

2024 Annual Notices

This guide contains important information and notices we are required to provide to all subscribers.





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Member Rights and Responsibility Policy

We are partners in your health care. Your participation in your health care decisions and your willingness to communicate with your doctor and other health professionals help us provide you with appropriate and effective health care. We want to make sure you receive the information you need to make decisions about your health care. We also want to make sure your rights to privacy and to considerate and respectful care are honored.

As a member of Kaiser Permanente, you have the right to receive information about your rights and responsibilities and to make recommendations about our member rights and responsibilities policies. You may also view this information at kp.org/memberrights-co.



You* have the right to:

- **Participate in your health care.** This includes the right to receive the information you need to accept or refuse a recommended treatment. Emergencies or other circumstances occasionally may limit your participation in a treatment decision. In general, you will not receive medical treatment before you or your legal representative gives consent. You have the right to be informed and to decide if you want to participate in any care or treatment that is considered educational research or human experimentation.
- **Express your wishes concerning future care.** You have the right to choose a person to make medical decisions for you and to express your choices about your future care, if you are unable to do so yourself. These choices can be expressed in documents, such as a durable power of attorney for health care, a living will, or a CPR directive. Inform your family and your doctor of your wishes, and give them copies of documents that describe your wishes concerning future care.
- **Receive the medical information you need to participate in your health care.** This information includes the diagnosis, if any, of a health complaint, the recommended treatment, alternative treatments, and the risks and benefits of the recommended treatment. We will make this information as clear as possible to help you understand it. You are entitled to an interpreter, if you need one. You also have the right to review and receive copies of your medical records, unless the law restricts our ability to make them available. You have the right to participate in making decisions involving ethical issues that may arise during the provision of your care.

*You or your guardian, next of kin, or a legally authorized responsible person.

- **Receive information about the outcomes of care you have received**, including unanticipated outcomes. When appropriate, family members or others you have designated will receive such information.
- **Receive information about Kaiser Permanente as an organization, its practitioners, providers, services, and the people who provide your health care.** You are entitled to know the name and professional status of the individuals who provide your service or treatment.
- **Receive considerate, respectful care.** We respect your personal preferences and values.
- **Receive care that is free from restraint or seclusion.** We will not use restraint or seclusion as a means of coercion, discipline, convenience, or retaliation.
- **Have a candid discussion of appropriate or medically necessary treatment options for your condition(s).** You have the right to this discussion, regardless of cost or benefit coverage.
- **Have impartial access to treatment.** You have the right to all medically indicated treatment that is a covered benefit, regardless of your race, religion, sex, sexual orientation, national origin, cultural background, disability, or financial status.
- **Be assured of privacy and confidentiality.** You have the right to be treated with respect and dignity. We will honor your need for privacy and will endeavor not to release your medical information without your authorization, except as required or permitted by law.
- **Have a safe, secure, clean, and accessible environment.**



- **Choose your physician.** You have the right to select and change physicians within the Kaiser Permanente Health Plan. You have the right to a second opinion by a Kaiser Permanente physician. You have the right to consult with a non-Kaiser Permanente physician at your expense.
- **Know and use member satisfaction resources.** You have the right to know about resources such as patient assistance, customer service, and grievance and appeals committees, which can help you answer questions and resolve problems. You have the right to make complaints and appeals without concern that your care will be affected. Your membership benefits booklet (*Evidence of Coverage* or *Membership Agreement*) describes procedures to make formal complaints. We welcome your suggestions and questions about Kaiser Permanente, our services, our health professionals, and your rights and responsibilities.
- **Review, amend, and correct your medical records as needed.** Kaiser Permanente does not discriminate against any person on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, language, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, or genetic information in admission, treatment, or participation in its programs, services, and activities.

- **To speak with a representative about our policies and procedures, including benefits and coverage, contact Member Services.** Senior Advantage Medicare members can contact Kaiser Permanente Member Services at **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

You* are responsible to:

- **Know the extent and limitations of your health care benefits.** An explanation of benefits is contained in your *Evidence of Coverage* or Membership Agreement.
- **Identify yourself.** You are responsible for your membership card, for using the card only as appropriate, and for ensuring that other people do not use your card. Misuse of membership cards may constitute grounds for termination of membership.
- **Keep appointments.** You are responsible for promptly canceling any appointment that you do not need or cannot keep.
- **Provide accurate and complete information.** You are responsible for providing accurate information about your present and past medical conditions, as you understand them. You should report unexpected changes in your condition to your doctor.
- **Understand your health problems and participate in developing mutually agreed upon treatment goals** to the highest degree possible.
- **Follow the treatment plan on which you and your health care professional agree.** You should inform your doctor if you do not clearly understand your treatment plan and what is expected of you. If you believe you cannot follow through with your treatment, you are responsible for telling your doctor.
- **Recognize the effect of your lifestyle on your health.** Your health depends not only on care provided by Kaiser Permanente, but also on the decisions you make in your daily life, such as smoking or ignoring care recommendations.
- **Be considerate of others.** You should be considerate of health professionals and other patients. Disruptive, unruly, or abusive conduct may constitute grounds for termination of membership. You should also respect the property of other people and of Kaiser Permanente.
- **Fulfill financial obligations.** You are responsible for paying on time any money you owe Kaiser Permanente. Nonpayment of amounts owed may constitute grounds for termination of membership. If you are a Child Health Plan Plus (CHP+) member, please refer to your *Evidence of Coverage* for your full list of rights and responsibilities.



*You or your guardian, next of kin, or a legally authorized responsible person.

Notice of Privacy Practices

Our regional Notice of Privacy Practices 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. We want to remind you about this notice and how you may obtain a copy if you want one. This notice is part of the federal Health Insurance Portability and Accountability Act (HIPAA). Protected health information is an important part of HIPAA rules. Due to modifications to HIPAA, the Notice of Privacy Practices underwent material changes in 2013. You can view a copy online at kp.org/privacy or request a printed copy by calling Member Services.

Getting Care

Primary Care

At Kaiser Permanente, we know how important it is to find a doctor who matches your specific needs. Even if you don't need to see your doctor right away, having a doctor you connect with is an important part of taking care of your health.

Our Kaiser Permanente medical offices provide primary care, specialty services, lab, medical imaging, pharmacy, and more—all under one roof for convenient access to a full range of health services.

For the most current list of providers in your area, visit kp.org/locations.



Choose the right doctor

To help you find a personal doctor (also called a primary care physician) who's right for you, you can browse our online doctor profiles and online provider directory. For Kaiser Permanente physicians, you'll see additional information related to their education, credentials, specialties, and interest areas, as well as whether or not they're accepting new patients.

You can choose a personal doctor with any of these specialties:

- Adult medicine/internal medicine
- Family medicine
- Ob-gyn
- Pediatrics/adolescent medicine (for children up to 18)

Each covered family member may choose his or her own personal doctor. If the doctor you'd like to select isn't accepting new patients, you can call us for assistance.



Change your doctor anytime

You can choose and change your doctor at any time, for any reason, by visiting kp.org/locations, or you can call us for assistance at the number below.



Choose by Phone

Call us at **303-338-4545** or **1-800-218-1059 (TTY 711)**.



Choose Online

Go to kp.org/locations to find a doctor who matches your needs.

Once you have chosen your provider, call the Clinical Contact Center to schedule your first appointment at **303-338-4545** or **1-800-218-1059** (TTY **711**), Monday through Friday, from 6 a.m. to 7 p.m.

If you've chosen a network provider, contact them directly to schedule your first appointment.

Specialty Care

In addition to primary care, we have many specialties in our own Kaiser Permanente medical office. In most cases, you can schedule a consultation with a Kaiser Permanente specialist or a network specialist without a referral. For additional services, such as outpatient surgery or hospitalization, you'll need a referral for your specialty physician and authorization from Kaiser Permanente. To see a specialist at a Kaiser Permanente medical office, call the Clinical Contact Center.

When you see a Kaiser Permanente specialist, your primary care physician and specialty care teams are connected to each other and to you through your electronic health record. They share information and work together as a team to get you healthy and keep you healthy.

Some specialists may require a clinical evaluation or additional information before they see you, which your primary care physician can help you coordinate. If you need help in obtaining information about specialty care, please speak to your primary care physician or call the Clinical Contact Center.

Mental Health

Get care for depression, substance use, eating disorders, medication evaluation and management, and more. Schedule appointments at **kp.org/appointments** or call **303-471-7700** (TTY **711**) or toll free at **1-866-359-8299** (TTY **711**). In southern Colorado, call **1-866-702-9026** (TTY **1-866-835-2755**).

Scheduled Hospitalization

Inpatient Hospitalization is covered when prescribed by a physician and authorized by Kaiser Permanente. For a list of hospitals that provide emergency care or inpatient hospitalization, refer to **kp.org/locations**.

Care Options After Hours

We offer many ways to get the care you need, even after hours.



24/7 Virtual Care

Fast, personalized support around the clock - no appointment needed. Get 24/7 care by phone or video from a Kaiser Permanente clinician across the U.S.^{1,2}



Chat Online

Chat live online with a clinician for answers to routine or urgent medical questions.² Available 7 days a week on **kp.org**.



Phone or Video Visit

Schedule time to talk with a clinician by phone or video.^{1,3} On most plans, there's no cost.²

1. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state. 2. Online chat with a clinician or mental health specialist, as well as video and phone services, are offered at no additional cost for most health plans. With some PPO or deductible health plans, a copayment, coinsurance, or deductible must be met first before these services are provided at no additional cost.



24/7 Nurse Advice

Speak to a registered nurse anytime, day or night. Call **303-338-4545** or **1-800-218-1059** (TTY **711**).



Email

Message your Kaiser Permanente doctor's office with nonurgent health questions and get a reply usually within 3 business days.³



E-Visit

Answer a few questions on kp.org or our app for 24/7 self-care advice. In some cases, a Kaiser Permanente clinician will get back to you with a care plan – usually within 4 hours.



Urgent Care

For illnesses or injuries requiring prompt attention but are not medical or psychiatric emergencies. This can include abdominal pain, asthma, cough, fever, sore throat, earaches, headaches, migraines, minor lacerations, ankle sprains, and other urgent conditions. If you have an urgent care need, call us for advice. We can help you determine what type of care is most appropriate for your condition/symptom or help you schedule an appointment, if appropriate. To get advice or schedule an appointment, call **303-338-4545** or **1-800-218-1059** (TTY **711**).



Urgent Care at Home

DispatchHealth delivers high-quality health care to your home. Available for Denver/Boulder members, 7 days a week, from 7 a.m.-10 p.m., **720-588-9686** (TTY **711**).



Emergency Care

When your health is in danger and you require immediate care. For example, if you feel like you are having a heart attack, have severe difficulty breathing, lose the ability to talk or to move one side of the body, develop slurred speech, experience a sudden change in consciousness, have serious wounds or injuries, or have a psychiatric emergency. If you think you are experiencing an emergency medical condition, call **911** or, if time and safety permit, go to the nearest emergency room. Your care will be covered. For a complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or Membership Agreement at kp.org/eoc.

Pharmacy Services

Most Kaiser Permanente medical facilities have their own in-house pharmacy. If you have a prescription drug benefit, you can get your prescription filled at any Kaiser Permanente pharmacy or through our mail order refill service. Kaiser Permanente pharmacies also have popular non-prescription drugs for sale at competitive prices.

Mail-Order Pharmacy⁴

1-866-523-6059 (TTY **711**)

kp.org/rxrefill

³ These services are available when you see Kaiser Permanente providers. ⁴ The maintenance prescription refill process change is applicable to: all commercial members enrolled in a Kaiser Permanente Individual and Family (KPIF), Small Group, or Large Group HMO, Deductible HMO (DHMO) plan, or a High Deductible Health Plan (HDHP), and tier 1 of a Point-of-Service (POS) Plan. NOTE: this change does NOT apply to Medicare Part D, PPO, Private Exchange or Self-Funded plans.

Making Sure Your Prescription is Covered

Before you get a prescription, you and your doctor can check online at kp.org/formulary to see whether a medication is on our formulary. This is our list of preferred

brand-name and generic medications that Kaiser Permanente physicians and pharmacists have determined to be the safest, most appropriate, and most cost-effective drug treatments. If the medication is not on the formulary, your doctor can find an equivalent by calling our Clinical Pharmacy Call Center at **303-338-4503** or **1-866-244-4119 (TTY 711)**, Monday through Friday, from 8 a.m. to 6 p.m. Together, they can select the right medication for you.

Important information about refilling prescriptions for maintenance medications⁴

Members who require maintenance medications (birth control, blood pressure, diabetes, cholesterol, thyroid, etc.) may fill the first order of a maintenance medication at a Kaiser Permanente medical office pharmacy or a network pharmacy.

To receive your pharmacy benefit, refills of maintenance medications must be filled at a Kaiser Permanente medical office pharmacy or through the Kaiser Permanente Mail Order Pharmacy. Non-maintenance medications for one-time or urgent conditions, such as infections (antibiotics) or pain, can be filled immediately at a Kaiser Permanente medical office pharmacy or a network pharmacy.

For details please review your *Evidence of Coverage* or Membership Agreement. Or, you may call Member Services.



Medical Care Notices

Care Management Services

This team of registered nurses, social workers, clinical pharmacists, registered dietitians, and community specialists work in partnership with our personal physician to help you:

- Set and meet health goals that are important to you
- Understand your medications
- Find resources or services to help you
- Provide support if your health needs change

No referral required. For more information, call the care management team at **303-614-1065 (TTY 711)**, Monday through Friday, from 7 a.m. to 4 p.m.

Kaiser Permanente Utilization Management

Some services require prior authorization by the Utilization Management Program before you receive them. These include inpatient admissions, admissions to skilled nursing facilities, some outpatient services, medical supplies and equipment, and home health care. Please see your *Evidence of Coverage* or Membership Agreement for a listing of services and care that require prior authorization.

Kaiser Permanente's Utilization Management Program has adopted the following principles:

- Utilization management decision making is based only on appropriateness of care and service and existence of coverage.
- The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.
- Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization.
- Kaiser Permanente will ensure that all benefit/coverage determinations are adjudicated in a manner designed to ensure the independence and impartiality of the persons involved in making the decision.
- The organization is also prohibited from making decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

Utilization Management Department physicians and nurses are available to discuss any details including criteria used in making a review decision. Information and medical criteria used for coverage or medical necessity determination are provided free of charge. Criteria are available upon request by contacting the Utilization Management Department.

For questions on the utilization management process or referral inquiries, please call **1-877-895-2705 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m. Staff will provide a telephone interpreter to assist with utilization management issues for individuals who speak limited or no English, free of charge.

If you call after normal business hours for the Colorado service area, your message will be forwarded to our utilization management staff, and your call will be returned the next business day. Staff are identified by name, title, and organization name when initiating calls or returning calls regarding utilization management issues. Utilization criteria are applied along with medical expert opinions, when necessary, in making authorization decisions. To obtain a copy of utilization management criteria, free of charge, please call Utilization Management Department at **1-877-895-2705 (TTY 711)** or visit **kp.org/quality**.

Disability Access

It is our policy to make our facilities, services, and programs accessible to individuals with disabilities, in compliance with federal and state laws that prohibit discrimination based on disability. Kaiser Permanente provides reasonable accommodations to individuals with disabilities, including: (1) access to service animals and their users, except where the animal poses a significant risk to health or safety; (2) appropriate auxiliary aids and services when necessary to ensure effective communication with individuals who have hearing, cognitive, and/or communication-related disabilities, including qualified sign language interpreter services and informational materials in alternative formats (examples include large print, audio tapes/CDs, electronic texts/disks/CD-ROMs, and braille); and (3) accessible exam rooms and medical equipment for individuals with disabilities.

Advance Directives

Kaiser Permanente complies with the provisions of the federal Patient Self-Determination Act. Patients are informed of their right to consent to or refuse treatment, and to initiate advance directives. Colorado law also provides for advance directives, including directives pertaining to cardiopulmonary resuscitation (CPR). Kaiser Permanente providers will inform you if they cannot implement an advance directive on the basis of conscience. This information is provided in writing or in an alternate format appropriate for you. The provider will transfer your care to another provider of your choice who is willing to comply with the advance directive. We encourage you to think about and document your health care choices now, regardless of age, in case you're ever unable to speak for yourself. For some people, it can be uncomfortable to talk about illness, injury, and dying. Although it isn't always easy, it's important to have conversations about what you value most in life and how you would want to be treated in specific health or medical situations.

Get support from Kaiser Permanente through Life Care Planning at kp.org/lifecareplan. Take action to have your wishes known and honored by attending a free Life Care Planning First Steps class in person or virtual (with your chosen health care agent) and completing an advance directive. Call **1-833-893-0419 (TTY 711)** to register or speak with your provider for a referral to the right Life Care Planning conversation for you.

Additional information about advance directives can be found at the Colorado Department of Public Health and Environment website at **cdphe.state.co.us**.

Patient-Centered Medical Home at Kaiser Permanente Medical Offices

At Kaiser Permanente, our mission is to provide high-quality, affordable health care to improve the health of our members. We've always believed in putting you and your health first. Our approach is to build a stronger, more personal partnership with you – one that provides you with seamless, comprehensive, and proactive care. The Patient-Centered Medical Home is a team-based approach to health care that focuses on providing personalized, comprehensive, and evidence-based medical care to patients using a physician-led team of professionals. We believe that maintaining a continuous healing relationship with the personal physician of your choice is the best way to ensure that you reach maximum health.

Your physician and health care team:

- Help you plan and manage your health care.
- Listen to your concerns and answer your health questions.
- Coordinate your care across multiple settings, including behavioral health.
- Encourage you to play an active part in your own health care.
- Provide education and self-management support.

YOU are the most important member of your team! Our physicians and skilled professionals work together to understand and meet your health care needs. Members of your team may include: board-certified physicians, physician assistants, nurse practitioners, registered nurses, pharmacists, licensed practical nurses, medical assistants, care managers, behavioral health practitioners, registered dietitians, social workers, and community health specialists.



Other Important Information

New Technology

Kaiser Permanente evaluates new, existing, and emerging medical technologies on an ongoing basis. The Interregional New Technologies Committee (a national Kaiser Permanente group) and local new technology committees make recommendations to clinicians regarding the medical appropriateness of the technology. These evaluators consider whether the new technology is safe and effective, as determined by clinical specialists inside and outside Kaiser Permanente. They also consider the technology's benefits and under what conditions it is appropriate to be used. For more information, contact Member Services.

Bioethics Information

Kaiser Permanente has an ethics committee to assist in analyzing medical and business decisions. Bioethics applies general moral principles to medicine and health care. The committee offers recommendations to staff and physicians on bioethical policies and practices. It does not handle specific patient cases or complaints about care or service. For information about the Bioethics Committee and its activities, contact Member Services.

Measuring Care and Service Quality

The true meaning of quality care is the impact it has on your life. See how Kaiser Permanente is leading the way in member satisfaction, hospital safety, and more. For more information about our quality progress, or to request a copy of our Quality Program Description, call us at **303-587-7056** (TTY **711**), Monday through Friday, 7:30 a.m. to 4 p.m., or visit **kp.org/quality**.

Complaints and Appeals

We want you to be satisfied with Kaiser Permanente. Please let us know when you have concerns, complaints, or compliments. The following information is an overview; please refer to your *Evidence of Coverage* or Membership Agreement for complete information on filing claims, appeals, and member satisfaction.

Complaints about quality of care or service, or access to facilities or services

If you have a complaint about your quality of care or service, or access to facilities, services, or programs, you may file a complaint online, contact a patient assistance coordinator or a Member Services representative at your local plan facility, or you can call Member Services to discuss your issue. To file a complaint online, go to **kp.org/memberservices**. Our representatives will advise you about the resolution process and ensure that the appropriate parties review your complaint. Kaiser Permanente will make appropriate arrangements to ensure that persons with disabilities are provided other accommodations, if needed, to participate in the dispute resolution and complaint processes. Additionally,

Kaiser Permanente will not retaliate against anyone who files a grievance or cooperates in the investigation of a grievance in good faith.

Visit kp.org/memberrights-co to view your member rights and responsibilities, including complaint and appeals processes.

Claims

Submitting claims for processing and financial reimbursement is an infrequent necessity for some Kaiser Permanente members. When you obtain emergency or urgent care outside the Denver/Boulder service area under the terms of your Plan, you may ask the providers to bill the Claims Department at the address listed below. If the provider mails you a bill, please contact your provider and ask that they submit the detailed bill to our Claims Department. In either case, we pay our share and let you know how much, if anything, you owe. If the provider requires payment at the time of service, we suggest you pay in order to obtain the required services. If you pay the provider directly, we'll reimburse you for our share of the costs. For more details, please refer to your *Evidence of Coverage* or Membership Agreement.

To obtain reimbursement, please send your request for payment, along with all bills and receipts, to:

Kaiser Permanente Claims Department
P.O. Box 373150
Denver, CO 80237-3150

You can obtain a claim form online at kp.org/formsandpubs. Be sure your Kaiser Permanente health record number is included on any written correspondence to the Claims Department. In complex cases



involving questions about travel abroad, third-party liability, or car or motorcycle accidents (for example), we suggest you contact the Claims Department at **1-800-382-4661** (TTY 711), Monday through Friday, 8 a.m. to 6 p.m., to discuss the circumstances and to obtain the forms you'll need for appropriate reimbursement.

Appeals

If you have had a claim or service request denied, you may appeal that decision in writing. Mail your appeal to:

Kaiser Permanente Appeals Program
P.O. Box 378066 Denver, CO 80237-8066

Refer to the document you received denying your claim or service, as it outlines your appeal rights in detail.

Dispute Resolution

We are committed to promptly resolving your concerns, complaints, and grievances. Any person who believes that she or he has been subjected to discrimination may file a complaint or grievance under this procedure. The following sections describe some dispute-resolution options that may be available to you. Please refer to your *Evidence of Coverage* or Membership Agreement or speak with a Member Services representative for the dispute resolution options that apply to you.

This is especially important if you are a Medicare member because you have different dispute resolution options available. The information below is subject to change when your *Evidence of Coverage* or Membership Agreement is revised, and the revised *Evidence of Coverage* or Membership Agreement replaces the information in this guidebook.

We will confirm receipt of your complaint, grievance, or appeal within 5 days. We will investigate your complaint or grievance and send you our decision within 30 days from the date we received your written or verbal complaint. We will make every attempt to resolve your issue promptly. The person filing the grievance or complaint may appeal the initial decision, and we will issue a decision within 30 days from the date we received your written or verbal request for an appeal. In the case of an expedited review, we will respond in less than 30 days, as described in this section. If Member Services can resolve your grievance to your satisfaction by the end of the following business day, we will not provide any written communication relating to your issue.



Women’s Health and Cancer Rights Act of 1998

In accordance with the Women’s Health and Cancer Rights Act of 1998, and as determined in consultation with the attending physician and the patient, we provide 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).
- Services for physical complications resulting from the mastectomy.

Who pays first when you have additional coverage?

When you have additional coverage, how we coordinate your Kaiser Permanente benefits with benefits from other coverage depends on your situation. If you have additional health coverage, please call Member Services to find out which rules apply to your situation and how payment will be handled.

How to get information about your coverage

If you have questions about obtaining coverage or understanding your current coverage, please call Member Services.

*This law does not apply to all health plans and may not apply to out-of-state, out-of-network providers. Check to see if you have a “CO-DOI” on your ID card. If not, this law may not apply to your health plan. Also, this law does not apply to Medicare plans.

Interpreter Services

Interpreter Services are available at no cost when you contact Kaiser Permanente. Please provide the preferred language when you're connected to a representative. There are qualified bilingual employees and providers who speak a variety of languages at many locations within Kaiser Permanente. Members are able to get interpreters over the phone or use video remote services and in-person interpreters for an appointment, procedure, or service. Translations of written communications are also provided. There are never charges to the members for language assistance. For further information about resources in your language, see Help in Your Language.

Surprise Billing – Know your rights

Effective January 1, 2020, Colorado state law protects you* from "surprise billing," also known as "balance billing," when you receive covered emergency services, other than ambulance services, from an out-of-network provider in Colorado. The law also protects you when you unintentionally receive covered services from an out-of-network provider at an in-network facility in Colorado.

What is surprise/balance billing and when does it happen?

You are responsible for copayments, deductibles and/or coinsurance amounts required by your health plan. If you see a provider or go to a facility that is not in your plan's provider network, you may have to pay additional costs associated with that care. These providers are sometimes referred to as "out-of-network."

Out-of-network providers can often bill you the difference between what your health plan decides is the eligible charge and what the out-of-network provider bills as the total charge. This is called "surprise" or "balance" billing.

When you CANNOT be balance-billed: Emergency Services

In most circumstances, the most you can be billed for emergency services is your plan's in-network cost-sharing amounts, which are copayments, deductibles, and/or coinsurance. You cannot be balance-billed for any other amount. This includes both the emergency facility and any providers you may see for emergency care.

Certain services at an In-Network or Out-of-Network Facility

When you receive services, which may include but are not limited to surgery, anesthesia, pathology, radiology, laboratory, hospitalist, or surgical assistant services, from an out-of-network provider while you are at an in-network or out-of-network facility, the most you can be billed for **covered** services is your in-network cost-sharing amount (copayments, deductibles, and/or coinsurance). These providers cannot balance bill you.



Additional Protections

- Your health plan will pay out-of-network providers and facilities directly. Again, you are only responsible for paying your in-network cost-sharing for covered services.
- Your health plan must count any amount you pay for emergency services or certain out-of-network services (described above) toward your in-network deductible and out-of-pocket limit.
- Your provider, hospital, or facility must refund any amount you overpay within 60 days of being notified.
- A provider, hospital, or outpatient surgical facility cannot ask you to limit or give up these rights.
- You have the right to request that in-network providers provide all covered medical services. However, you may have to receive medical services from an out-of-network provider if an in-network provider is not available.

If you receive services from an out-of-network provider, hospital or facility in any OTHER situation, you may still be balance billed, or you may be responsible for the entire bill.

If you do receive a bill for amounts other than your copayments, deductible, and/or coinsurance, please contact Kaiser Permanente at the number on your ID card, or the Division of Insurance at **303-894-7490 (TTY 711)**.

Important Resources

Member Services

For questions about your health plan and benefits, call Member Services, Monday through Friday, 8 a.m. to 6 p.m.:

303-338-3800 or **1-800-632-9700** (TTY **711**)

Senior Advantage members may call **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.



Clinical Contact Center

24/7 Medical Advice: **303-338-4545** or **1-800-218-1059** (TTY **711**).

For appointments, call Monday through Friday, from 6 a.m. to 7 p.m.

Or log on to **kp.org/appointments** to schedule select appointments online. If you see an affiliated network provider, call that office directly.

Publications and Announcements

Most of our publications or important documents can be downloaded at **kp.org/formsandpubs**. Additionally, we'll keep you up to date on Kaiser Permanente news and announcements through your member e-newsletters, as well as additional mailings, text messages, and emails. Update your online profile on **kp.org** to receive health and wellness emails.

Nondiscrimination Notice

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no-cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no-cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY 711).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY 711).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, (TTY **1-800-537-7697**). Complaint forms are available at hhs.gov/ocr/office/file/index.html.



Help in Your Language

Attention: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY 711).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻቸው በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY 711)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (711 TTY) **1-800-632-9700**

Básò ò Wù dù (Bassa) Dè dɛ nià kɛ dyédé gbo: Ɔ jũ ké m̀Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò b́é in m̀gbo kpáa. Ɖá **1-800-632-9700** (TTY 711)

中文 (Chinese) 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY 711)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY 711) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-632-9700** (TTY 711).

Igbo (Igbo) NRỤBAMA: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-632-9700** (TTY 711).

日本語 (Japanese) 注意事項: 日本語を話さる場合、無料の言語支援をご利用いただけます。 **1-800-632-9700**

(TTY 711) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로이용 하실 수 있습니다. **1-800-632-9700** (TTY 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'dé'é', t'áá jiiik'eh, éí ná hól'ó, koj'í' hódíílnih **1-800-632-9700** (TTY 711).

नेपाली (Nepali) ध्यान दिनुहोस् : तपा'ले नेपाली बोल्नुहुन्छ भने तपा'को ननमतत भाषा सहायता सेवाह न शुल्क पमा उपलब्ध छ । **1-800-632-9700** (TTY 711) फोन गनहोस ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (TTY 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-632-9700** (TTY 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY 711).

Notes

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Kaiser Foundation Health Plan of Colorado
10350 E. Dakota Ave.
Denver, CO 80247

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