

Member Guide

Kaiser Permanente Access PPO Plans

kp.org



Plans offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc.

For self-funded Plans: Your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Foundation Health Plan of Washington and/or Kaiser Foundation Health Plan of Washington Options, Inc., provide certain administrative services for your plan and is not an insurer of the plan or financially liable for its health care benefits.

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Important phone numbers

Member Services

- **1-888-901-4636**
- **206-630-4636**
- **711** (TTY)
- Monday through Friday, 8 a.m. to 5 p.m.
- Also available via online chat when you sign in at [kp.org](https://www.kp.org)

New Member Welcome Team

Get help transferring your care or prescriptions to Kaiser Permanente, Monday through Friday, 8 a.m. to 5 p.m., except major holidays.

- **1-888-844-4607**
- **206-630-0029**

24/7 advice line

Get health care advice from a licensed clinician 24 hours a day, 7 days a week.

- **1-800-297-6877**
- **206-630-2244**

Mental Health Access Center

Schedule first-time appointments for mental health and for addiction and recovery services, Monday through Friday, 8 a.m. to 5 p.m.

- **1-888-287-2680**
- **206-901-6300**

Hospital Notification Line

Call 24/7 if you've been hospitalized for an emergency.

- **1-888-457-9516**
- **206-901-4609**

Website and mobile app support

Get help with our online services, Monday through Friday, 8 a.m. to 5 p.m.

- **1-888-874-1620**

Patient Financial Services

Get answers to questions about a bill, or request a payment arrangement.

- **1-800-442-4014**



The information in this Member Guide is updated from time to time and is current as of January 2023. Plan hospitals, plan doctors and other plan providers, and the services available at plan facilities are subject to change at any time without notice. If you have questions, or to get the latest information, call Member Services or visit [kp.org](https://www.kp.org).

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Hello!

Thank you for choosing Kaiser Permanente.

This guide will provide you useful information about your plan, your care, and services that are available to you. It will also connect you to much more information on our website.

There's a lot to know, but you don't have to know it all now. This guide is yours to reference whenever you need it.

Introduction to care: **Get started**

1 Visit kp.org/wa/getstarted.

2 Register for your secure online account at kp.org/wa/register if you don't already have one.

With our website and mobile app you can:

- Find a doctor
- Order prescriptions
- Take a health assessment
- Access online care options
- See billing statements
- Pay bills
- Review coverage documents
- Check your deductible status

When you get care from Kaiser Permanente doctors and care teams and sign in to your account, you can also:

- Email your health care team with nonurgent questions
- See preventive care reminders
- Make appointments
- Review scheduled appointments
- View lab and test results
- Review after-visit summaries
- See medical records for you and your children under 13



Get care on the go with our mobile app*

The Kaiser Permanente Washington mobile app gives you easy access to many features available in your secure online account for care anytime, anywhere.

* To use the Kaiser Permanente Washington app, you must be a Kaiser Permanente Washington member registered on kp.org. If you travel out of state, some virtual care services may not be available due to licensing laws. Laws differ by state.

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Introduction to care: **Get help**

1 New Member Welcome Team

Are you new to Kaiser Permanente and in the middle of treatment elsewhere? Call the New Member Welcome Team. Our team can help you transition your care and prescriptions, find a doctor, answer plan questions, and more. Call **206-630-0029** or **1-888-844-4607 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m.

2 Member Services

Contact Member Services at **1-888-901-4636 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m., except major holidays. You can get help and information about most things, including:

- Choosing or switching doctors, where to go for care, and referrals for specialists
- What your health plan does and doesn't cover, billing questions, and coverage while traveling
- Billing statements, payments, and reimbursements
- Language services if your primary language is not English

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Introduction to care: **Get care**

1 Select a doctor in your network

Know your network

You have access to a specific network of doctors and health care professionals, as well as hospitals, pharmacies, and other care facilities.

- Your network is listed on your ID card, which you'll receive in the mail. (Your digital ID card has the same information. Find it at kp.org and in the Kaiser Permanente Washington mobile app once you've registered for a secure member account and signed in.)
- For details about your network and links to provider directories, visit kp.org/wa/additional-networks.
- If you need help understanding your network, you can call Member Services.

Consider your options

A designated personal doctor means you have someone to coordinate your overall health care and make sure you're connected with the resources you need.

- Depending on your health plan and where you live, you can choose care from Kaiser Permanente doctors and care providers or other local, regional, and national providers who are in your plan's network.
- Choose a personal doctor who practices family medicine or adult/internal medicine or who specializes in pediatric or adolescent medicine for children up to 18.
- It's a good idea to select a doctor right away so you have one if you get sick or injured. You can change your doctor anytime, for any reason.



Here are some things to consider as you search for a personal doctor:

- Gender
- Facility location
- Medical interests
- Languages spoken
- Years of experience
- Cultural or personal background

Browse doctor profiles and make a selection

Go to kp.org/wa/find-a-doctor and select your network to search for Kaiser Permanente and other local network doctors as well as pharmacies, medical facilities, hospitals, and more.

- Visit kp.org/wa/additional-networks for information about regional and national provider networks and pharmacies.
- Make sure that the doctor you're considering is accepting new patients.
- Contact Member Services if you need help.

2 Review your care options

Learn about the many care options available to our members at kp.org/getcare.

3 Learn about your coverage

Kaiser Permanente offers many plans with different levels of coverage. It's a good idea to get familiar with your plan's coverage and what's in-network or out-of-network.

- Find the name of your network on your ID card.
- Review your plan and coverage documents when you sign in at kp.org.

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Specialty care

If you have a new health concern, the best place to start is with your personal doctor. Your doctor can help you determine if you should see a specialist for evaluation or treatment.

If you need specialty care, you can choose in-network care from specialists at Kaiser Permanente, from specialists we contract with, or from the specialists who belong to the regional and national networks that are part of your plan. You can also choose out-of-network care from any licensed provider in the U.S.

In-network care with Kaiser Permanente specialists and contracted specialists

- You can self-refer for some specialty care at Kaiser Permanente medical facilities. Other specialties require a formal referral from your primary care doctor and authorization from Kaiser Permanente.
- Search kp.org/wa/find-a-doctor.
- Once you've found a specialist you'd like to see or one your personal doctor has suggested to you, call the specialist's office; you can find a list of specialties at kp.org/wa/specialty.
- For specialties that don't accept self-referrals, such as surgical specialties, our staff will let you know you need to get formal authorization or a referral.

In-network care with regional and national specialists

You can get care from specialists in your network who don't practice or contract at Kaiser Permanente:

- From First Choice Health for regional specialty care in Alaska, Idaho, Montana, Oregon, and Washington.
- From First Health network for specialty care in all other states.
- Visit kp.org/wa/additional-networks to find your plan and link to these provider directories.

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Information about specific specialty care services

Alternative care

No referral is needed to make an appointment with a licensed chiropractor, acupuncturist, or naturopath in your network. If you need to see a massage therapist for medical reasons, your personal doctor will need to write a prescription and care plan for you. Some plans have a visit limit for alternative care therapies. If you need more visits, they must be authorized by Kaiser Permanente, usually by request of the recommending doctor.

- Search for health care professionals in your network at kp.org/wa/find-a-doctor.

Dental care

Some plans offer coverage for adult or pediatric dental care through Delta Dental of Washington. For more information, call Member Services at **1-888-901-4636**.

Inpatient care or surgery

Planned procedures are covered at a network facility when ordered by a Kaiser Permanente or other network doctor. Your doctor will request any needed preauthorization from the health plan.

Mental health care

Call the Mental Health Access Center at **1-888-287-2680** for mental health services. They'll coordinate and authorize all mental health care, addiction, and recovery care.

- No referral is necessary.
- Coverage varies; check your Evidence of Coverage for details.
- Visit kp.org/mentalhealth for details.

Vision care

Most plans cover routine eye exams, and many of our medical facilities have an optical center where you can fill your prescription for contact lenses or eyeglasses.

- Check your Evidence of Coverage for details about your vision coverage and your benefit for contacts or eyewear and lenses.
- Visit kp.org/wa/eyecare for Kaiser Permanente locations, hours, discounts, and frame selections. Find other network optometrists in your area at kp.org/wa/find-a-doctor.

Women's health care

Women can refer themselves to women's health care professionals for routine reproductive health care, gynecological care, maternity care, and general preventive care such as Pap tests and breast exams. Women's health care professionals include specialty doctors, such as gynecologists and obstetricians, and physician assistants or nurse practitioners specializing in women's health and midwifery.

- Search for professionals in your network at kp.org/wa/find-a-doctor.



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Urgent and emergency care

You're covered for emergency care and medically necessary urgent care anywhere in the world. You do not need preauthorization. If you think you're experiencing an emergency, go immediately to the nearest emergency care facility or call 911.



Urgent care

Urgent care is for illnesses or injuries that require prompt medical attention but are not emergencies, such as wounds needing stitches, minor breathing issues, or stomach pain. Here are your options:

- During office hours, call your personal doctor's office to see if you can get a same-day appointment.
- If your doctor isn't available, go to [kp.org/wa/find-a-doctor](https://www.kp.org/wa/find-a-doctor) or call Member Services to find the nearest urgent care facility in your network.



If you're unsure whether urgent care is your best option, call the 24/7 advice line at 1-800-297-6877.

Emergency care

Seek emergency care for a medical or psychiatric condition that requires immediate medical attention to prevent serious risk to your health. Examples include:

- Chest pain or pressure that may move out to the arm, neck, back, shoulder, jaw, or wrist
- Severe stomach pain that comes on suddenly
- A sudden decrease in or loss of consciousness
- Severe shortness of breath

Hospital admission

If you need emergency care and are admitted to a non-network hospital, you or a family member must let us know as soon as is reasonably possible. Call the notification number listed on the back of your Kaiser Permanente member ID card to help make sure your claim is accepted.

Coverage details

- Your plan provides coverage for emergency services, including ambulance transportation used for a medical or psychiatric emergency. If your plan has a copay, coinsurance, or deductible for these services, you'll receive a bill.
- You can review coverage for emergency services in your plan's Summary of Benefits and Coverage and other plan documents, which you can find when you sign in to your account at [kp.org](https://www.kp.org).

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Prescription drugs

Whether you rely on prescription medication as part of your ongoing care or a one-time drug for a sudden condition, you can depend on our pharmacy services, including convenient home delivery and help managing multiple medications.



Things you need to know

Formulary

Your plan has a list – called a formulary – of approved drugs to help make sure that the safest, most appropriate, and most effective prescription medications are available to you. The formulary divides groups of medications into tiers that determine your portion of the drug cost. You may need to check with your employer or review your Summary of Benefits and Coverage to know how many tiers your plan’s formulary has.

Maintenance medication refills

The first time you fill a prescription for a maintenance drug,* you can use any pharmacy in your network. After that, it’s simple to use mail order so you can receive refills quickly and safely at home, with no delivery charge. Some plans require the use of mail order for maintenance drug refills. Some also allow you to use Kaiser Permanente retail pharmacies. Review your plan

documents or contact Member Services for specifics about your plan.

Requirements for some drugs

A formulary usually includes some restrictions. Here’s what you should know:

Step therapy (ST): If 2 drugs have been shown to be equally effective at treating a condition, we ask that you try the less-costly drug first before we’ll cover the other medication.

Quantity limit (QL): Based on a drug’s safety, toxicity, and potential misuse, we may limit the amount of the drug you can have each time you fill the prescription.

Prior authorization (PA): This process is to confirm medical criteria have been met that will help ensure your safety. If you’re on a drug that requires prior authorization and you got it while on another company’s health plan, you will still need to complete the process with Kaiser Permanente.

Your plan includes a network of pharmacies where you can obtain your medications, both in person and via mail order.

- Learn about our pharmacy services at kp.org/wa/pharmacy.
- Find Kaiser Permanente and contracted local pharmacies at kp.org/wa/find-a-doctor.
- Read about and link to the local and national pharmacies available in your network at kp.org/wa/additional-networks.
- To find the formulary for your plan, go to kp.org/formulary.

*Maintenance drugs are used on a continuing basis for the treatment of ongoing conditions, such as diabetes. The maintenance drug list is available at wa.kaiserpermanente.org/static/pdf/public/pharmacy/maintenance-drugs.pdf.

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Support, resources, and tools

Good health goes beyond the doctor's office. That's why we offer these convenient resources to our members.

Care at home

If you're unable to leave your home due to health issues, skilled professionals can visit you at home to help you work toward returning to independence. These services are available with your doctor's referral.

- In Seattle, call **1-800-332-5735**.
- In Eastern/Central Washington and North Idaho, call **1-888-781-3573**.



Chronic conditions

Registered nurses certified in case management offer phone-based support managing chronic asthma, diabetes, high blood pressure, cholesterol, or heart disease. Call **1-866-656-4183**.

Community resources

To find community resources for financial, caregiving, food, transportation, and other needs, call for an appointment with a community resource specialist at **1-800-260-7445**.

Complex case management

A specially trained nurse – in partnership with your personal care doctor – can help members who need or want help managing multiple chronic conditions, medications, and providers. Call **1-866-656-4183**.

Fitness deals

Stay active and fit with a variety of reduced rates on studios, gyms, fitness gear, in-person classes, and on-demand video workouts. Visit kp.org/wa/fitness.

Printed health information

To request printed health education materials or forms, leave a message at **1-800-992-2279**.

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Mindfulness and meditation apps:¹

Offered at no cost to members.

Go to kp.org/selfcareapps.

- **Calm** is designed to help lower stress, reduce anxiety, and much more.
- **myStrength** is a personalized program that helps people improve awareness and change behaviors.
- **Ginger** offers text-based emotional support coaching to help manage anxiety, reduce stress, and more.^{1,2}

Smoking cessation

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.

Sponsored events

Find ways to connect with your community and improve overall wellness at kp.org/wa/community-events.

Support groups and classes

Go to kp.org/classes for details about your options.

Gender health services

Members moving through the process of gender-affirming surgery can self-refer for clinical guidance and support from licensed social workers. Coverage depends on your plan. Contact **1-888-245-9004** or genderhealth@kp.org for details.

Wellness blog

Visit our trusted source of information about wellness, fitness, and nutrition at thrive.kp.org/thrive-together.

Wellness coaching

Get phone support from experienced coaches to make positive life changes. Visit kp.org/wa/wellness-coach to get started.



¹ These apps are not intended to replace treatment or advice. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your Evidence of Coverage or other plan documents. These services may be discontinued at any time without notice. Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old.

² Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost.

Options Federal plan members: These benefits are neither offered nor guaranteed under contract with the FEHB Program but are made available to all enrollees and family members, 18 and older, who become members of Kaiser Permanente Washington Options Federal.

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Care while traveling

If you become ill or injured while traveling, you're never far from in-network care with local, regional, and national options.

Before accessing nonemergency care

When you're outside of the Kaiser Permanente Washington service area, call Member Services at **1-888-901-4636** for help finding the closest care.

- Find links to local Washington professionals at kp.org/wa/find-a-doctor.
- Find links to regional care in Alaska, Idaho, Montana, Oregon, and Washington through First Choice Health network at kp.org/wa/additional-networks.
- For care in all other states, go to myfirsthealth.com. Click on "Start now" and fill out type of provider and location information. Click on "Search now" to view results.

Travel within the Kaiser Permanente Washington service area

Pay your standard copay or coinsurance:

- Nearest Kaiser Permanente urgent care or First Choice Health network provider

Travel in another Kaiser Permanente region

Before accessing care at a Kaiser Permanente facility outside the Kaiser Permanente Washington service area, call Member Services to get a visiting member ID number.

Pay your standard copay or coinsurance:

- Nearest Kaiser Permanente urgent care
- Nearest First Choice Health or First Health network provider

Pay upfront for services, then file for reimbursement:

- Nearest CVS MinuteClinic or Concentra urgent care center¹



Call 24/7 for care advice from a licensed clinician: **1-800-297-6877**



Start a phone or video visit, available 24/7 across the U.S.²



Email your Kaiser Permanente care team with nonurgent questions.³

Learn more about these care options at kp.org/getcare.

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Travel in a state without Kaiser Permanente

Pay your standard copay or coinsurance:

- Nearest First Choice Health or First Health network provider
- Nearest CVS MinuteClinic, Concentra, or The Little Clinic urgent care center¹
- Nearest urgent care⁴

International travel

- Nearest urgent care⁴
- Nearest hospital

Emergency care while traveling⁵

- In the United States, call 911.
- If abroad, call the local emergency number of the country you're visiting or go to the closest emergency room.
- If admitted to a hospital, call our Hospital Notification Line at **1-888-457-9516** as soon as reasonably possible.

- 1 If you get care at a CVS MinuteClinic, Concentra urgent care center, or any other urgent care facility within a state where Kaiser Permanente operates, you'll be asked to pay upfront for services you receive and file a claim for reimbursement.
- 2 When appropriate and available. If you travel out of state, some virtual care services may not be available due to licensing laws. Laws differ by state.
- 3 This feature is available when you get care from Kaiser Permanente doctors and care teams.
- 4 Urgent care services are covered subject to the applicable copay, coinsurance, or deductible. See your Evidence of Coverage for details.
- 5 If you reasonably believe you have an emergency medical condition, which is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health, call 911 or go to the nearest emergency department. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage.

Travel Advisory Service

Our Travel Advisory Service offers recommendations tailored to your travel outside the United States. Nurses certified in travel health will advise you on any vaccines or medications you need based on your destination, activities, and medical history. The consultation is not a covered benefit, and there is a fee for a Kaiser Permanente member using the service for the first time. Travel-related vaccinations and medications are usually not covered. Visit kp.org/wa/travel-service.

For more information

Call Member Services at **1-888-901-4636** or visit kp.org/wa/travel.



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Medical treatment; rights and responsibilities

You have rights when it comes to your medical treatment. While some rights are set by state and federal law, you also have the right to choose treatments based on your personal values, beliefs, and what is important to you.

Making treatment decisions

When your doctor offers you treatment for a medical condition, you can choose to say yes or no. To help you make a decision, your doctor will tell you about your medical condition, the different treatments, and what their side effects could be. Your beliefs and values may guide you in deciding whether to go ahead with a treatment or not.

Discussing treatment alternatives

While Kaiser Permanente doesn't cover every kind of treatment or procedure (no health plan does), we don't have any financial incentives or penalties that might encourage doctors or other clinicians to withhold medically necessary services or to keep them from discussing recognized medical alternatives with you. The only financial incentives we ever use are rewards for medical groups and hospitals that meet quality care measures (such as cancer screenings) and patient satisfaction targets.

Documenting your care choices

What if you were in a serious accident and lost your ability to say yes or no to treatment? Advance directives are designed to document your wishes in case you find yourself in that situation. They can be completed by anyone 18 or older and changed or canceled at any time. There are 3 types of advance directives:

- **Durable power of attorney for health care (DPOA):** Names someone as your decision-maker if you're unable to make health care decisions yourself.
- **Health care directive – living will:** Tells your provider and your family what kinds of care you do not want if you are seriously ill or injured.
- **Portable Orders for Life-Sustaining Treatment (POLST):** Contains physician orders about the use of life-sustaining treatment such as CPR. It is intended to reflect your wishes around end-of-life care.

You can find these forms and an advance directive booklet at kp.org/wa/forms.



When you need hospital care

Your network includes community or regional hospitals in locations across our Washington state service area. The Leapfrog Group, a national hospital rating organization, publishes an annual survey on hospital safety performance.

You can review the most recent results for participating Washington hospitals at leapfroggroup.org/compare-hospitals.

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Laws related to women's health

Contraception

Beginning in 2018, Washington state law requires health plans with contraceptive drug coverage to let members get a 12-month supply at once. All preferred contraceptives except NuvaRing are eligible for this extended supply. This regulation doesn't apply to employer self-funded plans or Federal Employees Health Benefits Program plans.

Mastectomies

The Women's Health and Cancer Rights Act of 1998 gives you the right to the following coverage after a mastectomy: reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance, prostheses (artificial replacements), and treatment for physical complications resulting from the mastectomy.

New medical technology

New and emerging medical technologies are evaluated on an ongoing basis by 2 Kaiser Permanente committees: the Interregional New Technologies Committee and our local Pharmacy and Therapeutics



Committee. These evaluators consider the new technology's benefits, whether it has been proven safe and effective, and under what conditions its use would be appropriate. The recommendations of these committees, which are led by doctors, inform what is covered and used by our clinicians.

Quality improvements

Each year we develop an annual work plan to guide our efforts to maintain and improve the quality of patient care and services. You can find the Quality & Safety Program description and Quality Plan work plan at kp.org/wa/quality or call Member Services and ask for a copy.

Feedback on care quality or access

Your compliments, concerns, complaints, and questions help us provide high-quality care and service. You can call Member Services to share your comments or complete an online form and email it to Member Services at kp.org/wa/compliments-complaints.

Privacy, rights, and responsibilities

Know your rights and responsibilities

It's important to know what you can expect and what we need from you when you receive care from us. Visit kp.org/wa/rights.

Find out how we protect your privacy

Our regional Notice of Privacy Practices, which all members and patients receive, describes how medical information about you may be used and disclosed and how you can access it. It also describes our responsibility to notify you if there is a breach of your protected health information. Go to kp.org/wa/privacy.

Important resources

Visit kp.org/wa/important-resources to learn about coverage documents, other plan documents, and preventive care schedules. You can also read about our quality program and ratings on hospital care and safety, learn about women's health and cancer rights, and read important health plan and pharmacy disclosures.



Nondiscrimination and language services

We comply with all civil rights laws and do not discriminate in any way. We also provide language services to people whose primary language is not English. For details, visit kp.org/wa/ndn.

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Coverage decisions

Decisions about your benefit coverage are based solely on the appropriateness of care for your medical needs and what is covered by your health plan.

How utilization management works

Utilization management is a process used in the health care field to make sure patients are getting appropriate services at the right time and for the right length of time. You benefit because it requires continual review and monitoring of your care. Some of the services we continually monitor and evaluate are:

- Hospital admissions and average length of stay
- Referred services
- Post-service claims
- Case management services for certain medical conditions
- Clinical practice guidelines

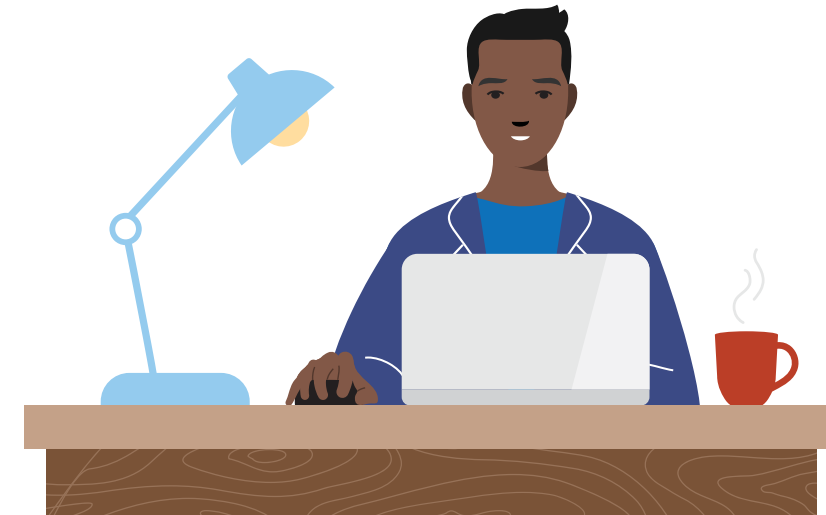
Some care, services, and supplies require prior approval (preauthorization) from Kaiser Permanente in order to be covered. This includes planned inpatient hospitalization, advanced imaging (CT scan, MRI, PET scan), clinical trials, dialysis, home health care, hospice, and certain drugs. Generally, the recommending provider will request the preauthorization on your behalf.

If at any time you feel you are not receiving coverage for an item or service that you believe is medically necessary, you have the right to:

- Make a request for services or supplies you have not received
- File a claim for payment of charges you've paid

If you don't agree with our decision regarding your request, you have the right to request an appeal.

You or your doctor can contact Member Services for help with questions about coverage determinations. If you contact us after regular business hours, we'll respond the next business day. If the communication is received after midnight, Monday through Friday, we'll respond the same business day.



Claims and appeals

Appeal a coverage or claim decision

If Kaiser Permanente denies coverage for a medical service or payment of a claim, you have the right to appeal that decision.

Go to kp.org/wa/appeals to learn how.

File a claim

Find instructions for filing claims at kp.org/wa/reimburse.