BEING AN INFORMED **KAISER PERMANENTE MEMBER**

2017–2018

Information to know before, at, and after enrollment

You have the right, at no cost, to receive confidential language assistance services for your health care needs. Upon request, we can arrange for you to speak to an interpreter. If you would like additional information, please call Member Services. You'll find the phone numbers on the back of your ID card.

Quý vị có quyền yêu cầu nhận dịch vụ giúp đỡ phiên dịch bảo mật và miễn phí khi có nhu cầu chăm sóc sức khỏe. Ngay khi có yêu cầu, chúng tôi có thể thu xếp để quý vị nói chuyện với một phiên dịch viên. Nếu quý vị cần thêm chi tiết, xin gọi Phục Vụ Khách Hàng. Các số của họ có ghi nơi mặt sau của thẻ chứng minh bảo hiểm.

Usted tiene derecho a recibir servicios lingüísticos gratuitos y confidenciales en relación con sus necesidades de atención de salud. A petición suya, podemos hacer arreglos para que hable con un intérprete. Si desea información adicional, haga el favor de llamar al departamento de Servicios para los Miembros. Usted encontrará los números de teléfonos al dorso de su tarjeta de identidad.

당신의 건강관리에 필요한 언어도움을 무료로 비밀을 지키면서 받으실수 있습니다. 당신이 도움을 청하면, 우리는 통역을 통하여 대화를 할수 있게 도와드립니다. 만약 추가정보가 필요하면, 회원서비스 담당자에게 전화하시면 됩니다. 당신의 회원증카드에 전화번호가 기입되어 있습니다.

KAISER PERMANENTE®

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Availability of services

Certain services are only available when you receive care at Kaiser Permanente facilities.

The benefits of Kaiser Permanente for specialty care

As a Kaiser Permanente member, you have the advantages of an integrated care experience. In addition, when you receive services at a Kaiser Permanente medical center, including lab, pharmacy, and radiology, everything is documented within our state-of-the art electronic medical record and care management system. The electronic capabilities and technology available allow us to keep you connected with all aspects of your care received within Kaiser Permanente. You can access your Kaiser Permanente health information any time through My Health Manager at **kp.org**.

Prevention

Do you know at what age you should start colorectal cancer screenings? Or how often you should have a Pap test? Screening tests and immunizations help you get and stay healthy. Your health care team is here to help you make the right choices at the right times. Your preventive care needs depend on your

- age,
- gender,
- health habits, and
- personal health history.

We have developed evidence-based guidelines for adults starting at age 18. They support health screening recommendations from organizations such as the Centers for Disease Control and Prevention. Find out what screenings you need at every stage of life online at **kp.org/prevention**. We also recommend that you register on **kp.org** and you complete the online total health assessment at **kp.org/tha**. This will give you a prevention plan that meets your needs and addresses what matters to you. You can easily access all of our tools to help you live well at **kp.org/healthyliving.**

Contact us

Appointments and 24-hour medical advice

You can call to make appointments 24 hours a day, seven days a week. Medical advice is also available 24 hours a day, seven days a week.

For either of these services, call:

- Within the Washington, DC metro area, **703-359-7878 (TTY 711).**
- Outside the Washington, DC metro area, **800-777-7904 (TTY 711).** If your doctor is in the community, call his or her office directly.

If you would like to leave a nonurgent message for a medical advice nurse, registered users can do so at **kp.org**; you will receive an answer within one business day.

EZ Refill Line

Available 24-hours a day by calling **800-700-1479** (Hours of operation are Monday through Friday from 7 a.m. to 6 p.m. and on Saturday from 8 a.m. to 4:30 p.m.).

Member Services

If you need assistance with or have questions about your health plan or specific benefits, you can speak with one of our Member Services representatives, Monday through Friday, 7:30 a.m. to 9 p.m.

- Within the Washington, DC metro area, call **301-468-6000 (TTY 711).**
- Outside the Washington, DC metro area, call **800-777-7902 (TTY 711).**

Member rights and responsibilities: Our commitment to each other

Kaiser Permanente is committed to providing you and your family with quality health care services. In a spirit of partnership with you, here are the rights and responsibilities we share in the delivery of your health care services.

Member rights

As a member of Kaiser Permanente, you have the right to do the following:

RECEIVE INFORMATION THAT EMPOWERS YOU TO BE INVOLVED IN HEALTH CARE DECISION MAKING

This includes your right to do the following:

a. Actively participate in discussions and decisions regarding your health care options.
b. Receive and be helped to understand information related to the nature of your health status or condition, including all appropriate treatment and non-treatment options for your condition and the risks involved — no matter what the cost is or what your benefits are.
c. Receive relevant information and education that helps promote your safety in the course of treatment.
d. Receive information about the outcomes of health care you have received, including unanticipated outcomes. When appropriate, family members or others you have designated will receive such information.
e. Refuse treatment, provided that you accept the responsibility for and consequences of your decision.
f. Give someone you trust the legal authority to make decisions for you if you ever become unable to make decisions for yourself by completing and giving us an advance directive, a durable power of attorney for health, a living will, or another health care treatment directive. You can rescind or modify these documents at any time.
g. Receive information about research projects that may affect your health care or treatment. You have the right to choose to participate in research projects.
h. Receive access to your medical records and any information that pertains to you, except as prohibited by law. This includes the right to ask us to make additions or corrections to your medical record. We will review your request based on HIPAA criteria to determine if the requested additions are appropriate. If we approve your request, we will make the correction or addition to your protected health information. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement. You or your authorized representative will be asked to provide written permission before your records are released, unless otherwise permitted by law.

RECEIVE INFORMATION ABOUT KAISER PERMANENTE AND YOUR PLAN

This includes your right to the following:

a. Receive the information you need to choose or change your primary care physician, including the names, professional levels, and credentials of the doctors assisting or treating you.
b. Receive information about Kaiser Permanente, our services, our practitioners and providers, and the rights and responsibilities you have as a member. You also can make recommendations regarding Kaiser Permanente's member rights and responsibility policies.
c. Receive information about financial arrangements with physicians who could affect the use of services you might need.
d. Receive emergency services when you, as a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed.
e. Receive covered, urgently needed services when traveling outside the Kaiser Permanente service area.
f. Receive information about what services are covered and what you will have to pay, and examine an explanation of any bills for services that are not covered.

g. File a complaint, a grievance, or an appeal about Kaiser Permanente or the care you received without fear of retribution or discrimination; expect problems to be fairly examined; and receive an acknowledgement and a resolution in a timely manner.

RECEIVE PROFESSIONAL CARE AND SERVICE

This includes your right to the following:

a. See plan providers; get covered health care services; and get your prescriptions filled within a reasonable period of time and in an efficient, prompt, caring, and professional manner.

b. Have your medical care, medical records, and protected health information handled confidentially and in a way that respects your privacy.

c. Be treated with respect and dignity.

d. Request that a staff member be present as a chaperone during medical appointments or tests.

e. Receive and exercise your rights and responsibilities without any discrimination based on age; gender; sexual orientation; race; ethnicity; religion; disability; medical condition; national origin; educational background; reading skills; ability to speak or read English; or economic or health status, including any mental or physical disability you may have.

f. Request interpreter services in your primary language at no charge.

g. Receive health care in facilities that are environmentally safe and accessible to all.

Member responsibilities

As a member of Kaiser Permanente, you have the responsibility to do the following:

PROMOTE YOUR OWN GOOD HEALTH

a. Be active in your health care and engage in healthy habits.

b. Select a primary care physician. You may choose a doctor who practices in the specialty of internal medicine, pediatrics, or family practice as your primary care physician.

c. To the best of your ability, give accurate and complete information about your health history and health condition to your doctor or other health care professionals treating you.

d. Work with us to help you understand your health problems and develop mutually agreed-upon treatment goals.

e. Talk with your doctor or health care professional if you have questions or do not understand or agree with any aspect of your medical treatment.

f. Do your best to improve your health by following the treatment plan and instructions your physician or health care professional recommends.

g. Schedule the health care appointments your physician or health care professional recommends.

h. Keep scheduled appointments or cancel appointments with as much notice as possible.

i. Inform us if you no longer live or work within the plan service area.

KNOW AND UNDERSTAND YOUR PLAN AND BENEFITS

a. Read about your health care benefits and become familiar with them. Detailed information about your plan, benefits, and covered services is available in your contract. Call us when you have questions or concerns.

b. Pay your plan premiums and bring payment with you when your visit requires a copayment, coinsurance, or deductible.

c. Let us know if you have any questions, concerns, problems, or suggestions.

d. Inform us if you have any other health insurance or prescription drug coverage.

e. Inform any network or nonparticipating provider from whom you receive care that you are enrolled in our plan.

PROMOTE RESPECT AND SAFETY FOR OTHERS

a. Extend the same courtesy and respect to others that you expect when seeking health care services.

b. Ensure a safe environment for other members, staff, and physicians by not threatening or harming others.

Filing a claim for reimbursement

You may submit a request for reimbursement of out-of-pocket costs you have incurred for covered services received from physicians, hospitals, or other health care providers as a claim for benefits. Please submit your request to the Health Plan via mail by sending the itemized bills, receipts, and all other supporting documents to:

National Claims Administration-Mid Atlantic States
P.O. Box 371860
Denver, CO 80237-9998

Alternatively, you may send your request via secure fax to 866-568-4184. However, as image quality may vary when faxing documents, we recommend that you send reimbursement requests via mail. Illegible documents will be returned to the sender with a request to provide clearer documentation in order to continue processing your request.

Reimbursement requests must be submitted to the Health Plan within one year of receipt of the covered services. Failure to submit such a request within one year of receipt of the covered services will not invalidate or reduce the amount of the claim if it was not reasonably possible to submit the request within one year after the date of service, and if the claim is submitted within two years from the date of service. A Member's legal incapacity shall suspend the time to submit a claim. Such suspension period ends when legal capacity is regained.

Within 30 days of our receiving your request, we will send you an Explanation of Benefits statement detailing what you need to pay and what the Health Plan will pay. You have the right to file an appeal if you disagree with Health Plan's decision not to pay for a claim in whole or in part.

Note: This notice applies only to members covered under contracts sold to businesses and individuals based in Maryland. If your coverage is based in another state, review your contract for specific details on submitting claims for reimbursement. If you have questions, contact Member Services at the telephone number on your member ID card.

Member complaint procedures

We encourage you to let us know about the excellent care you have received as a member of Kaiser Permanente or about any concerns or problems you have experienced.

Member Services representatives are dedicated to answering questions about your health plan benefits, available services, and the facilities where you can receive care. For example, they can explain how to make your first medical appointment, what to do if you move or need care while you are traveling, or how to replace an ID card. They can also help you file a claim for emergency services and urgent care services, both in and outside of our service area, or file an appeal. And you always have the right to file a compliment or complaint with Kaiser Permanente.

Member assistance and resource specialists are available at most Kaiser Permanente medical center administration offices, or you can call Member Services.

Written compliments or complaints should be sent to

Kaiser Permanente Member Services
Correspondence Unit
2101 East Jefferson Street
Rockville, MD 20852

All complaints are investigated and resolved by a Member Services representative by coordinating with the appropriate departments. If your complaint involves the health plan's decision not to authorize medical services or drugs, or not to pay a claim, you have the right to file an appeal.

Medically urgent situations

HOW TO FILE AN URGENT APPEAL

Expedited appeals are available for medically urgent situations. In these cases, call Member Services.

After business hours, call an advice nurse:

- Within the Washington, DC metro area, **703-359-7878 (TTY 711).**
- Outside the Washington, DC metro area, toll free at **800-777-7904 (TTY 711).**

NONURGENT APPEALS

Appeals for nonurgent services must be submitted in writing. When doing so, please include

- the member's name and medical record number,
- a description of the service or claim that was denied,
- why you believe the health plan should authorize the service or pay the claim, and
- a copy of the denial notice you received.

Send your appeal to

Kaiser Permanente Member Services
Appeals Unit
2101 E. Jefferson St.
Rockville, MD 20852

Your request will be acknowledged by an appeals analyst, who will inform you of any additional information that is needed and help you obtain information, conduct research, and prepare your request for review by the appeals/grievances committee. The analyst will also inform you of the health plan's decision regarding your appeal/grievance request along with any additional levels of review available to you. Detailed information on procedures for sharing compliments and complaints or for filing an appeal/grievance is provided in your *Evidence of Coverage*, your *Membership Agreement,* or, if you're an FEHB member, the federal brochure *(RI 73-047)*.

Right to independent review

We are committed to ensuring that your concerns are fairly and properly heard and resolved. After you have exhausted your complaint and appeal rights with Kaiser Permanente, if you continue to have concerns about your health care that you believe the health plan has not satisfactorily addressed, you have the right to contact one of the following agencies:

IN MARYLAND

- **Office of the Attorney General**
  Consumer Protection Division
  Health Education and Advocacy Unit
  200 St. Paul Place
  Baltimore, MD 21202
  877-261-8807 (toll free)
  Web: oag.state.md.us
- **Maryland Insurance Administration**
  Appeals and Grievance Unit
  200 St. Paul Place, Suite 2700
  Baltimore, MD 21202
  410-468-2000
  800-492-6116 (toll free)
  800-735-2258 (toll free TTY)
  410-468-2270 or 410-468-2260 (fax)
  Web: www.mdinsurance.state.md.us

IN VIRGINIA

- **Office of the Managed Care Ombudsman**
  Virginia Bureau of Insurance
  P.O. Box 1157
  Richmond, VA 23218
  877-310-6560 (toll free)
  804-371-9032 (Richmond metropolitan area)
  Web: scc.virginia.gov/boi/complaint.aspx
  Email: ombudsman@scc.virginia.gov
- **State Corporation Commission**
  Bureau of Insurance, Life and Health Division
  P.O. Box 1157
  Richmond, VA 23218
  804-371-9691
  800-552-7945 (toll free)
  TDD 804-371-9206
  Web: scc.virginia.gov
- **The Office of Licensure and Certification**
  Department of Health
  9960 Mayland Drive, Suite 401
  Richmond, VA 23233-1463
  804-367-2106
  800-955-1819 (toll free)
  804-527-4503 (fax)
  Web: www.vdh.state.va.us/olc
  Email: mchip@vdh.virginia.gov

IN THE DISTRICT OF COLUMBIA

- **Office of Health Care Ombudsman and Bill of Rights**
  One Judiciary Square
  441 4th Street, N.W. 900 South
  9th Floor
  Washington, DC 20001
  202-724-7491
  877-685-6391 (toll free)
  202-535-1216 (fax)
  Web: www.healthcareombudsman.dc.gov
  Email: healthcareombudsman@dc.gov

FOR FEDERAL EMPLOYEES

- **United States Office of Personnel Management**
  Insurance Services Programs
  Health Insurance Group 3
  1900 E St. NW
  Washington, DC 20415-3630
  202-606-0755
  Web: opm.gov

Choosing your prescription drugs

Kaiser Permanente has a drug formulary, or list of preferred drugs, to help your doctor pick the right drug for you. Our drug formulary includes many drug classes and drugs to treat many medical conditions.

Before including a drug in our drug formulary, a committee of Kaiser Permanente doctors and pharmacists complete a full review of the drug for:

- safety;
- effectiveness (how well the drug works for the medical condition);
- therapeutic value (how well the drug works compared to other drugs that may work the same or similarly);
- side effects;
- interactions with other drugs; and
- when the safety, effectiveness, and side effects of two or more drugs are the same, the cost of the drug would be considered when deciding whether to add the drug to our drug formulary.

Our drug formulary includes brand and generic drugs (generic drugs contain the same active ingredients as brand name drugs) approved by the Food and Drug Administration (FDA) as safe and effective for use. In most cases, your doctor will prescribe a generic drug if one is available. Some drugs on our formulary may have other requirements or limits on coverage depending on your prescription drug benefit. Specific information is included in the drug formulary list. Our drug formulary does not include step-therapy protocols. Any potential therapeutic conversion will be discussed with and approved by your doctor before occurring.

If you think you need a drug that is not on our drug formulary (a non-formulary drug), speak with your doctor. The non-formulary exception

process* is in place to give you and your doctor access to a medically necessary drug under your prescription drug benefit, even when that drug is not on our drug formulary. Your doctor will need to provide evidence that the non-formulary drug is medically necessary or you will be required to pay full price (not just your drug copay) for the non-formulary drug. You can start the non-formulary exceptions process by phone (Kaiser Permanente Member Services: **800-777-7902**) or visit **kp.org** to email your doctor.

If you or your doctor would like to request that a non-formulary drug be considered for addition to our drug formulary or that a formulary drug be removed from our formulary, you can fill out the request form available on **kp.org** or by calling Kaiser Permanente Member Services at **800-777-7902**.

The cost of drugs may vary depending upon the type of drug and your prescription drug benefit. Details about your prescription drug benefit can be found in the contract for your health benefit plan. If you have questions or concerns or wish to appeal the cost of a prescription drug or the decision on a non-formulary drug that your doctor did not consider to be medically necessary, you must contact Member Services. Your drug benefits may change from year to year, so be sure to refer to your contract for your health benefit plan's prescription drug benefit.

You can find the most current version of the drug formulary online at **kp.org**, or you can request a copy of our drug formulary by contacting Kaiser Permanente Member Services at **800-777-7902.** Changes to the drug formulary may occur regularly based on the monthly Pharmacy and Therapeutics Committee meeting decisions. Please check our website, **kp.org**, routinely for any recent updates or changes made to our drug formulary list.

How to potentially reduce the cost of prescription drug copays

As an added benefit, you may save time and money on prescription drug refills with our EZ Refill Line. Best used for for routine (maintenance) drugs, this service allows you to phone, fax, or mail in your order. The EZ Refill Line also allows you to find out when your drug refills are ready.

For the fastest service, call **800-700-1479**, toll free, any time of the day or night **(TTY 703-466-4835)**, As of April 2015, hours of operation will be Monday through Friday from 7 a.m. to 6 p.m. and on Saturday from 8 a.m. to 4:30 p.m.), and follow the instructions. If you have refills on your prescription drugs, select the "EZ Refill by mail" option to have your drug mailed anywhere in the United States for no additional charge, and you will usually receive your prescription drugs within 3 to 5 business days. For faster service, you can pick up your drug at any of our medical office building pharmacies.

You may be able to receive additional savings when you use the "EZ Refill by mail" option. Refer to your contract for complete details about the drug benefits and services available to you.

Online prescription drug refills

You may also order your refillable prescription drugs online at **kp.org**.

Fuel your good health with knowledge

We encourage you to learn more about your physician's background and the quality of area hospitals. Being informed can help you stay healthy. In addition to **kp.org**, there are many other sites that provide helpful information.

To find information about the education, training, and qualifications of your physician, look at the online Find a Doctor page at **kp.org**. You may also call Member Services. Each state requires that physicians be licensed in its jurisdiction in order to practice. The licensing authorities in each state make certain information available. To find out more about the education, training, and licensure status of any physician practicing in

- Maryland, go to www.mbp.state.md.us/bpqapp
- Virginia, go to http://www.vahealthprovider.com/search.asp
- Washington, DC, go to https://app.hpla.doh.dc.gov/weblookup/

Board certification denotes that a physician has gone beyond the necessary requirements for licensure and has fulfilled certification requirements established by a specialty board. A physician's status of board certified indicates that he or she has the appropriate knowledge, skills, and experience needed to deliver quality care in a specific area of medicine. To verify a physician's board certification status from 1 of the 24 specialty boards accredited by the American Board of Medical Specialties, visit www.abms.org. Ninety-five percent of the physicians in Mid-Atlantic Permanente Medical Group are board certified. Hospitals and nursing facilities are licensed by the jurisdiction in which they operate. In addition, other regulatory or accreditation entities rate quality.

To find quality information about a specific hospital, nursing home, or skilled nursing facility, search one of the following:

- The Joint Commission: jointcommission.org
- Maryland Health Care Commission: mhcc.maryland.gov
- Quality Improvement Organization for the State of Maryland: mdqio.org
- Virginia Health Information: vhi.org
- Official U.S. government site for people with Medicare: medicare.gov

We also encourage you to review hospital-specific information concerning safety practices. The Leapfrog Group works to identify problems that could harm patients and proposes solutions designed to improve hospital systems and reduce preventable medical mistakes.

The following hospitals affiliated with Kaiser Permanente have completed the Leapfrog Group's Hospital Quality and Safety Survey: Reston Hospital Center, Sinai Hospital, and the University of Maryland Medical Center.

Survey results are available at leapfroggroup.org.

Kaiser Permanente cannot vouch for the accuracy, completeness, or integrity of data provided via commercial websites. (Some sites charge a fee for each query.) Members are urged to exercise caution when gathering information from these sites and/or drawing conclusions about the overall quality of care of a health care provider based exclusively on such data. Data from such sources may not be reliable: It may not be appropriately validated or may lack suitable risk-adjustment methodologies that would neutralize case mix disparities among facilities or practitioners.

Practitioner information provided to patients

Doctors of medicine, osteopathy, and podiatry who practice in Virginia are required by law to provide patients, at their request, information about how to access provider records pertaining to the provider's education, licensure, specialty, years of active practice, practice address, disciplinary information, and other competency-related information.

To access this information directly, you may contact the Virginia Board of Medicine at vahealthprovider.com.

Quality program information

At Kaiser Permanente, we are committed to providing quality, cost-effective health care. Our physicians and managers work together to improve care, service, and the overall performance of our organization. We participate in a number of independent reports on quality of care

*Note: the Kaiser Permanente of the Mid-Atlantic States (KPMAS) non-formulary exception process does not apply to those who purchased a plan through a public, private, or small-group marketplace. For those members, any non-formulary or non-preferred drug will be approved without medical necessity and the copayment will be determined based on the medication tier and on your copay or coinsurance as defined in your coverage document, Membership Agreement, or *Evidence of Coverage*, respectively.

Marketplaces, sometimes called "exchanges," are usually state or federally run places where people can buy health care coverage. They includes websites, call centers, and physical locations, so you can get coverage online, over the phone, or in person. You can compare and choose health plans offered by private companies, get answers to questions, and find out if you are eligible for financial assistance or special programs. Marketplaces will also operate a Small Business Health Options Program (SHOP). There, small-business employers can purchase coverage for their employees.

and service so that you have reliable information about the quality of care we deliver, as well as a method for comparing our performance with that of other health plans in the region.

The quality reporting that we participate with includes:

- National Committee for Quality Assurance (NCQA) for health plan accreditation status,
- Healthcare Effectiveness Data and Information Set (HEDIS) for clinical effectiveness of care and measures of performance, and
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) to measure health plan member satisfaction.

Kaiser Permanente Commercial plans have been awarded an "Excellent Accreditation" from 2004 to 2018 from the NCQA, the highest award given for service and clinical quality. This award is given only to organizations that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement. To see the complete report, visit **ncqa.org**. The NCQA is the nation's leading watchdog for managed care organizations. To find out more about the quality program or request a copy of the quality program or information, including a report of our progress toward quality improvement goals, call Member Services.

Language services

As part of the Kaiser Permanente mission, we are committed to providing access to quality care and culturally competent service for all of our valued members — regardless of language preference, ability to hear, or cultural background. You have the right to no-cost language services for your health care needs. These services are available so you can be confident that you will be understood whenever you call or visit a Kaiser Permanente medical center. Language services include the following:

- **24-hour access to an interpreter.** We will connect you to someone who speaks your language when you call us to make an appointment or to talk with a medical advice nurse, your doctor, or a Member Services representative.
- **Translation services.** Some member material may be available in your preferred language. To request member materials in your preferred language, call Member Services at **800-777-7902.**
- **Bilingual physicians and staff.** In some medical centers and facilities, we have bilingual physicians and staff to assist you with your health care needs. You can call Member Services or search online in the medical staff directory at **kp.org**.
- **Telecommunications Relay Service (TRS).** If you are deaf, hard of hearing, or speech impaired, we have TRS access numbers that you can use to make an appointment or talk with an advice nurse, your doctor, or a Member Services representative.
- **Braille or large print.** If you are blind or vision impaired, you can request documents in Braille or large print by calling Member Services.
- **Sign language interpreter services.** These services are available for appointments. In general, advance notice of two to three business days is required to arrange for a sign language interpreter. Availability cannot be guaranteed without proper notification.
- **Educational resources.** Selected health promotion materials are available in foreign languages upon request. To access Spanish language information and many educational resources, go to **kp.org/espanol** or **kp.org** to access *La Guía en Español (the Guide in Spanish)*. You can also look for the ñ symbol on the English language Web page. The ñ points to relevant Spanish content available in *La Guía en Español*.
- **Medicine labels.** Upon request, your pharmacist can provide medicine labels in Spanish for most medications filled at your Kaiser Permanente pharmacy.

The collection of race, ethnicity, and language preference information

To meet our members' linguistic needs and provide culturally appropriate services, we need information to help us create additional programs and resources. As part of our electronic medical record system, we will make efforts to collect demographic and language preference data in a routine manner. When visiting your medical center, you will be asked to provide your demographic information, including race, ethnicity, and language preference.

At Kaiser Permanente, we are committed to providing health care to all our members regardless of their race, ethnic background, or language preference. It will be entirely your choice whether to provide us with your demographic information. The information is confidential and will be used only to improve the quality of care for you and other health plan members. The information also enables us to respond to required reporting regulations that ensure nondiscrimination in the delivery of health care.

If you would like additional information, please call Member Services. We believe that by understanding your cultural and language preferences, we can more easily customize our care delivery and services to meet your specific needs.

Utilization management/resource stewardship program

Quality and efficient care through resource stewardship

To ensure that we are good resource stewards, we have several programs designed to review and continuously improve our systems and the quality of care and service members receive.

Commitment to quality and compliance

The health plan and medical group regularly screen for quality of care and review how care and services are used to ensure that we remain the leader in quality in the Mid-Atlantic area. We also have staff who review our programs to make sure we are complying with laws and regulations and that we are administering benefits appropriately.

Resource stewardship at Kaiser Permanente

Personal physicians provide and coordinate members' timely and medically appropriate care. Resource stewardship is the process Kaiser Permanente uses to work with your personal physician to ensure that authorization necessary for medically appropriate care is provided to you before elective services are rendered. Resource stewardship activities occur across all health care settings at Kaiser Permanente, including medical centers, affiliated hospitals, skilled nursing facilities, rehabilitation centers, home health, hospices, chemical dependency centers, emergency rooms, ambulatory surgery centers, laboratories, pharmacies, and radiology facilities.

If you want to find out more about our resource stewardship/utilization management (UM) program, contact a Member Services representative, who can give you information free of charge about the status of a referral or an authorization; give you a copy of our criteria, guidelines, or protocols used for decision making; answer your questions about a denial decision; or connect you with a member of the resource stewardship/utilization management team. Utilization management (UM) staff are available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues. UM staff can receive inbound communication regarding UM issues after normal business hours. You may reach UM staff by calling Member Services at the number on the back of your Kaiser Permanente ID card. When initiating or returning calls regarding UM issues, our staff will identify themselves by name, title, and organization name.

Accessibility is important for all members, including members with special needs. Kaiser Permanente staff have the ability to send and receive messages with deaf, hard-of-hearing, or speech-impaired members through Member Services.

Non-English-speaking members may discuss UM issues, requests, and concerns through the Kaiser Permanente language assistance program with help from an interpreter, bilingual staff, or the language assistance line. Utilization management staff have the language line programmed into their phones to enhance timely communication with non-English-speaking members. Language assistance services are provided to members at no cost.

Medically appropriate care

Medically appropriate care is defined as care necessary for the diagnosis, treatment, and/or management of a medical condition within accepted standards and performed in a capable setting at the precise time required to treat the member.

Appropriately trained and credentialed physicians will use their expert clinical judgment and/or evidence-based medical criteria in reviewing for medical appropriateness.

Only a physician may make a denial based on medical appropriateness. In the event any service is denied because it does not meet criteria or is not a covered benefit, members may appeal. Please refer to your *Evidence of Coverage* or *Certificate of Insurance* for details regarding your appeal rights, or you may call Member Services.

Coverage for medically necessary care

All covered services must be medically necessary. We will determine when a covered service is medically necessary (the term is defined in your coverage document). You are entitled to appeal our decision if we receive your appeal in the appropriate time frame. Please refer to your *Membership Agreement, Evidence of Coverage* or *Certificate of Insurance* for details regarding your appeal rights.

Utilization management affirmative statement: Health plan staff and practitioners

The staff of the health plan, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., administer benefits, ensure compliance with laws and regulations, screen for quality of care, review how care and services are used, arrange for your ongoing care, and help organize the many facets of your care.

Kaiser Permanente practitioners and health care professionals make decisions about which care and services are provided based on the member's clinical needs, the appropriateness of the care and service, and existence of health plan coverage. The health plan does not make decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits. The health plan does not specifically reward, hire, promote, or terminate practitioners or other individuals for issuing denials of coverage, benefits, or care. No financial incentives exist that encourage decisions that specifically result in denials or create barriers to care and services or result in underutilization. In order to maintain and improve the health of our members, all practitioners and health professionals should be diligent in identifying any potential underutilization of care or service.

Achieving better health through care management

Through such services as our care management program, we are continuing to build on the idea that the best way for you to achieve better health is to approach your care through early detection and effective management of health conditions. As part of a national health care organization, our care management program gathers successful clinical methods developed by our physicians and combines them with the latest in medical research. The care management program then works with each Kaiser Permanente region in the country to apply that knowledge to patient care. The care management program also offers information on evidence-based, modern medical treatments to support our physicians in managing and preventing the complications of such chronic illnesses as diabetes, asthma, high blood pressure, and coronary artery disease. Most importantly, through care management, you not only benefit from better health but also gain the confidence and the ability to participate actively in your own care.

Investigation and approval of new and emerging medical technologies

Nearly every day, medical research identifies promising new drugs, procedures, and devices for the diagnosis, prevention, treatment, and cure of diseases. To assist physicians and patients in determining whether or not a new drug, procedure, or device is medically necessary and appropriate, our technology review and implementation committee, in collaboration with the Interregional New Technologies Committee and The Permanente Medical Group (TPMG) Medical Technology Committee, provides answers to critical questions regarding the indications for use, safety, effectiveness, and relevance of new and emerging technologies.

These interdisciplinary committees and the technology assessment unit are primary sources of information about the new medical technologies or new uses of existing technology. Various health care professionals, including primary care physicians, specialists, ethicists, research analysts, and managers, serve on the committees. The committees and the national technology assessment unit have access to subject matter experts, peer-reviewed literature, and technology assessments from within Kaiser Permanente and also from sources external to Kaiser Permanente, such as academic institutions and commercial technology assessment entities. If compelling scientific evidence is found that a new technology is comparable to the safety and effectiveness of currently available drugs, procedures, or devices, the committees may recommend that the new technology be implemented internally by Kaiser Permanente and/or authorized for coverage from external sources of care for its indication(s) for use. This technology assessment process is expedited when clinical circumstances merit urgent evaluation of a new and emerging technology.

The Regional Pharmacy and Therapeutics (P&T) Committee is responsible for developing and implementing policies about drugs and diagnostic testing materials. The major role of the committee is to review drugs and materials for approval and disapproval as well as establishing drug utilization guidelines. The committee includes physicians, medical practitioners, clinical pharmacists, nurses, and a clinical practice guidelines specialist.

The P&T committee may evaluate or reevaluate any drugs approved by the Food and Drug Administration (FDA). Along with medical specialty experts, the P&T committee evaluates and selects those available medications considered to be the most appropriate for patient care. A formulary, or list of approved drugs, is then developed. The formulary development process is based on sound clinical evidence that supports the safe, appropriate, and cost-effective use of drugs.

Experimental and investigational services

A service is experimental or investigational for a member's condition if any of the following statements apply at the time the service is or will be provided to the member.

The service

- cannot be legally marketed in the United States without the approval of the Food and Drug Administration (FDA), and such approval has not been granted;
- is the subject of a current new drug or new device application on file with the FDA, and FDA approval has not been granted;
- is subject to the approval or review of an Institutional Review Board (IRB) of the treating facility that approves or reviews research concerning the safety, toxicity, or efficacy of services;
- is the subject of a written protocol used by the treating facility for research, clinical trials, or other tests or studies to evaluate its safety, effectiveness, toxicity, or efficacy, as evidenced in the protocol itself or in the written consent form used by the facility; or
- lacks sufficient peer-reviewed clinical evidence to support safety and effectiveness for its intended use.

In making decisions about whether a service is experimental or investigational, the following sources of information may be reviewed:

- the member's medical records
- written protocols or other documents related to the service that has been or will be provided
- any consent documents the member or member's representative has executed or will be asked to execute to receive the services
- the files and records of the IRB or similar body that approves or reviews research at the institution where service has been or will be provided and other information concerning the authority or actions of the IRB or similar body
- the peer-reviewed medical and scientific literature regarding the requested service, as applied to the member's medical condition
- technology assessments performed by Kaiser Permanente and external organizations
- regulations, records, applications, and any other documents or actions issued by, filed with, or taken by the FDA, the Office of Technology Assessment, other agencies within the U.S. Department of Health and Human Services, or any state agency performing similar functions

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., collaborates with the Mid-Atlantic Permanente Medical Group, P.C., and uses the information and analyses described above to decide if a particular service is experimental or investigational.

Note: As a general rule, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., does not provide coverage for experimental services. However, we do cover clinical trials in accordance with your current *Membership Agreement, Evidence of Coverage* or contract.

Case management services

There are multiple case management opportunities available to you. If your expected need is short term, speak to your doctor about a referral to case management. If you are experiencing severe health problems or a newly diagnosed illness that might require extensive intervention over time, your doctor or other caregiver may suggest that you enroll in our Complex Case Management Program. Enrollment in the program is voluntary, and you can discontinue it at any time.

If your needs are appropriate for Complex Case Management and you give consent to participate, a case manager will work with you and/or your caregiver. With your help and input, the case manager will complete an assessment that includes your priorities and preferences. In collaboration with the appropriate providers, the case manager will work with you and a caregiver to establish prioritized goals for a self-management or action plan. The case manager will work with you to establish a communication schedule based on your needs. If you're at risk for a new medical concern, your health is not improving, or your health condition changes suddenly, then the goals will be modified. If new or different tests are required to gauge your condition, your case manager will help coordinate them.

Depending on the need, case managers provide the following types of assistance:

- initial assessment, including medication review
- coordination of care across providers — for example, scheduling appointments, telephone consultations, reminders for screening, tests, etc.
- care planning based on your needs, priorities, and preferences
- coaching and monitoring of your health status
- support and education
- assistance with access to Kaiser Permanente and community resources

If you would like more information or help, you may call the self-referral phone line at **301-321-5126** or **866-223-2347** (toll free). You will be prompted to state your name, phone number, and medical record number, along with your reason for requesting a case manager. You will be called back within two business days.

Self-refer to our disease management program

Do you have diabetes, asthma, depression, high blood pressure, chronic obstructive pulmonary disease (COPD), or coronary artery disease and want information to help manage your condition? If so, you can self-refer to our disease management program. Leave a message any time at **703-536-1465** in the Washington, DC metropolitan calling area or **410-933-7739** in the Baltimore area. Please leave your name, medical record number, address confirmation, and the condition for which you are requesting information.

Referrals to specialists

Permanente physicians and other plan providers offer primary care, pediatric services, obstetric/gynecological services, and specialty care — including but not limited to orthopedics, general surgery, dermatology, neurology, cardiology, and gastroenterology. If your primary care physician decides, in consultation with you, that you require medically necessary and appropriate services, you may be referred to a Kaiser Permanente physician or other plan provider for that service. The referral that has been entered by your primary care provider or attending specialist must be authorized before you receive nonemergency specialty care services. Referrals are reviewed and authorized by the Utilization Management team, which consists of referral nurses, physical therapists, physicians, and support staff. Your primary care physician or attending specialist may refer you to a non-plan provider. Services from non-plan providers will be authorized only if not available from plan providers. You must have an authorized referral to the non-plan provider in order for us to cover the services and/or supplies. If the referral to a non-plan provider is appropriately authorized, you pay only the copayments you would have paid if a plan provider had provided the service and/or supplies. Examples of services requiring authorization or notification include but are not limited to the following:

- Inpatient admissions, including those for childbirth, behavioral health, and chemical dependency (inpatient admissions are those hospital visits for which members are admitted to a facility for 24 hours or more).
- Specialized services, such as home health, medical equipment and associated supplies, and hospice care.
- Skilled nursing and acute rehabilitation facilities.
- Nonemergency medical transportation.
- Care received from a practitioner or facility that does not have a contract with Kaiser Permanente.
- Nonemergency care received outside of the Kaiser Permanente service area. Emergency services (inside and outside our service area) do not require a referral from a primary care physician. You do not need to obtain care from a plan provider.

If you have any questions regarding the status of your referral or denied services or would like to request a copy of any guideline or other criteria (provided free of charge) used in any decision regarding your care, please contact Member Services at **800-777-7902.**

Self-referrals

You can self-refer

- to a plan physician who specializes in obstetric/gynecological care,
- for routine vision services provided in a plan provider's office,
- for the initial consultation with a behavioral health provider for behavioral health or chemical dependency services (call the Behavioral Health Access Unit toll free at **866-530-8778**). Thereafter, the provider may have to get prior authorization in order to continue providing services.
- for dental services, only if you are a member who has purchased a Kaiser Permanente dental rider benefit. Although a referral is not required to access care from these providers, the provider may have to get prior authorization for certain services.

Care for mothers and newborns under the Newborns' and Mothers' Health Protection Act

Kaiser Permanente offers coverage (consistent with the mother's policy terms) for inpatient hospitalization services for a mother and newborn child for a minimum of

- 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery
- 96 hours of inpatient hospitalization care after an uncomplicated cesarean birth

If the mother and newborn remain in the hospital for at least the length of time provided, coverage includes a home visit if prescribed by the attending physician. The mother may request a shorter length of stay if, after talking with her physician, she decides that less time is needed for her recovery.

If the mother and newborn have a shorter hospital stay than listed above, coverage includes one home visit scheduled to occur within 24 hours after hospital discharge and an additional home visit if prescribed by the attending physician.

Habilitative services

Kaiser Permanente provides coverage for habilitative services to members until at least the end of the month in which the member turns 19 years of age. Habilitative services include devices and services such as behavioral health treatment, psychological care, and therapeutic care that assist members to learn, keep, or improve skills and functioning for daily life. Kaiser Permanente must preapprove all habilitative services. Any deductibles, copayments, and coinsurance required under your contract apply. Policy maximums and benefit limits apply. Habilitative services are not counted toward any visit maximum for therapy services. Please note that any therapies provided through the school system are not covered by this benefit. Please check your contract for specific details regarding your habilitative benefits.

This coverage notice applies only to contracts sold to businesses and individuals based in Maryland. If your coverage is based in another state, your plan includes coverage for habilitative services; however, please check your contract to learn what services and benefits you are eligible to receive. If you have questions regarding any of these services, contact Member Services at the telephone number on your member ID card.

Home visits after surgery

Kaiser Permanente provides coverage for home visits to members who undergo the surgical removal of a testicle. Coverage includes one home visit that occurs within 24 hours after discharge from the hospital or outpatient facility and an additional home visit if prescribed by the member's doctor. To be eligible, the member must be in the hospital less than 48 hours or have the procedure performed on an outpatient basis.

This coverage notice applies only to contracts sold to businesses and individuals in Maryland. Please check your contract coverage to determine if you are eligible for these surgical procedure benefits.

Proposed rate increases

If your coverage is through a Maryland-based small employer or if you are covered under a Maryland individual health benefit plan, you should know that you

- may access information about Kaiser Permanente's proposed rate changes/increases, and
- may submit comments on the proposed rate changes/increases on the Maryland Insurance Administration website at www.healthrates.mdinsurance.state.md.us.

Hospitalization and home visits following a mastectomy

Kaiser Permanente provides benefits for reconstructive breast surgery related to a mastectomy as required by the federal Women's Health and Cancer Rights Act of 1998. Coverage for reconstructive surgery includes mastectomy-related benefits, such as

- all stages of reconstruction of the breast that underwent the mastectomy
- surgery and reconstruction of the other breast to produce a symmetrical appearance
- prosthesis (artificial breast) and treatment of the physical complications that occur at all stages of the mastectomy, including lymphedema (swelling)

In addition, Maryland law requires that coverage include inpatient hospitalization for a minimum of 48 hours following a mastectomy. If this is applicable to you, you may request a shorter length of stay if, after talking with your physician, you decide that less time is needed for your recovery. If you have a shorter hospital stay than listed above, coverage includes one home visit scheduled to occur within 24 hours after your discharge from the hospital or outpatient facility and an additional home visit if prescribed by your attending physician.

For more information about member benefits and services available with Kaiser Permanente, please call Member Services at **800-777-7902.**

Mental illness, emotional disorders, and substance abuse benefits

If you are a member covered under a Maryland-based contract, Kaiser Permanente covers benefits for the diagnosis and treatment of mental illness, emotional disorders, and substance use disorders as required under Maryland law and, as applicable, the federal Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). Compliance with these laws means we cover benefits for the diagnosis and treatment of mental illness, emotional disorders, and substance use disorders under the same terms and conditions as provided for covered benefits for the treatment of physical illnesses.

The benefits for mental illness, emotional disorders, and substance use disorders are described in your coverage contract. Please refer to your *Evidence of Coverage*, *Membership Agreement*, or *Certificate of Insurance*, as appropriate, for specific details regarding your benefits for these illnesses.

If you have questions or need further information about the benefits for mental illness, emotional disorders, and substance misuse required under Maryland law and/or under the federal Mental Health Parity and Addiction Equity Act of 2008, you may contact the Maryland Insurance Administration at the address and telephone number listed below:

Maryland Insurance Administration
200 St. Paul Place, Suite 2700
Baltimore, MD 21202
410-468-2000
800-492-6116 (toll free)
800-735-2258 (TTY)

Immunization reporting

Kaiser Permanente works with two immunization programs that keep records on file: the Baltimore Immunization Registry Program (BIRP) and the Washington, DC Immunization Program. By law, we must provide immunization records for children who live in Baltimore City and Washington, DC No matter what actions you take regarding these registries, Kaiser Permanente doctors are still required to provide the necessary records and will be able to view the immunization records these agencies keep on file.

Baltimore City residents

The BIRP collects immunization records for Baltimore City children ages 6 and younger. This data is stored in the city health department tracking system. The program helps if you

- misplace your child's record and need a copy
- need to send your child's immunization records to a new doctor
- need a reminder to schedule immunizations

The registry information is available to

- your doctor or your child's doctor (for missing information)
- the Baltimore City Health Department staff
- Baltimore City Public Schools
- other agencies as allowed by law

If you do not want the immunization information shared with other people or organizations, you must complete an opt-out form, which is available at the Baltimore City Health Department or online at www.birp.net. When you opt out, outside groups cannot see your child's immunization record without signed permission. However, the immunization record will remain in BIRP. To pick up a form, please call the Baltimore City Health Department at one of the numbers below. You can set up a time to come to the office to sign or return the form.

For more information, contact:

Baltimore City Health Department
Immunization Program
620 N. Caroline Street
Baltimore, MD 21205
410-545-3048 or 410-396-4454

Washington, DC, residents

The Washington, DC Immunization Registry collects immunization data for Washington, DC children 17 years old and younger. Records are stored in the city's health department system. The program helps if

- you need a copy of your child's immunization record
- a doctor needs information on the last required immunization dates
- your child's daycare, school system, or college asks for missing immunizations
- The registry information is available to approved users, such as
  - your doctor or your child's doctor (for missing information)
  - the Washington, DC Health Department
  - the Washington, DC School System
  - other public agencies and companies working with the registry (such as your child's daycare provider)

Outside agencies might want to know if you or your child is current with scheduled immunizations. If this happens, your city's registry program will contact you and ask for your permission to share the information. If you do not want the immunization information shared with other people or organizations, call to opt out of sharing your child's information.

To opt out or for more information, contact:

DC Department of Health
Immunization Registry
77 P Street NE
Washington, DC 20002
202-576-7130
202-576-6418 (fax)

Important information regarding advance directives

Life-threatening illness can be a difficult subject to deal with; however, the conversation is just as important as the actual document. Planning ahead can help ensure your health care choices are respected in addition to easing potential burdens on family and friends. Be sure to discuss such wishes with those close to you, including your Kaiser Permanente physicians. Kaiser Permanente has advance directive forms available at each of our medical offices throughout the region for you to document future health care decisions. Additional information and resources about advance directives can be found on the Internet at: http://www.marylandattorneygeneral.gov/pages/healthpolicy/advancedirectives.aspx, **888-594-7437,** or agingwithdignity.org.

Additional information about Advance Care Planning and Advance Directives documents are available at: **kp.org/lifecareplan**.

Your right to decide

Adults can decide for themselves whether they want medical treatment. This right to decide - to say yes or no to proposed treatment - applies to treatments that extend life, like a breathing machine or a feeding tube. Tragically, accident or illness can take away a person's ability to make health care decisions. But decisions still have to be made. If you cannot do so, someone else will. These decisions should reflect your own values and priorities.

A Maryland law called the Health Care Decisions Act says that you can do health care planning through "advance directives." An advance directive can be used to name a health care agent. This is someone you trust to make health care decisions for you. An advance directive can also be used to say what your preferences are about treatments that might be used to sustain your life.

The State offers a form to do this planning, included with this pamphlet. The form as a whole is called "Maryland Advance Directive: Planning for Future Health Care Decisions." It has three parts to it: Part I, Selection of Health Care Agent; Part II, Treatment Preferences ("Living Will"); and Part III, Signature and Witnesses. This pamphlet will explain each part.

The advance directive is meant to reflect your preferences. You may complete all of it, or only part, and you may change the wording. You are not required by law to use these forms. Different forms, written the way you want, may also be used. For example, one widely praised form, called Five Wishes, is available (for a small fee) from the nonprofit organization Aging With Dignity. You can get information about that document from the Internet at www.agingwithdignity.org or write to: Aging with Dignity, P.O. Box 1661, Tallahassee, FL 32302.

This optional form can be filled out without going to a lawyer. But if there is anything you do not understand about the law or your rights, you might want to talk with a lawyer. You can also ask your doctor to explain the medical issues, including the potential benefits or risks to you of various options. You should tell your doctor that you made an advance directive and give your doctor a copy, along with others who could be involved in making these decisions for you in the future.

In Part III of the form, you need two witnesses to your signature. Nearly any adult can be a witness. If you name a health care agent, though, that person may not be a witness. Also, one of the witnesses must be a person who would not financially benefit by your death or handle your estate. You do not need to have the form notarized.

This pamphlet also contains a separate form called "After My Death." Like the advance directive, using it is optional. This form has four parts to it: Part I, Organ Donation; Part II, Donation of Body; Part III, Disposition of Body and Funeral Arrangements; and Part IV, Signature and Witnesses.

Once you make an advance directive, it remains in effect unless you revoke it. It does not expire, and neither your family nor anyone except you can change it. You should review what you've done once in a while. Things might change in your life, or your attitudes might change. You are free to amend or revoke an advance directive at any time, as long as you still have decision-making capacity. Tell your doctor and anyone else who has a copy of your advance directive if you amend it or revoke it.

If you already have a prior Maryland advance directive, living will, or a durable power of attorney for health care, that document is still valid. Also, if you made an advance directive in another state, it is valid in Maryland. You might want to review these documents to see if you prefer to make a new advance directive instead.

Part I of the Advance Directive: Selection of Health Care Agent

You can name anyone you want (except, in general, someone who works for a health care facility where you are receiving care) to be your health care agent. To name a health care agent, use Part I of the advance directive form. (Some people refer to this kind of advance directive as a "durable power of attorney for health care.") Your agent will speak for you and make decisions based on what you would want done or your best interests. You decide how much power your agent will have to make health care decisions. You can also decide when you want your agent to have this power right away, or only after a doctor says that you are not able to decide for yourself.

You can pick a family member as a health care agent, but you don't have to. Remember, your agent will have the power to make important treatment decisions, even if other people close to you might urge a different decision. Choose the person best qualified to be your health care agent. Also, consider picking one or two back-up agents, in case your first choice isn't available when needed. Be sure to inform your chosen person and make sure that he or she understands what's most important to you. When the time comes for decisions, your health care agent should follow your written directions.

We have a helpful booklet that you can give to your health care agent. It is called "Making Medical Decisions for Someone Else: A Maryland Handbook." You or your agent can get a copy on the Internet by visiting the Attorney General's home page at: http://www.oag.state.md.us, then clicking on "Guidance for Health Care Proxies." You can request a copy by calling 410-576-7000.

The form included with this pamphlet does not give anyone power to handle your money. We do not have a standard form to send. Talk to your lawyer about planning for financial issues in case of incapacity.

Part II of the Advance Directive: Treatment Preferences ("Living Will")

You have the right to use an advance directive to say what you want about future life-sustaining treatment issues. You can do this in Part II of the form. If you both name a health care agent and make decisions about treatment in an advance directive, it's important that you say (in Part II, paragraph G) whether you want your agent to be strictly bound by whatever treatment decisions you make.

Part II is a living will. It lets you decide about life-sustaining procedures in three situations: when death from a terminal condition is imminent despite the about life-sustaining procedures in three situations: when death from a terminal condition is imminent despite the application of life-sustaining procedures; a condition of permanent unconsciousness called a persistent vegetative state; and end-stage condition, which is an advanced, progressive, and incurable condition resulting in complete physical dependency. One example of end-stage condition could be advanced Alzheimer's disease.

How physicians are paid

Our compensation to physicians who offer health care services to our insured members or enrollees may be based on a variety of payment mechanisms, such as fee-for-service payments, salary, or capitation. Bonuses may be used with these various types of payment methods. If you desire additional information about our methods of paying physicians, or if you want to know which method(s) apply to your physician, please call Kaiser Permanente at 800-777-7902 or write to

Kaiser Permanente Member Services
2101 East Jefferson Street
Rockville, MD 20852

How Kaiser Permanente physicians are paid

Definitions of how health plans may pay physicians for your health care services, with a simple example of how each payment mechanism works.

	The example shows how Dr. Jones, an obstetrician/gynecologist, would be compensated under each method of payment.
Salary 0%**	A physician is an employee of the HMO and is paid compensation (monetary wages) for providing specific health care services. Since Dr. Jones is an employee of an HMO, she receives her usual biweekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing prenatal care to Mrs. Smith, who is a member of the HMO, Dr. Jones' salary is unchanged. Although Mrs. Smith's baby is delivered by cesarean birth, a more complicated procedure than a vaginal delivery, the method of delivery will not have any effect upon Dr. Jones' salary.
Capitation 95%**	Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones' monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.
Fee-for-Service 0%**	A physician charges a fee for each patient visit, medical procedure, or medical service provided. An HMO pays the entire fee for physicians it has under contract, and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder. Dr. Jones' contract with the insurer or HMO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services and the time she spends providing services to Mrs. Smith. Because cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith's baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for paying some portion of Dr. Jones' bill.
Discounted Fee-for-Service 5%**	Payment is less than the rate usually received by the physician for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs, and the physician, who usually gets an increased volume of patients. Like fee- for-service, this type of contractual arrangement involves the insurer or HMO paying Dr. Jones for each patient visit and each delivery; but, under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that, in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs, Dr. Jones will be paid a discounted rate by the insurer or HMO.
Bonus 0%**	A physician is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or another type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs, and use of services. An HMO rewards its physician staff or contracted physicians who have demonstrated higher-than-average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.
Case Rate 0%**	The HMO or insurer and the physician agree in advance that payment will cover a combination of services provided by both the physician and the hospital for an episode of care. This type of arrangement stipulates how much an insurer or HMO will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery and hospital-related charges, are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from the insurer or HMO for the care provided to Mrs. Smith.

**Health Plan contracts exclusively with Mid-Atlantic Permanente Medical Group, P.C. (MAPMG or Permanente), which employs nearly 1,400 full- and part-time physicians. MAPMG provided more than 95 percent of physician services to Kaiser Permanente enrollees in 2016. MAPMG receives budgeted prepayment calculated according to expected membership and utilization; this method of compensation is not capitation as defined by Maryland insurance regulation. This arrangement may not be adequately reflected in the categories of compensation shown above.

Compensation for providers of behavioral health care services

It is important to us that you understand how providers of behavioral health care services are paid. We provide our members with access to behavioral health care services through different types of providers, who are compensated in different ways. We compensate each provider depending on his or her relationship to the health plan. These relationships include the following:

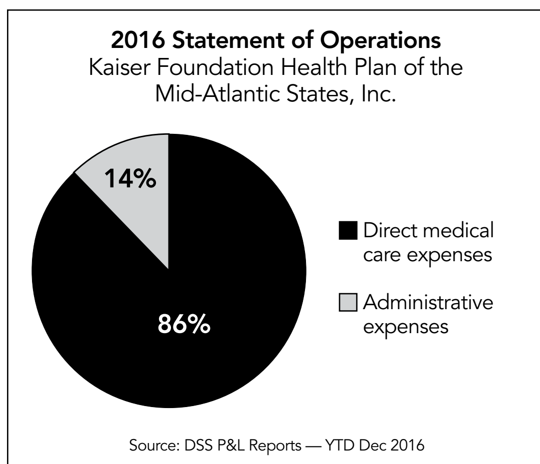
- Providers, such as social workers and clinical psychologists, who are employees of the health plan and are paid a salary
- Physicians of the Mid-Atlantic Permanente Medical Group, P.C. (MAPMG), who are paid a salary by MAPMG, which receives a capitated payment from Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., to provide physician services to our members
- Contracted providers who receive discounted fee-for-service payments for services rendered to members
- A managed behavioral health care organization that is compensated on a discounted fee-for-service basis

This arrangement is the result of an agreement among the Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.; MAPMG; and the managed behavioral health care organization. If you would like more information about our methods of paying providers, or if you want to know which methods apply to your provider, please contact Member Services at **800-777-7902.** You can also write to us:

Kaiser Permanente Member Services
2101 East Jefferson Street
Rockville, MD 20852

How premium dollars are spent

In order for you to evaluate and compare health plan choices, we believe you should be given information on a variety of topics. It is important to us that you understand how much of your premium dollar is going to health care delivery costs rather than plan administration, profits, or other uses. See the chart for details about how your premium dollars are spent.



Maintaining your privacy

Maintaining the confidentiality of your personal and medical information, whether oral, written, or electronic, is an important part of our commitment to provide you with quality health care. We are just as committed to providing you with a complete description of our privacy policy and how it affects your information.

Annual privacy notice

A complete description of our privacy practices appears in our "Notice of Privacy Practices." Some states require that we provide you with this additional description of our privacy practices on an annual basis. It is designed to inform you about the types of individually identifiable information collected; how such information is used; the circumstances under which we share it within our medical care program; and the circumstances under which nonpublic, personal health and financial information is disclosed to people outside our program.

Our policy

The Kaiser Permanente Medical Care Program is committed to protecting the privacy of its members and patients, including former members and patients. We consider maintaining the confidentiality of your personal health information—which may include race, ethnicity, and language—and financial information important to our mission of providing quality care to members. We maintain policies regarding confidentiality of individually identifiable health and financial information, including policies regarding access to medical records and disclosure of health and financial information. All Kaiser Permanente staff and employees are required to maintain the confidentiality of members' and former members' individually identifiable health and financial information. The unauthorized disclosure of individually identifiable health and financial information is prohibited. Permanente Medical Group physicians, medical professionals, practitioners, and providers with whom we contract are also subject to maintaining confidentiality.

Information collected

We collect various types of nonpublic personal health and financial information, either from you or from other sources, in order to provide health care services and customer service, evaluate benefits and claims, administer health care coverage, and fulfill legal and regulatory requirements.

This includes medical information, including medical and hospital records, mental health records, laboratory results, X-ray reports, pharmacy records, and appointment records.

Following are other examples of the types of information we collect:

- Contained on surveys, applications, and related forms, such as your name, address, date of birth, Social Security number, gender, marital status, and dependents.
- About your relationship with Kaiser Permanente, such as medical coverage purchased, medical services received, account balances, payment history, and claims history.
- Provided by your employer, benefits plan sponsor, or association regarding any group coverage you may have.
- From consumer or medical reporting agencies or other sources, such as credit history, medical history, financial background, and demographic information.
- From visitors to our websites, such as online forms, site visit data, and online communications.

Uses of shared information

Certain nonpublic personal health and financial information of members and former members will need to be used or shared during the normal course of our doing business and providing you services. We may use or disclose nonpublic personal health and financial information under certain circumstances, which may include the following:

- Personal health and financial information will be shared only with proper written authorization as required by law or as expressly required or permitted by law without written authorization.
- Personal health and financial information will be shared within the Kaiser Permanente Medical Care Program in order to provide services to you and to meet our responsibilities under the law, such as quality assurance, reviewing the competence or qualifications of health care providers, conducting training programs for health care providers, fraud and abuse

detection and compliance programs, certification, licensing and credentialing, research, compiling information for use in a legal proceeding, and billing and payment.

- Demographic information such as information from your enrollment application may be shared within our program to enable us to provide customer service or account maintenance in connection with your benefits.
- Information such as your name, address, or telephone number may be used by the Kaiser Permanente Medical Care Program to tell you about other products or services that might be useful or beneficial to you.
- Under the federal Fair Credit Reporting Act, we are permitted to share your name, address, and facts about your transactions and experiences with us (such as payment history) within the Kaiser Permanente Medical Care Program.

Information shared with nonaffiliated third parties

We occasionally disclose nonpublic personal health and financial information of members and former members outside of the Kaiser Permanente Medical Care Program for the following activities:

- State and federal law generally requires that we disclose health and financial information when disclosure is compelled by a court, a board, a commission or an administrative agency, a party to a proceeding before a court or an administrative hearing pursuant to a subpoena or other provision authorizing discovery, an arbitrator or arbitration panel, a search warrant, or a coroner.
- State and federal law also requires other disclosures, including, among other things, records of communicable diseases; workers' safety or industrial accident records disclosed to public agencies; birth and death information; and state tumor registries.
- State and federal law permits the disclosure of health information without patient authorization under specific circumstances, including, among other things, disclosures to providers or health plans for purposes of diagnosis or treatment of a patient, emergency medical personnel, peer review committees, public licensing agencies, and private accrediting bodies.
- Information may be shared with other companies that perform services on our behalf to develop and mail information to our customers about products and services.

Protecting information

The Kaiser Permanente Medical Care Program protects the confidentiality and security of private information of members and former members.

We maintain physical, electronic, and procedural safeguards that comply with federal and state standards to protect your private information and to assist us in preventing unauthorized access to that information. Employee access to personal health and financial information is provided on a business need-to-know basis, such as to make benefit determinations, pay claims, manage care, manage the quality of care, underwrite coverage, administer a plan, or provide customer service.

Regional notice of privacy practices available

Our regional Notice of Privacy Practices (Notice), which you have received, describes how your medical information may be used and disclosed and how you can get access to it. This Notice is part of the federal Health Insurance Portability and Accountability Act (HIPAA), which went into law in 2003. Protected health information is an important part of the HIPAA rule.

We made changes to our Notice of Privacy Practices, effective September 23, 2013. We are required to let you know when we make such changes.

These changes included

- expanded definition of protected health information (PHI)
- addition of our responsibility to notify you if there is a breach of your unsecured PHI
- addition of your right to request PHI in electronic format or have it sent to a third party and to request that your treatment PHI not be shared with the health plan as long as you pay for that treatment out of pocket in full

We've also clarified parts of our privacy practices. These cover

- how we may use or disclose your PHI to verify your identity, to exchange health information when you are getting treatment someplace else, for underwriting, and for fundraising
- instances in which we may request your authorization for use or disclosure of PHI, such as marketing, sale of PHI, and psychotherapy notes

Download the **latest notice** at **kp.org/privacy**. If you have questions or want to request a printed copy, call our Member Service Contact Center at **800-464-4000,** 24 hours a day, 7 days a week (closed holidays), or **TTY 711.**

This applies to fully insured health plan members and current/former patients of Kaiser Foundation Hospitals and regional Permanente Medical Groups.

Kaiser Foundation Health Plan, Inc., subsidiaries, and affiliated entities

Kaiser Foundation Health Plan, Inc.
Kaiser Foundation Health Plan of Colorado
Kaiser Foundation Health Plan of Georgia, Inc.
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Kaiser Foundation Health Plan of the Northwest
1800 Harrison Foundation
Camp Bowie Service Center
Kaiser Colorado Holdings
Kaiser Health Alternatives
Kaiser Health Plan Asset Management, Inc.
Kaiser Permanente Insurance Company
Kaiser Properties Services, Inc.
KFHPW Holdings
Lokahi Assurance, Ltd.
Oak Tree Assurance, Ltd.
Ordway Indemnity, Ltd.
Ordway International, Ltd.
Rainbow Dialysis, LLC

Kaiser Foundation Hospitals, subsidiaries, and affiliated entities

Kaiser Foundation Hospitals
HAMI–Colorado, LLC
Kaiser Hospital Asset Management, Inc.
Kaiser Permanente International
Kaiser Permanente Ventures, LLC
Kaiser Hospital Assistance Corporation
Kaiser Hospital Assistance I, LLC
Kaiser Permanente School of Medicine, Inc.
KP Cal, LLC
Maui Health System, a Kaiser Foundation Hospitals LLC
NXT Capital Senior Loan Fund I, LLC

The Permanente Federation and affiliated entities

The Permanente Federation, LLC
Colorado Permanente Medical Group, P.C.
Hawaii Permanente Medical Group, Inc.
Mid-Atlantic Permanente Medical Group, P.C.
Northwest Permanente, P.C.
Permanente Dental Associates, P.C.
The Permanente Medical Group, Inc.
The Southeast Permanente Medical Group, Inc.
Southern California Permanente Medical Group
Washington Permanente Medical Group, P.C.

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

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

If you need these services, call the number provided below.

District of Columbia	1-800-777-7902
Maryland	1-800-777-7902
Virginia	1-800-777-7902
TTY	711

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Kaiser Civil Rights Coordinator, 2101 East Jefferson Street, Rockville, MD 20852, telephone number: 1-800-777-7902. You can file a grievance by mail or phone. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf,* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html.*

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc (Kaiser Health Plan) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivo de la raza, color, nacionalidad de origen, edad, discapacidad o sexo. El Kaiser Health Plan no excluye a las personas o las trata de forma diferente por motivo de la raza, color, nacionalidad de origen, edad, discapacidad o sexo. Recuerde también:

- Nosotros les brindamos ayuda y servicios sin costo alguno a las personas que tienen una discapacidad que les impide comunicarse con nosotros en forma eficaz, tales como:
  - Intérpretes calificados de lenguaje de señas
  - Información por escrito en otros formatos, tales como letra grande, audio y otros formatos electrónicos accesibles
- Brindamos servicios de idiomas sin costo alguno a personas cuyo idioma principal no sea el inglés, tales como:
  - Intérpretes calificados
  - Información por escrito en otros idiomas

Si necesita dichos servicios, llame al número proporcionado a continuación.

District of Columbia	1-800-777-7902
Maryland	1-800-777-7902
Virginia	1-800-777-7902
Línea TTY	711

Si cree que el Kaiser Health Plan no le ha brindado dichos servicios o ha incurrido en discriminación en contra suya de otra manera por motivo de la raza, color, nacionalidad de origen, edad, discapacidad o sexo, usted puede presentar una queja ante el Kaiser Civil Rights Coordinator, 2101 East Jefferson Street, Rockville, MD 20852, número de teléfono: 1-800-777-7902. Puede presentar una queja por correo o por teléfono. Si necesita ayuda para presentar una queja, el Kaiser Civil Rights Coordinator está disponible para ayudarle. También puede presentar una queja de derechos civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos (U.S. Department of Health and Human Services), la Oficina de Derechos Civiles (Office for Civil Rights) a través del Portal de Quejas de la Oficina de Derechos Civiles, disponible en *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, o por correo electrónico o por teléfono: Departamento de Salud y Servicios Humanos de los Estados Unidos, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Los formularios de queja están disponibles en *http://www.hhs.gov/ocr/office/file/index.html*.

Help in your Language

English: You have the right to get help in your language at no cost. If you have questions about your application or coverage through Kaiser Permanente, or if this is a notice that requires you to take action by a specific date, call the number provided for your state or region to talk to an interpreter.

California	1-800-464-4000
Colorado	1-800-632-9700
District of Columbia	1-800-777-7902
Georgia	1-888-865-5813
Hawaii	1-800-966-5955
Maryland	1-800-777-7902
Oregon	1-800-813-2000
Virginia	1-800-777-7902
Washington	1-800-813-2000
TTY	711

አማርኛ (Amharic): ያለምንም ክፍያ በራስዎ ቋንቋ እገዛ የማግኘት መብት አለዎት። ስለ ማመልከቻዎ ወይም ከኬሰር ፐርማነንቴ Kaiser Permanente ስለሚያገኙት ሽፋን ማንኛውም ጥያቄዎች ካሉዎት፣ ወይም ይህ ማሳወቂያ በግልፅ በተጠቀሰ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ በተጠቀሰው የስልክ ቁጥር ለስቴትዎ ወይም ለክልልዎ ደውለው ከአስተርጓሚ ጋር ይነጋገሩ።

العربية (Arabic): لك الحق في الحصول على المساعدة بلغتك دون تحمل أي تكاليف. إذا كانت لديك استفسارات بشأن طلبك أو تغطيتك التي تقدمها Kaiser Permanente، أو إذا كان هذا الإشعار الذي يتطلب منك اتخاذ إجراء خلال تاريخ محدد، يُرجى الاتصال بالرقم المخصص لولايتك أو منطقتك للتحدث إلى مترجم فوري.

Հայերեն (Armenian): Դուք ունեք Ձեր լեզվով անվճար օգնություն ստանալու իրավունք: Եթե Դուք հարցեր ունեք Ձեր դիմումի կամ Kaiser Permanente-ի միջոցով Ձեր ծածկույթի վերաբերյալ, կամ եթե սա ծանուցում է, որը պարտադրում է Ձեզ, որպեսզի գործողություններ ձեռնարկեք մինչև որոշակի ամսաթիվ, ապա զանգահարե՛ք Ձեր նահանգի կամ շրջանի համար տրամադրված հեռախոսահամարով՝ թարգմանչի հետ խոսելու համար:

Ɓǎsɔ́ɔ̀ Wùɖù (Bassa): Ɔ mɔ̀ nì kpé ɓɛ́ m̀ ké gbo-kpá-kpá dyé ɖé nì mìɔ̀ùn nììn ɓíɖí-wùɖù mú pídyi. Ɔ jǔ ké m̀ dyi dyi-diè-ɖɛ̀ ɓě ɓéɖé ɓá nì céè-ɖɛ̀ m̀ tò ɓó ɖɛ zɔ̀ jè dyíɛ ní, mɔɔ jǔ ɓá nì kũùn kpɔ̃ jè dyí dyììn ɖé Kaiser Permanente múɛ ní, mɔɔ ɔ dyi ɓɔ̌ ɖò jǔ ɓɛ́ m̀ ké ɖɛ ɖò nyu ɓó wé jɛ́ɛ́ ɖò kɔ̃ nì, nìí, ɖá nɔ̀ɓà ɓɛ́ wa tòà ɓó nì ɓóɖóɔ̀ mɔɔ nì gbɛ̌ɛ̀ɔ̀ bììɛ, ké nì mu nyɔ-wuɖuún-zà-nyɔ̀ ɖò gbo wùɖùùn.

বাংলা (Bengali): বিনা খরচে আপনার নিজের ভাষায় সাহায্য পাওয়ার অধিকার আপনার আছে। আপনার যদি আপনার আবেদন বা Kaiser Permanente-এর মাধ্যমে পাওয়া কভারেজ নিয়ে কোনো প্রশ্ন থাকে বা এটি যদি কোনো নোটিস হয় যার ফলে আপনার একটি নির্ধারিত দিনের মধ্যে কোনো পদক্ষেপ গ্রহণ করার প্রয়োজন হয়, তাহলে দোভাষীর সাথে কথা বলতে আপনার রাজ্য বা অঞ্চলের জন্য প্রদত্ত নম্বরটিতে ফোন করুন।

Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

Cebuano (Bisaya): Anaa moy katungod nga mangayo og tabang sa inyo pinulongan ug kini walay bayad. Kung naa mo pangutana bahin sa inyo aplikasyon o coverage sa Kaiser Permanente, o kung kaning pahibalo nanginahanglan sa inyo paglihok sa dili pa usa ka piho nga petsa, palihug lang pagtawag sa mga numero sa telepono nga gihatag sa imong estado (“state”) o rehiyon (“region”) para makigstorya sa usa ka interpreter.

中文 (Chinese): 您有權免費以您的語言獲得幫助。如果您對您的Kaiser Permanente申請或承保有任何疑問，或者如果本通知要求您在具體日期之前採取措施，請致電您所在的州或地區的電話，與口譯員進行溝通。

Chuuk (Chukese): Mei wor omw pwuung omw kopwe angei aninis non foosun fonuomw (Chuukese), ese kamo. Ika mei wor omw kapas eis usun omw apilikeison me/ika policy fan nemenien Kaiser Permanente, are ika ei esinesin a erenuk pwe kopwe fori pwan ekoch fofor, ka tongeni omw kopwe kori ewe nampa mei kawor faniten omw state ika fonu (asan) iwe eman chon chiakku epwe anisuk non kapasen fonuomw.

Français (French): Une assistance gratuite dans votre langue est à votre disposition. Si vous avez des questions à propos de votre demande d’inscription ou de la couverture par Kaiser Permanente, ou si cet avis vous demande de prendre des mesures à une date précise, appelez le numéro indiqué pour votre Etat ou votre région pour parler à un interprète.

Deutsch (German): Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Falls Sie Fragen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutzes durch Kaiser Permanente haben oder falls Sie aufgrund dieser Benachrichtigung bis zu bestimmten Stichtagen handeln müssen, rufen Sie die für Ihren Bundesstaat oder Ihre Region aufgeführte Nummer an, um mit einem Dolmetscher zu sprechen.

ગુજરાતી (Gujarati): તમને કોઇ પણ ખર્ચ વગર તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. જો તમને Kaiser Permanente મારફતે તમારી અરજી અથવા કવરેજ વિશે પ્રશ્નો હોય, અથવા જો આ નોટિસ હોય જેમા તમને કોઈચોક્કસ તારીખથી પગલાં લેવાની જરૂર હોય, તો દુભાષિયા સાથે વાત કરવા તમારા સ્ટેટ અથવા રીજીયન માટે પૂરા પાડવામાં આવેલ નંબર પર ફોન કરો.

Kreyòl Ayisyen (Haitian Creole): Ou gen dwa pou jwenn èd nan lang ou gratis. Si ou gen nenpòt kesyon sou aplikasyon ou an oswa asirans ou ak Kaiser Permanente, oswa si nan avi sa a gen bagay ou sipoze fè sa a avan yon sèten dat, rele nimewo nou mete pou Eta oswa rejyon ou a pou w ka pale ak yon entèprèt.

ʻōlelo Hawaiʻi (Hawaiian): He pono a ua loaʻa no kekahi kōkua me kāu ʻōlelo inā makemake a he manuahi no hoʻi. Inā he mau nīnau kāu e pili ana i kāu palapala noi ʻinikua ola kino a i ʻole i kōkua maʻō ka polokalamu kōkua ola kino Kaiser Permanente, a i ʻole inā ke haʻi nei paha kēia leka nei iāʻoe e hana koke aku i kēia ma mua o kekahi lā i waiho ʻia, e kelepona aku i ka helu i loaʻa ma kēia leka nei no kāu mokuʻāina a i ʻole panaʻāina no ka walaʻau ʻana me kekahi kanaka unuhi ʻōlelo.

हिन्दी (Hindi): आपको बिना किसी कीमत चुकाए आपकी भाषा में सहायता पाने का अधिकार है। यदि आप आपके आवेदन पत्र के विषय में या Kaiser Permanente के कवरेज के विषय में कुछ पूछना चाहते हैं या यदि यह एक नोटिस है जिसके कारण आपको किसी विशेष तिथि तक कारवाई करनी पड़ेगी तो आपके राज्य या क्षेत्र के लिए दिए गए नंबर पर फोन करके किसी दुभाषिये से बात करें।

Hmoob (Hmong): Koj muaj cai kom tau txais kev pab uas hais koj hom lus yam tsis tau them nqi. Yog koj muaj lus nug txog koj daim ntawv thov los yog cov kev pab them nyiaj tim Kaiser Permanente, los yog tias daim ntawv no yog ib tsab ntawv ceebtoom uas yuav kom koj ua ib yam dabtsi raws li hnub tau teev tseg, hu rau tus nab npawb xovtooj uas tau muab rau koj lub xeev lossis cheeb tsam kom tau tham nrog tus kws txhais lus.

Igbo (Igbo): Ị nwere ikike ịnweta enyemaka n’asụsụ gị na akwụghị ụgwọ ọ bụla. Ọ bụrụ na ị nwere ajụjụ gbasara akwụkwọ anamachọihe gị ma ọ bụ mkpuchi si na Kaiser Permanente, ma ọ bụ ọ bụrụ na nke bụ ọkwa a chọrọ ka ị mee ihe tupu otu ụbọchị, kpọọ nọmba enyere maka steeti ma ọ bụ mpaghara gị iji kwukọrịta okwu n’etiti onye ọkọwa okwu.

Iloko (Ilocano): Adda ti karbenganyo a dumawat iti tulong iti pagsasaoyo nga awan ti bayadanyo. No addaankayo kadagiti saludsod maipanggep ti aplikasionyo wenno coverage babaen ti Kaiser Permanente, wenno no daytoy ket maysa a pakdaar a kalikagumanna a rumbeng nga aramidenyo ti addang iti espesipiko a petsa, tawagan ti numero nga inpaay para ti estado wenno rehion tapno makipatang ti maysa mangipatarus iti pagsasao.

Italiano (Italian): Hai il diritto di ricevere assistenza nella tua lingua gratuitamente. In caso di domande riguardanti la tua richiesta o la copertura attraverso Kaiser Permanente, o se occorre intervenire entro una data specifica secondo quanto indicato in questa comunicazione, chiama il numero fornito per il tuo stato o la tua regione per parlare con un interprete.

日本語 (Japanese): あなたは、費用負担なしでご使用の言語で支援を受ける権利を保持しています。お申し込みまたはKaiser Permanenteの担保範囲に関してご質問があるか、または本通知により、あなたが特定の日付までに行動を起こすよう依頼されている場合、お住まいの州または地域に対して提供された電話番号に電話して、通訳とお話ください。

ខ្មែរ (Khmer): អ្នកមានសិទ្ធិទទួលបានជំនួយជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ បើសិនអ្នកមានសំណួរណាមួយអំពីពាក្យស្នើសុំ ឬការធានារ៉ាប់រងតាមរយៈ Kaiser Permanente ឬប្រសិននេះគឺជាលិខិតជូនដំណឹងដែលតម្រូវឲ្យអ្នកចាត់វិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ សូមទូរស័ព្ទទៅលេខដែលបានផ្តល់ជូនសម្រាប់រដ្ឋ ឬតំបន់របស់អ្នកដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ។

한국어 (Korean): 귀하에게는 한국어 통역서비스를 무료로 받으실 수 있는 권리가 있습니다. Kaiser Permanente를 통한 귀하의 보험 신청서나 보험 보장 범위에 관해 질문이 있을 경우 또는 이 통지서의 요구대로 어느 날짜까지 조취를 취해야만 하는 경우, 귀하의 주 및 지역의 제공된 전화번호로 연락해 통역사와 통화하십시오.

ລາວ (Laotian): ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັຽຄ່າ. ຖ້າວ່າ ທ່ານມີຄໍາຖາມກ່ຽວກັບການສະໝັກຂອງທ່ານ ຫຼື ການຄຸ້ມຄອງຜ່ານ Kaiser Permanente, ຫຼື ຖ້າອັນນີ້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດໍາເນີນການພາຍໃນວັນທີທີ່ເຈາະຈົງໃດໜຶ່ງ, ໃຫ້ໂທຕາມໝາຍເລກທີ່ໃຫ້ໄວ້ສໍາລັບລັດ ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລົມກັບນາຍພາສາ.

Kajin Majōḷ (Marshallese): Ewōr jimwe eo aṃ in bōk jipañ ilo kajin eo aṃ ejjeḷọk wōṇāān. Ñe ewōr aṃ kajjitōk kōn peba in aplaiki eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak ñe enaan in kōjeḷā in ej aikuj bwe kwōn ṃakūtkūt ṃokta jān juon raan eo eṃōj an kallikkar, kaḷọk nōṃba eo ej leḷọk ñan state eo aṃ ak jikūṃ bwe kwōn maroñ kōnono ippān juon ri-ukōt.

Naabeehó (Navajo): T'áá ni nizaad bee níká i'doolwoł doo bik'é asíníłáágóó éí bee náhaz'ą́. Kaiser Permanente áká aná'álwo' ná bik'é azláadoo yíníkeedgo naaltsoos hadinilaa, éí bína'ídíłkid doogo, éí doodago díí naaltsoos haa'ída yoołkáałgo hait'áoda í'dííłííł niłníigo éí nitsaa hahoodzojí éí doodago t'áá aadi nahós'a'di ata' dahalne'ígíí bich'į' hólne'go bee bił ahił hodíílnih.

नेपाली (Nepali): तपाईंसगं कुनै शुल्क नदिइ आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसंग आफ्नो आवेदन बारे वा Kaiser Permanente मार्फत कवरेज बारेमा कुनै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोभाषेसंग कुराकानी गर्न तपाईंको राज्य वा क्षेत्रका लागि दिइएको नम्वरमा कल गर्नुहोस् ।

Afaan Oromoo (Oromo): Baasii malee afaan keetiin gargaarsa argachuudhaaf mirga qabda. Waa'ee iyyata keetii yookaan tajaajila Kaiser Permanente hammatu ilaalchisee gaaffii yoo qabaatte, yookaan yoo kun beeksisa guyyaa murtaa'e irratti tarkaanfii akka ati fudhattu gaafatu ta'e, lakkoofsa bilbilaa naannoo yookaan goodina keetiif kenname bilbiluudhaan turjumaana haasofsiisi.

فارسی (Persian): شما حق دارید که بدون هیچ هزینه ای به زبان خود کمک دریافت کنید. اگر درباره درخواست یا پوشش خود در Kaiser Permanente سؤالی داشته یا بر اساس این اعلامیه باید تا تاریخ مشخصی اقدامی بعمل آورید، برای صحبت با یک مترجم شفاهی با شماره تلفن ارائه شده برای ایالت یا منطقه خود تماس بگیرید.

lokaiahn Pohnpei (Pohnpeian): Komw anehki pwung en rapahki sounkawehwe en omw palien lokaia ni sohte isaihs. Ma mie iren owmi kalelapak ohng aplikeisin de iren audepe kan ohng Kaiser Permanente, de ma pakair wet me anahne komwi en mwekid ohng rahn me kileledi, ah komw anahne koahl nempe me sansalehr ohng owmi palien wehi pwe komwi en lokaiaieng owmi tungoal soun kawehwe.

Português (Portuguese): Você tem o direito de obter ajuda em seu idioma sem nenhum custo. Se você tiver dúvidas sobre sua solicitação ou cobertura por meio da Kaiser Permanente, ou se este aviso exigir que você tome alguma medida até uma data específica, ligue para o número fornecido para seu estado ou região para falar com um intérprete.

ਪੰਜਾਬੀ (Punjabi): ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਸ਼ੁਲਕ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਪਾਉਣ ਦਾ ਹੱਕ ਹੈ. ਜੇਕਰ ਤੁਹਾਡੇ ਆਪਣੀ ਅਰਜ਼ੀ ਜਾਂ Kaiser Permanente ਰਾਹੀਂ ਕਵਰੇਜ ਬਾਰੇ ਸਵਾਲ ਹਨ, ਜਾਂ ਇਸ ਨੋਟਿਸ ਵਜੋਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਨਿਸ਼ਚਿਤ ਮਿਤੀ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪਵੇ, ਤਾਂ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਆਪਣੇ ਰਾਜ ਜਾਂ ਇਲਾਕੇ ਲਈ ਮੁਹੱਈਆ ਕਰਵਾਏ ਗਏ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ.

Română (Romanian): Aveți dreptul de a solicita ajutor care să vă fie oferit în mod gratuit în limba dumneavoastră. Dacă aveți întrebări legate de solicitarea dumneavoastră sau de acoperirea oferită de Kaiser Permanente sau dacă acest aviz vă solicită să luați măsuri până la o anumită dată, sunați la numărul de telefon furnizat pentru statul sau regiunea dumneavoastră pentru a sta de vorbă cu un interpret.

Русский (Russian): У вас есть право получить бесплатную помощь на своем языке. Если у вас имеются вопросы относительно вашего заявления или медицинского страхования в Kaiser Permanente, либо если такое уведомление требует от вас каких-либо действий к определенной дате, позвоните по номеру телефона для своего штата или региона, чтобы поговорить с переводчиком.

Faa-Samoa (Samoan): E iai lou ʻaia e maua se fesoasoani i lou gagana e aunoa ma le totogi. Afai e iai ni fesili e uiga i lou tusi apalai po o puipuiga e ala mai Kaiser Permanente, po o lenei tusi e manaomia ona e gaoioi i se taimi atofaina, vili le numera ua fuafuaina mo lou setete po o oganuu e fesootaʻi i se faaliliu.

Español (Spanish): Usted tiene derecho a obtener ayuda en su idioma sin costo alguno. Si tiene preguntas acerca de su solicitud o cobertura a través de Kaiser Permanente, o si este es un aviso que requiere que usted tome alguna medida antes de una fecha determinada, llame al número de teléfono que se proporciona para su estado o región para hablar con un intérprete.

Tagalog (Tagalog): Mayroon kang karapatang humingi ng tulong sa iyong wika nang walang bayad. Kung mayroon kang mga katanungan tungkol sa iyong aplikasyon o coverage sa pamamagitang ng Kaiser Permanente, o kung ito ay abisong nangangailangan ng iyong aksyon sa tiyak na petsa, tumawag sa numerong ibinigay para sa iyong estado o rehiyon para makipag-usap sa isang interpreter.

ไทย (Thai): ท่านมีสิทธิที่จะได้รับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย หากท่านมีคำถามเกี่ยวกับการสมัครของท่าน หรือความคุ้มครองผ่าน Kaiser Permanente หรือหากนี่คือหนังสือที่ต้องการให้ท่านดำเนินการภายในวันที่ที่กำหนดไว้ โปรดติดต่อหมายเลขที่ให้ไว้สำหรับรัฐหรือเขตพื้นที่ของท่านเพื่อคุยกับล่าม

Lea Faka-Tonga (Tongan): ʻOku ʻia ho totonu ke ke maʻu ha fakatonulea taʻetotongi. Kapau ʻoku ʻi ai haʻo fehuʻi ki ho tohi kole naʻe fakafonu ki he maluʻi ʻinisiua ʻa e Kaiser Permanente, pea kapau ko e tohini ʻoku fiemaʻu keke fai ha meʻa ki ai pe ko ha ʻaho naʻe tuku pau atu ke fai ia, taa ki he fika kuo ʻoatu ki ho siteiti pe ko e vahefonua ʻoku ke ʻi ai ke talanoa mo ha tokotaha tene fakatonu lea atu kiate koe.

Українська (Ukrainian): У Вас є право на отримання допомоги безкоштовно на Вашій рідній мові. Якщо Ви маєте питання стосовно Вашого звернення чи страхового покриття в Kaiser Permanente, чи якщо відповідно до такого повідомлення Вам треба буде здійснити певну дію до конкретної дати, подзвоніть по номеру, що відповідає Вашій країні чи регіону, щоб поговорити з перекладачем.

اُردو (Urdu): آپ کوکوئی بھی قیمت ادا کئے بغیر اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ اگر آپ کے ذہن میں اپنی درخواست یا Kaiser Permanente کے ذریعہ کوریج کے متعلق کوئی بھی سوالات ہیں، یا اگر اس نوٹس کی وجہ سے آپ کو کسی مخصوص تاریخ تک عمل انجام دینے کی ضرورت ہوگی تو، کسی مترجم سے بات چیت کرنے کے لئے آپ کی ریاست یا علاقہ کے لئے فراہم کئے گئے نمبر پر کال کریں۔

Tiếng Việt (Vietnamese): Quý vị có quyền được nhận trợ giúp miễn phí bằng ngôn ngữ của mình. Nếu quý vị có các câu hỏi về mẫu đơn hoặc mức bảo hiểm của mình thông qua Kaiser Permanente, hoặc đây là thông báo yêu cầu quý vị thực hiện vào một ngày cụ thể, hãy gọi đến số điện thoại được cung cấp cho bang hoặc khu vực của quý vị để trò chuyện với phiên dịch viên.

Yorùbá (Yoruba): O ní ẹ̀tọ́ láti rí ìrànlọ́wọ́ gbà nípa èdè rẹ láìsan owó. Bí o bá ní ìbéèrè nípa ìwé tí o kọ tàbí ìṣedéédé nípaṣẹ̀ Kaiser Permanente, tàbí ìfitọ̀nilétí yìí jẹ́ èyí o nílò láti ìgbésẹ̀ kan ní ọjọ́ kan patọ́, pé nọ́mbà tí a pèsè fún ìpínlẹ̀ tàbí agbègbè rẹ láti bá òǹgbifọ̀ kan sọ̀rọ̀.

Notes

Notes

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