

2021 Kaiser Permanente WA Options Plan Guide

School Employees Benefits Board (SEBB) Program

■ Access PPO Plans

Island, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties



Convenient, affordable care for you and your family

\$0 copay for kids' primary care office visits

\$0 copay for virtual care

No deductible for most adult office visits

No deductible for prescription drugs



Experience the Kaiser Permanente difference

To be healthy, you need high-quality care that’s affordable, convenient, and hassle-free. At Kaiser Foundation Health Plan of Washington Options, Inc., we bring care and coverage together so you get everything you need for your health in one easy-to-use package.

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Visit kp.org/wa/sebb to find out more about our health plans, provider networks, plan perks, and more.

Note: Kaiser Permanente Washington region does not include Clark and Cowlitz counties. These counties are part of Kaiser Permanente Northwest.



Great care and extensive choice

Our Access PPO plans let you choose from an extensive network of high-quality providers, including Kaiser Permanente doctors. From preventive screenings that help keep you healthy to excellent care¹ if you get sick, we have you covered – at home and when you're traveling.



Choice, choice, and more choice

Kaiser Permanente WA Options members can choose from thousands of network providers throughout our service area and nationwide. Members also get exclusive access to Kaiser Permanente WA's Washington Permanente Medical Group. No referrals are needed for most specialty care.



Preventive care to help keep you healthy

Preventive care is key to how we practice medicine at Kaiser Permanente WA. It can help you avoid some health issues and catch others before they become serious.



Specialty care when you need it

If you get sick, Kaiser Permanente has one of the largest multispecialty medical groups in the country.

In addition, you have access to other major medical groups, specialists, and hospitals in Washington state and across the country through our regional and national networks. You don't need a referral for most specialty care, and if a specialist or procedure does require preauthorization, your physician will work with Kaiser Permanente.



Support for ongoing conditions

If you have a condition like diabetes or asthma, we offer personal coaching and support to help you manage your care and live life to the fullest.



Care anytime, on the go

You can get emergency care at any Kaiser Permanente or non-Kaiser Permanente hospital emergency department.²

If you get hurt or sick while traveling:

- Call our consulting nurse helpline 24/7.
- Get real-time medical care, 24/7, via Care Chat online messaging.
- For care at a Kaiser Permanente facility outside of your plan's service area, call Member Services to get a visiting member ID number before going to the location. Our facilities are located in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Clark and Cowlitz counties in Washington state, and the District of Columbia.
- For help finding other plan providers, call Member Services.



It's easy to switch to Kaiser Permanente WA Options

Get help choosing a doctor, transitioning your care and coverage, and finding resources to meet your needs. We make joining Kaiser Permanente WA Options easy.

Have questions or need help?

Call us at 1-888-844-4607, Monday through Friday, 8 a.m. to 8 p.m.



Transfer your prescriptions

Call us if you'd like help transferring your prescriptions so your treatment is uninterrupted. Or register online and create an account at kp.org/wa to transfer your prescriptions yourself. You'll be able to order refills online for convenient mail delivery to your home.



Find the right doctor

You have so many options with Access PPO. Online doctor profiles let you browse among many excellent doctors and convenient locations in your area. View providers at kp.org/wa/find-a-doctor, fchn.com, or myfirsthealth.com (depending on your location), or call us for help.



Transition your care

You might want help transitioning your care to Kaiser Permanente WA Options if:

- You have a scheduled surgery
- You're taking a prescription drug or using medical equipment
- You're pregnant and receiving prenatal care
- You're following an established treatment plan
- A health provider is working with you to manage a medical condition

Already a Kaiser Permanente member and just switching plans?

If you have questions, please call Kaiser Permanente WA Member Services at **1-888-901-4636**, Monday through Friday, 8 a.m. to 8 p.m.



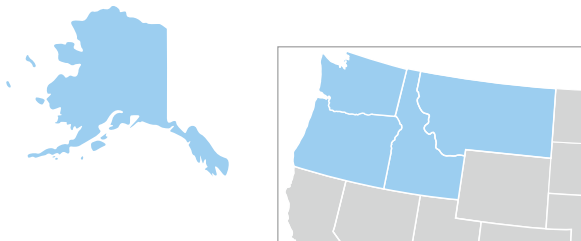
Finding providers in your network

Our Access PPO plans let you choose health care from our extensive network of preferred providers, including our exclusive medical group at Kaiser Permanente facilities. You also can get care through our regional and national networks. No referrals are needed for most specialty care.

Washington state Kaiser Permanente kp.org/wa/find-a-doctor

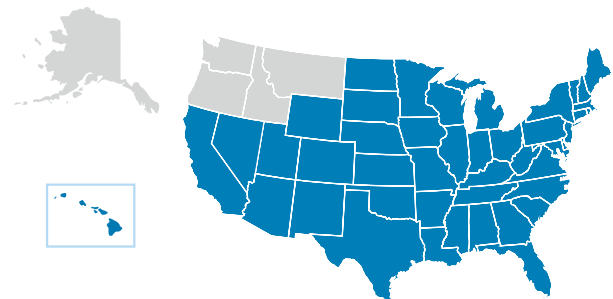
Choose from more than 26,000 Access PPO providers.³ A select group of providers in the directory offers an enhanced benefit – lower copays or cost shares for office visits and some drugs. See Kaiser Permanente medical facility locations at kp.org/wa/locations.

Pacific Northwest First Choice Health fchn.com



The First Choice Health network gives you even more Access PPO in-network providers in Washington state, plus Oregon, Idaho, Montana, and Alaska. You can find First Choice Health network providers at fchn.com. Click on "Health Plan Members Access myFirstChoice Portal" and fill out the search information. Select "Entire First Choice Health PPO Network" and view your results.

All other states First Health myfirsthealth.com



You can use providers with the First Health network for states outside the Pacific Northwest. This network has more than 5,000 hospitals and 1 million health professionals. To find these providers, go to myfirsthealth.com, click on "Start now," and fill out type of provider and location information. Click on "Search now" to view results.

Nonparticipating providers

You can also get medical care from any licensed provider in the United States. However, if the provider is not included in the networks described above, coverage will be at your out-of-network benefit level.

Additional pharmacies

Beyond the pharmacies listed at kp.org/wa/directory, you have in-network access to the OptumRx national pharmacy network. Visit kp.org/wa/optumrx-wa.



Your care, your way

We know your schedule is packed with work and family responsibilities, so we make getting health care as convenient and flexible as possible. You choose the options that work best for you.

Choose how you connect to care

Click

24/7 Care Chat

Sign in to your secure kp.org/wa account and get real-time medical care from a clinician, 24/7, at no additional charge.

Video visit

Meet face-to-face with a Kaiser Permanente clinician by video for high-quality personalized care.

E-visit

Get an online diagnosis for common medical issues that don't need a physical exam.

Email

Send secure messages to your Kaiser Permanente care team for nonurgent issues.

Manage your care

Check benefits, refill prescriptions and have them mailed to your home, and access health resources. You can also use the Kaiser Permanente Washington mobile app for many of the features available online. Learn more at kp.org/wa/mobile.⁴

Call

24/7 Consulting Nurse Service

Call our nurse helpline for care advice 24/7.

Phone appointment

Make an appointment to talk to your doctor over the phone.

Come in

Doctor appointment

Most Kaiser Permanente WA medical facilities have many services under one roof, so you can see your doctor, get lab services or X-rays, and pick up a prescription – all in the same trip.⁵ Several of our medical facilities offer walk-in care for minor health issues, with no appointment needed.



2021 plan highlights

Here are just a few of the benefits that make our 2021 health plans a great choice for you and your family:

- \$0 copays for primary care for kids up to age 18. Specialty copays apply.
- \$0 copays for preventive care, with no deductible.
- \$0 copay for virtual care, including 24/7 Care Chat, 24/7 advice line, phone and video appointments, and more.
- No deductible for prescription drugs and most office visits.
- No referrals required for most specialty care.
- Reduced copays when services are provided by Kaiser Permanente WA providers.
- Reduced cost shares when prescriptions are filled at Kaiser Permanente WA pharmacies or via mail order.

2021 Kaiser Foundation Health Plan of Washington Options, Inc.

This is an overview of benefits. See your Evidence of Coverage for full benefit details.

Benefits (Network)	Access PPO 3	Access PPO 2	Access PPO 1
Deductible (single/family)	\$250 / \$750	\$750 / \$2,250	\$1,250 / \$3,750
Maximum out-of-pocket limit (single/family)	\$2,500 / \$5,000	\$3,500 / \$7,000	\$4,500 / \$9,000
Coinsurance	20%	20%	20%
Outpatient services			
Primary care (deductible waived)	\$20 (\$10 E)	\$25 (\$15 E)	\$30 (\$20 E)
Primary care (under 18) (deductible waived)	\$0	\$0	\$0
Specialist (deductible waived)	\$30 (\$20 E)	\$35 (\$25 E)	\$40 (\$30 E)
Preventive care	Covered in full	Covered in full	Covered in full
Mental health (outpatient) (deductible waived)	\$20 (\$10 E)	\$25 (\$15 E)	\$30 (\$20 E)
Outpatient services	20%	20%	20%
Diagnostic test, X-ray, and/or lab	20%	Covered in full up to \$500, then 20%	
Inpatient care			
Inpatient services	20%	20%	20%
Obesity-related surgery (bariatric)	Covered at cost shares when medical criteria is met		
Emergency, urgent care, and transportation			
Emergency room	\$150 + 20%	\$150 + 20%	\$150 + 20%

E = Enhanced benefit when services received or prescriptions filled at a Kaiser Permanente Washington medical facility. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc.

Benefits	Access PPO 3	Access PPO 2	Access PPO 1
Emergency, urgent care, and transportation (continued)			
Urgent care (deductible waived)	\$20 (\$10 E)	\$25 (\$15 E)	\$30 (\$20 E)
Ambulance (air/ground, per trip)	20%	20%	20%
Rehabilitation, therapies, and alternative medicine			
Rehabilitation – Physical, occupational, and speech therapy in outpatient office setting (deductible waived), deductible and coinsurance may apply in inpatient or other outpatient setting	\$30 (\$20 E) 60 total visits per calendar year	\$35 (\$25 E) 60 total visits per calendar year	\$40 (\$30 E) 60 total visits per calendar year
Acupuncture (deductible waived)	\$20 20 visits per calendar year	\$25 20 visits per calendar year	\$30 20 visits per calendar year
Massage (deductible waived)	\$30 20 visits per calendar year	\$35 20 visits per calendar year	\$40 20 visits per calendar year
Naturopath (deductible waived)	\$20 unlimited visits	\$25 unlimited visits	\$30 unlimited visits
Chiropractic manipulations (deductible waived)	\$20 20 visits per calendar year	\$25 20 visits per calendar year	\$30 20 visits per calendar year
Durable medical equipment, devices, and aids			
Durable medical equipment	20%	20%	20%
Orthotics	Covered in full for the first \$300 per calendar year		
Hearing aids	One hearing aid per ear covered in full during any consecutive 60 month period		
Prescription drugs: 30-day supply (mail order is 2 x prescription cost share for up to a 90-day supply when applicable)			
Rx deductible	None	None	None
Rx out-of-pocket limit	Applies to maximum out-of-pocket limit		
Retail: Tier 1 (preferred generics)	\$10 (\$5 E)	\$10 (\$5 E)	\$10 (\$5 E)
Retail: Tier 2 (preferred brand)	\$50 (\$40 E)	\$50 (\$40 E)	\$50 (\$40 E)
Retail: Tier 3 (non-preferred)	50% up to \$125	50% up to \$125	50% up to \$125
Tier 4 (most specialty)	50% up to \$150	50% up to \$150	50% up to \$150
Your monthly premium			
Employee	\$146	\$97	\$66
Employee & spouse or SRDP*	\$292	\$194	\$132
Employee & children	\$256	\$170	\$116
Employee, spouse or SRDP,* and children	\$438	\$291	\$198

Benefits listed refer to Access PPO providers: Washington Permanente Medical Group and other preferred network providers; First Choice Health providers; and First Health providers. Care from other licensed providers is covered, with the following limitations: subject to 2 times the deductible and 2 times the out-of-pocket maximum listed; where benefits indicate a maximum dollar amount or visit number, the amount allowed is payable at 50%.

* State-registered domestic partner



Tools and resources for good health

Good health goes beyond the doctor's office. That's why we offer so many convenient resources to our members. Explore them all and choose the ones that fit your life.



Wellness coaching by phone

Reach your health goals with an action plan and one-on-one phone support. A trained coach will help you find personalized techniques that work for you. Also offered in Spanish.



Emotional wellness resource

Get personalized programs for managing depression, stress, anxiety, and more with the myStrength app at kp.org/wa/mystrength.



Help to quit smoking

Quit for good with one of the country's most successful tobacco cessation programs – at no additional cost. Phone-based or online. Visit quitnow.net/kpwa for more information.



Special rates for members

Our ChooseHealthy® program gives you access to a fitness center membership for just \$25 a month, plus a \$25 enrollment fee. Or get 25% off participating provider standard fees for acupuncture, chiropractic and naturopathy care, and therapeutic massage. See these and more discounts at kp.org/wa/member-perks.



Classes and support groups

Call the Resource Line at **1-800-992-2279** or email kpwa.resource-l@kp.org to find health classes and support groups near you.



Wellness blog

Visit kp.org/wa/health for wellness information, recipes, fitness ideas, tips for healthy aging, and podcasts featuring members.

Endnotes

- ¹ Washington Health Alliance 2008-2019 Community Checkup reports, www.wacommunitycheckup.org. The 2017-2019 year rankings apply to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C. Rankings for years prior to 2017 apply to the then-named Group Health Cooperative's medical group, formerly named Group Health Permanente, P.C. and now named Washington Permanente Medical Group, P.C.
- ² If you reasonably believe you have an emergency medical condition, which is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health, call 911 or go to the nearest emergency department. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage.
- ³ Source: OIC Provider Network Form A.
- ⁴ To use the Kaiser Permanente Washington app, you must be a Kaiser Permanente Washington member registered on kp.org/wa.
- ⁵ This feature is available when you get care at Kaiser Permanente WA facilities.

Already a member?

Manage your care online anytime at kp.org/wa. If you haven't already, go to kp.org/wa/register so you can start ordering most prescription refills, get reminders about needed care, and view coverage documents. If you get care at Kaiser Permanente, you can start emailing your doctor's office with nonurgent questions, scheduling routine appointments, and more.

Read on to learn more about Kaiser Permanente WA Options

- Disclosure information
- Nondiscrimination notice
- Language access services

Important disclosure information

Kaiser Foundation Health Plan of Washington | Kaiser Foundation Health Plan of Washington Options, Inc.

Understanding your health plan

RCW.48.43.510 and WAC 284-43-5130

Your health plan is designed to help you live your healthiest life. To achieve that, it's important that you understand your plan's benefits, coverage, and policies. Upon request, Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. (collectively referred to as "Kaiser Permanente" within this document) will provide you with the following information:

- A list of covered benefits, including prescription drug benefits, if any; exclusions, reductions, and limitations to covered benefits, and any definition of medical necessity on which they may be based
- Information on how members may be involved in decisions about benefits
- A list of coverage policies for pharmacy benefits, including how drugs are added or removed from the drug formulary
- Information on policies for protecting the confidentiality of health information
- Information on premiums and enrollee cost-sharing requirements
- A summary explanation of the complaints and appeals processes
- Point-of-service plan availability and how the plan operates
- A copy of the plan's current drug formulary for prescription drug coverage
- A list of participating primary care and specialty care providers, including network arrangements that restrict access to providers within the plan network
- A list of all available disclosure items, in addition to the above, as required by law

Pharmacy benefit information

WAC 284-43-5110 and WAC 284-43-5170

The following information applies only to health plans that have pharmacy benefits. This information is detailed in your plan's Evidence of Coverage.

Your right to safe and effective pharmacy services

State and federal laws establish standards to ensure safe and effective pharmacy services, and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under your plan, or if you have a question or a concern about your pharmacy benefit, please contact Member Services.

If you would like to know more about your rights under the law, or if you think anything you received from your plan may not conform to the terms of your contract, you may contact the Washington State Office of the Insurance Commissioner toll-free at 1-800-562-6900. If you have a concern about the pharmacists or pharmacies serving you, please call the Washington State Department of Health toll-free at 1-800-525-0127.

Does this plan limit or exclude certain drugs my health care provider may prescribe, or encourage substitutions for some drugs?

Kaiser Permanente, working with pharmacists and physicians, has developed a drug formulary. A drug formulary is a list of preferred pharmaceutical products, supplies, and devices. Nonformulary drugs are not covered unless approved by your health plan as medically necessary or may be subject to a higher cost than formulary drugs, depending on the benefits of your specific plan.

Generic drugs will be dispensed unless a suitable generic is not available. If you elect to purchase a brand-name drug instead of the generic equivalent

(if available), and it is not medically necessary, you will be responsible for payment of the additional cost above the generic drug charge in addition to your plan pharmacy cost share.

Over-the-counter drugs, supplies and devices not requiring a prescription under state law or regulations, drugs and injections for anticipated illness while traveling, drugs and injections for cosmetic purposes, and vitamins – including most prescription vitamins – are generally excluded from all plans. Exclusion of other categories of drugs will depend on your specific coverage plan. For example, drugs for treatment of sexual dysfunction are not covered unless your health plan covers treatment of sexual dysfunction. Contact Member Services to request a copy of the drug formulary for your specific plan. The drug formulary is also available at kp.org/wa/formulary.

When can my plan change the approved drug list (formulary)? If a change occurs, will I have to pay more to use a drug I had been using?

Changes to the plan's drug formulary are implemented on an ongoing basis, based on an established evaluation process. The evaluation process includes review of scientific studies. The scientific studies reviewed must have been published in health care journals or other publications in which original manuscripts are published only after having been critically reviewed for scientific accuracy, validity, and reliability by unbiased independent experts.

Your care provider or pharmacist will notify you when you refill a prescription if the prescribed drug is no longer included in the plan's drug formulary. When a drug has been removed from the plan formulary, it will not be covered unless your plan, at its discretion, elects to cover the drug for a limited time, or the drug may be subject to a higher cost depending on the benefits of your specific plan.

What should I do if I want a change from limitations, exclusions, substitutions, or cost increases for drugs specified in this plan?

- **Benefit changes** – Customization of your drug benefit occurs only through the contract process. Employer groups may choose to purchase higher or lower drug benefits each year when they renew their group contract. Individual and family contract benefits are renewed each year.

- **Formulary substitution** – Although individuals are not allowed to customize any plan drug formularies, health care providers can prescribe nonformulary medications for patients through a pharmacy exception process. The plan health care provider, in coordination with the plan pharmacy, will determine the medical appropriateness of substitutions. If a medical exception (substitution) is not approved, the patient is responsible for the full charge for the drug. Nonformulary drugs may be subject to a higher cost.

How much do I have to pay to get a prescription filled?

The amount of your out-of-pocket expense (cost share) depends on the specific pharmacy coverage you or your employer has purchased and on the medication prescribed. In general, the prescription copay or coinsurance amount applies for up to a 30-day supply of each covered prescription. If the actual charge for the drug is less than your cost share, you will pay only the actual charge for the drug. If your provider prescribes a noncovered medication, you will pay the actual charge for the drug.

If you have pharmacy coverage with a tiered cost share benefit, you will pay a lower cost share for generic drugs, and higher cost share for brand-name drugs. In addition, nonformulary drugs may be subject to a higher cost share.

Do I have to use certain pharmacies to pay the least out of my own pocket under this health plan?

Yes, you need to have your prescriptions filled at a Kaiser Permanente-designated pharmacy except for drugs dispensed for emergency services. Most Kaiser Permanente medical locations have pharmacies located within the facility. Additional retail pharmacies are also under contract to provide covered prescription drugs for members. When you use Kaiser Permanente-designated pharmacies, covered drugs are subject to the plan cost share. If you elect to purchase a noncovered drug, you will pay the actual charge for the drug. The plan directory of providers available at kp.org/wa lists pharmacies in your area.

You may be eligible to receive an emergency fill for certain prescription drugs filled outside of Kaiser Permanente's business hours or when Kaiser Permanente cannot reach the prescriber for consultation. You will pay a cost share for

your emergency prescription drug fill. Refer to your Evidence of Coverage for more information. A list of prescription drugs eligible for emergency fills is available on the pharmacy website at kp.org/wa/formulary. Members can request an emergency fill by calling 1-855-505-8107.

Call Member Services to find out which pharmacies are in your area, or if you anticipate needing to fill a prescription when you are traveling.

How many days' supply of most medications can I get without paying another copay or other repeating charge?

Your plan contract allows up to a 30-day supply of prescription or refill per cost share amount. If you get a 3-month supply of a maintenance drug, you will be charged 3 pharmacy cost share amounts. Depending on your plan, additional savings may be available for maintenance drugs through Kaiser Permanente mail-order services.

What other pharmacy services does my health plan cover?

A mail-order prescription refill service is available. Contact Member Services for your plan's specific mail-order pharmacy benefits. At Kaiser Foundation Health Plan of Washington, the Pharmacy Department is involved in the development of clinical road maps and clinical guidelines. The Pharmacy Department participates in, or plays a role in, medication use and disease management programs for smoking cessation and for conditions such as diabetes, HIV/AIDS, asthma, depression, migraine headache, GERD (gastroesophageal reflux disease), and heart problems.

How we protect your personal information

Your health is our number one priority, and part of caring for you is keeping your personal information safe. Our policies and procedures are designed to protect your personal information in written, verbal, and electronic forms. Specifically:

- We'll protect your right to access, review, amend, and receive copies of your medical records.
- We'll protect the confidentiality of your health care information by instituting physical, technical, and administrative controls throughout the

organization to protect the use and disclosure of oral, hard copy, and electronic personal health information. We train our employees on these policies and procedures. Employees who violate our confidentiality and security policies are subject to disciplinary action.

- We use and share your personal information to provide treatment, receive and provide payment for health care services, and conduct health care operations.
- We won't release patient-identifiable health information to third parties without your written permission or authorization except as permitted or required by law.
- We may use health information to support utilization review, quality assessment and measurement, billing, claims management, audits, accreditation, and other health care operations.
- We won't release detailed utilization information to employers when it might identify individual patients unless permitted or required by law.

For information regarding our privacy practices, you can view our *Notice of Privacy Practices* at kp.org/wa or call Member Services at 1-888-901-4636. If you are deaf or hard of hearing, please call the TTY WA Relay at 1-800-833-6388 or 711.

Understanding your plan coverage

Treatment coverage

Your treatment and service coverage is determined by your specific health plan. If you ever have any concerns or questions regarding your coverage, contact Member Services for assistance.

For a particular treatment or service to be covered, it must be:

- Provided or arranged by a Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. health care provider (depending on your plan), except for emergency care and urgent care outside of the Kaiser Permanente service area. Kaiser Foundation Health Plan of Washington Options, Inc. members may self-refer to most care from any licensed health care provider in the United States at a lower benefit level.
- Covered by the Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of

Washington Options, Inc. plan in which you are enrolled. To ask about coverage for a specific treatment or service, contact Member Services.

Utilization reviews

At Kaiser Permanente, we provide or authorize your medical care based on what is appropriate and necessary for the condition being treated or diagnosed. We do not use financial incentives to encourage our providers to withhold care from members. Our doctors are free to make their own decisions. However, some treatments and services require a utilization review (or coverage review) by the plan.

A utilization review determines whether a treatment or service is covered under the terms of your coverage agreement. It does not determine whether a provider may render services or whether you may choose to purchase a medical service on your own. Utilization reviews may occur at different times relative to the services you receive. It may occur before you receive the services, at the same time you receive services, or after you receive services.

During a utilization review, we will:

- Evaluate whether a specific health care service, procedure, or setting is necessary, appropriate, effective, and efficient for the condition in question; or
- Monitor the use of a specific health care service, procedure, or setting.

Some treatments and services are subject to utilization reviews based on criteria developed by Kaiser Permanente or another organization. In some cases, a service for which we have conducted a utilization review may not be deemed medically necessary, as defined in the plan's clinical review criteria.

If you believe you need a specific type of care, talk to your health care provider. He or she will discuss it with you and recommend the most appropriate care. For more information about utilization reviews, or for a written explanation of our criteria for a specific service, contact Member Services.

A preservice review (for preauthorization) is a specific type of utilization review that occurs prior to your receiving services. Some care requires a referral from your personal physician but does not require preauthorization. However, certain services do require preservice review to be covered.

In addition, the service must be covered by your health plan for you to receive the coverage benefit.

Usually, your provider will arrange for preservice review when necessary. If a treatment or service is not authorized, you'll receive a written explanation of the reason for the denial, your right to appeal the decision, and the appeal process.

Kaiser Permanente will not deny coverage retroactively for preauthorized services that have already been provided to the member. Exceptions are if there has been an intentional misrepresentation of a material fact by the patient, member, or provider of services; if coverage was obtained based on inaccurate, false, or misleading information on the enrollment application; or if premiums have not been paid.

Grievances and appeals processes

If you ever have a concern, request, complaint, or compliment, we encourage you to let us know. Kaiser Permanente offers grievance, coverage decision (including exceptions), and appeals processes. Generally, grievances are complaints regarding the quality of care you receive, or the quality of service we provide, including problems getting appointments and disrespectful or rude staff behavior.

Coverage decisions are decisions about what your plan will and won't cover. These types of decisions could include an exception for a prescription drug that isn't on our list of covered drugs or a request for a drug at a lower out-of-pocket cost.

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 timeframe 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. Reviews that are clinically urgent will take no longer than 72 hours.

Appeals that are not resolved to your satisfaction may be eligible for independent review by a state-certified independent review organization or plan-specified entity. See kp.org/wa/appeals for more detail.

Kaiser Permanente Nondiscrimination Notice and Language Access Services



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 does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

Provide free aids and services to people with disabilities to help ensure effective communication, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)
- Assistive devices (magnifiers, Pocket Talkers, and other aids)

Provide 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.

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. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

Kaiser Permanente

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

Electronically: kp.org/wa/feedback

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.

LANGUAGE ACCESS SERVICES

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

中文 (Chinese) : 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

ភាសាខ្មែរ (Khmer): រយ័ត្រ៖ បើសិនអ្នកនិយាយខ្មែរ, សេវាជំនួយផ្នែក យេមិនគិតថ្លៃ គឺចូលសំបុំបំណែងអក្សរ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

日本語 (Japanese): 注意事項 : 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic) ፡ ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው፡ 1-800-833-6388 / 711)።

Oromiffa (Oromo): XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic): لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຈະມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Adamawa (Fulfulde): MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 تماس بگیرید.

Notes

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