



Kaiser Permanente Colorado Provider Manual

- **Member Eligibility and Benefits Determination**
- **Product Descriptions**



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- **Product Descriptions**

Our goal is to ensure members get the care they need when they need it, hassle free! Our Member eligibility and benefit determination policies and procedures help guide you and your staff in assisting the member. This section provides a quick and easy resource complete with contact phone numbers, detailed processes and site lists for services related to Member eligibility and benefit determination. It also briefly describes our health plan products.

If, at any time, you have a question or concern about the information outlined in this section of the Provider Manual, you can reach our Member/Provider Services Department by calling 303-338-3800 or 1-800-632-9700.

Table of Contents

SECTION 3: MEMBER ELIGIBILITY AND BENEFITS DETERMINATION.....	4
3.1. MEMBER ELIGIBILITY VERIFICATION	4
3.2. RETROACTIVE ELIGIBILITY CHANGES	4
3.3. BENEFIT COVERAGE VERIFICATION	5
3.4. EXCLUSIONS AND LIMITATIONS.....	5
3.5. PRODUCTS AND ONEKP ID CARDS	5
3.5.1 Health Maintenance Organization (HMO) Products.....	7
3.5.2 Colorado HMO Member OneKP ID Card Samples.....	8
3.5.3 KP Select Member OneKP ID Card Samples.....	10
3.5.4 Digital Membership Cards	11
3.5.5 Point-of-Service (“POS”) Products	11
3.5.6 Colorado POS Member OneKP ID Card Samples.....	13
3.5.7 Medicare Products	13
3.5.8 Medicare Member ID Card Samples.....	13
3.5.9 Self-Funded (SF) Plans Administered by KPIC Card Samples	17
3.5.10 Level-Funded Plans Administered by KPIC Card Samples	19
3.5.11 Child Health Plan Plus (CHP+)	20
3.5.12 Medicaid Products.....	20
3.5.13 Medicaid Member ID Card Samples	21
3.5.14 Colorado Option.....	21
3.6. DRUG BENEFITS.....	24
3.6.1 Pharmacy Networks	24
3.6.2 Drug Formularies	25
3.6.3 Mail Order Pharmacy.....	26
3.6.4 Specialty Pharmaceuticals.....	26
3.6.5 Drug Inclusions, Exclusions and Limitations	26
3.6.6 Drug Exception Process	27
3.6.7 Formulary Addition/Deletion Requests.....	28
3.6.8 Pharmacy Benefits Manager (PBM)	28
3.7. VISITING MEMBERS	29

Section 3: Member Eligibility and Benefits Determination

3.1. Member Eligibility Verification

You are responsible to verify a Member's eligibility each time the Member presents at your office for services. Do not assume that coverage is in effect because a person produces a Kaiser Permanente Member ID card. The process for verifying eligibility is as follows:

- 1 Request Kaiser Permanente Member ID card and check identity against a photo ID.
- 2 Contact Kaiser Permanente by telephone, interactive voice response (IVR) system or by web (Affiliate Link), as described in Option #3 in the chart below.
- 3 If you cannot verify eligibility because Kaiser Permanente's eligibility verification offices are closed, you should verify eligibility on the next business day.
- 4 If you are unable to verify eligibility or if services are requested after hours, the Member must complete a financial responsibility form. Please explain that the Member will be responsible to pay for the services if it is later determined that he or she did not have coverage on the date of service. See Section 3.2 regarding retroactive eligibility changes.

Option	Description
#1	Interactive Voice Response (IVR) System: The IVR can be accessed for Member eligibility, copayment information, and the name of the PCP assigned to the Member through the Member/Provider Services Department for at 303- 338-3800 or 800-632-9700, 7 days a week from 8am to 5pm. Please have the Member's HRM number and date of birth available when you call.
#2	Member/Provider Service Line: If you are unable to use the IVR system to confirm Member eligibility or PCP assignment, you may speak with a customer service representative by calling the Member/Provider Services Department at 303- 338-3800 or 800-632-9700, , M-F from 8am to 5pm. Please provide the Member's name and Member HRN number, inclusive of suffix, which is located on the Kaiser Permanente ID card.
#3	www.providers.kaiserpermanente.org/cod : Eligibility verification is available to providers via AffiliateLink on the Kaiser Permanente website at www.providers.kaiserpermanente.org/cod , a secure site, for which a user ID number and password are required. To obtain access, print & submit a Kaiser Permanente Affiliate Link Provider Website Application found on the Community Provider Portal Home Page of the aforementioned website.
#4	For Members of Self-Funded plans administered by KPIC, you can also utilize the Self-Funded Provider Portal at http://kpclaimservices.com , a secure site, for which a user ID and password are required. To obtain access, go to http://kpclaimservices.com and click the <i>Provider Registration</i> link near the top of the website and complete the form.

3.2. Retroactive Eligibility Changes

Kaiser Permanente may determine retroactively that a Member was not eligible for coverage on the date of service. This occurs, for example, when eligibility data is received late from employer groups, or is adjusted by employer groups. The applicable Payor is not responsible to pay for services in that case, but if you obtained a financial responsibility form from the Member, you may bill the Member directly for the services. If you have already received payment for the services, the applicable Payor will notify you of the adjustment.

Some examples where Member eligibility may change retroactively include, but are not limited to, the following conditions:

- Kaiser Permanente receives delayed information, e.g., from Member's employer, that an individual is no longer a Member.
- The individual policy/benefit has been terminated.
- The Member decides not to purchase continuation coverage.
- The Member decides not to pursue coverage through Connect for Health Colorado.
- The eligibility information received by Kaiser Permanente is later determined to be false.

If you have received payment on a claim(s) that is impacted by a retroactive eligibility change, a claim adjustment will be made. The reason for the claim adjustment will be reflected on the remittance advice.

3.3. Benefit Coverage Verification

You are responsible for verifying that a Member has coverage under their Membership Agreement, Evidence of Coverage, or Certificate of Insurance for the services you will be providing, and for obtaining any required prior authorization. See Section 4 of the Manual for information regarding authorization requirements. To determine a Member's benefit coverage and cost share, choose an option below.

- Contact the Member/Provider Services Department at 303-338-3800 or 800-632-9700 to verify Member benefit coverage.
- Access Member benefit coverage via Affiliate Link website at www.providers.kaiserpermanente.org/cod, a secured site, for which a user ID number and password are required.
- For Members of Self-Funded plans and Level-Funded plans administered by KPIC, you can also contact Self-Funded/Level-Funded Customer Service at 877-883-6698 or utilize the Self-Funded plan administered by KPIC/Level-Funded Provider Portal at <http://kpclaimservices.com>, a secure site, for which a user ID and password are required.

3.4. Exclusions and Limitations

The benefits described in each Membership Agreement, Evidence of Coverage, or Certificate of Insurance are subject to various limitations and exclusions. It is important to inquire about coverage before rendering a service, so the Member can be informed of potential payment responsibility.

Information can be obtained electronically or by calling Member/Provider Services Department at 303-338-3800 or 800-632-9700. For Members of Self-Funded plans and Level-Funded administered by KPIC, you may also contact Self-Funded Customer Service at 866-213-3062.

3.5. Products and OneKP ID Cards

Kaiser Permanente of Colorado offers different products to individuals and employer groups. The Member's identification card will indicate which product he/she is enrolled in. Kaiser Permanente Members should present their ID cards prior to services. Current Member ID card examples can be found in the Member Information section of the Community Provider Portal at: http://providers.kaiserpermanente.org/html/cpp_cod/memberinfotoc.html

Additionally, it is recommended you obtain a copy of the card (front and back) each time services are rendered. This will assist you in referencing required insurance information. You are contracted to treat Kaiser Permanente Members who are enrolled in the following plans:

HMO Products

HMO Product
Traditional HMO Medicare Product(s)
Deductible / Coinsurance HMO (DHMO)
HSA-Qualified Deductible HMO Plan
HMO Plus
Deductible Coinsurance HMO Plus
HSA-Qualified Deductible HMO Plus
Medicare Medicaid Special Needs Plan (HMO D-SNP)

Point of Service (POS) Products

Added Choice POS DHMO + Indemnity
Added choice POS DHMO + Indemnity with Health Savings Account (HSA)
Added Choice 2 Tier POS: HMO + Indemnity
Added Choice Triple Option: HMO + PPO + Indemnity
Added Choice Deductible Coinsurance: DHMO + PPO + Indemnity
MultiChoice DHMO + PPO + Indemnity
HSA Qualified 2 Tier POS: HPHP + Indemnity
3 Tier Deductible POS
3 Tier Deductible POS with Health Savings Account (HSA)

Self-Funded Products administered by KPIC

EPO
Deductible EPO
HRA-Deductible EPO
HSA-Qualified Deductible EPO

Level-Funded Products administered by KPIC

EPO
Deductible EPO
HRA-Deductible EPO
HSA-Qualified Deductible EPO
EPO Plus
Deductible EPO Plus
HSA-Qualified Deductible EPO Plus
3-Tier POS
3-Tier POS HRA-Deductible EPO
3-Tier POS HSA-Qualified Deductible EPO
2-Tier PPO
2-Tier PPO HRA-Deductible EPO
2-Tier PPO HSA-Qualified Deductible EPO

KPIF Colorado Option

KP Colorado Option Gold

KP Colorado Option Silver

KP Colorado Option Silver Enhanced 94% AV*

KP Colorado Option Silver 94% AV

KP Colorado Option Silver 87% AV

KP Colorado Option Silver 73% AV

KP Colorado Option Silver X

KP Colorado Option Bronze

*Sold through Colorado Connect

Small Group Colorado Option (Off Exchange Only)

KP Colorado Option Gold PPO

KP Colorado Option Gold

KP Colorado Option Silver PPO

KP Colorado Option Silver

KP Colorado Option Bronze PPO

KP Colorado Option Bronze

NOTE: The above list of offered plans are current at the time of publication and may change throughout the year.

3.5.1 Health Maintenance Organization (HMO) Products

3.5.1.1 HMO Product

With this product our Members receive a majority of their care within the Kaiser Permanente network. A referral request from a CPMG physician and authorization from the health plan is required to obtain services outside of the network. Within this product, Kaiser Permanente offers a wide selection of benefit choices. To verify eligibility and benefit information only, contact Member/Provider Services Department at 303-338-3800 or 800-632-9700, or online at

www.providers.kaiserpermanente.org/cod

3.5.1.2 Deductible / Coinsurance HMO Product (DHMO)

DHMO products are based on our core HMO plan but with a deductible that typically results in a lower monthly premium. Members have access to any Kaiser Permanente providers.

3.5.1.3 Deductible Coinsurance HMO Plus

Deductible Coinsurance HMO Plus provides Members all the benefits and resources of Kaiser Permanente's DHMO plan, plus the convenience to receive care from any licensed community/network physician at any time, up to a visit limit each year. Once the Member reaches their Plus benefit visit limit, only the Deductible Coinsurance HMO portion of the coverage will remain. Deductible Coinsurance HMO Plus is available to both large and small groups.

3.5.1.4 Deductible Product with HSA Option (DPHSA)

This product is offered to large group, small group, and individuals. Members are responsible for all medical costs, excluding preventive which is covered at no cost, until reaching their deductible. Deductibles and coinsurance apply to the out-of-pocket maximum.

3.5.1.5 Medicare Medicaid Special Needs Plan (HMO D-SNP)


This product is offered to beneficiaries dually eligible for/with both Medicare and Medicaid. The state covers some Medicare costs, depending on the individual's level of eligibility.

3.5.1.5 Medicare Point of Service Plan (HMO-POS)

This product is offered to individual beneficiaries (not group members). The plan is a traditional HMO plan with a limited Point of Service benefit.


3.5.2 Colorado HMO Member OneKP ID Card Samples

Traditional HMO Plan

 KAISER PERMANENTE [®]		kp.org Member Services 1-800-632-9700 (TTY 711)
Kaiser Foundation Health Plan of Colorado		
FIRST NAME M LAST NAME		
Health Record No: 000000000		Date of Birth: 02/1979
Traditional HMO Plan		
Group No: 00849-273 Plan No: PC5A RxBIN: 003585 RxPCN: 70000 CO-DOI	Primary Care \$5 Specialty Care \$5 Urgent Care* \$5 Emergency \$25 Hospital \$0/ADMIT Deductible - Out of Pocket Max \$2000/\$4000	


Emergency 911 Appointments, Medical Advice and Urgent Care* Claims Information Mail Order Pharmacy Away from Home Travel Line	Card Issued: 06-11-2021 303-338-4545 1-800-218-1059 (TTY 711) 303-338-3600 1-800-382-4661 1-866-523-6059 1-951-268-3900
Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617	Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility. This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.
03070-CH (1/21)	

Traditional HMO Plus Plan

 KAISER PERMANENTE [®]		kp.org Customer Service 1-855-364-3184 (TTY 711)																											
Kaiser Foundation Health Plan of Colorado																													
FIRST NAME M LAST NAME																													
Health Record No: 000000000		Date of Birth: 03/1970																											
Traditional HMO Plus Plan																													
Group No: 04095-001 Plan No: 810X RxBIN: 003585 RxPCN: 70000 CO-DOI	<table border="1"> <thead> <tr> <th></th> <th>HMO</th> <th>Out-of-Network</th> </tr> </thead> <tbody> <tr> <td>Primary Care</td> <td>454</td> <td>545</td> </tr> <tr> <td>Specialty Care</td> <td>467</td> <td>558</td> </tr> <tr> <td>Urgent Care*</td> <td>480</td> <td>N/A</td> </tr> <tr> <td>Emergency</td> <td>493</td> <td>N/A</td> </tr> <tr> <td>Hospital</td> <td>506</td> <td>N/A</td> </tr> <tr> <td>Annual Allowance</td> <td>N/A</td> <td>662</td> </tr> <tr> <td>Deductible</td> <td>519</td> <td>636</td> </tr> <tr> <td>Out of Pocket Max</td> <td>675</td> <td>\$6000/\$18000</td> </tr> </tbody> </table>		HMO	Out-of-Network	Primary Care	454	545	Specialty Care	467	558	Urgent Care*	480	N/A	Emergency	493	N/A	Hospital	506	N/A	Annual Allowance	N/A	662	Deductible	519	636	Out of Pocket Max	675	\$6000/\$18000	
	HMO	Out-of-Network																											
Primary Care	454	545																											
Specialty Care	467	558																											
Urgent Care*	480	N/A																											
Emergency	493	N/A																											
Hospital	506	N/A																											
Annual Allowance	N/A	662																											
Deductible	519	636																											
Out of Pocket Max	675	\$6000/\$18000																											

Emergency 911 Appointments, Medical Advice and Urgent Care* Claims Information Mail Order Pharmacy Away from Home Travel Line	Card Issued: 06-04-2021 303-338-4545 1-800-218-1059 (TTY 711) 1-855-364-3184 1-866-523-6059 1-951-268-3900
Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617	Notify Member Services at 1-855-364-3184 if you receive emergency hospital services in a non-plan facility. This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.
03070-CX (1/21)	

Deductible/Coinsurance HMO Plan

 **KAISER PERMANENTE**® kp.org
 Kaiser Foundation Health Plan of Colorado **Member Services**
1-800-632-9700 (TTY 711)

FIRST NAME M LAST NAME

Health Record No: **000000000** Date of Birth: **12/1963**

Deductible/Coinsurance HMO Plan

Group No: 00225-001	Primary Care	\$100VC
Plan No: 621D	Specialty Care	\$25SPVC
	Urgent Care*	\$50AFTR
RxBIN: 003585	Emergency	20%EMER
RxPCN: 70000	Hospital	20%HOSP
CO-DOI	Deductible	\$250/\$750DED
	Out of Pocket Max	-


Emergency **911** Card Issued: 06-11-2021
 Appointments, Medical Advice
 and Urgent Care* **303-338-4545 1-800-218-1059 (TTY 711)**
 Claims Information **303-338-3600 1-800-382-4661**
 Mail Order Pharmacy **1-866-523-6059**
 Away from Home Travel Line **1-951-268-3900**

Kaiser Permanente Claims Department Notify Member Services at
 PO Box 373150 **1-800-632-9700** if you receive emergency
 Denver, CO 80237-3150 hospital services in a non-plan facility.
 Electronic Payer ID #: 91617

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.

03070-CD (1/21)

Deductible/Coinsurance HMO Plus Plan

 **KAISER PERMANENTE**® kp.org
 Kaiser Foundation Health Plan of Colorado **Customer Service**
1-855-364-3184 (TTY 711)

FIRST NAME M LAST NAME

Health Record No: **000000000** Date of Birth: **08/1974**

Deductible/Coinsurance HMO Plus Plan

	HMO	Out-of-Network
Group No: 00153-001	Primary Care 454	545
Plan No: Y810	Specialty Care 467	558
	Urgent Care* 480	N/A
RxBIN: 003585	Emergency 493	N/A
RxPCN: 70000	Hospital 506	N/A
CO-DOI	Deductible 519	636
	Annual Allowance N/A	662
	Out of Pocket Max 675	\$6000/\$18000


Emergency **911** Card Issued: 06-11-2021
 Appointments, Medical Advice
 and Urgent Care* **303-338-4545 1-800-218-1059 (TTY 711)**
 Claims Information **1-855-364-3184**
 Mail Order Pharmacy **1-866-523-6059**
 Away from Home Travel Line **1-951-268-3900**

Kaiser Permanente Claims Department Notify Member Services at
 PO Box 373150 **1-855-364-3184** if you receive emergency
 Denver, CO 80237-3150 hospital services in a non-plan facility.
 Electronic Payer ID #: 91617

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.

03070-CE (1/21)

HSA-Qualified Deductible HMO Plan

 **KAISER PERMANENTE**® kp.org
 Kaiser Foundation Health Plan of Colorado **Member Services**
1-800-632-9700 (TTY 711)

FIRST NAME M LAST NAME

Health Record No: **000000000** Date of Birth: **11/1978**

HSA-Qualified Deductible HMO Plan

Group No: 06933-001	Primary Care	454
Plan No: OXM5	Specialty Care	467
	Urgent Care*	480
RxBIN: 003585	Emergency	493
RxPCN: 70000	Hospital	506
CO-DOI	Deductible	519
	Out of Pocket Max	675


Emergency **911** Card Issued: 06-11-2021
 Appointments, Medical Advice
 and Urgent Care* **303-338-4545 1-800-218-1059 (TTY 711)**
 Claims Information **303-338-3600 1-800-382-4661**
 Mail Order Pharmacy **1-866-523-6059**
 Away from Home Travel Line **1-951-268-3900**

Kaiser Permanente Claims Department Notify Member Services at
 PO Box 373150 **1-800-632-9700** if you receive emergency
 Denver, CO 80237-3150 hospital services in a non-plan facility.
 Electronic Payer ID #: 91617

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.


03070-CN (1/21)

HSA-Qualified Deductible HMO Plus Plan


 KAISER PERMANENTE®		kp.org Customer Service 1-855-364-3184 (TTY 711)	
Kaiser Foundation Health Plan of Colorado			
FIRST NAME M LAST NAME			
Health Record No: 000000000		Date of Birth: 03/1995	
HSA-Qualified Deductible HMO Plus Plan			
Group No: 42980-003 Plan No: OXB9 RxBIN: 003585 RxPCN: 70000 CO-DOI	Primary Care Specialty Care Urgent Care* Emergency Hospital Deductible Annual Allowance	HMO 30%KPMO/40%AF 30% 30% 30% \$3500/\$7000 N/A	Out-of-Network 50% 50% N/A N/A \$3500/\$7000 15 VISITS
Emergency 911 Appointments, Medical Advice and Urgent Care* Claims Information Mail Order Pharmacy Away from Home Travel Line		Card Issued: 03-18-2021 303-338-4545 1-800-218-1059 (TTY 711) 1-855-364-3184 1-866-523-6059 1-951-268-3900	
Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617		Notify Member Services at 1-855-364-3184 if you receive emergency hospital services in a non-plan facility. This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details. 03070-CU (1/21)	

3.5.3 KP Select Member OneKP ID Card Samples


KP Select HMO

 KAISER PERMANENTE®		kp.org Member Services 1-800-632-9700 (TTY 711)	
Kaiser Foundation Health Plan of Colorado			
CGKPSELECTHMO ONEKPCGMARRM			
Health Record No: 001212176		Date of Birth: 10/1972	
Kaiser Permanente Select Traditional HMO Plan			
Group No: 11470-001 Plan No: 420P RxBIN: 003585 RxPCN: 70000 CO-DOI	Primary Care Specialty Care Urgent Care* Emergency Hospital Deductible Out of Pocket Max	10%KPMO/30%AF 10%KPMO/30%AF 10%KPMO/30%AF 10%KPMO/30%AF 10%KPMO/30%AF 10%KPMO/30%AF 10%KPMO/30%AF	50% 50% N/A N/A N/A N/A
Emergency 911 Appointments, Medical Advice and Urgent Care* Claims Information Mail Order Pharmacy Away from home Travel Line		Card Issued: 04-20-2019 303-338-4545 1-800-218-1059 (TTY 711) 303-338-3600 1-800-382-4661 1-866-523-6059 1-951-268-3900	
Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617		Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility. This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details. 03070-CG (1/21)	

KP Select DHMO

 KAISER PERMANENTE®		kp.org Member Services 1-800-632-9700 (TTY 711)	
Kaiser Foundation Health Plan of Colorado			
CFKPSELECTDHMO ONEKPCFMIXFAM			
Health Record No: 006855510		Date of Birth: 12/1975	
Kaiser Permanente Select Deductible/Coinsurance HMO Plan			
Group No: 87521-047 Plan No: 621D RxBIN: 003585 RxPCN: 70000 CO-DOI	Primary Care Specialty Care Urgent Care* Emergency Hospital Deductible Out of Pocket Max	454 467 480 493 506 519 675	50% 50% N/A N/A N/A N/A
Emergency 911 Appointments, Medical Advice and Urgent Care* Claims Information Mail Order Pharmacy Away from home Travel Line		Card Issued: 04-20-2019 303-338-4545 1-800-218-1059 (TTY 711) 303-338-3600 1-800-382-4661 1-866-523-6059 1-951-268-3900	
Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617		Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility. This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details. 03070-CF (1/21)	

KP Select HSA-Qualified DHMO Plan

 KAISER PERMANENTE [®] Kaiser Foundation Health Plan of Colorado		kp.org Member Services 1-800-632-9700 (TTY 711)	Card Issued: 04-20-2019
CKKPSELECTDPHSA ONEKPCCMARRNM			
Health Record No: 007748575	Date of Birth: 04/1987		
Kaiser Permanente Select HSA-Qualified Deductible HMO Plan			
Group No: 95820-031	Primary Care	\$15KPMO/\$35AF	
Plan No: HDS1	Specialty Care	\$15KPMO/\$35AF	
	Urgent Care*	\$15KPMO/\$35AF	
RxBIN: 003585	Emergency	\$15KPMO/\$35AF	
RxPCN: 70000	Hospital	\$15KPMO/\$35AF	
CO-DOI	Deductible	\$15KPMO/\$35AF	
	Out of Pocket Max	\$15KPMO/\$35AF	
Emergency 911 Appointments, Medical Advice and Urgent Care*		303-338-4545 1-800-218-1059 (TTY 711)	
Claims Information		303-338-3600 1-800-382-4661	
Mail Order Pharmacy		1-866-523-6059	
Away from home Travel Line		1-951-268-3900	
Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617		Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility.	
<small>This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.</small>			
<small>03070-CC (1/21)</small>			

3.5.4 Digital Membership Cards

The digital membership card provides convenient, secure access to Members' Kaiser Permanente membership information anytime, anywhere so Members can check-in for appointments and pick up prescriptions at Kaiser Permanente medical office pharmacies and access their family's membership information.

3.5.5 Point-of-Service ("POS") Products

Members seeking services from providers outside of the Kaiser Permanente system can self-refer to providers of their choice at the time of medical need, or at the "point of service". They will have a Kaiser Permanente POS membership ID card.

"In-Plan" If the POS Member stays in-plan (using the HMO tier of their plan), obtain referral information and bill Kaiser Permanente in your usual manner.

"Out-of-Plan" If the POS Member receives treatment without an HMO authorization, they have elected to go out-of-plan. Payment is made under the PPO or indemnity contract and all contracted discounts apply. Bill Kaiser Permanente indicating the POS Member's ID number. Kaiser Permanente will send remittance advice to both you and the Member itemizing the Member's balance due.

For POS plans, pre-certification is required under the Participating Provider Tier (if a 3-Tier POS Plan) and the Non-Participating Provider (Out-of-Network) Tier for specific services or treatments, such as:

- All inpatient admissions and services including:
 - inpatient rehabilitation therapy admissions
 - comprehensive rehabilitation facility admissions related to services provided under an inpatient multidisciplinary rehabilitation program
 - inpatient mental health and chemical dependency admissions services including residential services
 - long-term acute care and subacute admissions
- Skilled nursing facility
- Non-emergent air or ground ambulance transport
- Amino acid-based elemental formulas
- Clinical trial
- Medical foods
- Applied behavioral analysis (ABA)

- Cardiac rehabilitation
- Dental and endoscopic anesthesia
- Durable medical equipment
- Genetic testing
- Habilitative services (physical therapy, occupational therapy, and speech therapy)
- Home health and home infusion services
- Hospice care
- Imaging services:
 - Magnetic Resonance Imaging (MRI)
 - Magnetic Resonance Angiography (MRA)
 - Computerized Tomography (CT)
 - Computerized Tomography Angiography (CTA)
 - Positron Emission Tomography (PET)
 - Electron Beam Computerized Tomography (EBCT)
 - Single Photon Emission Computerized Tomography (SPECT)
- Outpatient injectable drugs
- Outpatient procedures
- Outpatient surgery
- Pain management services
- Prosthetic and orthotic devices
- Radiation therapy services
- Reconstructive surgery
- Outpatient rehabilitation therapy:
 - physical therapy
 - occupational therapy
 - speech therapy
 - pulmonary therapy
- TMJ/orthognathic surgery
- Transplants
- Transgender surgery and services

Per CO law, if the provider is contracted (a Participating Provider) with the carrier, KPIC, the provider must obtain the pre-certification, not the patient. If there is no contract between the provider (a Non-Participating Provider) and KPIC then the patient (or his/her/their provider) must call Permanente Advantage for pre-certification at least 3 days prior to any scheduled hospital admission, unless admitted in an emergency. Pre-certification for emergency admissions must be obtained within 3 days following the admission. To obtain pre-certification, call 888-525-1553. Both the Member and provider will receive written authorization confirming medical necessity.

3.5.5.1 MultiChoice POS

MultiChoice is a 3-Tier Point-of-Service product. MultiChoice Members have three (3) tiers of benefits – a deductible coinsurance HMO coverage for those who seek care with Kaiser Permanente or affiliated healthcare providers and medical offices, Participating Provider coverage within the First Health Network for KPIC, and a Non-Participating Provider coverage. Copays for office visits, deductibles, coinsurance, and out-of-pocket maximums match between the plan's HMO and Participating Provider coverage tiers, to reduce or eliminate benefit disparity between these networks.

3.5.6 Colorado POS Member OneKP ID Card Samples

2-Tier POS Plan

2-Tier POS Plan
kp.org/kpic-colorado

Customer Service
1-855-364-3184 TTY 711

FIRST NAME M LAST NAME

Health Record No. 000000000
Group No. 08745-001
Plan No. Y215
RxBIN 003585
RxPCN 70000

	HMO TIER	NON PAR TIER
Deductible	20%KPMO/40%AF	20%KPMO/40%AF
Primary Care	20%KPMO/40%AF	20%KPMO/40%AF
Specialty Care	20%KPMO/40%AF	20%KPMO/40%AF
Urgent Care	20%KPMO/40%AF	20%KPMO/40%AF
Emergency	20%KPMO/40%AF	20%KPMO/40%AF
Hospital	20%KPMO/40%AF	20%KPMO/40%AF
Out of Pocket Max	20%KPMO/40%AF	\$6000/\$18000

Kaiser Permanente Insurance Company (KPIC)
Kaiser Foundation Health Plan of Colorado (KFHP)

CO-DOI

03070-CQ (1/21)

Emergency: Dial 911 or go to the nearest emergency room

Kaiser Permanente Providers (HMO Tier)
Appointments, Medical Advice, and Urgent Care **1-800-218-1059**
Mail Order Pharmacy **1-866-523-6059**

Appointments with all other Providers
Contact your provider directly. Some services may require precertification.

For use by your Provider
Medical service precertification **1-888-525-1553**
Pharmacy prior authorization **1-800-788-2949**

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. For benefit details see KFHP Evidence of Coverage (HMO) and KPIC Certificate of Insurance (NON-PAR). Underwritten by KFHP of Colorado and KPIC.

KAISER PERMANENTE.

Medical Claims:
Claims Administration
P.O. Box 373150
Denver, CO 80237-3150
EDI Payer ID: 91617

Card Issued:
06-04-2021

3-Tier POS Plan

3-Tier POS Plan
kp.org/kpic-colorado

Customer Service
1-800-495-4662 TTY 711

POSNJH2 DEDCOIN3OPVALUESCI

Health Record No. 642225008
Group No. 31512-006
Plan No. NJ04
RxBIN 003585
RxPCN 70000

	HMO TIER	PAR TIER	NON-PAR TIER
Deductible	\$1000/\$3000	\$1000/\$3000	\$2000/\$6000
Primary Care	\$35	\$35	30%
Specialty Care	\$50	\$50	30%
Urgent Care	\$50	NA	30%
Emergency	10%	SEE HMO TIER	30%
Hospital	10%	10%	30%
Out of Pocket Max	-	\$3000/\$6000	\$6000/\$18000

Kaiser Permanente Insurance Company (KPIC)
Kaiser Foundation Health Plan of Colorado (KFHP)

CO-DOI

03070-CI (1/21)

Emergency: Dial 911 or go to the nearest emergency room

Kaiser Permanente Providers
Appointments, Medical Advice, Urgent Care, and Pharmacy (HMO Tier)..... **1-800-218-1059**

Appointments with all other Providers
Contact your provider directly. Some services may require precertification.

For use by your Provider
Medical service precertification **1-888-525-1553**
Pharmacy prior authorization **1-800-788-2949**

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. For benefit details see KFHP Evidence of Coverage (HMO) and KPIC Certificate of Insurance (NON-PAR). Underwritten by KFHP of Colorado and KPIC.

First Health Network **My Impact PHARMACY NETWORK** **KAISER PERMANENTE.**

Medical Claims:
Claims Administration
P.O. Box 373150
Denver, CO 80237-3150
EDI Payer ID: 91617

Card Issued:
04-20-2019

3.5.7 Medicare Products


Traditional HMO Medicare Products

Kaiser Permanente has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer Medicare Advantage (MA) plans to Medicare beneficiaries. These plans are known as Senior Advantage. Kaiser Permanente offers six individual MA plans: Senior Advantage Core, Silver, Enhanced, Gold, Bronze and our Special Needs Plan. The Core plans are a traditional HMO plan (HMO), and the Silver, Enhanced, Gold and Bronze plans are an HMO plan with a Point of Service (POS) benefit (HMO-POS). The Special Needs Plan is for individuals with both Medicare and Medicaid. These plans provide comprehensive, high-quality healthcare, including Medicare Part D prescription-drug benefits. Based on the contract between Kaiser Permanente and CMS, Senior Advantage covers all Medicare benefits and more. Senior Advantage is available to Medicare beneficiaries who are eligible for Medicare Part A and are enrolled in Medicare Part B.

In addition to our five individual plans, Kaiser Permanente also offers Senior Advantage to the employer group market.

3.5.8 Medicare Member ID Card Samples

D/B Medicare Part D – HMO and HMO-POS




KAISER PERMANENTE®
P.O. Box 23219
San Diego, CA 92193

Questions about COVID-19?
Visit kp.org/coronavirus to learn how to protect yourself and get care.

> 000068 9273423 00307
FIRST M LASTNAME
HOME ADDRESS
CITY, ST ZIP CODE

H0630_23073DB_C




KAISER PERMANENTE® Kaiser Foundation Health Plan of Colorado

**Senior Advantage (HMO)
Denver Metro Area**

Group: <00074>-<100>
Issuer (80840)
Health Record No.: <000000000>
<FIRST LASTNAME>

RxBIN: 011255
RxPCN: COCMS
RxGrp: CO



CMS-H0630 -<810>



Please recycle.



Please use this new card to check in when you receive your Kaiser Permanente medical care and prescription drug coverage.

- Your member identification number, sometimes called your health record number or medical record number, is on your card. We use this number to keep track of your medical information and make sure it is current.
- We encourage you to carry your card with you at all times. You or your family member will be asked for your card at each visit and for all health-related services. We will ask for your member identification number when you call Member Services. It's easier for us to serve you in a timely manner when you have this information handy.
- On the front of your member ID card is important pharmacy information and information about your health plan membership. The back of the card has key phone numbers to call for medical care and information. If you have any questions about your ID card, please call Member Services from 8 a.m. to 8 p.m., seven days a week, at **1-800-476-2167**. The TTY number for the deaf or hard of hearing is **711**.

Appointments, Medical Advice and After-Hours Care: <303-338-4545>

Member Services: <1-800-476-2167>

Claims Information: <1-800-382-4661>

Mail Order Pharmacy: <1-866-523-6059>

Submit Claims to: **Kaiser Permanente Claims Department**
PO Box 373150, Denver, CO 80237-3150
EDI Payor ID: 91617

All Kaiser Permanente plans provide worldwide coverage for emergency care.

kp.org Card Issued: <09-14-2023>

<711 TTY>

<711 TTY>

<1-866-523-6059>

D/B Medicare Part D – HMO and HMO-POS – Cont'd



KAISER PERMANENTE®
P.O. Box 23219
San Diego, CA 92193

Questions about COVID-19?
Visit kp.org/coronavirus to learn how to protect yourself and get care.

> 000246 5755312 003070
FIRST M LAST NAME
HOME ADDRESS
CITY, ST ZIP CODE

H0630_23059DB_C



KAISER PERMANENTE® Kaiser Foundation Health Plan of Colorado


**Senior Advantage (HMO-POS)
Denver Metro Area**

Group: <55300>-<245>
Health Plan (80840)
Health Record No.: <000000000>
Name: <FIRST M LAST NAME>


RxBIN: 011255
RxPCN: COCMS
RxGrp: CO



CMS-H0630 -<0015>



Please recycle.



Please use this new card to check in when you receive your Kaiser Permanente medical care and prescription drug coverage.

- Your member identification number, sometimes called your health record number or medical record number, is on your card. We use this number to keep track of your medical information and make sure it is current.
- We encourage you to carry your card with you at all times. You or your family member will be asked for your card at each visit and for all health-related services. We will ask for your member identification number when you call Member Services. It's easier for us to serve you in a timely manner when you have this information handy.
- On the front of your member ID card is important pharmacy information and information about your health plan membership. The back of the card has key phone numbers to call for medical care and information. If you have any questions about your ID card, please call Member Services from 8 a.m. to 8 p.m., seven days a week, at **1-800-476-2167**. The TTY number for the deaf or hard of hearing is **711**.

Appointments, Medical Advice and After-Hours Care: <303-338-4545>

Member Services: <1-800-476-2167>

Claims Information: <1-800-476-2167>

Mail Order Pharmacy: <1-866-523-6059>

Submit Claims to: **Kaiser Permanente Claims Department**
PO Box 373150, Denver, CO 80237-3150
EDI Payor ID: 91617

All Kaiser Permanente plans provide worldwide coverage for emergency care.

kp.org Card Issued: <09-06-2023>

<711 TTY>

<711 TTY>

<1-866-523-6059>

D/B and Pueblo Medicare HMO-SNP

KAISER PERMANENTE®

P.O. Box 23279
San Diego, CA 92193

Questions about COVID-19?
Visit kp.org/coronavirus to learn how to protect yourself and get care.

KAISER PERMANENTE®

Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO D-SNP)
Denver Metro Area

Group: <01304><S01>
Issuer (80840)
Health Record No.: <000000000>
<FIRST LASTNAME>

RxBIN: 011255
RxPCN: COCMS
RxGrp: CO

MedicareRx
Prescription Drug Coverage

CMS-H0630 <014>

>000091 8118375 003070

FIRST M LASTNAME
HOME ADDRESS
CITY, ST ZIP CODE

H0630_23058DB_C

Please recycle.

Please use this new card to check in when you receive your Kaiser Permanente medical care and prescription drug coverage.

- Your member identification number sometimes called your health record number or medical record number, is on your card. We use this number to keep track of your medical information and make sure it is current.
- We encourage you to carry your card with you at all times. You or your family member will be asked for your card at each visit and for all health-related services. We will ask for your member identification number when you call Member Services. It's easier for us to serve you in a timely manner when you have this information handy.
- On the front of your member ID card is important pharmacy information and information about your health plan membership. The back of the card has key phone numbers to call for medical care and information. If you have any questions about your ID card, please call Member Services from 8 a.m. to 8 p.m., seven days a week, at **1-800-476-2167**. The TTY number for the deaf or hard of hearing is **711**.

Appointments, Medical Advice and After-Hours Care: <303-338-4545> <711 TTY>

Member Services: <1-800-476-2167> <711 TTY>

Claims Information: <1-800-382-4661>

Mail Order Pharmacy: <1-866-523-6059>

Submit Claims to: **Kaiser Permanente Claims Department**
PO Box 373150, Denver, CO 80237-3150
EDI Payor ID: 91617

All Kaiser Permanente plans provide worldwide coverage for emergency care.

kp.org Card Issued: <09-05-2023>

D/B and Pueblo Medicare HMO-SNP – Cont'd

KAISER PERMANENTE®

P.O. Box 23279
San Diego, CA 92193

Questions about COVID-19?
Visit kp.org/coronavirus to learn how to protect yourself and get care.

KAISER PERMANENTE®

Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO D-SNP)
Pueblo Metro Area

Group: <01304><SQ1>
Issuer (80840)
Health Record No.: <000000000>
FIRST M LASTNAME

RxBIN: 011255
RxPCN: COCMSS
RxGrp: CO

MedicareRx
Prescription Drug Coverage

CMS-H0630 <024>

>000091 8118375 003070

FIRST M LASTNAME
HOME ADDRESS
CITY, ST ZIP CODE

H0630_23076SC_C

Please recycle.

Please use this new card to check in when you receive your Kaiser Permanente medical care and prescription drug coverage.

- Your member identification number sometimes called your health record number or medical record number, is on your card. We use this number to keep track of your medical information and make sure it is current.
- We encourage you to carry your card with you at all times. You or your family member will be asked for your card at each visit and for all health-related services. We will ask for your member identification number when you call Member Services. It's easier for us to serve you in a timely manner when you have this information handy.
- On the front of your member ID card is important pharmacy information and information about your health plan membership. The back of the card has key phone numbers to call for medical care and information. If you have any questions about your ID card, please call Member Services from 8 a.m. to 8 p.m., seven days a week, at **1-800-476-2167**. The TTY number for the deaf or hard of hearing is **711**.

Member Services: <1-800-476-2167> <711 TTY>

Claims Information: <1-800-476-2167>

Mail Order Pharmacy: <1-866-523-6059>

Submit Claims to: **Kaiser Permanente Claims Department**
PO Box 373150, Denver, CO 80237-3150
EDI Payor ID: 91617

All Kaiser Permanente plans provide worldwide coverage for emergency care.

kp.org Card Issued: <08-08-2023>

SoCo Medicare Part D – HMO and HMO-POS

KAISER PERMANENTE®

P.O. Box 23219
San Diego, CA 92193

Questions about COVID-19?
Visit kp.org/coronavirus to learn how to protect yourself and get care.

2000010 9273423 003070
FIRST M LASTNAME
HOME ADDRESS
CITY, ST ZIP CODE

H0630_2307SSC_C

KAISER PERMANENTE®

Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO) Southern Colorado

Group: <01301><R22> RxBIN: 011255
Issuer (80840) RxPCN: COCMS
Health Record No.: <000000000>
<FIRST M LASTNAME> RxGrp: CO

Primary Care <A>
Specialty Care <A> Prescription Drug Coverage

CMS-H0630-<815>

KAISER PERMANENTE®

P.O. Box 23219
San Diego, CA 92193

Questions about COVID-19?
Visit kp.org/coronavirus to learn how to protect yourself and get care.

2000009 9273423 003070
FIRST M LASTNAME
HOME ADDRESS
CITY, ST ZIP CODE

H0630_23061SC_C

KAISER PERMANENTE®

Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO-POS) Southern Colorado

Group: <01300><R22> RxBIN: 011255
Health Plan (80840) RxPCN: COCMS
Health Record No.: <000000000>
<FIRST LASTNAME> RxGrp: CO

Primary Care <A>
Specialty Care <A> Prescription Drug Coverage

CMS-H0630-<023>

Please recycle.

Please use this new card to check in when you receive your Kaiser Permanente medical care and prescription drug coverage.

- Your member identification number sometimes called your health record number or medical record number, is on your card. We use this number to keep track of your medical information and make sure it is current.
- We encourage you to not throw away your card at all times. You or your family member should keep it for each visit and for all health-related services. We will ask for your member identification number when you call Member Services. It's easier for us to serve you in a timely manner when you have this information handy.
- On the front of your member ID card is important pharmacy information and information about your health plan membership. The back of the card has key phone numbers to call for medical care and information. If you have any questions about your ID card, please call Member Services from 8 a.m. to 8 p.m., seven days a week, at **1-800-476-2167**. The TTY number for the deaf or hard of hearing is 711.

Appointments, Medical Advice and After-Hours Care:	<1-800-218-1059> <711 TTY>
Member Services:	<1-800-476-2167> <711 TTY>
Claims Information:	<1-800-382-4661>
Mail Order Pharmacy:	<1-866-523-6059>

Submit Claims to: **Kaiser Permanente Claims Department**
PO Box 373150, Denver, CO 80237-3150
EDI Payor ID: 91617

All Kaiser Permanente plans provide worldwide coverage for emergency care.

kp.org Card Issued: <09-14-2023>

Please recycle.

Please use this new card to check in when you receive your Kaiser Permanente medical care and prescription drug coverage.

- Your member identification number sometimes called your health record number or medical record number, is on your card. We use this number to keep track of your medical information and make sure it is current.
- We encourage you to not throw away your card at all times. You or your family member should keep it for each visit and for all health-related services. We will ask for your member identification number when you call Member Services. It's easier for us to serve you in a timely manner when you have this information handy.
- On the front of your member ID card is important pharmacy information and information about your health plan membership. The back of the card has key phone numbers to call for medical care and information. If you have any questions about your ID card, please call Member Services from 8 a.m. to 8 p.m., seven days a week, at **1-800-476-2167**. The TTY number for the deaf or hard of hearing is 711.

Appointments, Medical Advice and After-Hours Care:	<1-800-218-1059> <711 TTY>
Member Services:	<1-800-476-2167> <711 TTY>
Claims Information:	<1-800-476-2167>
Mail Order Pharmacy:	<1-866-523-6059>

Submit Claims to: **Kaiser Permanente Claims Department**
PO Box 373150, Denver, CO 80237-3150
EDI Payor ID: 91617

All Kaiser Permanente plans provide worldwide coverage for emergency care. Medicare limiting charges apply.

kp.org Card Issued: <09-14-2023>

NoCo Medicare Part D – HMO and HMO-POS


KAISER PERMANENTE®
 P.O. Box 23279
 San Diego, CA 92193

Questions about COVID-19?
 Visit kp.org/coronavirus to learn how to protect yourself and get care.

>000014, 9273423 003070
 FIRST M LASTNAME
 HOME ADDRESS
 CITY, ST, ZIPCODE
 H0690_23074NC_C

Please recycle.

Please use this new card to check in when you receive your Kaiser Permanente medical care and prescription drug coverage.

- Your member identification number, sometimes called your health record number or medical record number, is on your card. We use this number to keep track of your medical information and make sure it is current.
- We encourage you to carry your card with you at all times. Your or your member will be asked for your card at each visit and for all health-related services. We will ask for your member identification number when you call Member Services. It's easier for us to serve you in a timely manner when you have this information handy.
- On the front of your member ID card is important pharmacy information and information about your health plan membership. The back of the card has key phone numbers to call for medical care and information. If you have any questions about your ID card, please call Member Services from 8 a.m. to 8 p.m., seven days a week, at **1-800-476-2167**. The TTY number for the deaf or hard of hearing is 711.

 **KAISER PERMANENTE®** Kaiser Foundation Health Plan of Colorado

Senior Advantage (HMO)
Northern Colorado

Group: <01303><N02>	RxBIN: 011255
Issuer (80840)	RxPCN: COCMSN
Health Record No.: <000000000> <FIRST LASTNAME>	RxGrp: CO

Primary Care <S>
Specialty Care <S>


 CMS-H0630 <821>

Appointments, Medical Advice <1-800-218-1059><711 TTY>
and After-Hours Care:

Member Services: <1-800-476-2167><711 TTY>

Claims Information: <1-800-382-4661>

Mail Order Pharmacy: <1-866-523-6059>

Submit Claims to: Kaiser Permanente Claims Department
PO Box 373150, Denver, CO 80237-3150
EDI Payor ID: 91617


All Kaiser Permanente plans provide worldwide coverage for emergency care.


kp.org Card Issued: <09-14-2023>

3.5.9 Self-Funded (SF) Plans Administered by KPIC Card Samples

Refer to www.providers.kaiserpermanente.org/cod to obtain information regarding the KPIC Self-Funded products administered by KPIC.

Colorado EPO, HRA-/HAS – Qualified Deductible EPO Plans

 **KAISER PERMANENTE®**
 Kaiser Permanente Insurance Company

A benefit through your
 CONCORDIA PLANS

Exclusive Provider Organization (EPO)

Name
OGOMGBUNAM M CHUKWUNET

Health Record No.
12345678

Effective Date 01/01/2019	OV (PCP/Spec) Urgent Care Coinsurance RX	\$20/\$20 \$20 20% \$10/\$20
RxPCN COSF RXBIN 610127	RX Deductible	\$1000/\$2000


Region CO


kp.org

Emergency	911
Customer Service and Benefits	1-877-883-6698
Appointments, Urgent Care, Advice	1-866-311-4464
TTY	711
Pharmacy Benefit Information (OptumRX)	1-866-427-7701
Away From Home Travel Line <small>(If you seek Medical services away from home)</small>	1-951-268-3900

Mail Claims to: KPIC Self-Funded Claims Administrator
P.O. Box 30547, Salt Lake City, UT 84130-0547
Payor ID # 94320

Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

 **KAISER PERMANENTE®**
 Kaiser Permanente Insurance Company

A benefit through your
 CONCORDIA PLANS

Exclusive Provider Organization (EPO)

Name
DEPENDENT 1

Health Record No.
12345678

Effective Date 01/01/2019	OV (PCP/Spec) Urgent Care Coinsurance RX	\$20/\$20 \$20 20% \$10/\$20
RxPCN COSF RXBIN 610127	RX Deductible	\$1000/\$2000

Region CO

kp.org

Emergency	911
Customer Service and Benefits	1-877-883-6698
Appointments, Urgent Care, Advice	1-866-311-4464
TTY	711
Pharmacy Benefit Information (OptumRX)	1-866-427-7701
Away From Home Travel Line <small>(If you seek Medical services away from home)</small>	1-951-268-3900

Mail Claims to: KPIC Self-Funded Claims Administrator
P.O. Box 30547, Salt Lake City, UT 84130-0547
Payor ID # 94320

Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

Colorado EPO, HRA-/HAS – Qualified Deductible EPO Plans – Cont'd

KAISER PERMANENTE®
Kaiser Permanente Insurance Company

A benefit through your
CONCORDIA PLANS

Exclusive Provider Organization (EPO)

Name
DEPENDENT 2

Health Record No.
12345678

Effective Date
01/01/2019

RxPCN COSF
RXBin 610127

Region CO

OV (PCP/Spec) \$20/\$20
Urgent Care \$20
Coinsurance 20%
RX \$10/\$20
Deductible \$1000/\$2000

000002

kp.org

Emergency 911
Customer Service and Benefits 1-877-883-6698
Appointments, Urgent Care, Advice 1-866-311-4464
TTY 711
Pharmacy Benefit Information (OptumRX) 1-866-427-7701
Away From Home Travel Line 1-951-268-3900
(If you seek Medical services away from home)

Mail Claims to: KPIC Self-Funded Claims Administrator
P.O. Box 30547, Salt Lake City, UT 84130-0547
Payor ID # 94320

Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

DC SHOP – Denver/Boulder, Northern Colorado & Southern Colorado

KAISER PERMANENTE®

MEDICAL RECORD NUMBER	EFFECTIVE DATE	COPAYMENT
123456789	01/01/2014	\$20/\$50

JOHN Q PUBLIC

RxBIN 610127
RxPCN MASF
RxMRN 0123456

MAS: 0123456

000001

This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.

kp.org

Call 911 if you think you are having a medical emergency.
Call 711 for TTY.

Medical Advice/Appointments/Cancel Appointments
Colorado (800) 218-1059
Washington D.C. Metro Area (800) 777-7904

Member Services (Medical/Pharmacy) (877) 8-KAISER
(877) 852-4737

Dental benefits administered by:
Dominion Dental Services, Inc. (855) 733-7524

Submit medical claims to: Kaiser Permanente PO Box 30547 Salt Lake City, UT 84130-0547 Payor ID#: 94320	Submit dental claims to: Dominion Dental Services, Inc. PO Box 1126 Elk Grove Village, IL 60009-1126 Payor ID#: DOM01
---	---

Underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and purchased through the DC Health Link SHOP Exchange.

KAISER PERMANENTE®

MEDICAL RECORD NUMBER	EFFECTIVE DATE	COPAYMENT
123456789	01/01/2014	\$20/\$30

JOHN Q PUBLIC

RxBIN 610127
RxPCN MASF
RxMRN 0123456

MAS: 0123456

000001

This card is for identification only. Possession of this card confers no right to services or benefits unless the holder is a member complying with all provisions of an applicable agreement.

kp.org

Call 911 if you think you are having a medical emergency.
Call 711 for TTY.

Medical Advice/Appointments/Cancel Appointments
Colorado (800) 218-1059
Washington D.C. Metro Area (800) 777-7904

Member Services (Medical/Pharmacy) (877) 8-KAISER
(877) 852-4737

Dental benefits administered by:
Dominion Dental Services, Inc. (855) 733-7524

Submit medical claims to: Kaiser Permanente PO Box 30547 Salt Lake City, UT 84130-0547 Payor ID#: 94320	Submit dental claims to: Dominion Dental Services, Inc. PO Box 1126 Elk Grove Village, IL 60009-1126 Payor ID#: DOM01
---	---

Underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and purchased through the DC Health Link SHOP Exchange.

3.5.10 Level-Funded Plans Administered by KPIC Card Samples

Level Funding EPO, Deductible EPO, and HRA-/HSA- Qualified

1 of 1

KAISER PERMANENTE
Kaiser Permanente Insurance Company

A benefit through your
CONCORDIA PLANS

Exclusive Provider Organization (EPO)

Name
OGOMGBUNAM M CHUKWUNET

Health Record No.
12345678

Effective Date 01/01/2019

RxPCN COSF
RXBin 610127

Region CO

OV (PCP/Spec) \$20/\$20
Urgent Care \$20
Coinsurance 20%
RX \$10/\$20
Deductible \$1000/\$2000

000001

kp.org

Emergency 911
Customer Service and Benefits 1-877-883-6698
Appointments, Urgent Care, Advice 1-866-311-4464
TTY 711
Pharmacy Benefit Information (OptumRX) 1-866-427-7701
Away From Home Travel Line 1-951-268-3900
(If you seek Medical services away from home)

Mail Claims to: KPIC Self-Funded Claims Administrator
P.O. Box 30547, Salt Lake City, UT 84130-0547
Payor ID # 94320

Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

KAISER PERMANENTE
Kaiser Permanente Insurance Company

A benefit through your
CONCORDIA PLANS

Exclusive Provider Organization (EPO)

Name
DEPENDENT 1

Health Record No.
12345678

Effective Date 01/01/2019

RxPCN COSF
RXBin 610127

Region CO

OV (PCP/Spec) \$20/\$20
Urgent Care \$20
Coinsurance 20%
RX \$10/\$20
Deductible \$1000/\$2000

000001

kp.org

Emergency 911
Customer Service and Benefits 1-877-883-6698
Appointments, Urgent Care, Advice 1-866-311-4464
TTY 711
Pharmacy Benefit Information (OptumRX) 1-866-427-7701
Away From Home Travel Line 1-951-268-3900
(If you seek Medical services away from home)

Mail Claims to: KPIC Self-Funded Claims Administrator
P.O. Box 30547, Salt Lake City, UT 84130-0547
Payor ID # 94320

Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

KAISER PERMANENTE
Kaiser Permanente Insurance Company

A benefit through your
CONCORDIA PLANS

Exclusive Provider Organization (EPO)

Name
DEPENDENT 2

Health Record No.
12345678

Effective Date 01/01/2019

RxPCN COSF
RXBin 610127

Region CO

OV (PCP/Spec) \$20/\$20
Urgent Care \$20
Coinsurance 20%
RX \$10/\$20
Deductible \$1000/\$2000

000002

kp.org

Emergency 911
Customer Service and Benefits 1-877-883-6698
Appointments, Urgent Care, Advice 1-866-311-4464
TTY 711
Pharmacy Benefit Information (OptumRX) 1-866-427-7701
Away From Home Travel Line 1-951-268-3900
(If you seek Medical services away from home)

Mail Claims to: KPIC Self-Funded Claims Administrator
P.O. Box 30547, Salt Lake City, UT 84130-0547
Payor ID # 94320

Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

Level Funding 3-Tier POS, including HRA-/HSA- Qualified POS

3-Tier POS Plan Customer Service
kp.org 1-800-401-8405 TTY 711

LEVEL FUNDED POS MEMBER FIRST NAME LAST NAME

Health Record No. 006422321 Group No. ##### Plan No. ### RxBIN 610127 RxPCN COSF

	HMO TIER	PAR TIER	NON-PAR TIER
Deductible	519	610	636
Primary Care	454	545	649
Specialty Care	467	558	649
Urgent Care	480	571	649
Emergency	493	584	649
Hospital	506	597	649
Out of Pocket Max	675	\$3000/\$6000	\$6000/\$18000

Kaiser Permanente Insurance Company (KPIC)
Kaiser Foundation Health Plan of Colorado (KFHP)

kp.org Card Issued: 08-22-2019

Emergency: Dial 911 or go to the nearest emergency room

Providers
Appointments, Medical Advice, and Urgent Care1-866-311-4464
Pharmacy Benefit Information.....1-866-427-7701

Appointments with all other Providers
Contact your provider directly. Some services may require precertification.

For use by your Provider
Medical Service Precertification.....1-888-525-1553
Pharmacy Prior Authorization.....1-800-711-4555

Mail Claims to: KPIC Self Funded Claims Administrator
P.O. Box 30547, Salt Lake City, UT 84130-0547
Payor ID # 94320

Not an insurance product. Level Funded plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

Level Funding 2-Tier PPO, including HRA-/HSA- Qualified PPO

PPO Plan providerlocator.firsthealth.com		Customer Service 1-800-401-8405 TTY 711	
LEVEL FUNDED PPO MEMBER FIRST NAME LAST NAME			
Health Record No. 258580158	Group No. #####	Plan No. ###	RxBIN 610127 RxPCN COSE
	In-Network	Out-of-Network	
Deductible	-	\$1500DED	
Primary Care	\$10OVCEX	30%COIN	
Specialty Care	\$25SPVCEX	30%COIN	
Urgent Care	-	30%COIN	
Emergency	-	30%COIN	
Hospital	-	30%COIN	
Out of Pocket Max	\$3000/\$6000	\$6000/\$18000	
Kaiser Permanente Insurance Company (KPIC)			

providerlocator.firsthealth.com		Card Issued: ###-##-####
Emergency: Dial 911 or go to the nearest emergency room		
Providers		
Pharmacy Benefit Information.....	1-866-427-7701	
Appointments with all other Providers		
Contact your provider directly. Some services may require precertification.		
For use by your Provider		
Medical Service Precertification.....	1-888-525-1553	
Pharmacy Prior Authorization.....	1-800-711-4555	
Mail Claims to: KPIC Self Funded Claims Administrator P.O. Box 30547, Salt Lake City, UT 84130-0547 Payor ID # 94320		
Not an insurance product. Level Funded plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.		

3.5.11 Child Health Plan Plus (CHP+)

General information about CHP+

Child Health Plan *Plus* (CHP+) is a public health program that offers low-cost health and dental insurance for Colorado's uninsured children and pregnant women who qualify. CHP+ covers doctor visits, emergency care, preventive care such as screenings and immunizations, and other procedures and treatments. To get CHP+ coverage, Members must follow the CHP+ enrollment process. The enrollment process details who is eligible and what enrollment forms are required. To learn more about enrollment or CHP+ visit: [Child Health Plan Plus \(CHP+\) | Colorado Department of Health Care Policy & Financing](#)

CHP+ works with health plans to manage the health care and services for eligible CHP+ Members. Kaiser Permanente is a CHP+ health plan in the Denver/Boulder area. For more information about CHP+ at Kaiser Permanente, view our CHP+ Member documents like the CHP+ Evidence of Coverage, CHP+ Provider Directory, CHP+ Formulary, and CHP+ New Member Guide, online at: [Member Resources – Charitable Health Government Programs | Kaiser Permanente Colorado Options](#)

CHP+ Fee-For-Service

If a provider tries to bill Kaiser Permanente for a Member who is not enrolled with Kaiser Permanente, we will deny the claim. Providers will need to bill the State Medicaid Program, when CHP+ Members are eligible for CHP+, but not enrolled with a health plan. It's important to verify enrollment and eligibility through the Provider Portal. [Colorado Provider Portal > Home \(dcs-usps.com\)](#)

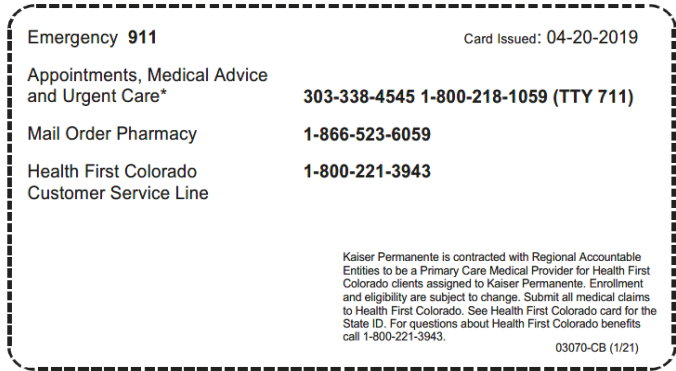
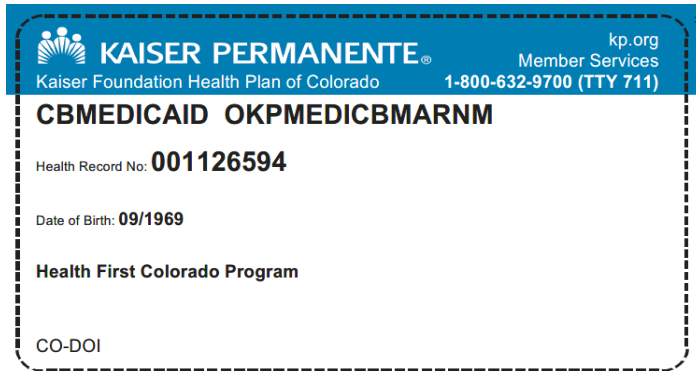
3.5.12 Medicaid Products

Kaiser Permanente will not pay you for services you provide to Medicaid clients. This also includes Medicaid clients referred from a Kaiser Permanente provider. You will need to bill the State Medicaid Program directly in order to receive reimbursement and collect the appropriate copayment from the client.

Kaiser Permanente offers medical services to Medicaid clients as a fee for service provider. Medicaid clients need to be seen at a Kaiser Permanente Medical Office Building as their Primary Care Medical Home (PCMP) in order to access medical services from Kaiser Permanente providers and facilities. *Our Medicaid provider number is 30478251.* You can include this number as the referring physician on your claim to the State.

3.5.13 Medicaid Member ID Card Samples

Medicaid Program



3.5.14 Colorado Option

Established through HB21-1232, the Colorado Option requires all carriers in the Individual and Family and Small Group markets to offer Colorado Option standardized benefit plans. The plans were created by the Colorado Division of Insurance (DOI) to have standardized benefits and cost sharing requirements, with the goal of improving health care access and affordability, while making it easier for consumers to compare their coverage options between carriers.

NEW Effective January 1, 2024: Announcing Colorado Option Network Change

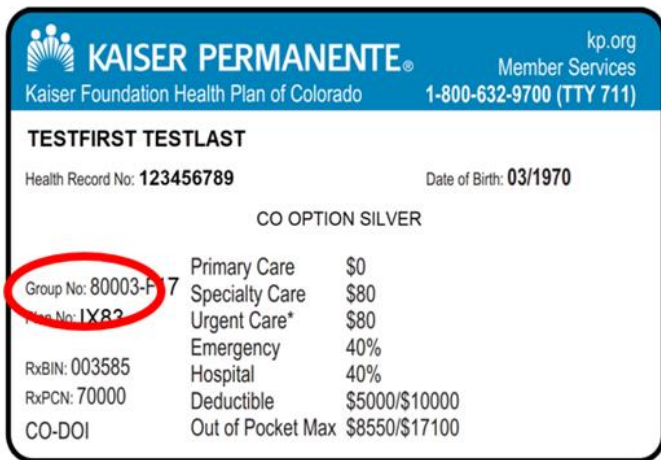
Beginning January 1, 2024, KPCO will be offering Colorado Option plans on two new Colorado Option networks, which will be comprised of a combination of providers contracted for the KP Select and KP Commercial networks. These new networks will be called Kaiser Permanente Colorado Option for Individuals and Families (KPIF) and Kaiser Permanente Colorado Option for Small Groups (SG).

Colorado Option Member ID Cards

Please confirm the KP product the Member is enrolled in each time the Member presents at your office for services. To distinguish between Kaiser Permanente Colorado Option for Individuals and Families (KPIF) Members and Kaiser Permanente Colorado Option for Small Groups (SG) Members, refer to the group number on the front of the Member ID card. **ONLY Colorado Option (KPIF) Members will have a group number of "8000x"**.

Example:

Colorado Option KPIF Example:



Colorado Option Small Group Example:



Small Group Colorado Option

Small Group (SG) KP Colorado Option Standardized Plans (Off Exchange ONLY)

SG Colorado Option Plans (Off Exchange ONLY)
KP Colorado Option Gold
KP Colorado Option Gold PPO
KP Colorado Option Silver
KP Colorado Option Silver PPO
KP Colorado Option Bronze
KP Colorado Option Bronze PPO


KPIF Colorado Option

Standardized Plans and State Subsidized Colorado Option Silver Enhanced \$0 premium plans (On Exchange and Off Exchange).

Colorado Option Plans	Colorado Option CSR Plans
KP Colorado Option Gold	KP Colorado Option Silver 73% AV
KP Colorado Option Silver	KP Colorado Option Silver 87% AV
KP Colorado Option Silver X	KP Colorado Option Silver 94% AV
KP Colorado Option Bronze	*KP Colorado Option Silver Enhanced 94% AV

*ONLY Sold through Colorado Connect (The Public Benefit Corp.)

Colorado Option Standardized Plans - Gold



KAISER PERMANENTE[®]

Kaiser Foundation Health Plan of Colorado

kp.org
Member Services
1-800-632-9700 (TTY 711)

TESTFIRST TESTLAST

Health Record No: **123456789** Date of Birth: **06/1997**

CO OPTION GOLD

Group No: 38716-000	Primary Care	\$10KPMO/\$30AF
Plan No: OXE1	Specialty Care	\$85
RxBIN: 003585	Urgent Care*	\$100
RxPCN: 70000	Emergency	35%
CO-DOI	Hospital	35%
	Deductible	\$5000/\$10000
	Out of Pocket Max	\$9100/\$18200

Emergency 911

Card issued: 03-14-2022

Appointments, Medical Advice and Urgent Care* **303-338-4545 1-800-218-1059 (TTY 711)**

Claims Information **303-338-3600 1-800-382-4661**

Mail Order Pharmacy **1-866-523-6059**

Away from Home Travel Line **1-951-268-3900**

Kaiser Permanente Claims Department
PO Box 373150
Denver, CO 80237-3150
Electronic Payer ID #: 91617

Notify Member Services at
1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.

03070-CH (1/21)

Colorado Option Standardized Plans – Silver

KAISER PERMANENTE kp.org
 Kaiser Foundation Health Plan of Colorado Member Services
 1-800-632-9700 (TTY 711)

TESTFIRST TESTLAST
 Health Record No: **123456789** Date of Birth: **06/1997**

CO OPTION SILVER

Group No: 38716-001	Primary Care	\$10KPMO/\$30AF
Plan No: OXE2	Specialty Care	\$85
RxBIN: 003585	Urgent Care*	\$100
RxPCN: 70000	Emergency	35%
CO-DOI	Hospital	35%
	Deductible	\$5000/\$10000
	Out of Pocket Max	\$9100/\$18200

Emergency 911 Card Issued: 03-14-2022
 Appointments, Medical Advice and Urgent Care*
 Claims Information
 Mail Order Pharmacy
 Away from Home Travel Line

303-338-4545 1-800-218-1059 (TTY 711)
303-338-3600 1-800-382-4661
1-866-523-6059
1-951-268-3900

Kaiser Permanente Claims Department
 PO Box 373150
 Denver, CO 80237-3150
 Electronic Payer ID #: 91617

Notify Member Services at
1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.

03070-CH (1/21)

Colorado Option Standardized Plans – Bronze

KAISER PERMANENTE kp.org
 Kaiser Foundation Health Plan of Colorado Member Services
 1-800-632-9700 (TTY 711)

TESTFIRST TESTLAST
 Health Record No: **123456789** Date of Birth: **06/1997**

CO OPTION BRONZE

Group No: 38716-002	Primary Care	\$10KPMO/\$30AF
Plan No: OXE3	Specialty Care	\$85
RxBIN: 003585	Urgent Care*	\$100
RxPCN: 70000	Emergency	35%
CO-DOI	Hospital	35%
	Deductible	\$5000/\$10000
	Out of Pocket Max	\$9100/\$18200

Emergency 911 Card Issued: 03-14-2022
 Appointments, Medical Advice and Urgent Care*
 Claims Information
 Mail Order Pharmacy
 Away from Home Travel Line

303-338-4545 1-800-218-1059 (TTY 711)
303-338-3600 1-800-382-4661
1-866-523-6059
1-951-268-3900

Kaiser Permanente Claims Department
 PO Box 373150
 Denver, CO 80237-3150
 Electronic Payer ID #: 91617

Notify Member Services at
1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.

03070-CH (1/21)

Colorado Option Standardized Plans – PPO Gold

CO OPTION GOLD PPO Customer Service
kp.org/kpic-colorado 1-855-364-3184 TTY 711

TESTFIRST TESTLAST
 Health Record No./ID: **123456789** Group No. **38716-700** Plan No. **OXE4** RxBIN 003585 RxPCN 70000

	PAR TIER	NON PAR TIER
Deductible	\$3500/\$7000	\$10500/\$21000
Primary Care	\$50	50%
Specialty Care	\$90	50%
Urgent Care	\$100	50%
Emergency	35%	50%
Hospital	35%	50%
Out-of-Pocket Max	\$9100/\$18200	\$27300/\$54600

Kaiser Permanente Insurance Company (KPIC) CO-DOI

Emergency 911 Card Issued: 03-14-2022
 Appointments, Medical Advice and Urgent Care*
 Claims Information
 Mail Order Pharmacy
 Away from Home Travel Line

303-338-4545 1-800-218-1059 (TTY 711)
303-338-3600 1-800-382-4661
1-866-523-6059
1-951-268-3900

Kaiser Permanente Claims Department
 PO Box 373150
 Denver, CO 80237-3150
 Electronic Payer ID #: 91617

Notify Member Services at
1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.

03070-CH (1/21)

Colorado Option Standardized Plans – PPO Silver

CO OPTION SILVER PPO		Customer Service	
kp.org/kpic-colorado		1-855-364-3184 TTY 711	
TESTFIRST TESTLAST			
Health Record No./ID: 123456789	Group No. 38716-701	Plan No. OXD8	RxBIN 003585 RxPCN 70000
	PAR TIER	NON PAR TIER	
Deductible	\$3500/\$7000	\$10500/\$21000	
Primary Care	\$50	50%	
Specialty Care	\$90	50%	
Urgent Care	\$100	50%	
Emergency	35%	50%	
Hospital	35%	50%	
Out-of-Pocket Max	\$9100/\$18200	\$27300/\$54600	
Kaiser Permanente Insurance Company (KPIC)			CO-DOI

Emergency 911		Card Issued: 03-14-2022
Appointments, Medical Advice and Urgent Care*	303-338-4545 1-800-218-1059 (TTY 711)	
Claims Information	303-338-3600 1-800-382-4661	
Mail Order Pharmacy	1-866-523-6059	
Away from Home Travel Line	1-951-268-3900	
Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617	Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility.	
<small>This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.</small>		
03070-CH (1/21)		

Colorado Option Standardized Plans – PPO Bronze

CO OPTION BRONZE PPO		Customer Service	
kp.org/kpic-colorado		1-855-364-3184 TTY 711	
TESTFIRST TESTLAST			
Health Record No./ID: 123456789	Group No. 38716-702	Plan No. OXD9	RxBIN 003585 RxPCN 70000
	PAR TIER	NON PAR TIER	
Deductible	\$3500/\$7000	\$10500/\$21000	
Primary Care	\$50	50%	
Specialty Care	\$90	50%	
Urgent Care	\$100	50%	
Emergency	35%	50%	
Hospital	35%	50%	
Out-of-Pocket Max	\$9100/\$18200	\$27300/\$54600	
Kaiser Permanente Insurance Company (KPIC)			CO-DOI

Emergency 911		Card Issued: 03-14-2022
Appointments, Medical Advice and Urgent Care*	303-338-4545 1-800-218-1059 (TTY 711)	
Claims Information	303-338-3600 1-800-382-4661	
Mail Order Pharmacy	1-866-523-6059	
Away from Home Travel Line	1-951-268-3900	
Kaiser Permanente Claims Department PO Box 373150 Denver, CO 80237-3150 Electronic Payer ID #: 91617	Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility.	
<small>This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. * See Evidence of Coverage for benefit details.</small>		
03070-CH (1/21)		

3.6. Drug Benefits

Kaiser Permanente offers supplemental drug coverage with many of its health plans. To verify a Member's drug coverage, obtain or view our drug formularies, identify available pharmacies, or for general questions, please use the following options.

1. Contact Member/Provider Services Department at 303-338-3800 or 1-800-632-9700 711 TTY
2. Use the Kaiser Permanente Community Provider Portal at:
http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?
3. Surescripts provides some of this information, dependent upon the electronic medical record your practice utilizes

3.6.1 Pharmacy Networks

HMO and Medicare Part D Benefits

Kaiser Permanente owns and operates KP medical office pharmacies throughout the service area. Members must fill their prescriptions at a KP medical office pharmacy, a contracted affiliated pharmacy or through the KP mail order pharmacy to be covered under their health plan.

Some plans have preferred pharmacy benefit tiering, which offers lower copayments for prescriptions filled at designated preferred pharmacies. Members should refer to their Evidence of Coverage, Membership Agreement and Pharmacy Directory or contact Member Services to determine if this applies under their coverage.

Some Members must refill their maintenance medication prescriptions at a KP medical office pharmacy or through the KP mail order pharmacy to be covered under their health plan. On rare occasions there may be an urgent medical need to refill the prescription at an affiliated pharmacy. If this is the case, Members may request an authorization for the maintenance drug to be filled at the affiliated pharmacy by calling Member Services. Members should refer to their Evidence of Coverage, Membership Agreement or contact Member Services to determine if this applies under their coverage.

3.6.2 Drug Formularies

HMO Benefits (non-Medicare)

Follow the formulary titled Colorado Commercial HMO Formulary.

Marketplace plans

Follow the formulary titled Colorado Marketplace Formulary.

Federal Employee Commercial Group

Follow the formulary titled the Federal Employees Health Benefits (FEHB) Formulary.

Medicare Part D Benefits

Follow the formulary titled the Kaiser Permanente Medicare Part D Formulary.

These drug formularies and preferred products lists can be found within the Community Provider Portal at:
http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

Or you may obtain a copy of any of our drug formularies by contacting Member/Provider Services Department at 303-338-3800 or 800-632-9700.

HMO Benefits (non-Medicare)

Follow the formulary titled Colorado Commercial HMO formulary

Marketplace plans

Follow the formulary titled Colorado Marketplace formulary

Self-Funded and Level Funded HMO benefits administered by KPIC plans

Follow the formulary titled Colorado Self-Funded / Level-Funded/EPO formulary.

Federal Employee Commercial Group

Follow the formulary titled the Federal Employees Health Benefits (FEHB) Formulary.

Medicare Part D Benefits

Follow the formulary titled the Kaiser Permanente Medicare Part D Formulary.

These drug formularies and preferred products lists can be found within the Community Provider Portal at:
http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

Or you may obtain a copy of any of our drug formularies by contacting Member/Provider Services Department at 303-338-3800 or 800-632-9700.

3.6.3 Mail Order Pharmacy

HMO, Medicare Part D Benefits, Marketplace and EPO (KPIC Self-Funded) plans

Kaiser Permanente Mail Order Pharmacy
9521 Dalen St.
Downey, CA 90242

Phone for Providers: 866-523-6059

Fax for new prescriptions: 877-626-7035 or 562-401-2378

Hours of Operation: Monday through Friday, 8:00 a.m. to 6:00 p.m. MST

The majority of our HMO and Marketplace plans have a benefit design that requires maintenance medications to be filled at a Kaiser Permanente pharmacy. This means that the first fill of a maintenance medication may be dispensed from any pharmacy within the network, however the subsequent dispenses must be from a Kaiser Permanente outpatient pharmacy or the Kaiser Permanente Mail Order pharmacy.

3.6.4 Specialty Pharmaceuticals

Kaiser Permanente utilizes a list of medications which are designated as specialty drugs. These medications are typically medications which require special dispensing and/or monitoring or are high-cost medications. Some prescription drug plans may have a defined copay/coinsurance tier for specialty drugs, and these drugs are usually limited to a 30-day supply. These drugs may also be restricted to being dispensed by a Kaiser Permanente pharmacy. In select cases involving rural areas, Kaiser Permanente will courier the prescription directly to the Member. To verify a Member's drug coverage, or to obtain or view the Kaiser Permanente Specialty Drug List please refer to the Community Provider Portal at: http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

In addition to a Kaiser Permanente pharmacy, Members on a Colorado 3-Tier POS plan have the option of obtaining their specialty drugs from any MedImpact-contracted pharmacy.

In addition to a Kaiser Permanente pharmacy, Members on a Level Funded 3-Tier POS plan administered by KPIC have the option of obtaining their specialty drugs from any OptumRx-contracted pharmacy.

3.6.5 Drug Inclusions, Exclusions and Limitations

Kaiser Permanente's outpatient prescription drug coverage is determined by the specific drug formularies; however, many drug plans have specific exclusions, copays or coinsurances that are not reflected in the drug formularies. A general summary of inclusions, exclusions, limitations, and rules for the HMO Commercial and Marketplace plans can be found in the following sections. Medicare Part D plans follow the rules set forth by the Centers for Medicare & Medicaid Services (CMS).

Inclusions

Kaiser Permanente's outpatient prescription drug plans generally cover FDA approved medications for which a prescription is required by law, over-the-counter diabetic supplies and insulin, if they are included in the drug formulary or have been approved through the formulary exception process.

Exclusions

Over-the-counter medications are excluded from benefit with the exception of diabetic supplies, insulin, and several items required by the Affordable Care Act. Prescription and Non-prescription devices and supplies are excluded unless they are specifically included in the drug formulary. Medications related to non-covered treatments or services are also excluded from the prescription drug benefit. Medications used for sexual dysfunction are excluded from benefit unless specifically purchased as a buy up. The Medicare Part D formulary does not include drugs excluded by CMS. Please seek specific Member eligibility and drug coverage by contacting Member/Provider Services Department at for 303-338-3800 or 800-632-9700 or by using the Community Provider Portal at http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

Limitations

Kaiser Permanente uses medication utilization management tools, unless prohibited by law, physician specialty requirements, day supply limitations, and prior authorization requirements for various prescription drugs. These tools may be utilized differently amongst the various drug formularies.

For more detail regarding limitations please refer to Section 4.10.1 or the specific drug formularies at: http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

In addition, Kaiser Permanente may, in its sole discretion, establish quantity limits for specific prescription drugs in the event of a drug shortage or to reduce waste or abuse. These specific quantity limitations may not be reflected in the drug formularies.

Therapeutic Interchange

Kaiser Permanente utilizes Therapeutic Interchange programs to promote rational, safe, and effective drug therapy. Prescribing provider approval is required before an exchange occurs. Affiliated providers may be notified of a request for therapeutic interchange via phone, fax, email or mailed letter. This notice will be prior to the implementation of a change.

Generic Utilization

To ensure cost effective therapy, generic equivalents are utilized when available and appropriate. Only generic equivalents approved by the FDA are used. Pharmacies may substitute a preferred generic drug for a prescribed name brand drug unless prohibited by the provider as Dispense As Written. In this case the provider must have received approval through the drug exception process.

3.6.6 Drug Exception Process

Medications which are not included in the drug formularies are considered non-formulary and may require authorization prior to a Member receiving the drug. In addition, Kaiser Permanente uses limitations as defined above, which may also require authorization prior to a Member receiving the drug.

For Commercial Benefit Plans:

You may request a medication authorization via the following methods:

- Telephone 866-523-0925, Monday through Friday 8:00 a.m. to 5:30 p.m.
- Fax a completed Medication Request Form to 858-357-2615.
- Use Cover My Meds services at <https://www.covermymeds.com/main/> and choosing the **Kaiser Permanente Colorado General Form** and using the **Fax Request** option.
- Mail a Medication Request Form to:

Kaiser Permanente Pharmacy Benefits Dept.
16601 E Centretech Parkway
Aurora, CO 80011

A medication request form can be found on the Community Provider Portal at:

http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

For Medicare Part D Benefit Plans:

You may request a medication authorization via the following methods:

- Telephone OptumRx at 1-888-791-7255
- Use SureScripts for all electronic prior authorization needs (ePA directly with OptumRx, the Pharmacy Benefits Manager)
- Use Cover My Meds services at www.covermymeds.com and choosing the Kaiser Permanente Medicare option
- Fax a request directly to OptumRx at 1-844-403-1028

For more details regarding the Medication Exception process please refer to Section 4.11 of this Provider Manual.

3.6.7 Formulary Addition/Deletion Requests

Our Pharmacy and Therapeutics Committee and Formulary Committee will consider requests to add or delete medications on our drug formularies by affiliated providers. To download a form to submit a formulary addition/deletion request please visit the Community Provider Portal at:

http://www.providers.kaiserpermanente.org/html/cpp_cod/index.html?

3.6.8 Pharmacy Benefits Manager (PBM)

Kaiser Permanente contracts with three Pharmacy Benefits Managers (PBM's) to process and adjudicate outpatient prescription drugs.

MedImpact

Processes Commercial benefits:

Telephone: 1-800-788-2949

OptumRX

Processes Medicare Part D benefits and performs Medicare Part D coverage determinations:

Telephone: 866-805-1690

Optum Rx

Processes KPIC Self-Funded and Level Funded benefits:

Telephone: 1-866-427-7701

3.7. Visiting Members

Kaiser Permanente offers a Visiting Member Program to ensure that Members can receive a variety of health care services when temporarily visiting another Kaiser Permanente region. Visiting Member benefits may not be the same as those they receive in their home region and are subject to certain exclusions.

Visiting Members are directed to seek health care services at the nearest Kaiser Permanente Medical Office and contracted facilities/hospitals. If a Permanente Medical Group (PMG) physician needs to refer a Visiting Member to a Participating Provider, you will receive an authorization letter explaining the start and end dates of the referral and a description of the authorized services. Claims should be submitted to the Member's home region. For information, please refer to the Member's Identification Card.