

Kaiser Permanente Member Resource Guide



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The information in this Member Guide is updated from time to time and is current as of January 2025. Plan hospitals, plan doctors and other plan providers, and the services available at plan facilities are subject to change at any time without notice. If you have questions, or to get the latest information, call Member Services or visit kp.org.

Important phone numbers

Member Services

- **1-888-901-4636**
- **206-630-4636**
- **711** (TTY)
- Monday through Friday, 8 a.m. to 5 p.m., except major holidays
- Also available via online chat when you sign in at [kp.org](https://www.kp.org)

New Member Welcome Team

Get help transferring your care or prescriptions to Kaiser Permanente, Monday through Friday, 8 a.m. to 5 p.m., except major holidays.

- **1-888-844-4607**
- **206-630-0029**

24/7 advice line

Get health care advice from a licensed clinician 24 hours a day, 7 days a week.

- **1-800-297-6877**
- **206-630-2244**

Mental Health Access Center

Schedule first-time and follow-up appointments for mental health and for addiction and recovery services, Monday through Friday, 8 a.m. to 5 p.m.

- **1-888-287-2680**
- **206-901-6300**

Hospital Notification Line

Call 24/7 if you've been hospitalized for an emergency.

- **1-888-457-9516**
- **206-901-4609**

Website and mobile app support

Get help with our online services, Monday through Friday, 8 a.m. to 5 p.m.

- **1-888-874-1620**

Patient Financial Services

Get answers to questions about a bill, or request a payment arrangement.

- **1-800-442-4014**

Introduction to care

Thank you for choosing Kaiser Permanente.

This guide will provide you with useful information about your plan, your care, and services that are available to you. It will also connect you to much more information on our website.

There's a lot to know, but you don't have to know it all now. This guide is yours to reference whenever you need it.

If you haven't already, please create your kp.org account through the Kaiser Permanente Washington app or at kp.org/newmember.

After you sign in, you'll be able to use your account to:¹

- View your plan benefits
- Choose a doctor
- Manage a family member's care²
- Transfer prescriptions
- View most lab results

If you'd like help getting started with Kaiser Permanente, call our New Member Support Team at **206-630-0029** or **1-888-844-4607** (TTY **711**); Monday through Friday, 8 a.m. to 5 p.m.

Member Services

If you have questions about your benefits and coverage — or to request a copy of your *Evidence of Coverage* or other plan documents — call the number on your member ID card.

1. These features are available when you get care from Kaiser Permanente facilities.

2. Online features change when children reach age 13. Teens are entitled to additional privacy protection under state laws. When your child turns 13 years old, you will still be able to manage care for your teen, with modified access to certain features.

Getting care

1. Select a doctor in your network

Know your network

You have access to a specific network of doctors and health care professionals, as well as hospitals, pharmacies, and other care facilities.

- Your network is listed on your ID card, which you'll receive in the mail. (Your digital ID card has the same information. Find it at kp.org and in the Kaiser Permanente Washington mobile app once you've registered for a secure member account and signed in.)
- Some of our plans include regional and national networks. For details about these additional networks and pharmacies and links to provider directories, visit kp.org/wa/additional-networks.
- If you need help understanding your network, you can call Member Services.

Consider your options

A designated personal doctor means you have someone to coordinate your overall health care and make sure you're connected with the resources you need.

- Depending on your health plan and where you live, you can choose care from Kaiser Permanente doctors and care providers or other local, regional, and national providers who are in your plan's network.
- Choose a personal doctor who practices family medicine or adult/internal medicine or who specializes in pediatric or adolescent medicine for children up to 18.
- It's a good idea to select a doctor right away so you have one if you get sick or injured. You can change your doctor anytime, for any reason.

Browse doctor profiles and make a selection

Go to kp.org/wa/find-a-doctor and select your network to search for Kaiser Permanente and other local network doctors as well as pharmacies, medical facilities, hospitals, and more.

- Make sure that the doctor you're considering is accepting new patients.
- Contact Member Services if you need help.

Here are some things to consider as you search for a personal doctor:

- Gender
- Facility location
- Medical interests
- Languages spoken
- Years of experience
- Cultural or personal background

2. Review your care options

Learn about the many care options available to our members at kp.org/getcare.

3. Learn about your coverage

Kaiser Permanente offers many plans with different levels of coverage. It's a good idea to get familiar with your plan's coverage and what's in-network or out-of-network.

- Find the name of your network on your ID card.
- Review your plan and coverage documents when you sign in at kp.org.

Specialty care services

Specialty Care

If you have a new health concern, the best place to start is with your personal doctor. Your doctor can help you determine if you should see a specialist for evaluation or treatment.

Prescription drugs

Whether you're on prescription medication as part of your ongoing care or need a one-time drug for a sudden condition, you can depend on our pharmacy services, including convenient home delivery and help managing multiple medications. Learn more at kp.org/wa/pharmacy.

Alternative care

No referral is needed to make an appointment with a licensed chiropractor, acupuncturist, or naturopath in your network. If you need to see a massage therapist for medical reasons, your personal doctor will need to write a prescription and care plan for you. Some plans have a visit limit for alternative care therapies. If you need more visits, they must be authorized by Kaiser Permanente, usually by request of the recommending doctor.

- Search for health care professionals in your network at kp.org/wa/find-a-doctor.

Dental care

Some plans offer coverage for adult or pediatric dental care through Delta Dental of Washington. For more information, call Member Services at **1-888-901-4636**.

Inpatient care or surgery

Planned procedures are covered at a network facility when ordered by a Kaiser Permanente or other network doctor. Your doctor will request any needed preauthorization from the health plan.

Mental health care

Call the Mental Health Access Center at **1-888-287-2680** for mental health services. They'll coordinate and authorize all mental health, addiction, and recovery care.

- No referral is necessary for mental health care within Kaiser Permanente.
- Coverage varies; check your *Evidence of Coverage* for details.
- Visit kp.org/mentalhealth for more information.

Vision care

Most plans cover routine eye exams, and many of our medical facilities have an optical center where you can fill your prescription for contact lenses or eyeglasses.

- Check your *Evidence of Coverage* for details about your vision coverage and your benefit for contacts or eyewear and lenses.
- Visit kp.org/wa/eyecare for Kaiser Permanente locations, hours, discounts, and frame selections. Find other network optometrists in your area at kp.org/wa/find-a-doctor.

Women's health care

Women can refer themselves to women's health care professionals for routine reproductive health care, gynecological care, maternity care, and general preventive care such as Pap tests and breast exams.

Women's health care professionals include specialty doctors, such as gynecologists and obstetricians, and physician assistants or nurse practitioners specializing in women's health and midwifery.

- Search for professionals in your network at kp.org/wa/find-a-doctor.

Case management for chronic conditions

Registered nurses certified in case management offer phone-based support managing chronic asthma, diabetes, high blood pressure, cholesterol, or heart disease. Call **1-866-656-4183**.

- **Complex case management**

A specially trained nurse — in partnership with your personal care doctor — can help members who need or want help managing multiple chronic conditions, medications, and providers. Call **1-866-656-4183**.

Care while traveling

If you become ill or injured while traveling, you're never far from in-network care with local, regional, and national options. To learn more, visit kp.org/travel.

Medical treatment: Rights and responsibilities

You have rights when it comes to your medical treatment. While some rights are set by state and federal law, you also have the right to choose treatments based on your personal values, beliefs, and what is important to you.

Making treatment decisions

When your doctor offers you treatment for a medical condition, you can choose to say “yes” or “no.” To help you make a decision, your doctor will tell you about your medical condition, the different treatments, and what their side effects could be. Your beliefs and values may guide you in deciding whether to go ahead with a treatment or not.

Discussing treatment alternatives

While Kaiser Permanente doesn't cover every kind of treatment or procedure (no health plan does), we don't have any financial incentives or penalties that might encourage doctors or other clinicians to withhold medically

necessary services or to keep them from discussing recognized medical alternatives with you. The only financial incentives we ever use are rewards for medical groups and hospitals that meet quality care measures (such as cancer screenings) and patient satisfaction targets.

Documenting your care choices

What if you were in a serious accident and lost your ability to say “yes” or “no” to treatment? Advance directives are designed to document your wishes in case you find yourself in that situation. They can be completed by anyone 18 or older and changed or canceled at any time.

There are 3 types of advance directives:

- **Durable power of attorney for health care (DPOA):** Names someone as your decision-maker if you're unable to make health care decisions yourself.
- **Health care directive — living will:** Tells your provider and your family what kinds of care you do not want if you are seriously ill or injured.
- **Portable Orders for Life-Sustaining Treatment (POLST):** Contains physician orders about the use of life-sustaining treatment such as CPR. It is intended to reflect your wishes around end-of-life care.

You can find these forms and an advance directive booklet at kp.org/wa/forms.

When you need hospital care

Your network includes community or regional hospitals in locations across our Washington state service area. The Leapfrog Group, a national hospital rating organization, publishes an annual survey on hospital safety performance.

You can review the most recent results for participating Washington hospitals at leapfroggroup.org/compare-hospitals.

Laws related to women's health

Contraception: Beginning in 2018, Washington state law requires health plans with contraceptive drug coverage to let members get a 12-month supply at once. All preferred contraceptives except NuvaRing are eligible for this extended supply. This regulation doesn't apply to employer self-funded plans or Federal Employees Health Benefits Program plans.

Mastectomies: The Women's Health and Cancer Rights Act of 1998 gives you the right to the following coverage after a mastectomy: reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance, prostheses (artificial replacements), and treatment for physical complications resulting from the mastectomy.

New medical technology

New and emerging medical technologies are evaluated on an ongoing basis by 2 Kaiser Permanente committees: the Interregional New Technologies Committee and our local Pharmacy and Therapeutics Committee. These evaluators consider the new technology's benefits, whether it has been proven safe and effective, and under what conditions its use would be appropriate. The recommendations of these committees, which are led by doctors, inform what is covered and used by our clinicians.

Quality improvements

Each year we develop an annual work plan to guide our efforts to maintain and improve the quality of patient care and services. You can find the Quality & Safety Program description and Quality Plan work plan at kp.org/wa/quality or call Member Services and ask for a copy.

Feedback on care quality or access

Your compliments, concerns, complaints, and questions help us provide high-quality care and service. You can call Member Services to share your comments or complete an online form and email it to Member Services at kp.org/wa/compliments-complaints.

Privacy, rights, and responsibilities

Know your rights and responsibilities

It's important to know what you can expect and what we need from you when you receive care from us. Visit kp.org/wa/rights.

Find out how we protect your privacy

Our regional Notice of Privacy Practices, which all members and patients receive, describes how medical information about you may be used and disclosed and how you can access it. It also describes our responsibility to notify you if there is a breach of your protected health information. Go to kp.org/wa/privacy.

Important resources

Visit kp.org/wa/important-resources to learn about coverage documents, other plan documents, and preventive care schedules. You can also read about our quality program and ratings on hospital care and safety, learn about women's health and cancer rights, and read important health plan and pharmacy disclosures.

Nondiscrimination and language services

We comply with all civil rights laws and do not discriminate in any way. We also provide language services to people whose primary language is not English. For details, visit kp.org/wa/ndn.

Coverage decisions

Decisions about your benefit coverage are based solely on the appropriateness of care for your medical needs and what is covered by your health plan.

How utilization management works

Utilization management is a process used in the health care field to make sure patients are getting appropriate services at the right time and for the right length of time. You benefit because it requires continual review and monitoring of your care. Some of the services we continually monitor and evaluate are:

- Hospital admissions and average length of stay
- Referred services
- Post-service claims
- Case management services for certain medical conditions
- Clinical practice guidelines

Some care, services, and supplies require prior approval (preauthorization) from Kaiser Permanente in order to be covered.

This includes planned inpatient hospitalization, advanced imaging (CT scan, MRI, PET scan), clinical trials, dialysis, home health care, hospice, and certain drugs. Generally, the recommending provider will request the preauthorization on your behalf.

If at any time you feel you are not receiving coverage for an item or service that you believe is medically necessary, you have the right to:

- Make a request for services or supplies you have not received
- File a claim for payment of charges you've paid

If you don't agree with our decision regarding your request, you have the right to request an appeal.

You or your doctor can contact Member Services for help with questions about coverage determinations. If you contact us after regular business hours, we'll respond the next business day. If the communication is received after midnight, Monday through Friday, we'll respond the same business day.

Claims and appeals

Appeal a coverage or claim decision
If Kaiser Permanente denies coverage for a medical service or payment of a claim, you have the right to appeal that decision. Go to kp.org/wa/appeals to learn how.

File a claim

Find instructions for filing claims at kp.org/wa/reimburse.