2020 Kaiser Permanente WA Plan Guide

School Employees Benefits Board (SEBB) Program

SoundChoice & Core Plans: Puget Sound

King, Kitsap, Pierce, Snohomish, and Thurston counties

Convenient, affordable care for you and your family

$0 copay for kids' primary care office visits

No deductible for most adult office visits

No deductible for prescription drugs

Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

KAISER PERMANENTE®

Welcome to care that fits your life

Your doctor, your choice

Choose your doctor based on what's important to you. Go to **kp.org/wa/directory** for details about education, specialties, and languages spoken for doctors near you. You can also change doctors at any time.

Online, on the go

Using a computer or our mobile app, you can view your medical record,[1] refill prescriptions, and find wellness tools, classes, and discounts.

More care options

How you get care is up to you. Besides in-person visits, you can chat online with a clinician at **kp.org/wa**. Or email nonurgent questions to your doctor's office.[1]

Right care, right time

Get the care you need when you need it with routine, specialty, urgent, and emergency care. For care and advice 24/7, call our nurse helpline.

Many services under one roof

Do more in less time. At most of our care facilities, you can see your doctor, get a lab test or X-ray, and pick up prescriptions – all in a single trip.[1]

Experience the Kaiser Permanente difference

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

Affordable, high-quality care 4

It's easy to switch to Kaiser Permanente WA 5

Your care, your way 7

2020 plan highlights 8

The right care, right when you need it 10

Care near your home or work 11

Find a care location near you 12

Tools and resources for good health 13

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

Note: Kaiser Permanente WA region does not include the Vancouver/Longview area. That area is part of Kaiser Permanente Northwest (NW).

Affordable, high-quality care

Our health plans offer extensive family-friendly and cost-saving coverage, and our physician-led care teams work together to help keep you healthy.

Excellent value for your family's care

Our plans offer a range of deductibles – starting as low as $125. And your deductible does not apply to primary care. That means you can take advantage of your benefits right from the start. For kids under 18, primary care is covered at 100%, and you get lots of extras with no out-of-pocket expenses.

A coordinated, connected care team

Your Kaiser Permanente WA doctor, nurses, and other specialists all work together to keep you healthy. They're connected to each other, and to you, through your electronic health record. So they know when you're due for a screening, what medications you're taking, and what tests you've had recently.

Great care from great doctors

Doctors at Kaiser Permanente WA come from some of the top medical schools, and many of them have practiced at leading hospitals across the country.

Many choices beyond our care system

As a member, you can choose providers from among 46 hospitals and 9,000 practitioners,[2] in addition to the clinicians at our own medical facilities. We set high standards for all of our providers in clinical quality and patient satisfaction, so you can feel confident whoever you choose to see.

Washington Permanente Medical Group has been one of the top-ranked medical groups in Washington state for more than a decade.[3]

It's easy to switch to Kaiser Permanente WA

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

Have questions or need help?
Call us at 1-800-728-2779, Monday through Friday, 8 a.m. to 8 p.m.

Transfer your prescriptions

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

Find the right doctor

Our online doctor profiles let you browse among many excellent doctors and convenient locations in your area. View doctors at **kp.org/wa/directory** or call us for help.

Transition your care

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

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

Already a Kaiser Permanente member and just switching plans?

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

RN

Your care, your way

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

Choose how you connect to care

Call

Care by phone	Call our nurse helpline for care advice 24/7. Or you may be able to schedule a phone appointment with your doctor.

Click

Online care	Sign in to your secure **kp.org/wa** account and get real-time medical care from a clinician, 24/7, via Care Chat online messaging. Email your doctor's office anytime with nonurgent questions.[1] Or get an online diagnosis for certain common conditions with our online visit feature.

Come in

One-stop shop	Most Kaiser Permanente WA medical facilities have many services under one roof, so you can see your doctor, get lab services or X-rays, and pick up a prescription – all in the same trip.[1]
Walk-in care	Drop in for quick care for minor needs at walk-in clinics at several of our medical facilities or at CareClinic at Bartell Drugs at 15 Puget Sound locations. No appointment needed.

Manage your health your way

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

2020 plan highlights

Here are just a few of the benefits that make our 2020 health plans a great choice for you and your family:

- Family-friendly plans with competitive rates.
- $0 copays for primary care for kids up to age 18. Specialty copays apply.
- $0 copays for preventive care, with no deductible.
- No deductible for prescription drugs and most office visits.
- Wellness discount for gym memberships.

SoundChoice is for King, Kitsap, Pierce, Thurston, and Snohomish counties only. Note: Enrollees in the SoundChoice plan will see providers in the SoundChoice network. Please make sure your provider is in the network before you visit.

2020 Kaiser Foundation Health Plan of Washington

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

Benefits	SoundChoice	Core 2	Core 1
Deductible (single/family)	$125 / $375	$750 / $2,250	$1,250 / $3,750
Maximum out-of-pocket limit (single/family)	$2,000 / $4,000	$3,000 / $6,000	$4,000 / $8,000
Coinsurance	15%	20%	20%
Outpatient services			
Primary care (deductible waived)	$0	$25	$30
Primary care (up to age 18) (deductible waived)	$0	$0	$0
Specialist (deductible waived)	$30	$35	$40
Preventive care	No cost shares	No cost shares	No cost shares
Mental health (outpatient) (deductible waived)	$0	$25	$30
Outpatient services	15%	20%	20%
Diagnostic test, X-ray, and/or lab	15%	No cost shares for the first $500 then enrollee pays 20%	
Inpatient hospital care			
Inpatient services	15%	20%	20%
Obesity-related surgery (bariatric)	Covered at cost shares when medical criteria is met		

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

Benefits	SoundChoice	Core 2	Core 1
Emergency, urgent care, and transportation			
Emergency room	$150 + 15%	$150 + 20%	$150 + 20%
Urgent care (deductible waived)	$30	$25	$30
Ambulance (air/ground, per trip)	20%	20%	20%
Rehabilitation, therapies, and alternative medicine			
Rehabilitation – Physical, occupational, and speech therapy (inpatient days or office visits) (deductible waived for office visits)	$30 60 visits per calendar year	$35 60 visits per calendar year	$40 60 visits per calendar year
Acupuncture (deductible waived)	$0 20 visits per calendar year	$25 20 visits per calendar year	$30 20 visits per calendar year
Massage (deductible waived)	$30 20 visits per calendar year	$35 20 visits per calendar year	$40 20 visits per calendar year
Naturopath (deductible waived)	$0 Unlimited visits	$25 Unlimited visits	$30 Unlimited visits
Chiropractic manipulations (deductible waived)	$0 20 visits per calendar year	$25 20 visits per calendar year	$30 20 visits per calendar year
Durable medical equipment, devices, and aids			
Durable medical equipment	15%	20%	20%
Orthotics	No cost shares for the first $300 per calendar year		
Hearing aids	No cost shares for the first $400 per ear every 3 years		
Prescription drugs: 30-day supply (mail order is 2 x prescription cost share for up to a 90-day supply when applicable)			
Rx deductible	None	None	None
Rx out-of-pocket limit	Applies to maximum out-of-pocket limit		
Retail: Tier 1 (preferred generics)	$10	$10	$5
Retail: Tier 2 (preferred brand)	$25	$25	$25
Retail: Tier 3 (non-preferred)	$50	$50	$50
Tier 4 (most specialty)	50% up to $150	50% up to $150	50% up to $150

Your monthly premium	SoundChoice	Core 2	Core 1
Employee	$49	$19	$13
Employee & spouse or SRDP*	$98	$38	$26
Employee & children	$86	$33	$23
Employee, spouse or SRDP,* and children	$147	$57	$39

* State-registered domestic partner

The right care, right when you need it

From preventive screenings that help keep you healthy to high-quality care[5] if you get sick, we have you covered – at home and when you're traveling.

Preventive care to help keep you healthy

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

Specialty care when you need it

Kaiser Permanente has one of the largest multispecialty medical groups in the country, so we're here for you if get sick or need specialty care.

From high-quality maternity care to treatment for cancer, you get great doctors, the latest technology, and evidence-based care – all combined to help you recover quickly.

Support for ongoing conditions

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

A leader in clinical quality

In 2018, our Core HMO plan led the state in more than 11 critical care measures, including breast and colon cancer screenings, controlling high blood pressure, and timely prenatal care.[6]

Kaiser Permanente Washington's commercial HMO was rated the top-performing health plan in the state in the 2018 National Alliance of Healthcare Purchaser Coalitions eValue8™ survey.[5]

Care anytime, on the go

You can get emergency care at any Kaiser Permanente or non–Kaiser Permanente hospital emergency department.[7]

If you get hurt or sick while traveling:

- For care at a Kaiser Permanente facility outside of your plan's service area, call Member Services to get a visiting member ID number before going to the location. Our facilities are located in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, the Longview/Vancouver area of Washington state, and the District of Columbia.
- For help finding other plan providers, call Member Services.

Care near your home or work

You'll find a wide range of care and services at either Kaiser Permanente WA facilities or other network providers in your area.

Care at Kaiser Permanente WA facilities

We offer same-day, next-day, after-hours, or weekend services at many of our locations, along with pediatrics, physical therapy, eye care, and other specialty departments.

Finding the right location

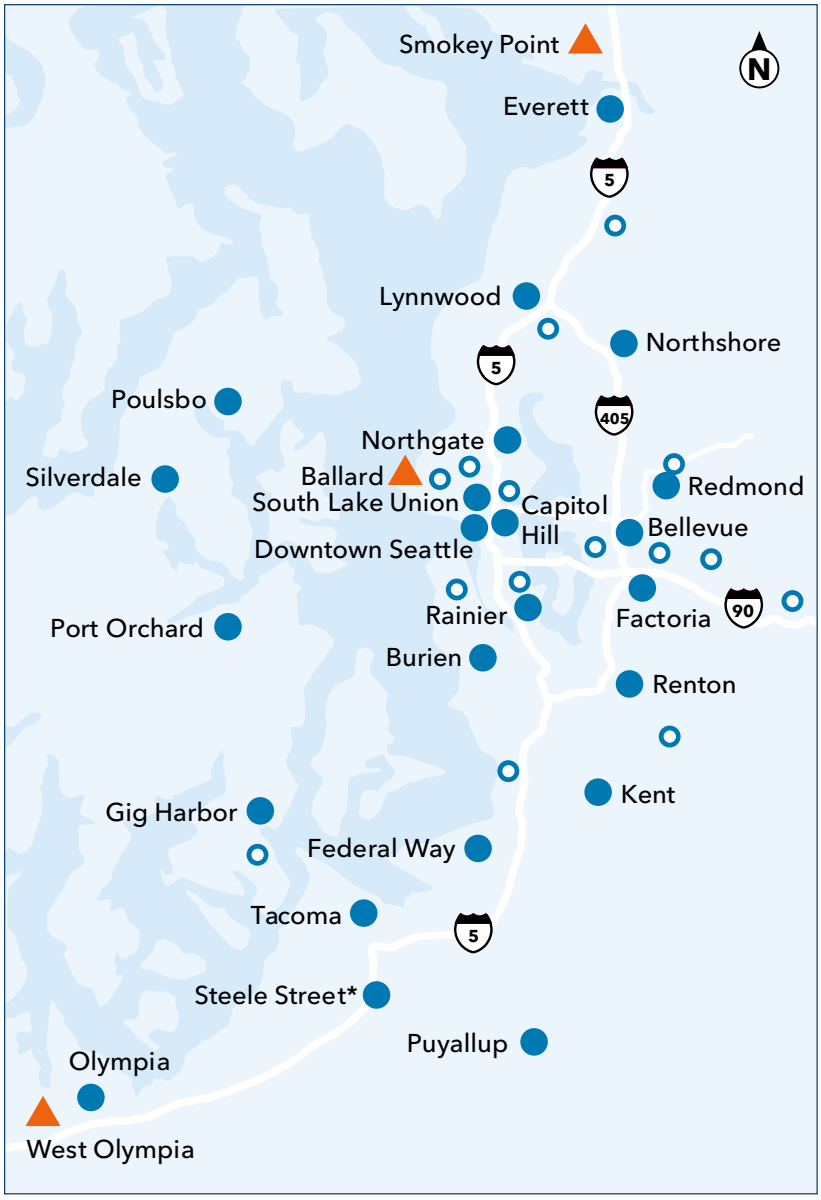
Hop online or grab your smartphone to find a convenient place to get care.

- Visit **kp.org/wa/directory** to search for doctors, facilities, pharmacies, hospitals, and more.
- Use the location finder on the Kaiser Permanente Washington mobile app to find a Kaiser Permanente medical facility or CareClinic at Bartell Drugs near you.[4]

See the next page for a list of our locations in your area.

Find a care location near you

Check this map to find a Kaiser Permanente WA location in your area, or visit **kp.org/wa/directory** to find the network care locations closest to you.



Kaiser Permanente WA medical facility locations

Bellevue (2)
Bothell
Burien
Everett
Federal Way
Gig Harbor
Kent
Lynnwood
Olympia
Port Orchard
Poulsbo
Puyallup
Redmond
Renton
Seattle (5)
Silverdale
Tacoma (2)

CareClinic by Kaiser Permanente at Bartell Drugs

Alderwood
Ballard
Bellevue Village
Crossroads
Des Moines
Fairwood
Gig Harbor
Greenwood
Rainier Avenue
Redmond
Sammamish
Silver Lake
Snoqualmie
University Village
West Seattle

- Kaiser Permanente WA medical facilities
- Kaiser Permanente WA medical facilities scheduled to open in 2019–2020
- CareClinic by Kaiser Permanente at Bartell Drugs

*Formerly named Tacoma South

Tools and resources for good health

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

Wellness coaching by phone	Reach your health goals with an action plan and one-on-one phone support. A trained coach will help you find personalized techniques that work for you. Also offered in Spanish.
Healthy lifestyle programs	Get help losing weight, eating healthier, dealing with stress, and more with our Skills for Life digital coaching tool for members. Details at **kp.org/wa/healthy-lifestyles**.
Help to quit smoking	Quit for good with one of the country's most successful tobacco cessation programs – at no additional cost. Phone-based or online. Visit **quitnow.net/kpwa** for more information.
Special rates for members	Our ChooseHealthy® program gives you access to a fitness center membership for just $25 a month, plus a $25 enrollment fee. Or get 25% off participating provider standard fees for acupuncture, chiropractic care, and therapeutic massage. See these and more discounts at **kp.org/wa/member-perks**.
Classes and support groups	Call the Resource Line at **1-800-992-2279** or email **kpwa.resource-l@kp.org** to find health classes and support groups near you.
Wellness blog	Visit **kp.org/wa/health** for wellness information, recipes, fitness ideas, tips for healthy aging, and podcasts featuring members.

Endnotes

[1] This feature is available when you get care at Kaiser Permanente WA facilities.

[2] Source: OIC Provider Network Form A.

[3] Washington Health Alliance 2018 Community Checkup report, www.wacommunitycheckup.org. Ranking applies to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C. Ranking for previous years applies to then Group Health Cooperative's medical group, formerly named Group Health Permanente, P.C. and now named Washington Permanente Medical Group, P.C.

[4] To use the Kaiser Permanente Washington app, you must be a Kaiser Permanente Washington member registered on kp.org/wa.

[5] Our commercial HMO was rated the top-performing health plan in Washington state among the 6 health plans included in the 2018 eValue8™ survey. *Health Plan Performance: eValue8™ 2018 Results*, Washington Health Alliance, March 2019. View results at www.wacommunitycheckup.org/highlights.

[6] NCQA (National Committee for Quality Assurance) Quality Compass® 2018 HEDIS® Scores. Quality Compass® and HEDIS® (Healthcare Effectiveness Data and Information Set) are registered trademarks of NCQA.

[7] If you reasonably believe you have an emergency medical condition, which is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health, call 911 or go to the nearest emergency department. For the complete definition of an emergency medical condition, please refer to your Certificate of Coverage.

Already a member?

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

Learn more about
Kaiser Permanente WA

- Disclosure information
- Nondiscrimination notice
- Language access services

KAISER PERMANENTE®

Important disclosure information

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

Understanding your health plan

RCW.48.43.510 and WAC 284-43-5130

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

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

Pharmacy benefit information

WAC 284-43-5040, WAC 284-43-5110, and WAC 284-43-5170

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

Your right to safe and effective pharmacy services

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

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

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

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

Generic drugs will be dispensed unless a suitable generic is not available. If you elect to purchase a

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

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

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

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

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

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

- **Benefit changes** – Customization of your drug benefit occurs only through the contract process. Employer groups may choose to purchase higher or lower drug benefits each year when they renew their group contract. Individual and family contract benefits are renewed each year.
- **Formulary substitution** – Although individuals are not allowed to customize any plan drug formularies, health care providers can prescribe nonformulary medications for patients through a pharmacy exception process. The plan health care provider, in coordination with the plan pharmacy, will determine the medical appropriateness of substitutions. If a medical exception (substitution) is not approved, the patient is responsible for the full charge for the drug. Nonformulary drugs may be subject to a higher cost.

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

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

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

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

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

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

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

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

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

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

What other pharmacy services does my health plan cover?

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

How we protect your personal information

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

- We'll protect your right to access, review, amend, and receive copies of your medical records.
- We'll protect the confidentiality of your health care information by instituting physical, technical, and administrative controls throughout the organization to protect the use and disclosure of oral, hard copy, and electronic personal health information. We train our employees on these policies and procedures. Employees who violate our confidentiality and security policies are subject to disciplinary action.
- We use and share your personal information to provide treatment, receive and provide payment for health care services, and conduct health care operations.
- We won't release patient-identifiable health information to third parties without your written permission or authorization except as permitted or required by law.
- We may use health information to support utilization review, quality assessment and measurement, billing, claims management, audits, accreditation, and other health care operations.
- We won't release detailed utilization information to employers when it might identify individual patients unless permitted or required by law.

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

Understanding your plan coverage

Treatment coverage

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

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

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

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

Utilization reviews

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

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

During a utilization review, we will:

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

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

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

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

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

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

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

Grievances and appeals processes

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

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

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

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

©2019 Kaiser Foundation Health Plan of Washington

XB0001189-53-19

Kaiser Permanente Nondiscrimination Notice and Language Access Services

KAISER PERMANENTE®

KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

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

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

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

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

Kaiser Permanente
Phone: 206-630-4636
Toll-free: 1-888-901-4636
TTY Washington Relay Service: 1-800-833-6388 or 711
TTY Idaho Relay Service: 1-800-377-3529 or 711
Electronically: kp.org/wa/feedback

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

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

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

© 2018 Kaiser Foundation Health Plan of Washington
H5050_XB0001444_56_18 accepted
2018-XB-7_ACA_Notice_Taglines

LANGUAGE ACCESS SERVICES

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

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

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

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

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

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

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

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

ภาสาเขฺมร **(Khmer)**ៃ: របយ័ត: ្ បើសិនអកនិ្ យៃខ, សេជ ំនួ្ យៃផក យេមិនគិតល គឺ្ ចនសំ ្ ប ់ បំ្ ផ្ ្ ្

Notes

Notes

We're here to help

Interested in joining?
Call 1-800-728-2779
Monday through Friday
8 a.m. to 8 p.m.

Already a member?
Call 1-888-901-4636 (TTY 711)
(English and more than 150 languages with our interpreter services)
Monday through Friday
8 a.m. to 8 p.m.

kp.org/wa/schools

Stay connected to good health

facebook.com/kaiserpermanentewashington

@kpwashington

@kp_washington

youtube.com/kaiserpermanenteorg

KAISER PERMANENTE®

Kaiser Foundation Health Plan of Washington
601 Union St., Ste. 3100
Seattle, WA 98101

Please recycle.

©2019 Kaiser Foundation Health Plan of Washington
LG0002448-50-19