Options Member Guide
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Welcome
Welcome to the Options plan offered by Kaiser Foundation Health Plan of Washington Options, Inc. We are delighted to have you as a member and look forward to helping you live your healthiest life.

This guide is designed to help you understand your plan and how to access your care. It's broken up into snapshots of the care you might receive: primary care, specialty care, urgent care, emergencies, hospitalization, and prescriptions. We've also outlined the valuable online services that give you more control of your health care than ever before, the extra member perks, additional plan information, and your rights and responsibilities as a member.

If you still have questions after you read this guide, please call Member Services for more information.

Network choices
The Options plan offers you two levels of coverage: in-network and out-of-network. Generally, the care you receive in-network will be covered at a greater benefit level than care received by out-of-network providers. And keep in mind, you'll have extended provider options if you choose out-of-network care, but you may have to file claims for some services received. (See page 20 for information about how to file a claim.)

In-network
Options plan in-network care gives you access to the doctors who practice with Washington Permanente Medical Group, plus thousands of contracted community doctors. By choosing in-network or contracted providers, you get care at significant savings.

Out-of-network
- You can see any licensed provider who is a member of the regional First Choice Health Network or the national First Health Network at rates that are discounted from what these providers would normally charge. Costs are based on this discounted fee and you're not billed for any charges above that fee. However, your costs may be higher than if you choose care that is in network.

- You can see any licensed provider you want, anywhere in the U.S., for most covered services. However, your costs will be higher than if you choose in-network care or discounted care from First Choice Health or First Health physicians, and there will be more paperwork than any other network option.

Kaiser Permanente Convenience
Kaiser Permanente owns medical facilities through the Puget Sound and Spokane. When you choose in-network care at Kaiser Permanente medical offices, getting the most from your health plan becomes a lot easier. Your personal physician, lab, X-ray, radiology, and pharmacy are usually under one roof. So driving around town is now a thing of the past.
Identification card
You and each member of your family will soon receive an identification (ID) card with an individual member number. Have your ID card with you to make, cancel, or check appointments; order or pick up prescriptions; or to use the Consulting Nurse helpline. Call Member Services if any covered family member does not receive a card, if any information on the card is wrong, if it’s lost or stolen, or if it needs to be replaced.

Benefit booklet
Your benefit booklet (also called a certificate of coverage) details your benefits and services, what is and isn’t covered, and cost share information. If you have specific coverage questions about any benefits mentioned in this guide, your benefit booklet is a great resource.

Provider directory
The provider directory lists all the in-network providers with Washington Permanente Medical Group, as well as the contracted providers that are available to you as an Options plan member. For the most current directory information, go to kp.org/wa/provider-directory.

- To find out-of-network providers with the regional First Choice Health network, visit fchn.com.

- To find out-of-network providers with the national First Health network, visit firsthealth.com.

WELLNESS
We’re big on preventive care—and we place an emphasis on staying well. As you read this booklet, you’ll discover all the ways we try to help you do just that. And because of our commitment to your good health, you’re covered for preventive care services including immunizations and a range of health screenings for you and your family.
A QUICK START TO PRIMARY CARE

Step 1: Choose a personal physician
The first step in your plan to get or stay well is to select a personal physician. Choosing a personal physician is important because your doctor helps guide your total health care program. From arranging your laboratory tests, X-rays, and hospital care, to ordering prescriptions, referring you to certain specialists if necessary, physical therapy, and more, your doctor is your partner in keeping you in the best of health. And each member of your family can choose their own physician in order to start developing a personal wellness plan.

When you choose an in-network doctor, it helps if you inform Member Services of your physician choice. You can change your personal physician for any reason, by going to kp.org/wa or calling Member Services.

In-network providers
To choose an in-network provider, do one of the following:

- Go to kp.org/wa/provider-directory and choose provider and facility directory, then Options to select your physician online. You can see all the Washington Permanente Medical Group physicians, as well as other in-network providers.

- Choose a doctor from your provider directory and notify Kaiser Permanente Member Services of your physician choice.

- Call Kaiser Permanente Member Services for help in making a selection.

Out-of-network providers
To see an out-of-network provider, do one of the following:

- For providers at discounted rates, visit fchn.com to see available regional First Choice Health Network providers or firsthealth.com to see available national First Health Network providers

- Select from any licensed provider anywhere in the U.S. (for covered services)

KAISER PERMANENTE MEMBER WEBSITE
Kaiser Permanente primary care gives you access to the full breadth of services and information available to you online at the Kaiser Permanente member website at kp.org/wa. For more information on these valuable services, visit the chapter in this guide titled, “Kaiser Permanente member website and online services” on page 16.
Step 2: Make an appointment

When you need medical care, making an appointment is easy once you have selected your personal physician. All you need to do is call your doctor’s office and make the request.

There are a few things to do to prepare for your visit. Write down any questions or concerns so you can be sure to remember them when the time comes. Be ready to describe your symptoms and bring the names of any medicine you’re taking. Also, remember to take your ID card with you.

When you’re with your doctor, remember to tell him or her about any treatment you are receiving from other doctors (in- or out-of-network), and be sure you understand any medical instructions he or she gives you. If you have any questions, it’s a good idea to ask your doctor before you leave the office.

Whenever you travel outside the Kaiser Foundation Health Plan of Washington Options, Inc. service area, you can access your out-of-network coverage with discounted rates from First Choice Health and First Health providers. However, some services will require preauthorization from Kaiser Foundation Health Plan of Washington Options, Inc. Call Member Services if you have questions about this benefit or about preauthorization.

Step 3: Plan for your cost share

When it’s time for your appointment, be prepared to pay your cost share. Your portion may include a copayment, coinsurance, or your deductible. See your benefit booklet for your specific deductible and cost share amounts.

In general, you won’t receive a bill if you pay your cost share at the time of service. There are seldom any bills or claim forms to complete when you choose in-network care. First Choice Health and First Health providers, who deliver discounted, out-of-network care, will also bill Kaiser Foundation Health Plan of Washington Options, Inc. directly, which can help reduce your paperwork.

SAME-DAY APPOINTMENTS

Kaiser Permanente strives to offer you same-day appointments. If you get care at Kaiser Permanente medical offices, call your doctor’s office in the morning and there’s a good chance you can see your physician or a member of the medical team that very day.
In-network specialty care
Much of in-network specialty care doesn’t require a referral from your primary care doctor, but there are some exceptions. The online provider directory at kp.org/wa identifies those specialists available for self-referral. Once you’ve found an in-network specialist who you’d like to see, or one your personal physician has recommended to you, just call the doctor’s office and request an appointment. It’s always a good idea though to talk with your personal physician, as there are some exceptions where preauthorization is required.

Access to some specialty care providers is dependent upon whether you choose a Kaiser Permanente physician or other contracted community providers for your in-network primary care, and may be limited to consulting specialists who are used by your personal physician or other attending physicians. If you have questions about the referral process or about which consulting specialist your personal physician uses, please contact your doctor or call Member Services.

Kaiser Permanente physicians and care teams
You can get specialty care from many Kaiser Permanente specialists without a referral by calling the specialist’s office directly or Member Services. Specialists are listed online at kp.org/wa in the provider directory.

Kaiser Permanente–contracted specialists
For specialty care from doctors who contract with Kaiser Permanente and do not practice with Washington Permanente Medical Group, talk with your personal physician. A referral is required from your personal doctor before seeing these contracted community specialists.

Alternative care
You’re covered for alternative care, which includes acupuncture, chiropractic, and naturopathy services, based on your benefit level. (Check your benefit booklet for your specific coverage.) Plus, your personal physician can write a prescription and care plan for massage therapy when that care is medically necessary.

Hearing care
You can self-refer for hearing evaluations and hearing aid/amplification assessment from Kaiser Permanente Audiology/Hear Centers in the Options plan network. Check your benefit booklet for your specific coverage. For the nearest Audiology/Hear Center, call Member Services or visit kp.org/wa for a list of locations and phone numbers.
Mental health and chemical dependency (Behavioral Health Access Services)
You have access to mental health and chemical dependency services. While you do not need a referral from your personal physician to get these services, Behavioral Health Access Services coordinates and authorizes all mental health and chemical dependency care for Options plan members. Coverage may vary depending on your plan. Please check your benefit booklet. If you are a first-time patient, please call Behavioral Health Access Services toll-free 1-888-287-2680.

Midwifery services
The Options plan network includes certified nurse-midwives who are registered nurses accredited in midwifery by the American College of Nurse-Midwives. Each meets state licensing requirements and has passed a national examination. Nurse-midwives focus on education and health care for women and their families, providing complete maternity care to women experiencing normal pregnancies. Each has hospital privileges and works in collaboration with the patient’s personal physician to ensure continuity of care. To select a contracted midwife, see your provider directory, visit kp.org/wa, or call Member Services.

Pediatric and teen health care
Your child is covered, from regular checkups to immunizations, and you can select a pediatrician as your child’s personal physician. Kaiser Permanente also contracts with several community facilities that specialize in pediatric care. Teen health care needs are unique, so young adults can schedule their own appointments and see a physician for all kinds of health and well-being issues. Call Member Services for more information.

There’s a great Teen Health page on the Kaiser Permanente member website at kp.org/wa/teens. You’ll find tips for raising teens, healthy lifestyle information, and links to information about teen development, sexually transmitted diseases, and lots more—all geared toward being a healthy teenager.

Vision care
Most Options plans include coverage for routine eye exams and standard lenses or contacts. To get vision services and to purchase high-quality eyewear, visit Kaiser Permanente Eye Care locations. Note: Not all Eye Care locations have contact lens services, so check online if you need those services. Check your benefit booklet to see if you have contact lens and other vision hardware coverage. For information about Kaiser Permanente Eye Care, call toll-free 1-800-664-9225. For questions about your vision benefit or billing, call Member Services, or go to kp.org/wa/eyecare.

Women’s health care
Women can self-refer for reproductive health care, gynecological care, maternity care, and general preventive care, such as Pap tests and breast exams. There are many local hospitals in the network to provide convenient birthing services for members.
Out-of-network specialty care
When you choose out-of-network specialty care, you can choose to see First Choice Health or First Health participating providers, or any licensed provider you like. Keep in mind, care received out-of-network generally will cost you more than in-network care.

Discounted providers
Kaiser Foundation Health Plan of Washington Options, Inc. contracts with regional First Choice Health Network and national First Health Network doctors to provide you discounted fees for the covered services you might seek from them. So when you see these providers:

- Your coinsurance is 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 Foundation Health Plan of Washington Options, Inc..

All other providers
If you see out-of-network doctors who are not First Choice Health or First Health participating providers, you’ll be covered at your out-of-network benefit level for the covered services they provide you, but the fees for services will not be discounted in any way. Because these providers will bill you, you may experience more paperwork than you would with in-network, contracted, or discounted providers, and you may need to submit claim forms for covered care received out-of-network.

Mental health and chemical dependency (behavioral health care)
You may seek mental health and chemical dependency services outside the network 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.
24-hour Consulting Nurse Service
The Consulting Nurse Service is available by phone 24 hours a day, 7 days a week. Kaiser Permanente’s team of experienced registered nurses are specially trained to answer your medical questions, provide care advice, and advise you whether or not you should see a doctor. There is also a doctor on staff working directly with the Consulting Nurse Service. What’s more, if you get your care at Kaiser Permanente medical offices, the Consulting Nurse Service staff has access to portions of your medical history and prescriptions, so they can better advise you on what’s best for your personal situation.

- Call 206-630-2244 or toll-free 1-800-297-6877

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

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

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

For urgent care after business hours, on weekends, or on holidays, call the Consulting Nurse Service for assistance. You’ll be directed to the nearest facility, if necessary.

If you get care at an out-of-network medical facility, you’ll be covered at your out-of-network benefit level. If you’re traveling and need urgent care while away, please call the Consulting Nurse Service for assistance regarding your care. 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.

IMPORTANT COVERAGE NOTE
If you receive urgent or emergency care at a nonparticipating medical facility, you 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. Also, if you use an emergency room for nonemergency services, Kaiser Foundation Health Plan of Washington Options, Inc. will not cover your care. You will be fully responsible for any costs.
Emergencies
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.

If you’re having an emergency, get care immediately. Call 911 or your local emergency number. And if you’re traveling, remember to find out the emergency number for the region where you’re traveling throughout the world, as it’s not always 911.

If you are admitted to a nonparticipating facility in an emergency, you or a family member must call the Notification Line within 24 hours or as soon thereafter as is reasonably possible following the emergency. The statewide Notification Line number is toll-free 1-888-457-9516. This number is also found on the back of your member ID card.

Also, emergency ambulance service to an Options plan in-network facility is a covered benefit. Nonemergency ambulance service must be authorized in advance by your personal physician. Check your benefit booklet for details about emergency care and ambulance service.
In-network hospitalization
If you receive your primary care in-network and need to be admitted to a hospital, your personal physician will refer you to an Options plan-participating facility. Care received at the numerous participating hospitals affords you the lowest out-of-pocket costs. These are listed in your provider directory or on our website at kp.org/wa. Following is a sampling of the major participating hospitals and medical centers:

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

In Eastern Washington
- Valley Hospital in Spokane Valley
- Providence Sacred Heart Medical Center & Children's Hospital in Spokane
- Kadlec Regional Medical Center in Richland
- Virginia Mason Memorial in Yakima
- Lourdes Medical Center in Pasco

If you have questions, or want a complete list of all the hospitals in the Options plan, see your provider directory or call Member Services. For specific hospital benefits, see your benefit booklet.

If you are admitted to a nonparticipating facility in an emergency, you or a family member must call the Notification Line within 24 hours or as soon thereafter as is reasonably possible following the emergency. After your situation is under control and you have called the Notification Line, your personal physician may be contacted if you require follow-up care. The statewide Notification Line number is toll-free 1-888-457-9516. This number is also found on the back of your ID card for easy reference.
Out-of-network hospitalization
As an Options plan member, you can choose any hospital in the U.S. you’d like for planned inpatient or outpatient services or for emergency care. There are some differences in coverage, however, depending on the circumstance.

If you need emergency care, go to the nearest hospital to get immediate help; you will be treated at your in-network benefit level. If you are admitted, you are required to notify Kaiser Foundation Health Plan of Washington Options, Inc. within 24 hours of an inpatient admission by calling the Notification Line toll-free at 1-888-457-9516. If you are admitted, you may elect to be transferred to an in-network facility once you are stabilized for better coordination of care and coverage at your in-network benefit level. You may also choose to remain at the out-of-network hospital (and not be transferred to an in-network hospital) if you agree to pay for services at your out-of-network benefit level.

If you have a surgery or procedure planned in advance and you know you will be admitted as an inpatient to a hospital, you must seek prior authorization. When your admission and inpatient care have been authorized, you will receive an authorization letter in the mail, usually within a few days. If you do not get preadmission authorization, you may be subject to a financial penalty.
**What's covered**

Kaiser Foundation Health Plan of Washington Options, Inc. has a list of 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 most cases, we cover only medications on the formulary. However, if your personal physician determines that you need a particular medication for certain conditions or a drug that is not on the list, your physician will have the request reviewed to determine if the drug can be covered. To check whether your drug is on the formulary, visit [kp.org/wa/formulary](http://kp.org/wa/formulary). (There are different formularies for large groups with a 3-tier, in-network pharmacy benefit versus a 1- or 2-tier benefit. Check your benefit summary or with Human Resources to see which one you have.)

**What’s not covered**

- Nonprescription or over-the-counter medicines, drugs for cosmetic uses, or travel medications (for motion sickness and/or diarrhea)
- Dental prescriptions (unless prescribed by your provider for a medical condition)
- Drugs used for reasons not approved by the FDA
- Plan-excluded prescription drugs

Many Options benefit plans include out-of-network coverage for prescription drugs. With out-of-network coverage you can have prescriptions filled at any of OptumRx’s 67,000 network pharmacies across the country. Go to [kp.org/wa/provider-directory](http://kp.org/wa/provider-directory) and click on the OptumRx link to find locations (which include most major retail pharmacy outlets).

**Filling your prescriptions**

Any prescription from a doctor can be filled at pharmacies at Kaiser Permanente medical offices or at any of Options plan network pharmacies (pharmacies that Kaiser Permanente contracts with, but does not operate). If you want a complete list, check the provider directory online at [kp.org/wa/provider-directory](http://kp.org/wa/provider-directory).

If you need a new prescription when your regular pharmacy is closed, you should make every effort to fill the prescription at another preferred pharmacy. If this is not possible, you can fill the prescription at a nonpreferred pharmacy at your expense and submit a claim for reimbursement. Kaiser Permanente will not reimburse refills or medications for chronic conditions obtained outside of normal business hours when they can be filled during normal business hours.

Depending on the medication you need, prescriptions will be filled for a 90-day or a 30-day supply at one time at Kaiser Permanente Options network pharmacies and at participating contracted pharmacies.
And remember to plan ahead when you travel. Be sure to take enough medicine to cover the duration of your trip. Ask for up to a 90-day supply if you need it. Travel medications (for diarrhea and/or motion sickness) are generally not covered. (Check your benefit booklet for coverage details.)

**Getting refills delivered to you**

You can have your refills mailed to your home with no shipping or handling fee. Be sure to plan ahead if you use this service. If you get your prescriptions filled at non–Kaiser Permanente Options network pharmacies, you will need to transfer your prescription into the Kaiser Permanente Mail Order Pharmacy system in order to get your refills mailed to you. Transferring your prescription is easy—just visit kp.org/wa/pharmacy where you’ll find the necessary transfer form. Deliveries can take up to 10 days, although in most cases, they arrive sooner. There are several ways to receive your prescription refills at home.

**Online**

Register with the Kaiser Permanente member website at kp.org/wa and then complete a one-time ID verification process. Once you’re registered, sign on to the Kaiser Permanente members website and order your prescriptions online.

**Mail or fax**

Call the Kaiser Permanente Mail-Order Pharmacy for a mail-order request form, fill it out, and drop the form in the mail. To fax, complete a mail-order request form and fax the form to 206-630-7950.

**Phone**

Call the Kaiser Permanente Mail-Order Pharmacy 24 hours a day to order refills. When you call, have your prescription number (the 11-digit number on the label), your member ID number, and your credit card handy. Call 206-630-7979 or 1-800-245-7979.

**Questions?**

If your prescription was written by a Kaiser Permanente doctor in the Options plan network, call your Kaiser Permanente Pharmacy and speak to a staff pharmacist.

If your prescription was written by a contracted community doctor, contact the pharmacy where your prescription was filled.

If you have questions about the formulary, coverage, or drug costs, please call Member Services.
Kaiser Permanente member website
Options plan members benefit from a very useful resource: the Kaiser Permanente password-protected member website at kp.org/wa. It’s a personal website that gives you access to online health information, tools, and services that make health care accessible and convenient, 24 hours a day from the comfort of your home or office. In addition, Kaiser Permanente Washington’s mobile app is available for iPhone® and Android™ smartphones. It includes many features available to you on the Kaiser Permanente member website. Visit kp.org/wa/mobile.

Be assured: the Kaiser Permanente member website is protected. The security of your personal health information is our priority at Kaiser Permanente, both in our medical facilities and online. To get started, go to kp.org/wa to set up your account and then get access to all this:

Appointment scheduling*
You can schedule an appointment with your personal physician, specialists, or other members of your health care team. Go online and suggest days and times that are convenient for you; you’ll get a confirmation by the end of the next business day. You can cancel appointments this way, too.

Choose a doctor
Use the online provider directory to get information on primary care and specialty doctors and other health care providers, then choose or change your personal physician online.

Email your doctors*
Have a follow-up question for your doctor? Contact your Kaiser Permanente physician’s team, the Consulting Nurse helpline, or other members of your health care team using this secure messaging service. You’ll get a reply in your Kaiser Permanente member inbox by the end of the next business day.

Health and wellness resources
Our health information includes in-depth articles, classes, interactive tools, and videos about treatment options. Check out the seasonal topics.

Health coverage
Your summary of benefits and coverage agreement are available online for easy reference. You can check for covered services, track deductibles and out-of-pocket expenses, and you can also check how individual health plan claims were paid by viewing your explanation of benefits statements online.

*Services available when you receive care at Kaiser Permanente medical offices
† iPhone is a registered trademark of Apple Inc.
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Online health questionnaire
This easy-to-use health questionnaire is an assessment to help you take better control of your health. After you complete the online questionnaire, you’ll receive a personal report with suggestions on how to improve your health and lower your risk of certain diseases and conditions.

Healthwise® Knowledgebase
Get access to health information on thousands of topics, including diseases, conditions, medications, and medical tests at kp.org/wa/kbase.

Online medical record*
Get access to your online medical records including after-visit summaries, lab and test results, a list of your medications, your immunizations and allergies, your current health conditions, and patient discharge instructions from an urgent care visit at Kaiser Permanente urgent care centers in the Options plan network.

Parental access*
Get access to your child’s online medical record through age 12. And for nonurgent issues, you can email your child’s Kaiser Permanente doctor and request appointments. After you’ve set up your own account at kp.org/wa, fill out the Request for Parental Access form at the business desk in your medical center. Parents need to show a picture ID; other guardians must have documents showing they have legal authority to make health care decisions for a child.

Prescription refills
Order and pay for Kaiser Permanente prescription refills online, view your current medications list, and get access to a database of drug information. You can even refill prescriptions for other members of your family.

Test results*
Whenever you have a lab test, the results are sent to your Kaiser Permanente member website inbox as soon as they’re available. Clickable links provide information about the test.

Usage status
Get quick access to your annual deductible status, out-of-pocket expenses, and lifetime maximum cost shares for the past two years of membership with Kaiser Foundation Health Plan of Washington Options, Inc. or Kaiser Foundation Health Plan of Washington (previously Group Health Options, Inc. or Group Health Cooperative).

*Services available when you receive care at Kaiser Permanente medical offices
Mobile access for care on the go
Use the Kaiser Permanente Washington mobile app to email your Kaiser Permanente doctor, check your test results, find the nearest Kaiser Permanente medical facility, check wait times, and more. It's all yours, at your fingertips, whenever you get care at Kaiser Permanente medical offices.

Visit kp.org/wa/mobile to access all of the features of the mobile application.

Using the Kaiser Permanente Washington mobile app

- My health
  When you receive care at Kaiser Permanente medical offices, you can use the mobile app to email, see test results, make appointments, check allergies and immunizations, refill prescriptions, and get health advice and screening reminders.

- Consulting Nurse Service
  Get medical advice anytime. Call the Consulting Nurse Service, 24/7.

- Wait times
  See lab and pharmacy wait times at nearby Kaiser Permanente medical offices.

- Locations
  Get a map view of Kaiser Permanente medical offices, plus addresses, phone numbers, and hours.

Some services require care at Kaiser Permanente medical offices.

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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
Under the Patient Self-Determination Act passed by Congress, you have the right to make decisions about your care at the end of life using advance directives. The goal of advance directives is to allow you to make such decisions when you are healthy—not when you are ill and under stress. It also allows you to designate whom you would like to make health care decisions for you if you are unable to. An advance directive is a written document. You should discuss it with your doctor and family members ahead of time. It can be in the form of a living will (Directive to Physicians) or a durable power of attorney. When you sign a living will or durable power of attorney for health care, two people or a Notary Public must witness it. However, you do not need an attorney to prepare it. If you want more information, there is a booklet to help you understand advance directives. For a copy, and the forms that come with it, call the Resource Line at 1-800-992-2279.

Appeals and coverage determinations
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.

For questions about coverage determinations, you or your doctor can contact Member Services (see back 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, ask for information about the individual and family plans offered by Kaiser Foundation Health Plan of Washington Options, Inc. and Kaiser Foundation Health Plan of Washington or our Conversion plans. Both offer a variety of options to fit your budget and health care needs. Call Member Services for more information. Your former employer can also provide you with information about COBRA (a temporary continuation of your benefits plan).
Compliments, concerns, and complaints
At Kaiser Foundation Health Plan of Washington Options, Inc., we’re committed to serving you in the most caring and effective way possible. We want to hear your concerns, complaints, compliments, and questions. This will help us provide high-quality care and service to you and your community. We want to know when you are pleased with the care and service you received. We encourage you to contact Member Services or the medical center or hospital where you received care. If you mention a specific person by name, we will be sure to share your compliment with that person and his or her supervisor. We also want to know if you have a concern. Once you contact us, we will respond at the earliest possible opportunity. If there is a time when you are not satisfied with our response, we will provide you with information about our decision-making process and help you take your concern through our formal appeals process. See your benefit booklet for a description of the appeals process.

How to file a claim
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.

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 be sure your bills are paid promptly and correctly. Please let us know when you or your family member’s coverage changes with the other plan by calling Member Services.

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.

Temporary situations
For coverage information for full-time students, temporary residents, and dependents of split families, please call Member Services.
Alternative medicine discounts
You can access an expanded range of noncovered alternative care services beyond your covered benefit at a discount through Complementary ChoicesSM, including acupuncture, naturopathy, chiropractic care, massage therapy, yoga, Pilates, tai chi, and personal trainers. Just pay the provider directly at the time of service. Call Member Services for information on providers that participate in this program or go online to kp.org/wa/provider-directory to see a list of alternative care providers.

Fitness center and weight loss program discounts
This special resource gives you access to numerous affordable options to get fit and have fun. You’ll get discounts on more than 10,000 fitness facilities nationwide, plus exercise videos and equipment for the perfect home workout. A weight loss program is also available at valuable savings. Visit globalfit.com/kpwa.

Kaiser Permanente Resource Line
The Kaiser Permanente Resource Line offers free information on health education, community resources, senior services, and support groups in your area. Call 1-800-992-2279.

Health improvement classes and services
Kaiser Foundation Health Plan of Washington Options, Inc. offers a wide variety of educational resources on prenatal and baby care, diabetes, heart care, substance abuse, AIDS, and violence prevention. Go to the Kaiser Permanente member website at kp.org/wa and select “Classes & Events” to see what’s offered in your area.

Healthwise® Knowledgebase
Get access to health information on thousands of topics, including diseases, conditions, medications, and medical tests at kp.org/wa/kbase.

Language interpreters
If you or someone you know needs professional language assistance, please call Member Services. This service is provided at no extra cost.
Tobacco cessation program
Quit For Life® is a nationally recognized tobacco cessation program brought to you by the American Cancer Society® and Optum. The two organizations have 35 years of combined experience in tobacco cessation coaching and have helped more than 1 million tobacco users. Available by phone or online. Coverage varies by plan. To register, call 1-800-462-5327 or go to quitnow.net/kpwa.

Communications preferences
Do you prefer to get information sent to your inbox rather than your mailbox? Kaiser Permanente members can choose to receive some information electronically, including plan information, news about events and services, health tips, and facility updates. It’s as simple as signing up for our password-protected member website and clicking the Communications Preferences link.

Eye Care Services
Take advantage of discounts throughout the year on everything from designer frames and sunglasses to contact lenses at 13 Kaiser Permanente Eye Care locations in the network. Special discounts for federal employees, military, and retirees. Visit kp.org/wa/eyecare.
As a Kaiser Permanente consumer, you have the right to:

- Be treated with respect and dignity by all Kaiser Permanente staff.
- Be assured of privacy and confidentiality regarding your health and your care.
- Have access to details about your rights and responsibilities as a patient and consumer.
- Be able to access information about Kaiser Permanente, our practitioners and providers, and how to use our services.
- Receive timely access to quality care and services.
- Have access to information about the qualifications of the professionals caring for you.
- Participate in decisions regarding your health care.
- Give informed consent to receive—or to refuse—care, and be told the consequences of consent or refusal.
- Have an honest discussion with your practitioner about all your treatment options, regardless of cost or benefit coverage, presented in a manner appropriate to your medical condition and ability to understand.
- Join in decisions to receive, or not receive, life-sustaining treatment including care at the end of life.
- Create and update your advance directives and have your wishes honored.
- Have your family provide input to care decisions consistent with your advance directives or with court orders.
- Choose a personal primary care physician affiliated with your health plan.
- Expect your personal physician to provide, arrange, and/or coordinate your care.
- Change your personal physician for any reason.
- Be educated about your role in reducing medical errors and the safe delivery of care.
- Be informed of unanticipated outcomes.
- Appeal a decision and receive a response within a reasonable amount of time.
- Suggest changes to consumer rights and responsibilities and related policies.
- Receive written information in prevalent non-English language (as defined by the State).
- Receive oral interpretation services free of charge for all non-English languages, and sign or tactile interpretation services for hearing-, sight-, and speech-impairments.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Protection from all forms of abuse, neglect, harassment, or discrimination.
- Have access to protective services.
YOUR RIGHTS AND RESPONSIBILITIES

• Be free from discrimination, reprisal, or any other negative action when exercising your rights.

• Request and receive a copy of your medical records, and request amendment or correction to such documents, in accordance with applicable state and federal laws.

• Voice opinions, concerns, positive comments, complaints, or grievances about your care, treatment, or other services without fear of retribution or denial of care and receive timely resolution of your complaint. You may also contact the following agencies: Washington State Department of Health (toll free 1-800-633-6828); Idaho Department of Health and Welfare (208-334-5500 or 450 W. State St., Boise, ID 83702; or Office of the Medicare Beneficiary Ombudsman at www.cms.hhs.gov/center/ombudsman.asp.

Your responsibilities as a Kaiser Permanente consumer are to:

• Provide accurate information, to the extent possible, that Kaiser Permanente and your practitioner require to care for you or to make an informed coverage determination. This includes your health history and your current condition. Kaiser Permanente also needs your permission to obtain needed medical and personal information. This includes your name, address, phone number, marital status, dependents’ status, and names of other insurance companies.

• Use practitioners and providers affiliated with your health plan for health care benefits and services, except where services are authorized or allowed by your health plan, or in the event of emergencies.

• Know and understand your coverage, follow plan procedures, and pay for the cost of care not covered in your contract.

• Understand your health needs and work with your personal physician to develop mutually agreed upon goals about ways to stay healthy or get well when you are sick.

• Understand and follow instructions for treatment, and understand the consequences of following or not following instructions.

• Be active, informed, and involved in your care, and ask questions when you do not understand your care or the payment for the care or what you are expected to do.

• Be considerate of other members, your health care team, and Kaiser Permanente. This includes arriving on time for appointments, and notifying staff if you cannot make it on time or if you need to reschedule.

Please contact Member Services toll-free at 1-888-901-4636. For more information about member rights, visit kp.org/wa.
KAISER PERMANENTE NONDISCRIMINATION NOTICE

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

Kaiser Permanente:

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

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

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

• Qualified interpreters
• Information written in other languages

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

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

Kaiser Permanente Member Services

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

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

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

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

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

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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).


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).


CONTACT INFORMATION

Emergency Care
Call 911 or your local emergency number.

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

Consulting Nurse Service | 206-630-2244 or toll-free 1-800-297-6877
24-hour health advice from experienced registered nurses.

Member Services
For answers to questions regarding benefits, coverage determinations, directions to medical centers, to speak to a health plan representative, and more.

Seattle area | 206-630-4636
Statewide | toll-free 1-888-901-4636

Mail-Order Pharmacy | toll-free 1-800-245-7979
Have your prescription refills mailed to your home or work with free delivery.

Notification Line | toll-free 1-888-457-9516
If you are admitted to a hospital outside our service area, call the Notification Line within 24 hours, or as soon as possible after admittance.

TTY Relay Service
For members who are hearing- or speech-impaired. Call to access a Kaiser Permanente facility, physician, or staff member.

Washington | toll-free 1-800-833-6388 or 711
Idaho | toll-free 1-800-377-3529 or 711

Web | kp.org/wa