kaiser Permanente medical offices without a referral by calling the specialist’s office directly, or Member Services. You can find a complete list of physicians in the provider directory.

- **Other specialists in the network**
  A referral may be required from your personal doctor for specialty care from doctors who are in the Medicare Advantage network and do not practice at Kaiser Permanente medical offices.

Notes about specific services
Questions often arise about a handful of services. We hope this additional information supplies some answers. Coverage varies, so do check your Evidence of Coverage. See the provider directory for locations for these and other services.

- **Audiology/hearing care**
  You can self-refer for a hearing evaluation from a Kaiser Permanente Audiology/Hear Center. Following the hearing evaluation, you’re eligible for a visit with a Hear Center audiologist to discuss your amplification options. Some of our plans include coverage for hearing hardware.

- **Mental health and chemical dependency (Behavioral Health Access Services)**
  While you don’t need a referral from your personal physician to get mental health and chemical dependency services, Behavioral Health Access Services coordinates and authorizes this care. Call if you’re a first-time patient (contact information is on the front inside cover).

- **Vision care**
  Routine eye exams are covered by our plans, and some of our plans also provide coverage for vision hardware. In our service area, go to a Kaiser Permanente Eye Care location. In areas not served by Kaiser Permanente staff doctors, contracted eye care providers serve Medicare Advantage members.

- **Women’s health care**
  Women can self-refer for routine gynecological care and general preventive care, such as Pap tests and breast exams.

- **Complex Case Management Program**
  Eligible patients with multiple health conditions work with a registered nurse who can help them understand and cope with their health concerns, learn about available resources, and become an active participant in their health care. To see if you’re eligible for this program, call Care Management toll-free 1-866-656-4183.

- **Get a ride**
  At no additional cost, Medicare Advantage members* can schedule transportation to medical and dental appointments or to shop for medical supplies. Call at least three days in advance and supply your information. A driver will pick you up, take you to your destination, and if you have arranged a return trip, bring you back. To schedule, call Access2Care anytime toll free 1-877-828-4512 or TTY WA Relay 1-800-833-6388 or 711.

* Transportation benefit **not available** for Harbor and Centennial plan members, or Employer Group Retiree Medicare Advantage plan members.
Prescriptions

What’s covered
Most of our Medicare Advantage HMO plans include Part D prescription drug coverage (the Basic plan does not), so you’re covered for outpatient prescription drugs. If you have retiree coverage through a plan offered by your employer (a “group plan”), your outpatient prescription drug coverage may be different.

Your plan has a drug formulary, which is a list of generic and certain brand-name drugs. In most cases, we cover only medications on the formulary. If your personal physician determines that you need a particular drug that is not on the formulary, your doctor’s request will be reviewed and the drug may be covered. Cost shares may apply.

What’s not covered
• Nonprescription or over-the-counter medicines
• Cosmetic or hair-growth medicines
• Drugs for weight loss or gain
• Drugs for symptomatic relief of cough and cold
• Prescription vitamins and minerals
• Sexual or erectile dysfunction drugs
• Drugs used to promote fertility
• Drugs that Medicare will not cover (members must pay the full cost of these drugs; contact Member Services for additional information)

Filling your prescriptions
You can fill your prescriptions at Kaiser Permanente medical offices pharmacies or at a network pharmacy (see the provider directory).

If you need a new prescription when your regular pharmacy is closed, you should make every effort to fill the prescription at another participating pharmacy. If that’s not possible, you can fill the prescription at the pharmacy of your choice at your expense and submit a claim for reimbursement.

Depending on the medication you need, prescriptions will be filled for a 90-day or 30-day supply at one time at Kaiser Permanente medical offices pharmacies and at participating network pharmacies. Note: Tier 5 drugs can only be filled for a 30-day supply.

Get refills delivered to you
For certain drugs, you can have your refills mailed to your home with no shipping or handling fees with our Mail-Order Pharmacy Service (contact information is on the inside front cover). Here are your options.

• Online: Register with The Kaiser Permanente website for members and complete a one-time ID verification process. Then go to the Pharmacy Services page at kp.org/wa and complete your request.

• Mail or fax: Call for a mail-order request form, complete it, and drop it in the mail or fax it.

• Phone: Call the Kaiser Permanente Mail-Order Pharmacy Service 24 hours a day to order refills. Have your prescription number (the 11-digit number on the label), your member ID number, and your credit card number handy.

If you get your prescriptions filled at non-Kaiser Permanente pharmacies, you’ll need to first transfer your prescriptions into the Kaiser Permanente pharmacy system. You can do this online, or by calling the Kaiser Permanente Mail-Order Pharmacy. Deliveries can take up to 10 business days, although in most cases they arrive sooner. If your order does not arrive within 10 days, please call 1-800-245-7979.

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About drug restrictions
We employ some drug restrictions to help you use drugs in the most effective and safest ways:

- You or your provider need to get approval, known as “prior authorization,” from the plan before we will agree to cover certain drugs for you. This can help guide appropriate use of these drugs. If approval isn’t obtained, your drug may not be covered.

- We have a requirement that encourages you to try less costly—but just as effective—drugs before we’ll cover another drug. This requirement is called “step therapy.”

- For certain drugs, we limit the amount of the drug that you can have each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

OptumRx is your new pharmacy benefit processor
Kaiser Permanente has a new pharmacy benefit claims processor—OptumRx—for members with Medicare Part D.

You’ll be able to see your prescription and claim history on the OptumRx website. You can also look up pricing information and find pharmacies in your network.

You can visit the OptumRx website for Kaiser Permanente members to check out online services available to you. Find the link at kp.org/wa/provider-directory.

After you get your new Kaiser Permanente Medicare Advantage ID card with the OptumRx information:

1. Register for an account on the OptumRx website.
2. Log in with the user ID and password you create, then check out the site’s features.
Urgent care

An urgent care situation is one that does not pose an immediate, serious health threat, but does require prompt medical attention within 24 hours of its onset. Some conditions that might be urgent are:

- Stomach or abdominal pain
- Urinary tract infections
- Cuts that might require stitches
- Minor injuries such as sprains
- Respiratory infections

For urgent care during the day, call your personal physician’s office or the Consulting Nurse Service to get immediate advice. You’ll be directed to the nearest facility, when necessary.

For urgent care after business hours, on weekends, or on holidays, call the Consulting Nurse Service for assistance to make sure you don’t incur unnecessary expenses. Kaiser Permanente has several clinic locations that offer urgently needed care services during evening and weekend hours. Some are open 24/7. When you’re out of our service area, you’re covered for urgently needed care worldwide.

Emergency care

If you’re having a medical emergency, get care immediately. Call 911 or your local emergency number and ask for an ambulance if you need it. You don’t need approval or a referral from your personal physician.

You have worldwide coverage for emergency care. If you’re traveling, be sure to find out what the local emergency number is—it’s not always 911.

What is an emergency?

Emergency medical conditions include those that make you feel you need immediate medical attention to avoid a serious threat to your body or your health. These conditions may include:

- Severe pain
- Suspected heart attack or stroke
- Sudden or extended difficulty in breathing
- Bleeding that will not stop
- Major burns
- Seizures
- Sudden onset of severe headache
- Suspected poisoning

Costs and coverage

Most emergency room visits require a cost share. Emergency ambulance service is a covered benefit. Nonemergency ambulance service requires prior authorization from your health plan. Check your Evidence of Coverage or retiree employer group benefits booklet to find out about your costs for emergency care and get details about ambulance service.
Hospitalization

If you need to be admitted to a hospital, your personal physician will refer you to a participating facility. You can find a complete list of the hospitals Kaiser Permanente contracts with in the provider directory. Following is a sampling of major participating hospitals and medical facilities:

**In Western Washington**
- Swedish Hospital Medical Centers at First Hill and Cherry Hill in Seattle
- Overlake Medical Center in Bellevue
- CHI Franciscan St. Joseph Medical Center in Tacoma
- PeaceHealth St. Joseph Medical Center in Bellingham
- Providence St. Peter Hospital in Olympia
- Providence Regional Medical Center in Everett
- Island Hospital in Anacortes

**In Eastern Washington**
- Providence Holy Family Hospital in Spokane
- Providence Sacred Heart Medical Center & Children’s Hospital in Spokane
- Valley Hospital in Spokane Valley

If you’re admitted to a nonparticipating facility in an emergency, you or a family member must call the Notification Line (listed on the inside front cover and on your ID card) within 24 hours or as soon as reasonably possible following the emergency. After your situation is under control, your personal physician may be contacted if you require follow-up care.
**Dental care**

Dental coverage is optional for individual Medicare Advantage members. If you chose dental coverage when you elected your Medicare Advantage plan, your Delta Dental Premier plan is provided by Delta Dental of Washington for an additional premium.*

The dental plan is designed to provide you with full coverage for your semiannual dental checkups when you see a Delta Dental Premier provider, so dental health problems can be detected early. If your dentist finds that treatment beyond a checkup is needed, your plan also provides coverage toward basic restorative care, as well as for major expenses such as crowns, bridges, and dentures. The dental plan doesn’t have an out-of-network benefit, but lets you choose from a large network of dentists. Please contact Delta Dental if you have questions about your dental plan.

**Online tools**

The Kaiser Permanente website for members at [kp.org/wa](http://kp.org/wa) gives you access to online health information, tools, and services that make health care accessible and convenient, 24 hours a day.

**All members:**
- Choose your doctor
- Order prescription refills
- Take a health risk assessment
- Review your health plan usage status
- View your coverage documents
- Browse a library of thousands of health topics
- E-mail Member Services

**Available only when you receive primary care at Kaiser Permanente medical offices locations:**
- Schedule an appointment
- E-mail your health care team for non-urgent matters
- See lab and test results
- Check your allergies and immunizations
- Access your online medical record
- Review after-visit summaries
- Access these services on the go with our mobile app

The Kaiser Permanente website for members is a secure website. The privacy of your personal health information is our priority at Kaiser Permanente, both in our medical facilities and online.

To get started, go to [kp.org/wa/register](http://kp.org/wa/register) and set up your account.

* You must continue to pay your Medicare Part B premium and any other applicable Medicare premium(s), if not otherwise paid by Medicaid or another third party.
Member resources

Call Member Services or go online for information about these resources and discounts. All contact information is listed on the inside front cover.

SilverSneakers® Fitness
Take fitness classes taught by certified instructors at local participating fitness centers, or hit the weights, stationary bikes, and treadmills at your own pace. Classes, walking groups, and other programs are also available through SilverSneakers® FLEX™ at recreation centers, older-adult communities, and local parks. Enrollment is automatic when you’re a Kaiser Permanente Medicare Advantage HMO member.

Enhance® Fitness
These one-hour fitness classes, led by nationally certified instructors, are available at no additional cost to Kaiser Permanente Medicare Advantage plan members. If you are unable to stand, you are welcome to sit while exercising. The National Council on Aging has honored EnhanceFitness as one of the top 10 physical activity programs for older adults in the United States.

EnhanceFitness classes are offered at Kaiser Permanente facilities as well as participating senior centers and community centers. For a list of class times, dates, and locations, visit projectenhance.org and click Locations. (The EnhanceFitness program is available only in King, Pierce, Snohomish, and Thurston counties.)

For more information, e-mail the Resource Line at resource.l@ghc.org, or call 206-326-2800 or toll-free 1-800-992-2279.

Complementary Choices℠*
Access noncovered alternative care services beyond your covered benefit at a discount, including acupuncture, naturopathy, chiropractic care, massage therapy, yoga, Pilates, tai chi, and personal trainers.

Kaiser Permanente Resource Line
The Resource Line provides information about health education, fitness classes, community resources, senior services, and support groups in your area.

Classes, workshops, and support groups*
We offer programs ranging from preparing advance directives to living with chronic conditions such as diabetes, arthritis, and heart disease. Call the Resource Line for details.

Tobacco cessation support
The nationally recognized Quit For Life Program is designed to help tobacco users quit for good at no additional cost. Available by phone or online.

* These products and services are neither offered nor guaranteed under our contract with the Medicare program. In addition, they’re not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Medicare Advantage grievance process. If a problem arises with any of the services listed in this section, please call Member Services.
Access to new treatments
Widespread use of experimental, unproven methods of treatment may lead to unintended negative health outcomes. We have a rigorous process in place to evaluate the effectiveness of experimental treatments. We also require that a new test, technology, or treatment has an established body of scientific evidence that supports it before encouraging patients and doctors to use it. Such treatments are reviewed by medical, legal, administrative, coverage, and member teams.

Advance directives
You have the right to make decisions about your care at the end of life using advance directives. The goal of advance directives is to allow you to make such decisions when you are healthy—not when you are ill and under stress. It also allows you to designate whom you would like to make health care decisions for you if you are unable to. An advance directive is a written document. You should discuss it with your doctor and family members ahead of time. It can be in the form of a living will (Directive to Physicians) or a durable power of attorney. If you want more information, call the Resource Line for forms you need and a booklet that will help you understand advance directives.

Appeals
An appeal is a formal way of asking us to review and change a coverage decision we’ve made. You have the right to appeal any coverage decision. The type of appeal, and time frame for resolution, depends on what is being denied. We’ll tell you how to appeal in the letter we send you explaining our denial decision. We quickly review appeals involving urgently needed care and act as fast as necessary, given the clinical urgency of the condition. Clinically urgent reviews will take no longer than 72 hours.

Claims
You can be reimbursed for covered care received out of network when these steps are followed:

- Download claim forms at kp.org/wa/forms, or ask Member Services for forms.
- Fill out the form.
- Mail it to the appropriate address below, along with an itemized statement from the provider, describing the services received, and valid proof of payment.

Send claims for Medicare Advantage Part C services to:
Kaiser Permanente Claims Administration
P.O. Box 34585
Seattle, WA 98124-1585

Some examples of Part C services include urgent care visits and doctor visits while traveling outside of the Kaiser Permanente service area.

Send claims for Medicare Advantage Part D (prescription drug) services to:
Pharmacy Help Desk Prescription Claims
Kaiser Foundation Health Plan of Washington (AMB-2)
P.O. Box 34990
Seattle, WA 98124-1990

Examples of Part D services are prescriptions filled at pharmacies for emergency or urgent situations while outside the Kaiser Permanente service area.

Check your Evidence of Coverage for additional information. If you need more claim forms, please call Member Services.

Compliments, concerns, and complaints
Your compliments, concerns, complaints, and questions help us provide high-quality care and service. Contact Member Services or the medical facility or hospital where you received care to share your opinions.

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Provider compensation, incentives, and additional financial information
You may obtain information about provider compensation or the financial condition of Kaiser Foundation Health Plan of Washington's plan, including a summary of the most recently audited statements, by calling Member Services.
Kaiser Permanente is committed to providing appropriate, comprehensive, coordinated care to members. Our goal is to deliver high quality care in an appropriate setting, at the right time, by the most appropriate clinician. While we don’t cover every kind of treatment or procedure (no health plan does), we never use “gag rules” to prohibit doctors from discussing recognized medical alternatives with their patients. Decisions for applying members’ benefit coverage are based only on the appropriateness of care and service. Kaiser Permanente does not have any financial incentives or penalties that encourage doctors or other clinicians to withhold medically necessary services or issue coverage denials.
Kaiser Permanente does not specifically reward, hire, promote, or terminate doctors or any other individuals for issuing coverage denials for needed care or service.

Quality Improvement Program
Each year we develop an annual work plan to guide our efforts to improve the quality of patient care. Go online to kp.org/wa or call Member Services to find or request the Quality Plan and Program Description report.

Renal dialysis
You have coverage for dialysis services when you are temporarily outside of the Medicare Advantage (HMO) service area. Please talk to your provider so that we can make travel dialysis arrangements for you.

Senior Caucus
Join other seniors to stay informed, ask questions, and advocate for your health care concerns. Call the Resource Line for information.
As a Kaiser Permanente consumer, you have the right to:

- Be treated with respect and dignity by all Kaiser Permanente staff.
- Be assured of privacy and confidentiality regarding your health and your care.
- Have access to details about your rights and responsibilities as a patient and consumer.
- Be able to access information about Kaiser Permanente, our practitioners and providers, and how to use our services.
- Receive timely access to quality care and services.
- Have access to information about the qualifications of the professionals caring for you.
- Participate in decisions regarding your health care.
- Give informed consent to receive—or to refuse—care, and be told the consequences of consent or refusal.
- Have an honest discussion with your practitioner about all your treatment options, regardless of cost or benefit coverage, presented in a manner appropriate to your medical condition and ability to understand.
- Join in decisions to receive, or not receive, life-sustaining treatment including care at the end of life.
- Create and update your advance directives and have your wishes honored.
- Have your family provide input to care decisions consistent with your advance directives or with court orders.
- Choose a personal primary care physician affiliated with your health plan.
- Expect your personal physician to provide, arrange, and/or coordinate your care.
- Change your personal physician for any reason.
- Be educated about your role in reducing medical errors and the safe delivery of care.
- Be informed of unanticipated outcomes.
- Appeal a decision and receive a response within a reasonable amount of time.
- Suggest changes to consumer rights and responsibilities and related policies.
- Receive written information in prevalent non-English language (as defined by the State).
- Receive oral interpretation services free of charge for all non-English languages, and sign or tactile interpretation services for hearing-, sight-, and speech-impairments.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Protection from all forms of abuse, neglect, harassment, or discrimination.
- Have access to protective services.
- Be free from discrimination, reprisal, or any other negative action when exercising your rights.
- Request and receive a copy of your medical records, and request amendment or correction to such documents, in accordance with applicable state and federal laws.
- Voice opinions, concerns, positive comments, complaints or grievances about your care, treatment or other services without fear of retribution or denial of care and receive timely resolution of your complaint. You may also contact the following agencies: Washington State Department of Health (toll free 1-800-633-6828); Idaho Department of Health and Welfare (208-334-5500) or 450 W. State St., Boise, ID 83702; or Office of the Medicare Beneficiary Ombudsman at www.cms.hhs.gov/center/ombudsman/asp.

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Your responsibilities as a Kaiser Permanente consumer are to:

- Provide accurate information, to the extent possible, that Kaiser Permanente and your practitioner require to care for you or to make an informed coverage determination. This includes your health history and your current condition. Kaiser Permanente also needs your permission to obtain needed medical and personal information. This includes your name, address, phone number, marital status, dependents’ status, and names of other insurance companies.
- Use practitioners and providers affiliated with your health plan for health care benefits and services, except where services are authorized or allowed by your health plan, or in the event of emergencies.
- Know and understand your coverage, follow plan procedures, and pay for the cost of care not covered in your contract.
- Understand your health needs and work with your personal physician to develop mutually agreed upon goals about ways to stay healthy or get well when you are sick.
- Understand and follow instructions for treatment, and understand the consequences of following or not following instructions.
- Be active, informed, and involved in your care, and ask questions when you do not understand your care or the payment for the care or what you are expected to do.
- Be considerate of other members, your health care team, and Kaiser Permanente. This includes arriving on time for appointments, and notifying staff if you cannot make it on time or if you need to reschedule.

Questions?
Please contact Member Services toll-free at 1-888-901-4600 or TTY WA Relay 1-800-833-6388 or 711. Or e-mail info@ghc.org. For more information about member rights, visit kp.org/wa.
KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Kaiser Permanente:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente Member Services.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance by phone, mail, fax, or email. If you need help filing a grievance, a Kaiser Permanente Member Services Representative is available to help you. Language assistance is provided free of charge.

Kaiser Permanente Member Services

Phone: 206-630-4636
Toll-free: 1-888-901-4636
TTY Washington Relay Service: 1-800-833-6388 or 711
TTY Idaho Relay Service: 1-800-377-3529 or 711
Fax: 206-901-6205 or toll-free 1-888-874-1765
Address: PO Box 34593, Seattle, WA 98124-1593
Email: csforms@ghc.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.
English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).


Support Languages: Arabic, Chinese, Korean, Russian, and Tagalog are available.
QUESTIONS?
Call Member Services at 1-888-901-4600
(TTY WA Relay 1-800-833-6388 or 711),
8 a.m.–8 p.m. 7 days a week.
Or visit kp.org/wa/medicare.