Welcome to Kaiser Permanente

Alliant Plus Member Guide

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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 ton 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, obtaining a language interpreter, and addressing your compliments and concerns to answering questions about benefits, referrals, coordination with other insurers, coverage in temporary situations (for example, students, temporary residents), 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 your personal primary care physician now—before you require a test, X-ray, or any other type of care. That’s because your personal doctor helps guide your total health care program. You can choose any in-network or out-of-network licensed doctor you want, and you can change doctors at any time, for any reason.

**IN NETWORK**

Your plan network gives you access to a broad choice of doctors, medical facilities, hospitals, and pharmacies. You can access in-network care from providers with Washington Permanente Medical Group, Virginia Mason, and The Everett Clinic, plus thousands of other participating practitioners. By choosing an in-network provider, you get care at maximum savings.

For a complete list of in-network providers, go to the provider and facility directory at kp.org/wa/provider-directory and select your plan name (shown on the cover of this booklet and/or your ID card). You’ll also find a list of participating pharmacies, hospitals, and urgent care facilities. Or you can call Member Services for assistance.

Once you choose your personal physician, let us know by calling Member Services. Or, once you register for the Kaiser Permanente member website, sign on, go to your doctor’s page, and click on “Make this doctor my personal physician.”

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

If you’re willing to pay higher out-of-pocket costs, you can see any out-of-network provider with the First Choice Health provider network in the Pacific Northwest, First Health Network in all other states, or any other licensed provider in the U.S. Only out-of-network providers with First Choice Health and First Health Network offer care at a discounted cost. You’ll also have less paperwork, since bills are sent directly to Kaiser Foundation Health Plan of Washington Options, Inc.

To find out-of-network providers with regional First Choice Health or national First Health Network, visit fchn.com or firsthealth.com, respectively.

Specialty care

When you need specialty care, your personal primary care physician might recommend a specialist to you, or you can choose any other network specialist you’d like. To find a specialist, go to kp.org/wa/provider-directory and click on the provider and facility links or the links to First Choice Health regional network or First Health national network. Or call Member Services.

IN NETWORK

Doctors with Washington Permanente Medical Group, Virginia Mason, and The Everett Clinic

You can self-refer for specialty care from many specialists within these three clinic systems, regardless of who provides your primary care. Once you’ve found an in-network specialist who you’d like to see, or one your primary care doctor has recommended to you, just call the specialist’s office and request an appointment, or call Member Services for assistance. It’s always a good idea though to talk first with your personal physician, as there are some exceptions where preauthorization is required.

Other in-network specialists

You have access to in-network specialty care providers and services across the state. Your personal physician will need to request preauthorization from Kaiser Permanente before referring you to most of these other in-network specialists.

OUT OF NETWORK

Your plan lets you see any First Choice Health or First Health Network provider or any other licensed provider you like for specialty care. Keep in mind,

Get the care you need

Once you have a doctor, 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 in the Alliant Plus network, 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 and on your ID card) to get advice and answers to your medical questions. Experienced registered nurses work directly with an on-site physician.
care received out of network generally will cost you more than in-network care. Preauthorization from Kaiser Permanente is required for some specific specialty services.

First Choice Health and First Health Network specialists
Providers with regional First Choice Health and national First Health Network can offer covered services at discounted rates. As a result, when you see these providers:
- Your out-of-pocket expenses are based on the lower, negotiated fee.
- You’re not billed for any charges above what has been negotiated.
- There’s no paperwork for you, since these providers directly bill Kaiser Permanente.

All other specialists
If you see out-of-network licensed doctors who are not First Choice Health or First Health Network providers, you’ll be covered at your out-of-network benefit level for the covered services you seek from those providers, but the charges will not be discounted. In addition, these providers will bill you directly so you will need to submit claim forms for covered care they provide.

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.

IN NETWORK
Alternative care
You can self-refer to a licensed chiropractor, acupuncturist, or naturopath in your network. And if you need to see a massage therapist, your personal 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 and authorizes all 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 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
Most Alliant Plus plans cover routine eye exams. Check your benefits booklet for details on 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.

What’s not covered
• Nonprescription or over-the-counter medicines
• Drugs or injections for cosmetic purposes
• Drugs or injections for anticipated illness while traveling
• Drugs used in the treatment of sexual dysfunction disorders
• Plan-excluded prescription drugs

Filling your prescriptions
You can fill your prescriptions at any pharmacy at Kaiser Permanente medical offices in the Alliant Plus network, Virginia Mason, or The Everett Clinic, or at any other in-network pharmacy. Check the provider and facility directory at kp.org/wa/provider-directory for a complete list.

Many plans include out-of-network coverage for prescription drugs. If covered by your plan, you may have prescriptions filled at any participating pharmacy, which includes having your refills mailed to your home with free delivery through Kaiser Permanente Mail-Order Pharmacy. Or you may have your prescriptions filled at 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, 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 at 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.

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

• You or your provider need to get approval, known as “preauthorization,” 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.
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 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 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 with which we have a reciprocal agreement. 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 by your personal physician. 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.

Costs and coverage

If you receive your primary care in-network and need to be admitted to a hospital, your physician will refer you to an in-network facility. There are 49 in-network hospitals in the service area shown here. Care received at in-network 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 provider and facility directory. 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 an in-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 must 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.

The Kaiser Permanente Washington’s mobile app includes many features available to you at 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 medical facilities and online.

To get started, just register at kp.org/wa/register.

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
• Contact Member Services

When you receive primary care at Kaiser Permanente medical offices
• Schedule an appointment
• Email 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 at kp.org/wa, and click the “Communication Preferences” link.

Complementary Choices™ 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. A weight loss program is also available at 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
Quit For Life is a nationally recognized tobacco cessation program. Available by phone or online. Coverage varies by plan. To register, call 1-800-462-5327 or go to quitnow.net/kpwa.

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’ll 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 any 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 from Kaiser Foundation Health Plan of Washington Options, Inc., or Kaiser Foundation Health Plan of Washington that fits your budget and health care needs. If you’re eligible, your former employer can also provide information about continuation of your benefits under COBRA.

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 your medical facility or hospital to share your opinions.

Motor vehicle accidents
If you’re in a motor vehicle accident, your auto insurance will be the first insurer in case of an injury.

On-the-job injuries
If you’re 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 receptionist that you have a work-related injury. You’ll need to complete workers’ compensation forms and 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.
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.
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).


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


CONTACT INFORMATION

MEMBER SERVICES
Toll-free 1-888-901-4636
or 206-630-4636
Monday through Friday
8 a.m. to 5 p.m.
Answers to questions regarding
benefits, coverage determinations,
directions to Kaiser Permanente
medical offices, 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.