

# Kaiser Permanente Member Resource Guide

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The information in this guide is updated from time to time and is current as of December 2020. It is intended for members of commercial plans (through employer groups), individual plans, and private and public Exchange members. It is not intended for enrollees of Medicare Senior Advantage, Medi-Cal, or KPIC EPO plans. If you have questions about this guide, please call our Member Service Contact Center at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY), 24 hours a day, 7 days a week (closed holidays).

# Create your online account on kp.org

As a Kaiser Permanente member, it's easy for you to stay on top of your health at [kp.org](https://kp.org). Once you've created your online account, you can securely access many timesaving tools and resources to help you manage the care you get at Kaiser Permanente facilities.

Visit [kp.org](https://kp.org) anytime, from anywhere, to:

- View most lab results
- Email your Kaiser Permanente care team with nonurgent questions
- Refill most prescriptions
- Schedule routine appointments
- Manage a family member's health care\*
- Pay bills and estimate costs

## Get inspired at kp.org

Our website also gives you access to many tools and tips for healthy living as well as recipes and articles on a wide range of health topics.

## Go mobile

Download the Kaiser Permanente app from your preferred app site. Click on "register" to set up an account. If you already have an account on [kp.org](https://kp.org), you can use the same user ID and password to sign into the app.

In Northern California, you have 2 additional apps to help you manage care for you and your family – anytime, anywhere.

With the **My Doctor Online app**, you can:

- Schedule appointments and join video visits
- Get personalized health reminders
- Check doctor appointment reminders and details

With the **My KP Meds app**, you can:

- Create reminders to take medications at the right time
- Order refills from your smartphone or mobile device
- Manage medication lists, schedules, and reminder histories

You can download either app from your preferred app site.

\* Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features.

# Choose your doctor – and change anytime

## Select from a wide range of great Kaiser Permanente doctors

At Kaiser Permanente, we know how important it is to find a doctor who matches your specific needs. Having a doctor who you connect with is an important part of taking care of your health.

## Choose the right doctor

To find a personal doctor who's right for you, go to our provider directory at [kp.org](https://kp.org) and browse our online doctor profiles. You can search available doctors by gender, location, languages spoken, and more – and view their photos, education, and credentials.

## You can choose a personal doctor within these specialties:

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

Each covered family member can choose their own personal doctor.

Women 18 and older can choose an ob-gyn as well as a personal doctor, although women choosing a family medicine physician as their personal doctor may not need to choose a separate ob-gyn.

## Change doctors anytime

You can change to another available Kaiser Permanente doctor at any time, for any reason – online or by phone.

## See specialists, some without a referral

You don't need a referral for the following specialties:

- Most obstetrics-gynecology services
- Optometry services
- Most mental health services
- Substance use disorder treatment

For other types of specialty care, your personal doctor will refer you.

To choose your doctor, make an appointment, or learn about specialty care:

In Southern California, call **1-833-KP4CARE (1-833-574-2273)** or **711** (TTY), Monday through Friday, 7 a.m. to 7 p.m.

In Northern California, call **1-866-454-8855**, 24/7 or **711** (TTY).

You can also schedule some appointments online at [kp.org/getcare](https://kp.org/getcare) or with the Kaiser Permanente app.

# Getting care (Northern California)

## Your care, your way

Get the care you need the way you want it. No matter which type of care you choose, your providers can see your health history, update your medical record, and give you personalized advice that fits your life.<sup>1</sup>

## Choose where, when, and how you get care

Call us anytime at **1-866-454-8855 (TTY 711)** to make an appointment or to speak to a nurse for medical advice and care guidance in the moment.

## Phone appointment

Save yourself a trip to the doctor's office for minor conditions or follow-up care.<sup>1,2</sup>

## Email

Message your doctor's office with nonurgent questions anytime. Sign in to [kp.org](https://kp.org) or use our mobile app.<sup>1</sup>

## Video visit

Meet face-to-face online with a doctor on your computer, smartphone, or tablet for minor conditions or follow-up care.<sup>1, 2</sup>

## E-visit

Get quick and convenient online care for minor health problems. Answer a few questions about your symptoms, and a provider will get back to you with a care plan and prescriptions (if appropriate) — usually within 2 hours between 7 a.m. to 7 p.m., 7 days a week.

## In-person visit

Same-day appointments are often available. Sign in to [kp.org](https://kp.org) anytime, or call us to schedule a visit.

If your plan includes a copay, coinsurance, or deductible, you'll be asked for a payment when you check in. You can pay by debit or credit card at the reception desk or at the kiosk. You'll receive a statement that shows what services you got, how much you paid, and whether you still owe anything. Ask the receptionist for details or see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents

<sup>1</sup>These features are available when you get care at Kaiser Permanente facilities.

<sup>2</sup>When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

# Getting care (Southern California)

## Your care, your way

Get the care you need the way you want it. No matter which type of care you choose, your providers can see your health history, update your medical record, and give you personalized advice that fits your life.<sup>1</sup>

## Choose where, when, and how you get care

To make an appointment or speak to a nurse for medical advice and care guidance in the moment, call us at

**1-833-KP4CARE (1-833-574-2273)** or **711** (TTY), Monday through Friday, 7 a.m. to 7 p.m.<sup>2</sup> You can also schedule some appointments online at [kp.org/getcare](https://kp.org/getcare) or with the Kaiser Permanente app.

## Phone appointment

Save yourself a trip to the doctor's office for minor conditions by scheduling a call with a doctor.<sup>1,3</sup>

## Email

Message your doctor's office with nonurgent questions anytime. Sign in to [kp.org](https://kp.org) or use our mobile app.<sup>1</sup>

## Video visit

Meet face-to-face online with a doctor on your computer, smartphone, or tablet for minor conditions or follow-up care.<sup>1, 3</sup>

## E-visit

Get quick and convenient online care for minor health problems. Answer a few questions about your symptoms, and a provider will get back to you with a care plan and prescriptions (if appropriate) — usually within 2 hours between 7 a.m. to 9 p.m., 7 days a week.

## In-person visit

Same-day appointments are often available. Sign in to [kp.org](https://kp.org) anytime, or call us to schedule a visit.

If your plan includes a copay, coinsurance, or deductible, you'll be asked for a payment when you check in. You can pay by debit or credit card at the reception desk or at the kiosk. You'll receive a statement that shows what services you got, how much you paid, and whether you still owe anything. Ask the receptionist for details or see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents.

<sup>1</sup>These features are available when you get care at Kaiser Permanente facilities.

<sup>2</sup>Weekend appointment call center hours are available in the following areas: Coachella Valley, Downey, Fontana, Los Angeles, Moreno Valley, Ontario, Riverside, and South Bay.

<sup>3</sup>When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

# Care away from home

As a Kaiser Permanente member, you're covered for emergency and urgent care anywhere in the world.<sup>1</sup> Whether you're traveling in the United States or internationally, it's important to remember that how you get care can vary depending on where you are.

Visit [kp.org/travel](https://kp.org/travel) to find answers to common questions that can help you plan for a healthy trip and get medical care if you need it. Or call the Away from Home Travel Line at **1-951-268-3900** (TTY **711**) for travel support anytime, anywhere.<sup>2</sup>

## Before you go

A little planning makes a big difference. Plan now for a healthy trip.

- Register on [kp.org](https://kp.org) so you can see your health information online and email your Kaiser Permanente doctor's office with nonurgent questions anytime.
- If you'll spend a lot of time in another Kaiser Permanente region, like for work or school, call **1-877-300-9371** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m. Pacific time. We'll help you set up another [kp.org](https://kp.org) account that's tied to your travel Health/Medical Record number so you can track and manage your Kaiser Permanente care while you're away from home.
- Save the Away from Home Travel Line phone number (**1-951-268-3900** or TTY **711**) to your mobile device for travel support anytime, anywhere.<sup>2</sup>
- Get our Kaiser Permanente app for your smartphone or mobile device to stay connected when you're on the go.
- See your doctor if you need to manage a condition during your trip.
- Refill your eligible prescriptions, including contact lenses, to have enough while you're away. Be sure to refill at least 1 or 2 weeks before your trip so there's time to process your request.
- If you travel by plane, keep your prescription medications with you in your carry-on baggage.
- Print a summary of your electronic health record in case you don't have internet access.
- Make sure your immunizations are up to date, including your yearly flu shot.
- Learn about immunizations required for international travel. If you're leaving the country, ask your doctor or local travel clinic about vaccinations or medications you may need.
- Don't forget your Kaiser Permanente ID card.
- Make sure you understand what services are covered while you travel. Call the Away from Home Travel Line if you have any questions.

<sup>1</sup>Please refer to your *Evidence of Coverage* or other plan documents for details.

<sup>2</sup>This number can be dialed from both inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

# Timely access to scheduled appointments

Your health is our top priority. And we're committed to offering you a timely appointment when you need care.

The following standards for appointment availability were developed by the California Department of Managed Health Care (DMHC). This information can help you know what to expect when you request an appointment.

Type of care	Appointment offered
<b>Urgent care appointment</b>	Within 48 hours
<b>Routine (nonurgent) primary care appointment</b> (including adult/internal medicine, pediatrics, and family medicine)	Within 10 business days
<b>Routine (nonurgent) mental health care with a practitioner other than a physician</b>	Within 10 business days
<b>Routine (nonurgent) specialty care with a physician</b>	Within 15 business days

If you prefer to wait for a later appointment that will better fit your schedule or to see the provider of your choice, we'll respect your preference. In some cases, your wait may be longer than the time listed if a licensed health care professional decides that a later appointment won't have a negative effect on your health.

The standards for appointment availability don't apply to preventive care services. Your provider may recommend a specific schedule for these types of services, depending on your needs. Preventive care services may include physical exams, vision and hearing tests, immunizations, health education, and prenatal care. The standards also do not apply to periodic follow-up care for ongoing conditions or standing referrals to specialists.

## Timely access to telephone assistance

In addition, the following standards for answering telephone inquiries require health plans to answer the following telephone inquiries within specified time frames:

- For telephone advice about whether you need to get care and where to get care, plans must answer within 30 minutes, 24 hours a day, 7 days a week.
- For customer service inquiries, plans must answer within 10 minutes during normal business hours.

## Use interpreter services at no cost to you

When you call us or come in for an appointment, we want to speak with you in the language you're most comfortable using. Interpreter services, including sign language, are available during all business hours at no cost to you. For more about our interpreter services, call our Member Service Contact Center 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).



# Getting your prescriptions

Your doctor may order a prescription for you during your appointment. In most cases, it will be sent to our pharmacy electronically, and you can usually pick it up at your preferred pharmacy location after your appointment. You can also refill your prescriptions at any of our pharmacy locations at your convenience.

## Mail order refills<sup>1</sup>

Save time and money and have your prescriptions mailed to you. Our mail-order pharmacy offers a convenient way to refill most of your prescriptions. We can mail most prescription drugs to your home. Generally, you should receive them within 7-10 days at no extra cost for standard U.S. postage.

To learn more about our mail-order pharmacy, call **1-888-218-6245 (option 5)** in Northern California or **1-866-206-2983 (option 2)** in Southern California.

- **Refill online**

Visit [kp.org/refill](https://kp.org/refill) to order refills and check the status of your orders. If it's your first time placing a refill order online, please create an account by visiting [kp.org/register](https://kp.org/register).

- **Refill by phone**

Call the pharmacy refill number on your prescription label. Have your medical record number, prescription number, home phone number, and credit or debit card information ready when you call.

## Have questions?

Please call the pharmacy number printed at the top of your prescription label.

For information about your benefits, call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

## Out of refills?

If you don't have any prescription refills left when you place an order, we can request refills from your doctor. If approved, please allow 2 business days for us to process your order.

## Need to transfer prescriptions?<sup>2</sup>

- **From a non-Kaiser Permanente pharmacy to a Kaiser Permanente pharmacy:**

Get the prescription number and phone number of the non-Kaiser Permanente pharmacy, then call the Kaiser Permanente pharmacy you want to use. We'll handle the rest. Please allow 2 business days for us to transfer eligible prescriptions.

- **From one Kaiser Permanente pharmacy to another:**

Go to [kp.org/refill](https://kp.org/refill) and select your medication from your online list or call the Kaiser Permanente pharmacy where you'd like to pick up your prescription. Enter your current prescription number when prompted. If you don't have any refills left, it may take 2 business days to complete your order.

<sup>1</sup>Please see your Evidence of Coverage or other plan documents for information about your drug coverage, or check with your local Kaiser Permanente pharmacy if you have a question about where we can mail prescriptions.

<sup>2</sup>Some drugs, such as Schedule II controlled substances, are not transferable due to their high potential for abuse and addiction.

## Prescription drug benefits

Most of our plans only cover prescriptions from:

- Kaiser Permanente or affiliated doctors and staff
- Doctors and staff we've referred you to
- Doctors providing emergency services or out-of-area urgent care
- Dentists

You'll generally pay full price for all other prescription drugs. If your coverage doesn't

include a prescription drug benefit, you can still use a Kaiser Permanente pharmacy, but you'll need to pay the full price.

For new members, Kaiser Permanente will generally cover a temporary supply of non-formulary medication until you can transfer your care to a Kaiser Permanente or affiliated provider. Transfer of care to a Kaiser Permanente or affiliated provider needs to be completed within the first 90 days of your membership.

### **Over-the-counter (OTC) offerings**

Kaiser Permanente pharmacies also carry a variety of nonprescription medicines and supplements, including vitamins, antacids, and cough and cold medicines. OTC medicines do not require a prescription and are available for purchase.

### **Prescription drug formulary**

Our formulary is a list of covered drugs that have been carefully evaluated and approved by our Pharmacy and Therapeutics (P&T) Committee, primarily composed of Kaiser Permanente Plan doctors and pharmacists. The committee selects drugs to include on the formulary based on several factors, including safety and effectiveness.

The formulary is updated monthly based on new information or when new drugs become available.

Plan doctors may prescribe generic, brand-name, or specialty drugs that are on our formulary, or, in rare cases, drugs that are not on our formulary (nonformulary drugs), based on what's medically necessary for your condition.

A generic drug is a chemical copy of a brand-name drug and is equivalent to the brand-name drug in action, quality, and safety, but usually costs less. Generic drugs have the same active ingredients in the same dosage as their brand-name counterparts and

are also approved by the U.S. Food and Drug Administration.

Some brand-name drugs have a generic version and others don't. Generally, when a new generic drug becomes available, it's added to the formulary and the brand-name equivalent is removed. When both versions (generic and brand) are available, usually only the generic version is listed in our formulary. When a generic version isn't available, the formulary will list the brand-name version. In addition to federal regulation, Kaiser Permanente performs an additional quality review before approving generic drugs for use within the program.

If you have a prescription drug benefit and are prescribed a formulary drug, that drug will be covered under the terms of your benefits. Nonformulary drugs are not covered unless your doctor determines that one is medically necessary. Nonformulary drugs are covered when prescribed as medically necessary by Plan provider following the drug formulary exception process. If your plan doesn't have a prescription drug benefit, you'll be charged full price for both formulary and nonformulary drugs.

For more information on our prescription drug formulary,\* visit [kp.org/formulary](https://kp.org/formulary) or call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

### **Changing to a different medication**

Sometimes a prescription is changed from one medication to another because your doctor has decided the new drug is a better option based on standards of safety, effectiveness, or affordability. This is known as "therapeutic interchange."

Usually, when a medication change like this happens, your pharmacist will automatically

change your prescription to the new medication at your next refill.

If a drug you're taking is affected by a change to the formulary, you may be able to continue receiving it if your doctor decides it's medically necessary.

Please note that just because a drug is on our formulary, it doesn't mean your doctor will prescribe it for you. Your doctor will choose the right drug for you based on your medical needs.

See your *Evidence of Coverage, Certificate of Insurance*, or other plan documents for more information about your drug benefits.

\*The prescription drug formulary may vary depending on your health plan and is subject to change. For more information about which drug formulary applies to your plan, visit [kp.org/formulary](http://kp.org/formulary) or call our Member Service Contact Center.

## Managing chronic conditions (Northern California)

### Disease management programs

Our disease management programs help our members get the care they need to manage their chronic conditions and get the most out of life. Services include specialized care, medication monitoring, and education to help prevent complications.

We offer disease management programs for a variety of chronic conditions:

- Asthma
- Hepatitis C
- Hypertension
- Coronary artery disease
- Cardiac rehabilitation
- Diabetes
- Congestive heart failure

- Fracture prevention
- Chronic pain

Cardiac rehabilitation offers support and care management after a heart attack or other cardiovascular event. Our PHASE (Prevent Heart Attacks and Strokes Everyday) program is for members who are at increased risk for heart attack or stroke.

If you're ready to make lifestyle changes or want to be considered for a program, talk to your provider or call the number for Health Education at your local facility.

### Take control of your health

One of the keys to managing ongoing conditions is taking the right medications and using them only as prescribed. These tips can help.

### Coronary artery disease and heart failure:

A heart healthy lifestyle includes regular physical activity, stress management, and careful control of blood pressure and cholesterol. Your care team will help you determine if certain medications can make you and your heart feel better.

**Asthma help:** Prevent asthma flare-ups by taking your controller medications daily as prescribed. Talk with your doctor if you're using quick-relief or rescue medication (like albuterol) more than twice a week, waking up from asthma 2 or more times a month, or refilling your albuterol inhaler prescription more than twice a year. Your doctor may need to adjust your asthma medication. When your asthma is under control, you'll breathe easier, have more energy, and get more out of life. For more tips on how to manage your asthma, visit [kpdoc.org/asthma](http://kpdoc.org/asthma).

### Diabetes ABCs:

- "A" is for A1c or average blood sugar. An A1c test gives a 3-month average of your blood sugar levels.

- “B” is for blood pressure. The goal is at least 139/89 or lower. Check with your provider for the goal that’s right for you.
- “C” is for cholesterol. For most people with diabetes, using a statin medication at the right dose, along with healthy lifestyle changes, protects the heart and cardiovascular system.

Keep your ABCs under control and prevent heart attacks, strokes, and kidney disease.

### **Complex Chronic Conditions (CCC) Case Management Program**

The Complex Chronic Conditions (CCC) Case Management Program helps members who have trouble managing more than one chronic condition. Nurses and social workers work with you and your doctor to address your needs. You’ll learn self-care skills to properly manage your chronic conditions. If you or your caregiver thinks you qualify for the program, call the Case Management number at your local facility.

## **Regional Complete Care Support Programs (Southern California)**

Kaiser Permanente Southern California Region’s Complete Care Support Programs uses an evidence-based, population approach to provide care for members across the spectrum of health: healthy, healthy with a specific health issue, chronically ill, and end of life. Disease management is embedded in our care delivery system, touching the patient before, during, after, and between visits. We use every encounter with every department to provide the member the necessary preventive and chronic disease care. Our approach is patient, not disease-centric focusing on the member’s individual health profile.

Disease management has always been built into the care delivery model. Kaiser Permanente believes preventive care and a healthy lifestyle can make a big difference in everyone’s life, which is why they are part of our disease management programs for those with chronic conditions. Members get care for their total health at every stage of life.

Kaiser Permanente’s comprehensive approach toward conditions such as asthma, cancer, cardiovascular disease, chronic pain, diabetes, depression, and weight management is supported by integrated systems, programs, and people which come together to help us focus on each person as a whole; with the goal of aligning the organization around the needs of each patient. It is what makes our Complete Care approach different and what makes it work so well.

## Your immunization information

Your immunization information is shared with the California Immunization Registry (CAIR), as well as the Regional Immunization Data Exchange (RIDE) in Stanislaus and San Joaquin counties, the Solano County Public Health Department, and the San Diego Regional Immunization Registry in San Diego County. These secure databases are managed by state and county government agencies. Any California health care provider can see most immunizations received at any participating provider. Go to [cairweb.org/forms](http://cairweb.org/forms) for more information.

Here are some benefits of sharing your information:

- You have a backup in case you lose your or your child's yellow immunization card.
- Participating schools can easily view your child's required immunizations.
- You'll keep a consistent immunization record if you ever need to change health plans.

If you don't want Kaiser Permanente to share your or your child's immunization information with other California health care providers or participating schools through these registries, you can opt out at any time. Visit [cairweb.org/forms](http://cairweb.org/forms) and see the "CAIR Patient Forms" section for information about opting out.

## Accessing urgent care

An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. Examples include:

- Minor injuries
- Backaches
- Earaches
- Sore throats
- Coughs
- Upper-respiratory symptoms
- Frequent urination or a burning sensation when urinating

See the "Getting care" sections on pages 4 and 5 for appointment and advice phone numbers.

## Accessing emergency care

If you believe you have an emergency medical condition, call **911** or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.

### **Emergency services coverage**

When you have an emergency medical condition, we cover emergency services you receive from Plan providers or non-Plan providers anywhere in the world. You do not need prior authorization for emergency services.

### **Emergency services include all of the following with respect to an emergency medical condition:**

- A medical screening exam that is within the capability of the emergency department of a hospital, including ancillary services (such as imaging and laboratory services) routinely available to

the emergency department to evaluate the emergency medical condition

- Within the capabilities of the staff and facilities available at the hospital, medically necessary examination and treatment required to stabilize you (once your condition is stabilized, services you receive are post-stabilization care and not emergency services)

“Stabilize” means to provide medical treatment for your emergency medical condition that is necessary to assure, within reasonable medical probability, that no material deterioration of your condition is likely to result from or occur during your transfer from the facility. With respect to a pregnant woman who is having contractions, when there is not adequate time to safely transfer her to another hospital before delivery (or the transfer may pose a threat to the health or safety of the woman or her unborn child), “stabilize” means to deliver (including the placenta). For more information on emergency care coverage, see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents.

### **Post-stabilization care**

Post-stabilization care is medically necessary care related to your emergency medical condition that you receive in a hospital (including the Emergency Department) after your treating physician determines that this condition is stabilized. Post-stabilization care also includes durable medical equipment covered under your plan, if it is medically necessary after discharge from a hospital and related to the same emergency medical condition. Kaiser Permanente covers post-stabilization care from a non-Kaiser Permanente provider only if we provide prior authorization for the care or if otherwise required by applicable law (“prior authorization” means that we must approve the service in advance). To request prior authorization for post-stabilization care from a non-Plan provider, the non-Plan provider

must call us at **1-800-225-8883**, or the notification telephone number on your Kaiser Permanente ID card, before you receive the care.

We will discuss your condition with the non-Plan provider. If we determine that you require post-stabilization care, and that this care is part of your covered benefits, we will authorize your care from that provider or arrange to have a Plan provider (or other designated provider) provide care. Be sure to ask the non-Plan provider to tell you what care (including any transportation) we have authorized because we will not cover post-stabilization care or related transportation provided by non-Plan providers that has not been authorized. If you receive care from a non-Plan provider that we have not authorized, you may have to pay the full cost of that care.

**Notify us that you have been admitted to a non-Plan hospital.** If you are admitted to a non-Plan hospital, please notify us as soon as possible by calling **1-800-225-8883** (24 hours, 7 days a week) or the notification telephone number on your Kaiser Permanente ID card.

## **Protecting your privacy and security**

We take protecting you, your medical information, and resources for your care very seriously. One way we protect your privacy is by checking your Kaiser Permanente ID card and asking to see a photo ID when you come in for care.

If you notice potential signs of misconduct, such as someone using another’s ID card or information improperly, a statement listing charges for care you didn’t receive, or your prescription medications have changed unexpectedly, contact our Member Service Contact Center, 24 hours a day, 7 days a



week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). For more information about how we are working to protect you, visit [kp.org/protectingyou](https://kp.org/protectingyou).

We are committed to ethical conduct, integrity in our work, and compliance with all regulatory requirements. We train our employees and doctors to help protect your privacy and prevent fraud and identity theft. We monitor our systems and operations for indications of misconduct and take corrective action when needed.

## Your rights and responsibilities

**Kaiser Permanente is your partner in total health care.** Active communication between you and your doctor as well as others on your health care team helps us to provide you with the most appropriate and effective care. We want to make sure you receive the information you need about your health plan, the people who provide your care, and the services available, including important preventive care guidelines. Having this information contributes to you being an active participant in your own medical care. We also honor your right to privacy and believe in your right to considerate and respectful care. This section details your rights and responsibilities as a Kaiser Permanente member and gives you information about member services, specialty referrals, privacy and confidentiality, and the dispute-resolution process.

As an adult member, you exercise these rights yourself. If you are a minor or are unable to make decisions about your medical care, these rights will be exercised by the person with the legal responsibility to participate in making these decisions for you.

### You have the right to:

**Receive information about Kaiser Permanente, our services, our practitioners and providers, and your rights and responsibilities.** We want you to participate in decisions about your medical care. You have the right, and should expect, to receive as much information as you need to help you make these decisions. This includes information about:

- Kaiser Permanente
- The services we provide, including mental health services

- The names and professional status of the individuals who provide you with service or treatment
- The diagnosis of a medical condition, its recommended treatment, and alternative treatments
- The risks and benefits of recommended treatments
- Preventive care guidelines
- Ethical issues
- Complaint and grievance procedures

We will make this information as clear and understandable as possible. When needed, we will provide interpreter services at no cost to you.

**Participate in a candid discussion of appropriate or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage.**

You have the right to a candid discussion with your Plan doctor about appropriate or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage. Ask questions, even if you think they're not important. You should be satisfied with the answers to your questions and concerns before consenting to any treatment. You may refuse any recommended treatment if you don't agree with it or if it conflicts with your beliefs.

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Medical emergencies or other circumstances may limit your participation in a treatment decision. However, in general, you will not receive any medical treatment before you or your representative gives consent. You and, when appropriate, your family will be informed

about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.

**Participate with practitioners and providers in making decisions about your health care.** You have the right to choose an adult representative, known as your agent, to make medical decisions for you if you are unable to do so, and to express your wishes about your future care. Instructions may be expressed in advance directive documents such as an Advance Health Care Directive.

For more information about these services and resources, please contact our Member Service Contact Center 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

**Have ethical issues considered.** You have the right to have ethical issues that may arise in connection with your health care considered by your health care team. Kaiser Permanente has a Bioethics/Ethics Committee at each of our medical centers to assist you in making important medical or ethical decisions.

**Receive personal medical records.**

You have the right to review and receive copies of your medical records, subject to legal restrictions and any appropriate copying or retrieval charge(s). You can also designate someone to obtain your records on your behalf. Kaiser Permanente will not release your medical information without your written consent, except as required or permitted by law.

To review, receive, or release copies of your medical records, you'll need to complete and submit an appropriate written authorization or inspection request to our Medical Secretaries Department at the facility where you get your care. They can provide you with these forms



and tell you how to request your records. Visit [kp.org](http://kp.org) to find addresses and phone numbers for these departments. If you need help getting copies of your medical records, call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

**Receive care with respect and recognition of your dignity.** We respect your cultural, psychosocial, spiritual, and personal values; your beliefs; and your personal preferences. Kaiser Permanente is committed to providing high-quality care for you and to building healthy, thriving communities. To help us get to know you and provide culturally competent care, we collect race, ethnicity, language preferences (spoken and written), sexual orientation, gender identity, and religion data. This information can help us develop ways to improve care for our members and communities. This information is kept private and confidential and is not used in underwriting, rate setting, or benefit determination. Check your visit summary to make sure your information is correct. If you see an error, please tell us. We believe that providing quality health care includes a full and open discussion regarding all aspects of medical care and want you to be satisfied with the health care you receive from Kaiser Permanente.

**Use interpreter services at no cost to you.** When you call or come in for an appointment or call for advice, we want to speak with you in the language you are most comfortable using. For more about our interpreter services, see the section titled “Help in your language” or call our Member Service Contact Center, 24 hours a day, 7 days a week at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish),

**1-800-757-7585** (Chinese dialects), or **711** (TTY).

**Be assured of privacy and confidentiality.**

All Kaiser Permanente employees and doctors, as well as practitioners and providers with whom Kaiser Permanente contracts, are required to keep your protected health information (PHI) confidential. PHI is information that includes your name, Social Security number, or other information that reveals who you are, such as race, ethnicity, and language data. For example, your medical record is PHI because it includes your name and other identifiers.

Kaiser Permanente has strict policies and procedures regarding the collection, use, and disclosure of member PHI that includes the following:

- Kaiser Permanente’s routine uses and disclosures of PHI
- Use of authorizations
- Access to PHI
- Internal protection of oral, written, and electronic PHI across the organization
- Protection of information disclosed to Plan sponsors or employers

Please review the section titled “Privacy practices.”

For more information about your rights regarding PHI as well as our privacy practices, please refer to our Notice of Privacy Practices on our website, [kp.org](http://kp.org), or call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

**Participate in doctor selection without interference.** You have the right to select and change your personal doctor within the Kaiser Permanente Medical Care Program without

interference, subject to doctor availability. To learn more about nurse practitioners, physician assistants, and selecting a primary care practitioner, see the section titled "Choose your doctor."

**Receive a second opinion from an appropriately qualified medical practitioner.** If you want a second opinion, you can ask Member Services to help you arrange one with a Plan doctor who is an appropriately qualified medical professional for your condition. If there isn't a Plan doctor who is an appropriately qualified medical professional for your condition, Member Services will help you arrange a consultation with a non-Plan doctor for a second opinion. While it is your right to consult with a doctor outside the Kaiser Permanente Medical Care Program, without prior authorization you will be responsible for any costs you incur. For purposes of this "Second Opinions" provision, an "appropriately qualified medical professional" is a doctor who is acting within their scope of practice and who possesses a clinical background, including training and expertise, related to the illness or condition associated with the request for a second medical opinion.

**Receive and use member satisfaction resources, including the right to voice complaints or make appeals about Kaiser Permanente or the care we provide.** You have the right to resources such as patient assistance and member services, and the dispute-resolution process. These services are provided to help answer your questions and resolve problems.

A description of your dispute-resolution process is contained in your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents. If you need a replacement, contact your local Member Services Department or our Member Service Contact Center to request a copy. If you receive your Kaiser Permanente coverage through an

employer, you can also contact your employer for a current copy.

When necessary, we will provide you with interpreter services, including sign language, at no cost to you. For more information about our services and resources, please contact our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

**Make recommendations regarding Kaiser Permanente's member rights and responsibilities policies.** If you have any comments about these policies, please contact our Member Service Contact Center, 24 hours a day, 7 days a week at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

## **You are responsible for the following:**

**Knowing the extent and limitations of your health care benefits.** A detailed explanation of your benefits is contained in your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents. If you need a replacement, contact our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY) to request another copy. If you receive your Kaiser Permanente coverage through an employer, you can also contact your employer for a current copy of your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

**Notifying us if you are hospitalized in a non-Kaiser Permanente hospital.** If you are

hospitalized in any hospital that is not a Plan hospital, you are responsible for notifying us as soon as reasonably possible so we can monitor your care.

You can contact us by calling the number on your Kaiser Permanente ID card.

**Identifying yourself.** You are responsible for carrying your Kaiser Permanente ID card and photo identification with you at all times to use when appropriate, and for ensuring that no one else uses your ID card. If you let someone else use your card, we may keep your card and terminate your membership.

Your Kaiser Permanente ID card is for identification only and does not give you rights to services or other benefits unless you are an eligible member of our health plan. Anyone who is not a member will be billed for any services we provide.

**Keeping appointments.** You are responsible for promptly canceling any appointment that you no longer need or are unable to keep.

**Supplying information (to the extent possible) that Kaiser Permanente and our practitioners and providers need in order to provide you with care.** You are responsible for providing the most accurate information about your medical condition and history, as you understand it. Report any unexpected changes in your health to your doctor or medical practitioner.

**Understanding your health problems and participating in developing mutually agreed-upon treatment goals, to the highest degree possible.** You are responsible for telling your doctor or medical practitioner if you don't clearly understand your treatment plan or what is expected of you. You are also responsible for telling your doctor or medical practitioner if you believe you cannot follow through with your treatment plan.

**Following the plans and instructions for care you have agreed on with your practitioners.** You are responsible for following the plans and instructions that you have agreed to with your doctor or medical practitioner.

**Recognizing 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 — poor choices, such as smoking or choosing to ignore medical advice, or positive choices, such as exercising and eating healthy foods.

**Being considerate of others.** You are responsible for treating doctors, health care professionals, and your fellow Kaiser Permanente members with courtesy and consideration. You are also responsible for showing respect for the property of others and of Kaiser Permanente.

**Fulfilling financial obligations.** You are responsible for paying on time any money owed to Kaiser Permanente.

**Knowing about and using the member satisfaction resources available, including the dispute-resolution process.** For more about the dispute-resolution process, see the section titled "dispute resolution." A description of your dispute-resolution process is contained in your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

If you need a replacement, contact our Member Service Contact Center to request a copy. If you receive your Kaiser Permanente coverage through an employer, you can also contact your employer for a current copy. Our Member Service Contact Center can also give you information about the various resources available to you and about Kaiser Permanente's policies and procedures.

If you have any recommendations or comments about these policies, please contact our Member Service Contact Center,

24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

## Policies and procedures

This section discusses the prescription drug formulary and policies on specialty referrals, new technology, confidentiality, and privacy practices. It also describes the dispute-resolution process and the procedures for decisions about coverage and medical treatment.

To speak with a representative about our policies and procedures, including benefits and coverage, contact our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

### Disability access

It's our policy to make our facilities and services accessible to individuals with disabilities, in compliance with federal and state laws that prohibit discrimination based on disability. Kaiser Permanente provides (1) access to service-animal 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 with hearing, cognitive, and/or communication-related disabilities, including qualified sign language interpreter services and informational materials in alternative formats (examples include large print, audio, electronic texts/disks/CD-ROMs, and braille); and (3) accessible exam rooms and medical equipment for individuals with disabilities. Also see page 28, "Guide for members with disabilities."

### About your Kaiser Permanente identification (ID) card

Each member is assigned a unique medical record number, which we use to locate membership and medical information. Every

member receives an ID card that shows their unique number.

Your ID card is for identification only. To receive covered services, you must be a current member. If you were a member and have reenrolled in our health plan, you will receive a new ID card that shows your original medical record number.

Whenever you receive a new ID card, destroy all old cards and begin using the new card. If you lose your ID card, or if we inadvertently issue you more than 1 medical record number, please call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

### **Referrals for specialty care**

Your primary care doctor will refer you to a Plan specialist when they believe that you require specialty care. Some specialty care, such as obstetrics-gynecology, mental health services, and substance use disorder treatment, don't require a referral. There may be instances when you require the services of a non-Plan doctor. These services are covered only when authorized by the Medical Group. Please see your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents for more information.

### **Notice of availability of Online and Printed Provider Directory**

Kaiser Permanente is required by California law to publish and maintain an online Provider Directory with certain information about providers available to our members, including whether a provider is accepting new patients.

The provider directory is a listing of Plan Physicians and Plan Facilities in your Home Region. This directory is available on our website at [kp.org/facilities](http://kp.org/facilities). To obtain a

printed copy, call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). The directory is updated periodically. The availability of Plan Physicians and Plan Facilities may change. If you have questions, please call our Member Service Contact Center.

### **New technology**

Kaiser Permanente has a rigorous process for monitoring and evaluating the clinical evidence for new medical technologies that are treatments and tests. Kaiser Permanente doctors decide if new medical technologies shown to be safe and effective in published, peer-reviewed clinical studies are medically appropriate for their patients.

### **Coordination of Benefits (COB)**

You and your family may be able to save on medical expenses if you are covered by more than one medical plan. COB determines how much each plan will pay toward the cost of a service. Through COB, your health care organizations and insurance companies work together to pay for your medical care.

- If you have Medicare coverage, we will determine which coverage pays first using Medicare rules. To find out which Medicare rules apply to your situation, and how payment will be handled, call one of our representatives. They are available Monday through Friday, 8 a.m. to 4 p.m., at **1-800-201-2123**.
- If you have more than one medical plan through an employer group, California coordination of benefits rules determine which coverage pays first. For more information about COB, please see your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents, or call our Member Service Contact Center at **1-800-464-4000**.

### Claims status information

You have the right to track the status of a claim in the claims process and obtain the following information in one telephone contact with a representative from Member Services: the stage of the process, the amount approved, amount paid, member cost, and date paid (if applicable). To inquire about the status of a claim, please contact our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

### Coverage or service decisions

Managing how health care services and related resources are used is an important part of how Kaiser Permanente doctors and staff work together to help control costs and improve health care services for you.

Managing our resources effectively includes making decisions that help ensure that you receive the right care at the right time in the right care setting. Communicating openly with the members of your health care team is an important way to help ensure that you get the care you need.

Many agencies, accrediting bodies, and employers require managed care organizations and hospitals to detect and correct potential underuse and overuse of services. Among them are the National Committee for Quality Assurance, the Centers for Medicare & Medicaid Services (Medicare and Medi-Cal), and The Joint Commission. This monitoring of services is called “resource management.”

At Kaiser Permanente, utilization management (UM) prior authorization is conducted for a small number of health care services requested by your provider. The UM review determines whether the requested service is medically necessary for your care. If it is medically necessary, then you will be

authorized to receive that care in a clinically appropriate place consistent with the terms of your health coverage. We make UM decisions using evidence-based UM criteria and the *Evidence of Coverage*. In the event of a UM denial, members and providers will receive a written notice communicating the decision, a description of the criteria used and the clinical reasons for the decision. A copy of the specific UM criteria used to support decision is available and will be provided to you upon request. Also, we do not specifically reward providers or individuals conducting a utilization review for issuing denials of coverage or service. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

The type of coverage you have determines your benefits. Your Kaiser Permanente doctors and contracted providers make decisions about your care and the services you receive based on your individual clinical needs. Our doctors and other providers may use clinical practice guidelines (information, tools, and other decision-making aids) to assist in making treatment decisions.

Your Kaiser Permanente doctor does not make decisions on your health care because of receiving a financial reward, or because they would be hired, fired, or promoted. Your Kaiser Permanente doctor does not receive any financial reward if they do not provide the services you need. Kaiser Permanente makes sure that your doctor provides the care you need at the right time and the right place.

For more information about policies regarding financial incentives and how we control utilization of services and expenditures, contact our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

### **Assistance with utilization management (UM) issues and processes**

For calls regarding UM issues, questions, or processes, please call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). You can also get information at [kp.org/um](http://kp.org/um).

Member Services representatives and UM staff at each medical center are available during normal business hours to address your questions or concerns related to UM issues. Please call your local medical center number and request the Member Services or Utilization Management Department. Business hours are Monday through Friday (excluding holidays), 9 a.m. to 5 p.m. You can also inquire about UM processes or specific UM issues by leaving a voicemail after hours. Please leave your name, medical record number and/or birth date, telephone number where you can be reached, and your specific question. Messages will be responded to no later than the next business day.

### **Quality**

At Kaiser Permanente, we are proud of our delivery of high-quality health care and services to our members. Our commitment to quality is demonstrated through the recognition we've received from independent organizations for our internal improvement program and for our use of advanced technologies in providing medical care. You can find out more about our quality program by visiting [kp.org/quality](http://kp.org/quality).

We participate in various activities that demonstrate the quality of care and service we provide. Information to better understand the quality of care we deliver at Kaiser Permanente, as well as a way to compare our performance to other California health plans, is available. This clinical and patient experience information is reported through

the public Office of the Patient Advocate and is available to view and print. For clinical and patient-experience measures for all Kaiser Permanente locations and explanations of the scoring and rating methodologies used to demonstrate performance for clinical care and patient experience, visit [opa.ca.gov/reportcards](http://opa.ca.gov/reportcards).

We also participate in various activities in the community to improve patient safety — one of our top priorities. For example, we participate in the Leapfrog Group survey. The Leapfrog Group is composed of Fortune 500 companies and other public and private organizations throughout the country that provide health care benefits. The group's goal is to improve the safety and quality of health care in the United States. One of its main programs is a voluntary, web-based survey used to gather information about medical care in urban hospitals. All Kaiser Permanente medical centers in California and the majority of our contracted hospitals participated in the most recent survey. To see the survey results, visit <https://www.leapfroggroup.org/ratings-reports>.

### **Privacy practices**

Kaiser Permanente will protect the privacy of your protected health information (PHI). We also require contracting providers to protect your PHI. Your PHI is individually identifiable information (oral, written, or electronic) about your health, health care services you receive, or payment for your health care.

You may generally see and receive copies of your PHI, correct or update your PHI, and ask us for an accounting of certain disclosures of your PHI. You can request delivery of confidential communication to a location other than your usual address or by a means of delivery other than the usual means.

We may use or disclose your PHI for treatment, payment, and health care operations purposes, such as measuring the



quality of services. Our Notice of Privacy Practices provides more detail. We are sometimes required by law to give PHI to others, such as government agencies or in judicial actions. In addition, if you have coverage through an employer group, PHI is shared with your group only with your authorization or as otherwise permitted by law. We will not use or disclose your PHI for any other purpose without your (or your representative's) written authorization, except as described in our Notice of Privacy Practices. Giving us authorization is at your discretion.

**This is only a brief summary of some of our key privacy practices.** Our Notice of Privacy Practices, which provides additional information about our privacy practices and your rights regarding your PHI, is available and will be furnished to you upon request. To request a copy, please call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). You can also find the notice at your local Plan facility or on our website at [kp.org](http://kp.org).

### Dispute resolution

We are committed to promptly resolving your concerns. The following sections describe some dispute-resolution options that may be available to you. Please refer to your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents 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, Medi-Cal, MRMIP, Federal Employee Health Benefits Program (FEHB), or CalPERS member because you have different dispute-resolution options available. The information below is subject to change when your *Evidence of Coverage*, *Certificate*

*of Insurance*, or other plan documents are revised.

We will confirm receipt of your complaint, grievance, or appeal within 5 days. We will 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. In the case of an urgent grievance, we will respond as described below in the Urgent Procedure section.

### 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 or services, you may file a complaint online or you may contact a patient assistance coordinator or a Member Services representative at your local Plan facility, or call our Member Service Contact Center, 24 hours a day, 7 days a week at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY) to discuss your issue. To file a complaint online, go to [kp.org](http://kp.org) and scroll to the bottom of the page. Under "Member Support," click "Member Services." On the left side of the screen, click "Submit a complaint." Our representatives will advise you about our resolution process and ensure that the appropriate parties review your complaint.

### Grievances

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. Here are some examples of reasons you might file a grievance:

- You received a written denial of Services that require prior authorization from the Medical Group and you want us to cover the Services
- You received a written denial for a second opinion or we did not respond to



your request for a second opinion in an expeditious manner, as appropriate for your condition

- Your treating doctor has said that Services are not medically necessary and you want us to cover the Services
- You were told that Services are not covered and you believe that the Services should be covered
- You want us to continue to cover an ongoing course of covered treatment
- You believe you have faced discrimination from providers, staff, or Health Plan
- We terminated your membership and you disagree with that termination

### **Who may file**

The following people may file a complaint or grievance:

- You may file for yourself.
- You can ask a friend, relative, attorney, or any other person to file for you by appointing them in writing as your authorized representative.
- A parent may file for their child under age 18, except that the child must appoint the parent as authorized representative if the child has the legal right to control release of information that is relevant.
- A court-appointed guardian may file for their ward, except that the ward must appoint the court-appointed guardian as authorized representative if the ward has the legal right to control release of information that is relevant.
- A court-appointed conservator may file for their conservatee.
- An agent under a currently effective health care proxy, to the extent provided under state law, may file for their principal.
- Your doctor may act as your authorized representative with your verbal consent

to request an urgent grievance as described in the *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

### **Independent Medical Review (IMR)**

If you qualify, you or your authorized representative may have your issue reviewed through the Independent Medical Review (IMR) process managed by the California Department of Managed Health Care. The Department of Managed Health Care determines which cases qualify for IMR. This review is at no cost to you. If you decide not to request an IMR, you may give up the right to pursue some legal actions against us.

You may qualify for IMR if all of the following are true:

- One of these situations applies to you:
  - You have a recommendation from a provider requesting medically necessary services.
  - You have received emergency services, emergency ambulance services, or urgent care from a provider who determined the services to be medically necessary.
  - You have been seen by a Plan Provider for the diagnosis or treatment of your medical condition.
- Your request for payment or services has been denied, modified, or delayed based in whole or in part on a decision that the services are not medically necessary.
- You have filed a grievance and we have denied it or we haven't made a decision about your grievance within 30 days (or 3 days for urgent grievances). The Department of Managed Health Care may waive the requirement that you first file a grievance with us in extraordinary and compelling cases, such as severe pain or potential loss of life, limb, or major bodily function. If we have denied your grievance, you must submit your

request for an IMR within 6 months of the date of our written denial. However, the Department of Managed Health Care may accept your request after 6 months if they determine that circumstances prevented timely submission.

You may also qualify for IMR if the Service you requested has been denied on the basis that it is experimental or investigational as described under “Experimental or investigational denials” in your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

If the Department of Managed Health Care determines that your case is eligible for IMR, it will ask us to send your case to the Department of Managed Health Care’s Independent Medical Review organization. The Department of Managed Health Care will promptly notify you of its decision after it receives the Independent Medical Review organization’s determination. If the decision is in your favor, we will contact you to arrange for the service or payment.

### **Independent Review Organization for nonformulary prescription drug requests**

If you filed a grievance to obtain a nonformulary prescription drug and we did not decide in your favor, you may submit a request for a review of your grievance by an independent review organization (IRO). You must submit your request for IRO review within 180 days of the receipt of our decision letter.

For urgent IRO reviews, we will forward to you the independent reviewer’s decision within 24 hours. For nonurgent requests, we will forward the independent reviewer’s decision to you within 72 hours. If the independent reviewer does not decide in your favor, you may submit a complaint to the Department of Managed Health Care, as described under “Department of Managed Health Care.” You may also submit a request for an Independent Medical Review as

described under “Independent Medical Review.”

### **Urgent Procedure**

If you want us to consider your grievance on an urgent basis, please tell us that when you file your grievance. Note: Urgent is sometimes referred to as “exigent.” If exigent circumstances exist, your grievance may be reviewed using the urgent procedure described in this section.

You must file your urgent grievance or request for IRO review in one of the following ways:

- By calling our Expedited Review Unit toll-free at **1-888-987-7247** (TTY **711**)
- By mailing a written request to:  
Kaiser Foundation Health Plan, Inc.  
Expedited Review Unit  
P.O. Box 23170  
Oakland, CA 94623-0170
- By faxing a written request to our Expedited Review Unit toll-free at **1-888-987-2252**
- By visiting a Member Services office at a Plan facility
- By going to [kp.org](https://www.kp.org) — you can file a complaint or grievance, including a request for an expedited review, on our website

We will decide whether your grievance is urgent or nonurgent unless your attending health care provider tells us your grievance is urgent.

If we determine that your grievance is not urgent, we will use the procedure described under “Standard procedure” in the “Grievances” section of your *Evidence of Coverage* or other plan documents. Generally, a grievance is urgent only if one of the following is true:

- Using the standard procedure could seriously jeopardize your life, health, or ability to regain maximum function.

- Using the standard procedure would, in the opinion of a doctor with knowledge of your medical condition, subject you to severe pain that cannot be adequately managed without extending your course of covered treatment.
- A doctor with knowledge of your medical condition determines that your grievance is urgent.
- You have received Emergency Services but have not been discharged from a facility and your request involves admissions, continued stay, or other health care Services
- You are undergoing a current course of treatment using a non-formulary prescription drug and your grievance involves a request to refill a non-formulary prescription drug

For most grievances that we respond to on an urgent basis, we will give you oral notice of our decision as soon as your clinical condition requires, but not later than 72 hours after we received your grievance. We will send you a written confirmation of our decision within three days after we received your grievance.

If your grievance involves a request to obtain a non-formulary prescription drug and we respond to your request on an urgent basis, we will notify you of our decision within 24 hours of your request. For information on how to request a review by an independent review organization, see "Independent Review Organization for Non- Formulary Prescription Drug Requests" above.

If we do not decide in your favor, our letter will explain why and describe your further appeal rights.

**NOTE:** If you have an issue that involves an imminent and serious threat to your health (such as severe pain or potential loss of life, limb, or major bodily function), you can contact the California Department of

Managed Health Care at any time at **1-888-466-2219** or **1-877-688-9891** (TTY) without first filing a grievance with us.

### **Binding arbitration**

You have the right to voice complaints about Kaiser Permanente and the care we provide. Most member concerns are resolved through our complaint and grievance process. However, if you believe your care has been negligent, you can ask for binding arbitration by an arbitrator.

Upon enrollment, Kaiser members agree to use binding arbitration\* instead of a jury or court trial for certain matters that are not resolved by our dispute-resolution process. Arbitration is a widely used alternative to the court system. Arbitration does not limit a member's ability to sue Kaiser Permanente (Kaiser Foundation Health Plan, Inc.), The Permanente Medical Group, Inc. (TPMG), Southern California Permanente Medical Group (SCPMG), and its providers, employees, etc. (collectively "Kaiser Permanente"). Arbitration is simply a different forum for resolution of the dispute.

The Office of the Independent Administrator is the neutral entity that administers these arbitrations. Under the Office of the Independent Administrator, the arbitration system has been designed so that many cases are resolved timely and, in many circumstances, faster than if in court. A pool of nearly 300 independent arbitrators has been established by the Office of the Independent Administrator. About one-third of the arbitrators are retired judges. The arbitrator's decision is binding on both members and Kaiser Permanente.

For more information about binding arbitration, please refer to your *Evidence of Coverage* or other plan documents. The Office of the Independent Administrator issues annual reports available to the public regarding the arbitration system. The Office of the Independent Administrator

may be reached at **1-213-637-9847**.

Information about the arbitration system is also available on the website for the Office of the Independent Administrator, [oia-kaiserarb.com](http://oia-kaiserarb.com).

### **Department of Managed Health Care**

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY) and use your health plan's grievance process before contacting the Department of Managed Health Care. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR).

If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TTY line (**1-877-688-9891**) for the deaf or hard of hearing. The department's website [www.dmhc.ca.gov](http://www.dmhc.ca.gov) has complaint forms, IMR application forms, and instructions.

### **Notice of personal information sharing with Covered California**

California Law requires Kaiser Permanente to notify you every year that we will provide your information, including your name, address, and email, to Covered California if you end your health care coverage with us. Covered California will use this information to help you obtain other health coverage. If you do not want to allow Kaiser Permanente to share your information with Covered California, you may opt out of this information sharing.

If you do not want us to share your information with Covered California, visit [kp.org/notifications](http://kp.org/notifications), or contact Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services), 24 hours a day, 7 days a week (closed holidays) (for TTY, call **711**) 30 days before your coverage ends, to opt out of this information sharing. Thank you.

# Guide for members with disabilities

Kaiser Permanente is dedicated to providing accessible services for all members and visitors. The information presented here will guide you through available resources to help you plan your visit or hospital stay at any of our facilities statewide.

## Accessible wayfinding to Kaiser Permanente facilities

In keeping with our commitment to provide accessible services and programs, we offer two kinds of accessible wayfinding to Kaiser Permanente facilities:

- On [kp.org](https://kp.org), you'll find accessible directions. Click the "Doctors & Locations" tab, then click "Locations." Enter your search criteria, click "Search," and click "Directions" for the location you want to visit.
- For mobile device users, our mobile app has a fully accessible "Directions to Here" feature. Select the facility you want, and click the "Directions to Here" and "Start" buttons. It will then talk to you and guide you turn-by-turn (by car, bus, or foot) until you get to your desired location.

## Alternative formats

- **Print documents are available in alternative formats**  
Large print, braille, audio, and electronic files (accessible PDFs or Microsoft Word documents) are available at no charge to members with disabilities. The amount of time required for production of written materials in alternative formats may vary depending on the complexity, type, and length of the document requested, as well as whether the materials are prepared in-house or by third-party vendors. Generally, written materials in alternative formats can be produced within two weeks or less. Some

documents, such as online PDFs that don't contain patient-specific information, are available for immediate viewing or downloading.

- **Accessible PDFs online (without patient-specific information)**  
Non-patient-specific documents (for example, written materials that don't refer or pertain to clinical visits by, or treatment of, a Kaiser Permanente member or patient) are available for immediate viewing or downloading in an accessible PDF online at [kp.org](https://kp.org). These documents can also be produced in alternative formats upon request by calling our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). You can also contact us online at [kp.org](https://kp.org) — scroll to the bottom of the page and, under "Member Support," click "Member Services." Then click "Contact Member Services."
- **Documents with patient-specific information**  
Written materials that refer or pertain to clinical visits by, or treatment of, a Kaiser Permanente member or patient can be produced in alternative formats upon request through your care provider or our Member Service Contact Center at the number in the previous paragraph.

## Auxiliary aids and services:

- **Communication aids**  
A variety of aids and services are available to help patients and visitors who need assistance communicating. For individuals who are deaf or hard of hearing, we offer sign language interpreting services at no cost. Our interpreters are qualified to communicate health-related information. In addition to in-person sign language interpretation

services, the following auxiliary aids and services are available at no cost to you:

- Type-to-text displays in real time — for example, Ubi Duo
- Assistive listening devices (ALDs) — for example, Pocket Talker (a hand-held amplifier to aid conversation for the hard of hearing)
- TTYs (telecommunication devices for the deaf)
- VRI (video remote interpretation services)
- CART (Computer Aided Real-Time Transcription)
- Tactile interpreting for members who are deaf and blind

**Note:** This is not a complete list. Additional aids and services may be available to meet your communication needs. Please check with your provider or Member Services, as availability may vary by service area.

## Pharmacy services

Kaiser Permanente pharmacies provide a number of communication formats and assistive devices for members who are blind, have low vision, or may have difficulties with remembering, understanding, and/or hearing, including:

- Alternative formats (braille, large print, audio, screen readable documents)
- Large print prescription labels and audible prescription labels. The ScripTalk Station reads audible prescription labels and is available by request through local pharmacy, pharmacy call center, or through mail order pharmacies. **Now available** – read audible prescription labels conveniently with the **ScripTalk Mobile App**, download from the [Apple App Store](#) or [Google Play](#).

- Assistive listening devices (ALDs), such as a Pocket Talker, which is a personal hearing amplifier
- Sign language interpreters for American Sign Language (ASL), CART (Computer Aided Real-Time Transcription), and others

For additional information or assistance:

### Get local pharmacy or pharmacy call center numbers by:

- **Calling our Member Service Contact Center**, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), or **1-800-757-7585** (Chinese dialects). For TTY, call **711**.
- **Visiting our kp.org online Pharmacy Center**  
Click the “Doctors & Locations” tab, then click “Locations,” enter your search criteria, and click “Search.” Select the location you want, then click “Pharmacy.”
- **Using our online pharmacy center:**  
Sign into [kp.org](#) and click the “Pharmacy” menu option. Then choose from:
  - Fill a prescription
  - Get a cost estimate
  - Find by Rx number
  - Pharmacy locatorClick on “Look for a pharmacy in your area” and enter your search criteria.
  - Transfer Rx (varies by region)
  - Additional Resources:
    - Drug encyclopedia
    - Drug formulary



## Service animals

Kaiser Permanente welcomes service animals in its facilities. No other animals (including animals that provide comfort, emotional support, or crime deterrence) are permitted.

## Technology access

Kaiser Permanente strives to provide accessible and usable digital resources to all members, including people with disabilities. We continually review and modify our sites and applications to improve their accessibility for people who use assistive technologies. Kaiser Permanente complies with the Web Content Accessibility Guidelines (WCAG) 2.0 Conformance Level AA Success Criteria.

- **Our website, kp.org**

Accessibility is a big part of our web development cycle. Development teams design sites to be accessible and usable, and our Digital Accessibility Team assesses all web pages for accessibility using JAWS and NVDA screen-reading software.

Kaiser Permanente provides recommendations on screen reader and browser combinations on its [accessibility information page](#).

- **The Kaiser Permanente mobile app**

Accessibility is also a major part of our mobile application development cycle. Development teams design apps to be accessible and usable, and our Digital Accessibility Team and product quality testers assess all iOS app screens with VoiceOver. We also design all native apps (mobile devices) to have appropriate contrast and text size for members with low vision.

- **Technology at Kaiser Permanente facilities**

Kaiser Permanente uses a variety of technologies at its medical centers to provide our members with information and services. We design, select, and install these technologies so that as

many of our members as possible may use them. However, these technologies don't replace one-on-one help. If you don't know how to use any technologies you encounter during your visits, our employees are here to help you.

- **Need help?**

If you're having accessibility problems with our kp.org website or mobile applications, you can receive help by calling our Website Support helpline at **1-800-556-7677**, Monday through Friday from 6 a.m. to 7 p.m., and Saturday and Sunday from 7 a.m. to 3 p.m. (closed holidays). This helpline offers real-time, one-on-one assistance and troubleshooting.

## Help in your language

### Language Assistance Services

Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

If you or your family/caregiver need help with interpreter services including sign language, qualified interpreter services are available. We highly discourage using family, friends, or minors as interpreters.

If you visit one of our facilities and no one speaks your language, we have interpreters for more than 150 languages available by phone. If you need a sign language interpreter, an interpreter is available either by video or in person.

If you need health plan materials in your language, you can ask for translations. You can also get them in large text or other formats based on your vision or hearing needs. For more details on alternative

formats and auxiliary aids, please the section titled “Guide for members with disabilities.” When needed, we can also give referrals to appropriate community-based resources, based on your language, culture, and any special needs. Just let us know how we can help.

## Ayuda en su idioma

### Servicios de Ayuda para Idiomas

Contamos con asistencia de idiomas sin costo alguno para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tenemos a disposición profesionales cualificados en caso de que usted o un familiar o cuidador necesiten servicios de interpretación, incluido el lenguaje de señas. No recomendamos que familiares, amigos o menores realicen este trabajo.

Si visita alguno de nuestros centros de atención y nadie habla su idioma, tenemos intérpretes para más de 150 idiomas a disposición por teléfono. El servicio de interpretación para lenguaje de señas está disponible por video o en persona.

Si necesita material del plan de salud en su idioma, puede solicitar traducciones. La documentación también está disponible con letra grande o en otros formatos para necesidades visuales o auditivas específicas. Para leer información más detallada sobre los formatos alternativos y la ayuda adicional, consulte la sección “Guía para miembros con discapacidades”. Cuando sea necesario, también podemos remitirle a recursos comunitarios apropiados según su idioma, cultura y necesidades especiales. Simplemente díganos cómo podemos ayudarlo.

## 使用您的母語為您提供協助

### 語言協助服務

您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

如果您或您的家人／看護人需要協助取得包括手語在內的口譯服務，我們將會為您提供合格口譯服務。我們非常不鼓勵您使用家人、朋友或未成年者來擔任口譯員。

如果您前往我們的某家設施就診，而該設施內沒有人會說您的語言，我們可以透過電話提供超過 150 種以上語言的口譯服務。如果您需要手語翻譯員，翻譯員可透過視訊或在現場提供服務。

如果您需要您母語版本的保健計劃資料，您可以索取翻譯版本。您也可以根據您的視力或聽力需求索取這些資料的大字版或其他格式。如需有關其他格式及輔助器材的詳細資訊，請參閱「殘障會員指南」一節。如有需要，我們也可以根據您的語言、文化及任何特殊需求為您轉介適當的社區資源。無論您需要何種協助，請儘量告訴我們。

## Hỗ trợ bằng ngôn ngữ của quý vị

### Dịch vụ hỗ trợ ngôn ngữ

Dịch vụ thông dịch được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. Quý vị chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.

Nếu quý vị hoặc gia đình/người chăm sóc của quý vị cần giúp đỡ về các dịch vụ thông dịch,



kể cả ngôn ngữ ký hiệu, chúng tôi có những dịch vụ thông dịch đủ tiêu chuẩn. Chúng tôi khuyên không nên nhờ gia đình, bạn bè hoặc trẻ vị thành niên làm thông dịch viên.

Nếu quý vị đến một trong những cơ sở của chúng tôi và không ai nói được ngôn ngữ của quý vị, chúng tôi có các thông dịch viên qua điện thoại cho hơn 150 ngôn ngữ. Nếu quý vị cần thông dịch viên ngôn ngữ ký hiệu, chúng tôi có thông dịch viên qua video hoặc trực tiếp.

Nếu quý vị cần tài liệu về chương trình bảo hiểm sức khỏe bằng ngôn ngữ của quý vị, quý vị có thể yêu cầu các bản dịch. Quý vị cũng có thể nhận được tài liệu cỡ chữ lớn hoặc các định dạng khác theo nhu cầu về thị giác hoặc thính giác của quý vị. Để biết thêm chi tiết về các định dạng thay thế và trợ giúp phụ trợ, vui lòng xem mục có tiêu đề “Hướng dẫn dành cho hội viên khuyết tật”. Khi cần thiết, chúng tôi cũng có thể giới thiệu đến những nguồn hỗ trợ cộng đồng thích hợp, dựa trên ngôn ngữ, văn hóa và bất kỳ nhu cầu đặc biệt nào của quý vị. Chỉ cần cho chúng tôi biết chúng tôi có thể trợ giúp bằng cách nào.

## Language Assistance Services

**English:** Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

**Arabic:** خدمات الترجمة الفورية متوفرة لك مجاناً على مدار الساعة كافة أيام الأسبوع. بإمكانك طلب خدمة الترجمة الفورية أو ترجمة وثائقك أو لصيغ أخرى. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجى الاتصال على الرقم (711).

**Armenian:** Ձեզ կարող է անվճար օգնություն տրամադրվել լեզվի հարցում՝ օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Պարզապես զանգահարեք մեզ՝ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711**:

**Chinese:** 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

**Farsi:** خدمات زبانی در 24 ساعت شبانه روز و 7 روز هفته بدون اخذ هزینه در اختیار شما است. شما می توانید برای خدمات مترجم شفاهی، ترجمه جزوات به زبان شما و یا به صورت های دیگر درخواست کنید. کفایت در 24 ساعت شبانه روز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران TTY با شماره **711** تماس بگیرند.

**Hindi:** बिना किसी लागत के दुभाषिया सेवाएँ, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप एक दुभाषिये की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। बस केवल हमें **1-800-464-4000** पर, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें। TTY उपयोगकर्ता **711** पर कॉल करें।

**Hmong:** Muajkwc pab txhais lus pub dawb rau koj, 24 teev ib hnub twg, 7 hnub ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntauv txhais ua koj hom lus, los yog ua lwm hom. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnub twg, 7 hnub ib lim tiam twg (cov hnub caiv kaw). Cov neeg siv TTY hu **711**.

**Japanese:** 当院では、言語支援を無料で、年中無休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。お気軽に **1-800-464-4000** までお電話ください（祭日を除き年中無休）。TTY ユーザーは **711** にお電話ください。

**Khmer:** ជំនួយភាសា គឺមានឥតអស់ថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែសំភារៈដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទម្រង់ផ្សេងទៀត។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711**។

**Korean:** 요일 및 시간에 관계없이 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자 번호 **711**.

**Laotian:** ການຊ່ວຍເຫຼືອດ້ານພາສາມີໄວ້ໂດຍບໍ່ເສັຽຄ່າ ແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານ ສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະ ສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ພຽງ ແຕ່ໂທຫາພວກເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

**Navajo:** Saad bee áká'a'ayeed náhóló t'áá jiik'é, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji. Atah halne'é áká'adoolwołígíí jókí, t'áadoo le'é t'áá hóhazaadjí hadilyaa'go, éí doodaii' nááná lá ał'aa'ádaat'ehígíí bee hádadilyaa'go. Kojí hodiilnih **1-800-464-4000**, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji (Dahodiyin biniyé e'e'aahgo éí da'deelkaal). TTY chodeeyoolínígíí kojí hodiilnih **711**.

**Punjabi:** ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ਼ ਸਾਨੂੰ **1-800-464-4000** ਤੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਫ਼ੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** 'ਤੇ ਫ਼ੋਨ ਕਰਨ।

**Russian:** Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

**Spanish:** Contamos con asistencia de idiomas sin costo alguno para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

**Tagalog:** May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

**Thai:** เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมง ทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวข้องกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีการคิดค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ **711**

**Vietnamese:** Dịch vụ thông dịch được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. Quý vị chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.

## Nondiscrimination Notice

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Language assistance services are available from our Member Service Contact Center 24 hours a day, 7 days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. Auxiliary aids and services for individuals with disabilities are available at no cost to you during all hours of operation. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. You may request materials translated in your language at no cost to you. You may also request these materials in large text or in other formats to accommodate your needs at no cost to you. For more information, call **1-800-464-4000 (TTY 711)**.

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your *Evidence of Coverage or Certificate of Insurance* or speak with a Member Services representative for the dispute-resolution options that apply to you.

You may submit a grievance in the following ways:

- **By phone:** Call member services at **1-800-464-4000 (TTY 711)** 24 hours a day, 7 days a week (except closed holidays).
- **By mail:** Call us at **1-800-464-4000 (TTY 711)** and ask to have a form sent to you.
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at [kp.org/facilities](http://kp.org/facilities) for addresses)
- **Online:** Use the online form on our website at [kp.org](http://kp.org)

Please call our Member Service Contact Center if you need help submitting a grievance.

The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, sex, age, or disability. You may also contact the Kaiser Permanente Civil Rights Coordinator directly at:

**Northern California**  
Civil Rights/ADA Coordinator  
1800 Harrison St.  
16<sup>th</sup> Floor  
Oakland, CA 94612

**Southern California**  
Civil Rights/ADA Coordinator  
SCAL Compliance and Privacy  
393 East Walnut St.,  
Pasadena, CA 91188

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 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TTY). Complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

## Aviso de no discriminación

Kaiser Permanente no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

La Central de Llamadas de Servicio a los Miembros brinda servicios de asistencia con el idioma las 24 horas del día, los 7 días de la semana (excepto los días festivos). Se ofrecen servicios de interpretación sin costo alguno para usted durante el horario de atención, incluido el lenguaje de señas. Se ofrecen aparatos y servicios auxiliares para personas con discapacidades sin costo alguno durante el horario de atención. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Puede solicitar los materiales traducidos a su idioma sin costo para usted. También los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades sin costo para usted. Para obtener más información, llame al **1-800-788-0616 (TTY 711)**.

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. Por ejemplo, si usted cree que ha sufrido discriminación de nuestra parte, puede presentar una queja. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)*, o comuníquese con un representante de Servicio a los Miembros para conocer las opciones de resolución de disputas que le corresponden.

Puede presentar una queja de las siguientes maneras:

- **Por teléfono:** Llame a servicio a los miembros al **1-800-788-0616 (TTY 711)** las 24 horas del día, los 7 días de la semana (excepto los días festivos).
- **Por correo postal:** Llámenos al **1-800-788-0616 (TTY 711)** y pida que se le envíe un formulario.
- **En persona:** Llene un formulario de Queja Formal o Reclamo/Solicitud de Beneficios en una oficina de servicio a los miembros ubicada en un Centro de Atención del Plan (consulte su directorio de proveedores en [kp.org/facilities](http://kp.org/facilities) [haga clic en “Español”] para obtener las direcciones).
- **En línea:** Use el formulario en línea en nuestro sitio web en [kp.org/espanol](http://kp.org/espanol).

Llame a nuestra Central de Llamadas de Servicio a los Miembros si necesita ayuda para presentar una queja.

Se le informará al Coordinador de Derechos Civiles de Kaiser Permanente (Civil Rights Coordinator) de todas las quejas relacionadas con la discriminación por motivos de raza, color, país de origen, género, edad o discapacidad. También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente en:

### Northern California

Civil Rights/ADA Coordinator  
1800 Harrison St.  
16<sup>th</sup> Floor  
Oakland, CA 94612

### Southern California

Civil Rights/ADA Coordinator  
SCAL Compliance and Privacy  
393 East Walnut St.,  
Pasadena, CA 91188

También puede presentar una queja formal de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles (Office for Civil Rights) en el Departamento de Salud y Servicios Humanos de los Estados Unidos (U.S. Department of Health and Human Services) mediante el Portal de Quejas Formales de la Oficina de Derechos Civiles (Office for Civil Rights Complaint Portal), en [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf) (en inglés) o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TTY). Los formularios de queja formal están disponibles en [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html) (en inglés).

## 無歧視公告

Kaiser Permanente禁止以年齡、人種、族裔、膚色、原國籍、文化背景、血統、宗教、性別、性別認同、性別表達、性取向、婚姻狀況、生理或心理殘障、付款來源、遺傳資訊、公民身份、主要語言或移民身份為由而歧視任何人。

會員服務聯絡中心每週7天每天24小時提供語言協助服務（節假日除外）。本機構在全部營業時間內免費為您提供口譯服務，包括手語服務，以及殘障人士輔助器材和服務。我們還可為您和您的親友提供使用本機構設施與服務所需要的任何特別協助。您可免費索取翻譯成您的語言的資料。您還可免費索取符合您需求的大號字體或其他格式的版本。若需更多資訊，請致電**1-800-757-7585**（TTY 711）。

申訴指任何您或您的授權代表透過申訴程序來表達不滿的做法。例如，如果您認為自己受到歧視，即可提出申訴。若需瞭解適用於自己的爭議解決選項，請參閱《承保範圍說明書》(Evidence of Coverage) 或《保險證明書》(Certificate of Insurance)，或諮詢會員服務代表。

您可透過以下方式提出申訴：

- **透過電話：**請致電**1-800-757-7585**（TTY 711）與會員服務部聯絡，服務時間為每週7天，每天24小時（節假日除外）。
- **透過郵件：**請致電**1-800-757-7585**（TTY 711）與我們聯絡並請我們將表格寄給您。
- **親自遞交：**在計劃設施的會員服務辦事處填寫投訴或福利理索賠／申請表（請參閱 [kp.org/facilities](http://kp.org/facilities) 上的保健業者名錄以查看地址）
- **線上：**使用我們網站上的線上表格，網址為[kp.org](http://kp.org)

如果您在提交申訴時需要協助，請致電我們的會員服務聯絡中心。

涉及人種、膚色、原國籍、性別、年齡或殘障歧視的一切申訴都將通知Kaiser Permanente的民權事務協調員 (Civil Rights Coordinator)。您也可與Kaiser Permanente的民權事務協調員直接聯絡，地址：

**Northern California**  
Civil Rights/ADA Coordinator  
1800 Harrison St.  
16<sup>th</sup> Floor  
Oakland, CA 94612

**Southern California**  
Civil Rights/ADA Coordinator  
SCAL Compliance and Privacy  
393 East Walnut St.,  
Pasadena, CA 91188

您還可以電子方式透過民權辦公室的投訴入口網站 (Office for Civil Rights Complaint Portal) 向美國衛生與民眾服務部 (U.S. Department of Health and Human Services) 民權辦公室 (Office for Civil Rights) 提出民權投訴，網址是 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf) 或者按照如下資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TTY)。投訴表可從網站 [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html) 下載。

## Thông Báo Không Kỳ Thị

Kaiser Permanente không phân biệt đối xử dựa trên tuổi tác, chủng tộc, sắc tộc, màu da, nguyên quán, hoàn cảnh văn hóa, tổ tiên, tôn giáo, giới tính, nhận dạng giới tính, cách thể hiện giới tính, khuynh hướng tính dục, gia cảnh, khuyết tật về thể chất hoặc tinh thần, nguồn tiền thanh toán, thông tin di truyền, quốc tịch, ngôn ngữ chính, hay tình trạng di trú.

Các dịch vụ trợ giúp ngôn ngữ hiện có từ Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi 24 giờ trong ngày, 7 ngày trong tuần (ngoại trừ ngày lễ). Dịch vụ thông dịch, kể cả ngôn ngữ ký hiệu, được cung cấp miễn phí cho quý vị trong giờ làm việc. Các phương tiện trợ giúp và dịch vụ bổ sung cho những người khuyết tật được cung cấp miễn phí cho quý vị trong giờ làm việc. Chúng tôi cũng có thể cung cấp cho quý vị, gia đình và bạn bè quý vị mọi hỗ trợ đặc biệt cần thiết để sử dụng cơ sở và dịch vụ của chúng tôi. Quý vị có thể yêu cầu miễn phí tài liệu được dịch ra ngôn ngữ của quý vị. Quý vị cũng có thể yêu cầu miễn phí các tài liệu này dưới dạng chữ lớn hoặc dưới các dạng khác để đáp ứng nhu cầu của quý vị. Để biết thêm thông tin, gọi **1-800-464-4000** (TTY **711**).

Một phản nàn là bất cứ thể hiện bất mãn nào được quý vị hay vị đại diện được ủy quyền của quý vị trình bày qua thủ tục phản nàn. Ví dụ, nếu quý vị tin rằng chúng tôi đã kỳ phân biệt đối xử với vị, quý vị có thể đệ đơn phản nàn. Vui lòng tham khảo *Chứng Từ Bảo Hiểm (Evidence of Insurance)* hay *Chứng Nhận Bảo Hiểm (Certificate of Insurance)*, hoặc nói chuyện với một nhân viên ban Dịch Vụ Hội Viên để biết các lựa chọn giải quyết tranh chấp có thể áp dụng cho quý vị.

Quý vị có thể nộp đơn phản nàn bằng các hình thức sau đây:

- **Qua điện thoại:** Gọi cho ban dịch vụ hội viên theo số **1-800-464-4000** (TTY **711**) 24 giờ trong ngày, 7 ngày trong tuần (ngoại trừ đóng cửa ngày lễ).
- **Qua bưu điện:** Gọi cho chúng tôi theo số **1-800-464-4000** (TTY **711**) và yêu cầu được gửi một mẫu đơn.
- **Trực tiếp:** Điền một mẫu đơn Than Phiền hay Yêu Cầu Quyền Lợi/Yêu Cầu tại một văn phòng ban dịch vụ hội viên tại một Cơ Sở Thuộc Chương Trình (xem danh mục nhà cung cấp của quý vị tại [kp.org/facilities](http://kp.org/facilities) để biết địa chỉ)
- **Trực tuyến:** Sử dụng mẫu đơn trực tuyến trên trang mạng của chúng tôi tại [kp.org](http://kp.org)

Xin gọi Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi nếu quý vị cần trợ giúp nộp đơn phản nàn.

Điều Phối Viên Dân Quyền (Civil Rights Coordinator) Kaiser Permanente sẽ được thông báo về tất cả phản nàn liên quan tới việc kỳ thị trên cơ sở chủng tộc, màu da, nguyên quán, giới tính, tuổi tác, hay tình trạng khuyết tật. Quý vị cũng có thể liên lạc trực tiếp với Điều Phối Viên Dân Quyền Kaiser Permanente tại:

**Northern California**  
Civil Rights/ADA Coordinator  
1800 Harrison St.  
16<sup>th</sup> Floor  
Oakland, CA 94612

**Southern California**  
Civil Rights/ADA Coordinator  
SCAL Compliance and Privacy  
393 East Walnut St.,  
Pasadena, CA 91188

Quý vị cũng có thể đệ đơn than phiền về dân quyền với Bộ Y Tế và Nhân Sinh Hoa Kỳ (U.S. Department of Health and Human Services), Phòng Dân Quyền (Office of Civil Rights) bằng đường điện tử thông qua Cổng Thông Tin Phòng Phụ Trách Khiếu Nại về Dân Quyền (Office for Civil Rights Complaint Portal), hiện có tại [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), hay bằng đường bưu điện hoặc điện thoại tại: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TTY). Mẫu đơn than phiền hiện có tại [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).