

<Date>

Dear ,

Welcome to Kaiser Permanente! We're excited to support you on your health care journey.

With your Kaiser Permanente Senior Advantage (HMO), (HMO-POS), (PPO), Dual Complete or Dual Essential (HMO D-SNP) Medicare health plan, you receive comprehensive medical and prescription drug coverage all in one plan, along with additional benefits tailored for Medicare health plan members. With 29 medical offices across Colorado, you'll likely find a convenient location near you. Many of our offices offer a wide range of services, so you can address all your health needs in one visit.

You should have received your Kaiser Permanente member ID card by now and are ready to begin using benefits. From day one, you have the support you need from our New Member Connect team, who can help you find a doctor, locate a Kaiser Permanente medical office near you, and transfer prescriptions.

### Get started in 3 easy steps

1. **Create your online account:** If you haven't already, create your online account to securely access valuable tools and resources for managing your health. You'll need your medical record number, which is on your member ID card.

Go to [kp.org/newmember](https://kp.org/newmember) or use the Kaiser Permanente app to get started.

2. **Choose your Kaiser Permanente doctor:** Select a facility that suits your needs. You can then browse doctor profiles by gender, languages spoken, and other criteria to find the right match for you. You can also change your doctor any time.

Call the New Member Connect team toll free at **1-844-639-8657** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m. to get started, or go to [kp.org/newmember](https://kp.org/newmember).

*(continues)*

- 3. Manage your prescriptions:** Transition your prescriptions to a Kaiser Permanente pharmacy by contacting us before your first appointment or before you need a refill. This transition may take 2 or more business days. Afterward, you can order refills through your online account by clicking "Pharmacy." Some prescriptions can be delivered to you within 5 to 7 days through our mail-order pharmacy.<sup>1</sup>

Call the New Member Connect team toll free at **1-844-639-8657 (TTY 711)** to get started or go to **[kp.org/newmember](https://kp.org/newmember)**.

### **We're here to help**

If you haven't received your ID card, have questions about your supplemental benefits, or need clarification on your coverage, please call Member Services toll free at **1-800-476-2167 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m. You can also request a copy of your *Evidence of Coverage*, which details the services covered by your plan.

### **Be informed**

Your Annual Notices Guide includes important information about quality, utilization management, and your member rights and responsibilities. You can view this guide at **[kp.org/formsandpubs](https://kp.org/formsandpubs)**. You can also view quality and utilization management information at **[kp.org/quality](https://kp.org/quality)**, and you can view your member rights and responsibilities in full at **[kp.org/memberrights-co](https://kp.org/memberrights-co)**.

For utilization management process or referral inquiries, call toll free **1-877-895-2705 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m. If you speak limited or no English, staff will provide a telephone interpreter to assist with utilization management questions, at no cost to you.

**Important:** If you are currently receiving treatment from a non-Kaiser Permanente doctor or health care provider, then you may be eligible to continue to see that provider, under certain circumstances such as pregnancy or a serious chronic condition. Please contact us to coordinate this transitional care as soon as possible. Call Member Services at **1-800-476-2167 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

Thank you for choosing Kaiser Permanente. We look forward to partnering with you in your health care.

Warm regards,

The Kaiser Permanente Team

- 1.** Some restrictions apply and may vary by plan type. Check your plan benefits for more information.

# Notice of Nondiscrimination

Kaiser Permanente complies with applicable Federal and Colorado state civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, gender expression, or any other basis protected by applicable federal or state laws.

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, sex, sexual orientation, gender identity or gender expression, 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](https://hhs.gov/ocr/office/file/index.html).

Kaiser Permanente is an HMO, HMO-POS, and PPO plan with Medicare contracts. Enrollment in Kaiser Permanente depends on contract renewal.

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-476-2167 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-476-2167 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-476-2167 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-476-2167 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-476-2167 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-476-2167 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-476-2167 (TTY 711)**, sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-476-2167 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-476-2167 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-476-2167 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-476-2167 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-476-2167 (TTY 711)** पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-476-2167 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-476-2167 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-476-2167 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-476-2167 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-476-2167 (TTY 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。