

Be Informed

2024 Annual Subscriber Notice



Learn more at [kp.org](https://www.kp.org)



Greetings

Health care notices, care options, and more to keep you informed.

Health care notices

Here is some information about notices we are required to provide each year to help you get the most out of your plan.

We've noted where to find each health care notice on kp.org.

Health services



- Primary care services and doctors¹
- Specialty care services and doctors¹
- Behavioral health care¹
- Scheduled hospitalization¹
- Emergency care¹
- Urgent care¹
- Care after business hours¹
- Care outside of the service area²

Health benefits²



- Benefits, services, and copays
- Submitting claims
- Restrictions on receiving care outside of the service area

Member rights^{1,2,3}



- Rights and responsibilities
- Advance directives
- Complaint procedures
- Appeal procedures
- Language services
- Nondiscrimination
- Privacy notices

Quality



- Quality and patient safety^{1,4}
- Utilization management¹
- Evaluation of new technology to include as a covered benefit¹
- Pharmaceutical management procedures¹

1. Visit kp.org/formsandpubs and select the CO region. Then choose "Guidebooks" and the "2024 Annual Notices Guide." The guidebook is available in English or Spanish. **2.** To access a copy of your Evidence of Coverage (EOC), visit kp.org/eoc and sign in to your secure kp.org account. After logging in, you should land on the "My Documents" page. You will see a list of your documents. Continue to scroll through your documents until you see your Evidence of Coverage. Or call Member Services for any questions about your Membership Agreement or Evidence of Coverage at 303-338-3800 or 1-800-632-9700 (TTY 711), Monday through Friday, from 8 a.m. to 6 p.m. **3.** Visit kp.org/memberrights-co to view member rights and responsibilities. To view privacy practices, visit kp.org/privacy and choose your region. **4.** Visit kp.org/quality and click on "Patient safety" and "Measuring Quality" on the left navigation bar for further details.

Care and coverage resources

Kp.org account

Create your secure online account at kp.org/register or on the mobile app.

Save time with pharmacy delivery^{5,6}

When you order through kp.org/pharmacy or the Kaiser Permanente app, you can spend less time worrying about your next refill and more time living life to the fullest. We make it easy to stay on top of your prescriptions with:

- Refill reminders
- No-cost delivery usually within 5 to 7 days
- Delivery updates

Learn more at kp.org/pharmacy.

Member Services

For questions about your health plan and benefits, call Member Services at **303-338-3800** or **1-800-632-9700** (TTY 711) Monday through Friday, 8 a.m. to 6 p.m.

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

Financial statement

To view a copy of Kaiser Permanente Colorado's annual financial statement, go to kp.org/financials/co.

Stay informed

Get the latest health and wellness tips, along with important updates to help you manage your care through our monthly e-newsletters – *Partners in Health* and *Local Service Area* news. Simply update your online profile and preferences on kp.org to receive health and wellness emails.

Get the care you need – when you want it, how you want it

You've got many ways to get quality care where it's most convenient for you.

- In person
- Online
- Phone

View all your care options at kp.org/getcare.

Clinical Contact Center

Call **303-338-4545** or **1-800-218-1059** (TTY 711) anytime, day or night, for medical advice.

For appointments, schedule online at kp.org/appointments or call Monday through Friday, from 6 a.m. to 7 p.m. If you see an affiliated provider, call that office directly.

Nondiscrimination notice

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

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

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

⁵. Not all prescriptions can be mailed, and restrictions may apply. Please check with your local pharmacy. ⁶. Must have a valid prescription on file with a Kaiser Permanente medical office or through the Mail Order Pharmacy. Some prescriptions are not eligible to be mailed, and we are not able to mail to the following states at this time: Arkansas, Kansas, Louisiana, Nebraska, North Carolina, Oklahoma, South Carolina, and South Dakota.

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

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, 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** (TDD). Complaint forms are available at hhs.gov.

Help in your language

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

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

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

Bàsó ò Wù dù (Bassa) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̀Bàsóò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò bé in m̀gbo kpáa. **Đá 1-800-632-9700** (TTY 711)

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

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

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

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

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

日本語 (Japanese) 注意事項: 日本語を話さる場合、無料の言語支援をご利用いただけます。**1-800-632-9700** (TTY 711) まで、お電話にてご連絡ください。

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

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hól'ó, koj j' hódííłnih **1-800-632-9700** (TTY 711).

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

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

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

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

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

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

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