



Welcome to Kaiser Permanente

Omni PPO Member Guide

Contents

Getting started	2
Specialty care	3
Prescriptions	5
Urgent care	6
Emergency care	7
Hospitalization	7
Online tools	8
Member resources	8
Additional plan information	9
Your rights and responsibilities	10
Contact info	12

Getting started

Your plan offers you a lot more than just benefits and coverage. It gives you the tools to take better control of your health and your life. Here's what you need to know right from the get-go.

Find answers to your questions

You can find specific contact information at the back of this booklet. But when in doubt, keep in mind these two main resources for finding the answers and guidance you need:

Go online to kp.org/wa. You'll find a lot of useful information, including the provider and facility directory, preventive care schedules, and many handy tools that make getting care easy. Or, if you're a new member, check out kp.org/wa/getstarted.

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.

Check your mail

You'll 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 information about how to access your benefits booklet (also called a certificate of coverage), which details your benefits and services, what is and isn't covered, and information on cost shares such as copays and

coinsurance. Call Member Services if any covered family member does not receive an ID card, if information on the card is incorrect, or if it's ever lost, stolen, or needs to be replaced.

Choose your physician

The best way to ensure you get personalized, timely care is to choose a physician who will help guide your total health care program. You can choose any preferred provider or out-of-network licensed doctor you want, and you can change doctors at any time, for any reason.

PREFERRED PROVIDERS

Your plan network gives you access to a broad choice of in-network doctors, medical facilities, hospitals, and pharmacies anywhere in the country. You can access care from preferred providers at Kaiser Permanente medical offices that are included in the Omni PPO network and other medical groups we contract with directly, with the First Choice Health provider network in the Pacific Northwest, and with First Health Network in all other states. This gives you a choice of over one million practitioners nationwide and most major providers in Washington state. By choosing to receive care from an in-network provider, you'll get significant savings.



Our CareClinics at Bartell Drugs offer convenient health care for minor medical needs at select locations in the greater Seattle area. Kaiser Permanente online visits provide diagnosis and treatment for minor conditions safely handled without a physical exam.

To find an Omni PPO provider in Washington state, go to kp.org/wa/provider-directory and choose the type of provider you're looking for or search for providers with First Choice Health at fchn.com. You have access to First Choice Health providers in Oregon, Alaska, Montana, and Idaho. Outside of the Pacific Northwest and Alaska, find a provider with First Health Network at firsthealth.com. Or you can call Member Services for assistance.

Get the care you need

Once you have a doctor, make an appointment. It's easy. Just call your doctor's office. Remember, you're covered for in-network preventive care

services, including well-care immunizations and a range of health screenings, so be sure to see your doctor for this care. Well-care schedules are available at Kaiser Permanente medical offices, online at kp.org/wa, or upon request from Member Services. Your specific cost shares are detailed in your benefits booklet.

And no matter where you are or what time it is, the Consulting Nurse Service is available 24 hours a day. Call this helpline (listed on the [last page](#) of this guide and on your ID card) to get advice and answers to your medical questions. Experienced registered nurses work directly with an on-site physician.

Specialty care

When you need specialty care, you can choose any network specialist you'd like, or your physician might recommend a specialist to you. To find an Omni PPO specialist, go to kp.org/wa/provider-directory and click on the type of provider you're looking for or the links to First Choice Health regional network or First Health national network. Or call Member Services.

PREFERRED PROVIDERS

Your plan allows you to self-refer for specialty care from an extensive choice of doctors and practitioners, including those at Kaiser Permanente medical offices in 25 Washington state locations. In addition to those listed in our online directory, you'll find links at kp.org/wa/provider-directory to search

for specialists with First Choice Health and First Health Network. Once you've found an in-network specialist who you'd like to see, or one your doctor has recommended to you, just call the specialist's office and request an appointment. Preauthorization may be required for some services that a specialist might recommend.



OUT OF NETWORK

You can see any licensed provider in the U.S. for specialty care. Keep in mind, care received out of network generally will cost you more than in-network care.

If you see out-of-network licensed providers, you'll be covered at your out-of-network benefit level for the covered services. In addition, these providers will bill you directly so you will need to submit claim forms for reimbursement for covered care they provide. Preauthorization from Kaiser Permanente is required for some specific specialty services.

MORE ABOUT SPECIFIC SPECIALTIES

Questions often arise about a handful of specialties. Here's some additional information about them that we hope will answer any questions you may have. Keep in mind that coverage for each may vary from plan to plan, so check your benefits booklet for specific details. You can find locations for in-network specialties, and others, in the provider and facility directory at kp.org/wa/provider-directory.



PREFERRED PROVIDERS

Alternative care

You can self-refer to a licensed chiropractor, acupuncturist, or naturopath. And if you need to see a massage therapist, your physician can write a prescription and care plan for you. Some plans include a specific number of covered visits. Check your benefits booklet for your specific coverage.

Mental health and chemical dependency

(Behavioral Health Access Services)

Mental health and chemical dependency services are available in network. While you don't need a referral from your personal physician to get these services, Kaiser Permanente's Behavioral Health Access Services coordinates mental health and chemical dependency care for plan members. For a first-time

appointment, call Behavioral Health Access Services (see [last page](#)). Coverage may vary depending on your plan. Check your benefits booklet for coverage details.

Midwifery services

Your plan network includes certified nurse-midwives and licensed midwives who can provide complete maternity care to women experiencing normal pregnancies. Check the provider and facility directory at kp.org/wa/provider-directory or call Member Services for a list of certified nurse-midwives.

Vision care

The Omni PPO plan covers routine eye exams. Check your benefits booklet to confirm your coverage for contacts or eyewear and lenses. For the nearest eye care facility, check the provider and facility directory at kp.org/wa/provider-directory or call Member Services.

Women's health care

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

OUT OF NETWORK

Mental health and chemical dependency

You may seek out-of-network mental health and chemical dependency services from any licensed provider or certified facility in the community. For inpatient mental health services, a mental health or chemical dependency care review specialist will contact your provider to evaluate the medical necessity of your admission. You will receive an authorization letter in the mail, usually within a few days, when your admission and inpatient care have been authorized.

Prescriptions

What's covered

Kaiser Permanente has a list of preferred medications (called a formulary) that are covered through most plans with a cost share such as a copay or coinsurance. The formulary includes both generic and certain brand-name drugs. In some cases, we cover only medications on the formulary. However, 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.

To check whether your drug is on the formulary, visit kp.org/wa/formulary. You'll find out if you need prior authorization or whether your medication requires step therapy, in which case you would need to try a generic alternative. If you're on a drug that requires prior authorization and you obtained this with another company's plan, please understand that in switching to a new plan carrier—Kaiser Permanente—you will still need to complete the preauthorization process with us.

If you have any medicines that fall into these categories, have your doctor initiate the coverage review process by contacting the Kaiser Permanente Pharmacy Drug Benefit Help Desk for Providers as soon as possible (1-800-729-1174). If approval isn't obtained, your drug may not be covered.

What's not covered

- Nonprescription or over-the-counter medicines
- Drugs or injections for cosmetic purposes
- Drugs or injections for anticipated illness while traveling
- Plan-excluded prescription drugs

Filling your prescriptions

You can fill your prescriptions at any in-network pharmacy, including Kaiser Permanente medical offices and any of OptumRx's national network of 67,000 pharmacies. To find a pharmacy near you, go to the provider and facility directory on kp.org/wa/provider-directory, or visit OptumRx.org. Most major pharmacy chains are part of the OptumRx network.

Getting refills delivered to you

You can have your refills mailed to your home with no shipping or handling fees with our Mail-Order Pharmacy (contact information is on the [last page](#)). First, you'll need to go online and transfer your prescription into the Kaiser Permanente pharmacy system. To find forms for prescription transfers, visit kp.org/wa/pharmacy and click on Mail-Order Services. Deliveries can take up to 10 business days, although in most cases they arrive sooner. There are several ways to order refills.

Online: Register for the Kaiser Permanente member website at kp.org/wa/register by completing a one-time ID verification process. Then go to the Pharmacy Services page and complete your request.

Mail or fax: Complete a mail-order refill form (available online at kp.org/wa/forms or request it by phone), then drop it in the mail or fax it.

Phone: Call the Kaiser Permanente Mail-Order Pharmacy 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 handy.



Other drug restrictions

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

- 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.
- We have a requirement—known as step therapy—that encourages you to try less costly but just as effective drugs before we'll cover another drug.
- Some drugs are required to be dispensed through a preferred specialty pharmacy.

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.

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 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 in deciding the best course of action to meet your immediate need.

If you're traveling and need urgent care while away, call the Consulting Nurse Service. By calling before you seek care, we may be able to arrange for you to go to a facility in the Omni PPO network. This may keep your share of costs lower.

If you get urgent care at a nonparticipating hospital or clinic, you'll be covered at your out-of-network benefit level and may be required to pay in full at the time of service. If so, save your medical receipts and we'll reimburse you for covered services.

Emergency care

If you're having a medical emergency, get care immediately at the nearest emergency room or hospital. Call 911 or your local emergency number. Call for an ambulance if you need it.

You have worldwide coverage for emergency care. If you're traveling, remember 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

Emergency ambulance service is a covered benefit. Nonemergency ambulance service must be authorized in advance. Check your benefits booklet for details about emergency care and ambulance service.

Your plan provides in-network level of coverage for emergency services. If your plan has a copayment, coinsurance, or deductible for emergency services, you'll be billed accordingly. If you use an emergency room for nonemergency services, Kaiser Permanente will not cover your care. You will be fully responsible for any costs.



Hospitalization

As a plan member, you can choose from licensed hospitals throughout the U.S. for planned inpatient or outpatient services, or for emergency care.

Your plan gives you access to an extensive nationwide network of major hospitals at the in-network benefit level.

Costs and coverage

If you receive your care from a preferred provider and need to be admitted to a hospital, your physician will recommend you to an Omni PPO-network facility. Care received at these hospitals provides the lowest out-of-pocket costs.

You'll find hospitals by going to kp.org/wa/provider-directory and following the links to the Hospitals, First Choice Health network, or First Health Network. For details about specific hospital benefits, check your benefits booklet.

If you need emergency care, go to the nearest hospital for immediate help. If you are admitted, call

the Notification Line within 24 hours of an inpatient admission, or as soon thereafter as is reasonably possible. The Notification Line number is on the back of your member ID card. If you're admitted to an out-of-network facility, you may choose to be transferred to a PPO-network facility once you're stabilized. This will allow better coordination of care and provide coverage at your in-network benefit level. If you choose to remain at an out-of-network hospital, you will pay for services at your out-of-network benefit level.

If you're having surgery or a planned procedure that requires inpatient hospitalization, you must seek preauthorization. Preauthorization requests are reviewed and approved based on medical necessity, eligibility, and benefits. When your admission and inpatient care have been authorized, you'll be mailed an authorization letter within a few days.

Online tools

A very useful resource is available to all plan members: the Kaiser Permanente member website at kp.org/wa. It gives you access to online health information, tools, and services that make health care accessible and convenient, 24 hours a day.

Kaiser Permanente Washington's mobile app includes many features available to you through the Kaiser Permanente member website. You can learn more at kp.org/wa/mobile.

The Kaiser Permanente member website is a secure website. The privacy of your personal health information is our priority at Kaiser Permanente, both in our clinics and online.

To get started, just register at kp.org/wa/register. Then you can do any of the following:

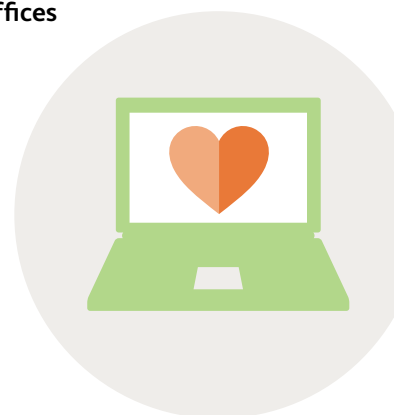
All members

- 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
- Contact Member Services

When you receive care at Kaiser Permanente medical offices

- Schedule an appointment
- E-mail your doctors
- See lab and test results
- View allergies and immunizations
- Access your online medical record (including your children under age 13)
- Review after-visit summaries



Member resources and discounts

Communication preferences

Members can choose to receive some materials electronically, including plan information. Sign up for the Kaiser Permanente member website on kp.org/wa, and click the Communication Preferences link.

Complementary ChoicesSM Program

Receive a 20 percent discount on acupuncture, naturopathy, chiropractic care, massage, yoga, tai chi, Pilates, and personal training from providers who participate in [Complementary Choices](#).

Eyewear discounts

Receive discounts on designer frames, sunglasses, and contact lenses at Kaiser Permanente Eye Care locations. Special discounts for federal employees, military, and retirees. Visit kp.org/wa/eyecare.

Fitness discounts

Get discounts on more than 10,000 fitness facilities nationwide, plus exercise videos and equipment. Nutrition and weight loss programs are also available at a valuable savings. Visit globalfit.com/kpwa.

Health improvement classes and services

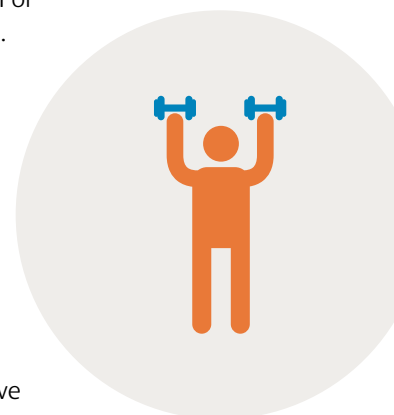
We offer educational resources on a wide variety of topics, including prenatal and baby care, diabetes, heart care, substance abuse, AIDS, and violence prevention. Call the Resource Line for information.

Interpretive services

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

Quit For Life[®] Program

If you're a tobacco user, the Quit For Life[®] Program is designed to help you stop at no additional cost. Proven individual phone-based or online programs give you the tools and assistance to quit for good. More than 50,000 Kaiser Permanente members have participated in the past nine years and 37 percent have quit using tobacco.* To register, call toll-free 1-800-462-5327 or visit quitnow.net/kpwa.



*Alere Wellbeing. *Group Health* (now Kaiser Permanente) *Dashboard Report*, Oct. 5, 2015

Additional plan information

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. 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 do so yourself. 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 for health care. If you want more information, call the Resource Line for forms you need and a booklet that will help you understand advance directives.

Appeals and coverage determinations

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

Questions about coverage determinations. You or your doctor can contact Member Services (see [last page](#)) for help with questions. We respond to any communications received after normal business hours the next business day. If the communication is received after midnight, Monday through Friday, we'll respond the same business day.

Change in employment status

To continue coverage if you leave your current employer or lose eligibility under your employer's medical plan, call Member Services. We can help you choose a plan offered by either Kaiser Foundation Health Plan of Washington Options, Inc. or Kaiser Foundation Health Plan of Washington that will fit your budget and health care needs. If you're eligible, your former employer can also provide you with information about continuation of your benefits under COBRA or Temporary Continuation of Coverage.

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 your employer or Member Services for forms.
- Fill out the form.
- Mail it to the address below, along with an itemized statement from the provider, describing the services received, and valid proof of payment.

Send claims for services to:

Kaiser Permanente Claims Processing
P.O. Box 34585
Seattle, WA 98124-1585

Complex Case Management Program

Eligible patients with multiple health conditions work with a registered nurse or licensed social worker 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 (see [last page](#)).

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 where you received care to share your opinions.

Motor vehicle accidents

If you are involved in a motor vehicle accident, your automobile insurance will be the first insurer in case of an injury.

On-the-job injuries

If you are injured on the job, tell your employer immediately and complete any necessary internal forms. When you first visit your doctor for this injury, tell the medical receptionist that you have a work-related injury. You will need to complete workers' compensation forms, including a report of the accident. This will help us bill the appropriate insurance carrier.

Other medical insurance

If you or anyone in your family is covered by another health insurance plan, we may need to coordinate your benefits with the other plan to make sure your bills are paid promptly and correctly. Please call Member Services to notify us if any change occurs to you or a family member's other coverage.

Provider compensation, incentives, and additional financial information

You may obtain information about provider compensation or the financial condition of your 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 or call Member Services to find or request the Quality Plan and Program Description.

Temporary situations

For coverage information for full-time students, temporary residents, and dependents of split families, contact Member Services.

YOUR RIGHTS AND RESPONSIBILITIES

As a member, 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](#)
- As a member, you have the responsibility 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.

CONTACT INFO

MEMBER SERVICES

Toll-free 1-855-407-0900
Monday through Friday
8 a.m. to 5 p.m. Pacific Time
Answers to questions regarding benefits, coverage determinations, obtaining a language interpreter, and much more.

TTY RELAY

1-800-833-6388 (in Washington)
1-800-377-3529 (in Idaho)
or 711
Monday through Friday
8 a.m. to 5 p.m.
Members who are hearing- or speech-impaired should call to access Kaiser Permanente departments, staff, or Member Services.

CONSULTING NURSE SERVICE

1-800-297-6877
or 206-630-2244
24 hours, everyday
Health advice from experienced registered nurses.

EMERGENCY CARE

Call 911 or your local emergency number.

NOTIFICATION LINE

Toll-free 1-888-457-9516
If you're admitted to a hospital or other facility, call within 24 hours, or as soon as possible after admittance.

URGENT CARE

Contact your personal physician's office or the Consulting Nurse Service.

MAIL-ORDER PHARMACY

Online: kp.org/wa/pharmacy
Call: 1-800-245-7979
Fax mail-order request form:
206-630-7950

Have your prescription refills mailed to you with free delivery.

BEHAVIORAL HEALTH ACCESS SERVICES

Toll-free 1-888-287-2680
First-time appointments for mental health and chemical dependency services.

CARE MANAGEMENT

Toll-free 1-866-656-4183
Find out if you're eligible to work with a registered nurse or licensed social worker to better control your conditions.

RESOURCE LINE

1-800-992-2279
Get information on health education, community resources, senior services, and support groups in your area.

ONLINE SERVICES

Kaiser Permanente member website
kp.org/wa/member
To register: kp.org/wa/register
Information about providers, health and wellness, member tools, services, resources and member discounts, and much more.
For new member assistance, go to kp.org/wa/getstarted.

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 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.

LANGUAGE ACCESS SERVICES

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).

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): រម្ងាប់ត្រូវ: បើសិនអ្នកនិយាយខ្មែរ, សេដ្ឋកិច្ចវិទ្យាស្ថាន យើងមិនគិតល គឺចង់សំបប់អ្នក។ 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): ማሰታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።

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

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: 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।

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): ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. 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 (TTY: 1-800-833-6388 / 711) تماس بگیرید.