

Welcome to Kaiser Permanente

New Member Guide
Colorado





One of the major advantages of your POS Plan is flexibility. You can choose personalized care from Kaiser Permanente providers, First Health® Network providers when getting care in a Kaiser Permanente state (CA, CO, GA, HI, MD, OR, VA, WA, and the District of Columbia), Cigna PPO Network providers when you get care outside a Kaiser Permanente state, or you can get care from nonparticipating providers in your community.^{1,2} Or you can stay with the doctor you already know and trust. We'll be right there with you to help you make smart, well-informed decisions along the way.

With more than 30 medical offices located throughout Colorado, you'll probably find at least one convenient location near your work or home. Most of our medical offices offer many services under one roof, so you can take care of several health care needs in one trip.

Thank you for choosing Kaiser Permanente as your partner in health. We look forward to taking care of you in the years to come.

Wishing you good health,

Kaiser Permanente

1. Kaiser Permanente Insurance Company is contracted with First Health. First Health is a brand name of First Health Group Corp.

2. The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna is an independent company and not affiliated with Kaiser Permanente Insurance Company. Access to the Cigna PPO Network is available through Cigna's contractual relationship with Kaiser Permanente Insurance Company. The Cigna PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Kaiser Foundation Health Plan of Colorado, Inc. (KFHP), underwrites the HMO Network Provider Tier and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the Participating Provider Tier and Non-Participating Provider Tier of the 3-Tiered POS Plan. Colorado state law requires that an Access Plan be available that describes the carrier's network provider services. To obtain a copy of KPIC's Access Plan describing its Participating Provider Network, please call Customer Service at **1-855-364-3184** or visit **kp.org/kpic-colorado**.

The Kaiser Permanente Point-of-Service (POS) Plan

Welcome! In this guidebook, you'll find details about your POS Plan benefits, instructions on how to choose a doctor and fill your prescriptions, get care, and important resources.



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New Member? We're here to help

Learn about your benefits and more!

You can reach Customer Service at **1-855-364-3184 (TTY 711)**, Monday through Friday, from 8 a.m. to 6 p.m.

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Understand your plan

How Point of Service (POS) plans work

Your POS plan works the way you want it to. You can choose your own provider under any of the tiers and you can move between tiers at any time.

This Resource Guide explains two different POS plans: a 2-Tiered POS Plan and a 3-Tiered POS plan. For questions about which POS plan you have, please call Customer Service at **1-855-364-3184** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m.

Your plan is governed by Kaiser Foundation Health Plan of Colorado’s Evidence of Coverage (EOC) and KPIC’s Certificate of Insurance (COI). Inside this

resource guide, we refer to the EOC and COI as your plan agreements. This resource guide provides an overview of your benefits and services. If there are any differences between this document and your plan agreement, your plan agreement will prevail.

The benefits provided under the in-network and out-of-network tiers are not the same. Some services are covered by both KFHP and KPIC, and others are covered only by KFHP or KPIC.

Some services, such as organ transplants, durable medical equipment (wheelchairs, etc.), and skilled nursing facility care, are only covered in the HMO In-Network Provider Tier.

		HMO In-Network Provider Tier	Participating Provider Tier	Non-Participating Provider Tier
POS Plan with 2 Tiers	Provider Choice	Kaiser Permanente providers & pharmacies	NA	Any licensed provider & any pharmacy
	Out-of-Pocket Cost	Lowest cost	NA	Highest cost
		Most office visits will be a copay and you will not have to satisfy a deductible.	NA	Most services are subject to a deductible and then coinsurance.
POS Plan with 3 Tiers	Provider Choice	Kaiser Permanente providers & pharmacies	First Health in Kaiser Permanente states, Cigna PPO Network in non-Kaiser Permanente states (CA, CO, GA, HI, MD, OR, VA, WA, and the District of Columbia), direct contracted providers & MedImpact contract pharmacies	Any licensed provider & any pharmacy
	Out-of-Pocket Cost	Lowest cost*	Higher cost*	Highest cost
		Most office visits will be a copay and you will not have to satisfy a deductible.	Some services are subject to a deductible, and then coinsurance.	Most services are subject to a deductible and then coinsurance.

*For most plans, you will have a lower cost in the HMO In-Network Tier. Please consult your plan agreements to verify your costs.



Choose your doctor – and change anytime

Your POS plan gives you the freedom to choose how you receive care. When you go to your appointments, please make sure you bring your ID card. If your provider has questions about your plan, you can refer them to the Customer Service phone number on the front of your ID card.

HMO In-Network Provider Tier

Applies to all POS Plans

Choosing a Kaiser Permanente provider

Kaiser Permanente medical offices are conveniently located throughout Colorado. Colorado members also have access to our network physicians. Select a convenient facility and browse doctor profiles by gender, languages spoken, and more to find the right one for you at kp.org/locations.

You can choose a primary care physician in any of these specialties:

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

Choose online at kp.org or call Customer Service at **1-855-364-3184 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.

Once you've chosen, visit kp.org/appointments or call **1-800-218-1059 (TTY 711)**, Monday through Friday, from 6 a.m. to 7 p.m., to schedule your first appointment.

Participating Provider Tier*

Applies to the 3-Tiered POS Plan only

Choosing a participating provider

Participating providers and hospitals are in Colorado and nationwide.

For assistance finding a participating provider, visit kp.org/kpic-colorado or call **1-855-364-3184 (TTY 711)**.

Non-Participating Provider Tier

Applies to all POS Plans

Choosing a provider in the community

If you seek care in the Non-Participating Provider Tier, you can work directly with any licensed provider or facility anywhere. You may pay more if you choose to see a non-participating provider.

You can call the provider's office and make an appointment. Simply state that your plan allows you to see any provider in the community.

*The 2-Tiered POS Plan has no Participating Provider Tier. The 2-Tiered POS Plan only has the (1) HMO In-Network Provider Tier and (2) Non-Participating Provider Tier. See page 2 for a description of the 2-Tiered and 3-Tiered POS plans. To confirm your plan, please call Customer Service at **1-855-364-3184 (TTY 711)**, Monday through Friday, from 8 a.m. to 6 p.m.



Transfer or fill your prescriptions

You can fill prescriptions from any provider at any pharmacy using one of these pharmacy options.

<p>HMO In-Network Provider Tier <i>Applies to all POS Plans</i></p>	<p>To transfer a prescription to a Kaiser Permanente pharmacy, call the Clinical Pharmacy Call Center at 303-338-4503 or 1-866-244-4119 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m.</p> <p>Please have the following information ready when you call:</p> <ul style="list-style-type: none"> • Your Kaiser Permanente medical record number (located on your ID card) • The name and telephone number of your current pharmacy • The name, strength, and directions for use of the prescribed medication • The prescription number of the prescribed medication • The name and phone number of the physician who prescribed the medication
<p>Participating Provider Tier* <i>Applies to the 3-Tiered POS Plan only</i></p>	<p>Fill prescriptions at participating MedImpact pharmacies including, Walgreens, Safeway, Kroger, and many more.</p> <ul style="list-style-type: none"> • Not all locations within a pharmacy chain company are contracted with MedImpact; some are independently contracted. • To verify if a specific pharmacy participates, or to obtain a complete list of participating pharmacies call MedImpact at 1-800-788-2949 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. • Walgreen’s mail order is available through MedImpact’s pharmacy network. • If you would like to reduce your costs, you can fill your prescriptions at a Kaiser Permanente pharmacy, even if you are seeing a participating provider. • For a list of covered drugs, please visit kp.org/kpic-colorado, and click on “Drug Formulary” to see a preferred drug list.
<p>Non-Participating Provider Tier <i>Applies to all POS Plans</i></p>	<p>To transfer a prescription to a non-participating pharmacy, you will need to contact the pharmacy directly.</p> <p>Please have the following information ready when you call:</p> <ul style="list-style-type: none"> • The name and strength of the medication • The prescription number of the prescribed medication • The name and phone number of the transferring pharmacy <p>If you would like to reduce your cost, you can fill your prescriptions at a Kaiser Permanente pharmacy, even if you are seeing a non-participating provider. Mail Order is not available under this pharmacy option.</p> <p>For a list of covered drugs, please visit kp.org/kpic-colorado, and click on “Drug Formulary” to see a preferred drug list.</p>

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Get Prescriptions

You can fill prescriptions from any provider at any pharmacy using one of these pharmacy options.

<p>HMO In-Network Provider Tier <i>Applies to all POS Plans</i></p>	<p>You have several convenient options for filling and refilling your prescriptions:</p> <ul style="list-style-type: none"> • Mail order – You can order prescription refills by mail order* with no shipping costs through kp.org/rxrefill, or by calling the 24-hour automated phone line at 1-866-938-0077. Please order your refill at least two weeks before you run out of your current prescription supply. • In person – Fill your prescriptions in person at any Kaiser Permanente medical office pharmacy. Each medical office pharmacy has a 24-hour refill phone number, which can be found in this guide. • Online – Order refills online at kp.org/rxrefill to request pickup at the medical office of your choice. Once you register at kp.org/register, you can: <ul style="list-style-type: none"> • Request most prescription refills online. • Choose to have the medicine mailed to you at no additional cost or pick it up at a Kaiser Permanente medical office pharmacy. • Get refill reminders. • Read your medication allergies, list of current medicines, and more. <p>Visit kp.org/formulary for a list of covered medications.</p>
<p>Participating Provider Tier** <i>Applies to the 3-Tiered POS Plan only</i></p>	<p>Fill prescriptions at participating MedImpact pharmacies including, Walgreens, Safeway, Kroger, and many more.</p> <ul style="list-style-type: none"> • Not all locations within a pharmacy chain company are contracted with MedImpact; some are independently contracted. • To verify if a specific pharmacy participates, or to obtain a complete list of participating pharmacies call MedImpact at 1-800-788-2949 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m. • Walgreen’s mail order is available through MedImpact’s pharmacy network. • If you would like to reduce your costs, you can fill your prescriptions at a Kaiser Permanente pharmacy, even if you are seeing a participating provider. • For a list of covered drugs, please visit kp.org/kpic-colorado, and click on “Drug Formulary” to see a preferred drug list.
<p>Non-Participating Provider Tier <i>Applies to all POS Plans</i></p>	<p>Fill prescriptions at all other pharmacies.</p> <p>Mail Order is not available under this pharmacy option.</p> <p>You may need to pay full costs and submit claims to MedImpact for reimbursement. Claim forms can be found at kp.org/kpic-colorado.</p> <ul style="list-style-type: none"> • If you would like to reduce your costs, you can fill your prescriptions at a Kaiser Permanente pharmacy. • For a list of covered drugs, please visit kp.org/kpic-colorado, and click on “Drug Formulary” to see a preferred drug list.

*For most drugs, you can get prescription refills mailed to you through our Kaiser Permanente Mail Order Pharmacy. You should receive them within 10 business days. Prescription refills can only be delivered by mail to an address within the state of Colorado. Must have a valid prescription on file with a Kaiser Permanente medical office or through the Mail Order Pharmacy. For questions, call **1-866-938-0077 (TTY 711)**, 24 hours a day, seven days a week. **The 2-Tiered POS Plan has no Participating Provider Tier. The 2-Tiered POS Plan only has the (1) HMO In-Network Provider Tier and (2) Non-Participating Provider Tier. See page 2 for a description of the 2-Tiered and 3-Tiered POS plans. To confirm your plan, please call Customer Service at **1-855-364-3184 (TTY 711)**, Monday through Friday, from 8 a.m. to 6 p.m.

3 Create your online account

Start using our secure website, kp.org, or our mobile app, to manage your health and services under the HMO In-Network Provider Tier.

Go to kp.org/newmember or use the Kaiser Permanente app.

If you haven't already, make sure to create your online account at kp.org/register. Once you sign up, you can securely access time-saving tools and resources to manage your health. You'll need your **Health Record Number** to create your account, which you can find on your member ID card.

You can also access your digital member ID card with the Kaiser Permanente app.

- View most lab test results¹
- Refill most prescriptions¹
- Email your doctor's office with nonurgent questions¹
- Schedule and cancel routine appointments¹
- Manage a family member's health care²



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

2. Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws.

When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features.



Getting Care

Prior Approval (Preauthorization or Precertification)

To ensure that the medical service ordered is medically necessary and cost effective, prior approval may be required. This is known as preauthorization for services ordered by a Kaiser Permanente physician, and precertification for services ordered by a participating or non-participating provider.

<p>HMO In-Network Provider Tier <i>Applies to all POS Plans</i></p>	<p>Your HMO In-Network provider will arrange for preauthorization, if required, for certain services.</p>
<p>Participating Provider Tier* <i>Applies to the 3-Tiered POS Plan only</i></p>	<p>Precertification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.</p> <p>Your participating provider is required to obtain precertification at least three days before you receive certain services or have any inpatient hospital stays, or within 24 hours of an emergency department admission.</p> <p>Some examples of services requiring precertification include:</p> <ul style="list-style-type: none"> • Inpatient hospital stay • Outpatient surgery • Home health, hospice, and skilled nursing facility care • Imaging <p>Contact Permanente Advantage at 1-888-525-1553 (TTY 711) anytime, day or night, to initiate precertification.</p>
<p>Non-Participating Provider Tier <i>Applies to all POS Plans</i></p>	<p>Precertification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.</p> <p>You are required to obtain precertification at least three days before you receive certain services or have any inpatient hospital stays, or within 24 hours of an emergency department admission.</p> <p>Your physician, hospital, or authorized representative may obtain precertification on your behalf.</p> <p>Some examples of services requiring precertification include:</p> <ul style="list-style-type: none"> • Inpatient hospital stay • Outpatient surgery • Home health, hospice, and skilled nursing facility care • Imaging <p>You may request precertification 24 hours a day, 7 days a week. Call Permanente Advantage at 1-888-525-1553 (TTY 711).</p> <p>If you do not obtain precertification for covered services that require it, you may pay a penalty or services may not be covered at all.</p>

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Prior Authorization of Outpatient Prescription Drugs

As a Kaiser Permanente POS plan member, certain outpatient prescription drugs are subject to utilization management requirements: prior authorization, step therapy, age and quantity limits. For the Participating Provider Tier and Non-Participating Provider Tier, we've partnered with Medimpact to help ensure that outpatient prescription drugs ordered by your doctor are medically necessary, cost-effective, and the most appropriate treatment for your condition. Before you receive certain outpatient prescription drugs, your physician should request prior authorization. For the Participating Provider Tier and Non-Participating Provider Tiers, submit the KPIC Prior Authorization in writing. For questions on utilization management requirements, you can reach MedImpact at **1-800-788-2949** (Pharmacy Helpdesk) (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m.

Seeing your doctor

Routine appointments consist of recommended preventive screenings and visits for a health issue currently being treated, a new health issue, or changes to an existing health issue that do not require urgent care.

<p>HMO In-Network Provider Tier <i>Applies to all POS Plans</i></p>	<p>To schedule appointments, visit kp.org/appointments or call 1-800-218-1059 (TTY 711), Monday through Friday, 6 a.m. to 7 p.m.</p> <p>Show your member ID card when you arrive.</p>
<p>Participating Provider Tier* <i>Applies to the 3-Tiered POS Plan only</i></p>	<p>Provider networks change regularly. Before making your appointment, confirm that the provider is still participating in the network or is a direct contracted provider. See page 3 for how to do this.</p> <p>When you see a participating provider for the first time, let the office staff know you are using the Participating Provider Tier of your Kaiser Permanente plan, which allows you to see participating providers who are part of the network or is a direct contracted provider.</p> <p>For assistance finding a direct contracted provider, visit kp.org/kpic-colorado or call 1-855-364-3184 (TTY 711).</p>
<p>Non-Participating Provider Tier <i>Applies to all POS Plans</i></p>	<p>If you see a non-participating provider for care, speak with your non-participating provider for information about making appointments and to learn about how his/her care team is structured.</p> <p>When you see a non-participating provider for the first time, let the office staff know you are using the Non-Participating Provider Tier of your plan, which lets you see any licensed provider.</p>

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Medical Advice

Whenever you need medical advice or are unsure whether you need urgent care.

Our Kaiser Permanente medical advice line with skilled nurses is available 24 hours a day, 7 days a week, at **1-800-218-1059** (TTY **711**).

If you receive services at Kaiser Permanente medical offices, our advice nurses will be able to access your personal medical information when you call.

Behavioral/Mental Health

<p>HMO In-Network Provider Tier <i>Applies to all POS Plans</i></p>	<p>You can seek initial consultation without a referral for outpatient treatment for mental illness, emotional disorders, drug abuse, and alcohol abuse.</p> <p>To access these services, call Kaiser Permanente Behavioral Health at 303-471-7700 or toll-free 1-866-359-8299 (TTY 711), Monday through Friday, 8:30 a.m. to 5 p.m. For members seeking Behavioral Health services in southern Colorado, please call 1-866-702-9026.</p>
<p>Participating Provider Tier* <i>Applies to the 3-Tiered POS Plan only</i></p>	<p>You can receive outpatient care for mental illness, emotional disorders, and drug or alcohol abuse from a participating provider in the network or from a direct contracted provider without a referral.</p> <p>For assistance in finding a participating provider or direct contracted provider, call Customer Service at 1-855-364-3184 (TTY 711), Monday through Friday, 8 a.m. to 6 p.m., or visit kp.org/kpic-colorado.</p> <p>Precertification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures. See page 7 for more information about precertification.</p> <p>Your provider may request precertification 24 hours a day, 7 days a week. See page 7 for details.</p>
<p>Non-Participating Provider Tier <i>Applies to all POS Plans</i></p>	<p>You can receive outpatient care from any licensed behavioral health or chemical dependency professional for mental illness, emotional disorders, and drug or alcohol abuse.</p> <p>Precertification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures. See page 7 for more information about precertification.</p> <p>You may request precertification 24 hours a day, 7 days a week. See page 7 for details.</p>

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Urgent Care

For illnesses or injuries requiring prompt attention that are not medical or psychiatric emergencies. This can include abdominal pain, asthma, cough, fever, sore throat, earaches, headaches, migraines, minor lacerations, ankle sprains, and other urgent conditions.

Urgent care is covered at the HMO In-Network Provider Tier benefit level, and you will be responsible only for the HMO in-network copay or coinsurance, regardless of where you seek care.

<p>HMO In-Network Provider Tier <i>Applies to all POS Plans</i></p>	<ul style="list-style-type: none"> • If you think you need urgent care, call the Clinical Contact Center at 1-800-218-1059 (TTY 711), 24 hours a day, 7 days a week, to speak with a medical advice nurse who can direct you to the best location for care. • You can go to select Kaiser Permanente medical offices that provide urgent care. See pages 21-22 for a list of our urgent care locations.
<p>Participating Provider Tier* <i>Applies to the 3-Tiered POS Plan only</i></p>	<ul style="list-style-type: none"> • If you think you need urgent care, call your participating provider who can direct your care. • You have access to urgent care facilities that are in the network, anywhere in the country.
<p>Non-Participating Provider Tier <i>Applies to all POS Plans</i></p>	<ul style="list-style-type: none"> • You have access to any urgent care facility regardless of the participating status of the facility, anywhere in the country. • The facility may ask you to pay in full when you receive care. If so, retain a copy of the bill as proof of payment, and submit your claim for reimbursement.

Emergency Care

When your health is in danger and you require immediate care. For example, if you feel like you are having a heart attack, have severe difficulty breathing, lose the ability to talk or to move one side of your body, develop slurred speech, experience a sudden change in consciousness, have serious wounds or injuries, or have a psychiatric emergency.

If you think you are experiencing an emergency medical condition, call **911**, or if time and safety permit, go to the nearest emergency room (see locations on page **24**). Your care will be covered. For a complete definition of an emergency medical condition, please refer to your coverage documents at kp.org/kpic-colorado.

If you visit an emergency room, anywhere in the world, report your visit as soon as reasonably possible to Kaiser Permanente at **1-800-218-1059 (TTY 711)**.

Emergency care is covered at the HMO In-Network Provider Tier benefit level, and you will be responsible only for the in-network copay or coinsurance, regardless of where you seek care.

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Hospital Care

HMO In-Network Provider Tier <i>Applies to all POS Plans</i>	<ul style="list-style-type: none">• Kaiser Permanente carefully selects hospitals to partner with us in taking great care of you. For regular care, your doctor works closely with specialists, pharmacists, lab technicians, therapists, and many other professionals – all of whom are up to date on your health – for a better care experience. We’ve chosen hospitals to be our partners for coordinating your care when you need inpatient or outpatient hospital care.• See page 7 for any preauthorization requirements.
Participating Provider Tier* <i>Applies to the 3-Tiered POS Plan only</i>	<ul style="list-style-type: none">• You can receive inpatient and outpatient services from the participating provider network.• See page 7 for any precertification requirements.
Non-Participating Provider Tier <i>Applies to all POS Plans</i>	<ul style="list-style-type: none">• You can receive inpatient and outpatient services from any licensed or accredited hospitals/facilities and providers.• See page 7 for any precertification requirements.• Depending on your benefit plan, you may be responsible for a higher out-of-pocket expense if you receive care from a non-participating provider or facility.• The provider/facility may require you to pay upfront for these services. If that should occur then you will also need to submit a member reimbursement form for each provider or facility. See Claims section for more information.

Some services such as organ transplants, durable medical equipment (wheelchairs, etc.), and skilled nursing facility care, are only covered in the HMO In-Network Provider Tier.

Coverage for Newborns

Your newborn will receive care from the time of birth through the first 31 days. Coverage is provided according to the terms of your plan agreement, and coordination of benefits may apply. For information on enrolling your newborn for health coverage beyond 31 days, call **1-855-364-3184** (TTY **711**).



X-Ray and Imaging Services

<p>HMO In-Network Provider Tier <i>Applies to all POS Plans</i></p>	<ul style="list-style-type: none"> You will find medical imaging services at most Kaiser Permanente medical offices. For most services, you need a referral from your doctor. He or she will let you know how to schedule your appointment. At some of our medical offices, we have advanced imaging equipment for MRIs, CT scans, and more. X-ray and medical imaging services are located wherever urgent care is offered, so you do not have to make a separate trip to have an X-ray or other imaging test.
<p>Participating Provider Tier* <i>Applies to the 3-Tiered POS Plan only</i></p>	<ul style="list-style-type: none"> Before scheduling X-rays or other imaging services, check to be sure the facilities are part of the Participating Provider Network. Precertification may be required. Refer to your plan agreement. For more information on precertification, see page 7. Or, consider having your X-ray and imaging tests in the HMO In-Network Provider Tier, even if you are seeing a participating provider or direct contracted provider. This will reduce your costs.
<p>Non-Participating Provider Tier <i>Applies to all POS Plans</i></p>	<ul style="list-style-type: none"> You can receive X-rays and other imaging services at any facility. Or, consider having your X-ray and imaging tests in the HMO In-Network Provider Tier, even if you are seeing a non-participating provider. This will reduce your costs. Precertification may be required. Refer to your plan agreement. For more information on precertification, see page 7. If you receive tests and screenings in non-participating facilities, you will likely pay in full and submit a claim for reimbursement. The provider may also bill you for the difference, if any, between actual billed charges and the maximum allowable charge (as determined by KPIC). Refer to your COI for more details.

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Lab Tests and Results

HMO In-Network Provider Tier

Applies to all POS Plans

- Labs are located within most Kaiser Permanente medical offices.
- For most routine lab tests, your Kaiser Permanente doctor will send the order electronically to the lab, and you can just walk in without an appointment.
- You can receive most lab services on-site along with your urgent care. You do not have to make a separate trip to have a lab test to complete your care.
- Your results from tests done in Kaiser Permanente medical offices:
 - will be in your medical record
 - can be read (for most results) online soon after the lab completes your tests, sometimes the same day.

To see most test results online, register at kp.org/register. (HMO In-Network Provider Tier only)

Participating Provider Tier*

Applies to the 3-Tiered POS Plan only

- Before scheduling a lab test, check to be sure the facilities are part of the Participating Provider Network.
- Or, consider having your labs done in the HMO In-Network Provider Tier, even if you are seeing a participating provider or direct contracted provider. This will reduce your costs.

Please contact Customer Service for questions at **1-855-364-3184 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.

Non-Participating Provider Tier

Applies to all POS Plans

- You can receive lab services at any facility.
- Or, consider having your labs in the HMO In-Network Provider Tier, even if you are seeing a non-participating provider. This will reduce your costs.
- If you receive tests and screenings in non-participating facilities, you will likely pay in full and submit a claim for reimbursement. The provider may also bill you for the difference, if any, between actual billed charges and the maximum allowable charge (as determined by KPIC). Refer to your Certificate of Insurance for more details.

Please contact Customer Service for questions at **1-855-364-3184 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.

*The 2-Tiered POS Plan has no Participating Provider Tier. The 2-Tiered POS Plan only has the (1) HMO In-Network Provider Tier and (2) Non-Participating Provider Tier. See page 2 for a description of the 2-Tiered and 3-Tiered POS plans. To confirm your plan, please call Customer Service at **1-855-364-3184 (TTY 711)**, Monday through Friday, from 8 a.m. to 6 p.m.



Claims

Generally speaking, when you have care under the HMO In-Network Provider Tier, or under the Participating Provider Tier, you will not have to file a claim. That is handled by your provider. You may be required to pay the full amount you are charged when you receive care from a non-participating provider. If you are asked to pay out-of-pocket, you must submit three items to be reimbursed.

1. Completed claim form

- Name of the patient
- Patient's ID number (on each page of the document)
- Date of service

- Service provided (procedures performed, with CPT code)
- Diagnosis with ICD code
- Amount charged for each service

2. Itemized bill from your provider (please contact your provider and request the itemized bill)

3. Proof of payment (one of the following)

- Credit card receipt
- Bank statement
- Copies of your original check (front and back)

To obtain medical claim forms, contact Customer Service at **1-855-364-3184 (TTY 711)**, Monday through Friday, from 8 a.m. to 6 p.m.

Timelines for filing a claim

HMO In-Network Provider Tier <i>Applies to all POS Plans</i>	<ul style="list-style-type: none"> • When you get care at Kaiser Permanente you will not have to file a claim. • If you have to pay for services out-of-pocket, you have up to 180 days from the date you received care to submit your claim.
Participating Provider Tier* <i>Applies to the 3-Tiered POS Plan only</i>	<ul style="list-style-type: none"> • Provider generally completes and submits claim forms. • If you have to pay for services out-of-pocket, you have up to 15 months from the date you received care to submit your claim.
Non-Participating Provider Tier <i>Applies to all POS Plans</i>	<ul style="list-style-type: none"> • Your non-participating provider does not have a contracted rate and can establish their own fee. • You will be responsible for the balance if your provider bills you for more than your plan allows. • You have up to 15 months from the date you received care to submit your claim.

*The 2-Tiered POS Plan has no Participating Provider Tier. The 2-Tiered POS Plan only has the (1) HMO In-Network Provider Tier and (2) Non-Participating Provider Tier. See page 2 for a description of the 2-Tiered and 3-Tiered POS plans. To confirm your plan, please call Customer Service at **1-855-364-3184 (TTY 711)**, Monday through Friday, from 8 a.m. to 6 p.m.



Where to send your claim

Mail your claim form and itemized statement to:

Kaiser Permanente Claims Department

PO Box 373150

Denver, CO 80237-3150

What to expect next

You'll receive a response within 30 days. If your claim form is incomplete or is missing information or documentation or is unsigned it will be returned for correction and re-submission.

If the claim submitted is complete you will receive an Explanation of Benefits (EOB) that will show you a breakdown of the charges and payments for your visit and how much you are responsible for paying, as well as your deductible and out-of-pocket maximum.

If your claim is denied

If your claim is denied, in whole or in part, you will receive detailed information on the EOB document you receive. You have the right to file an appeal if you disagree with the decision not to authorize medical services or drugs, or pay for a claim. Refer to your plan agreement for specific details about your appeals process. Read your EOC and/or COI for more information.

Getting care away from home

Urgent and emergency care are covered anywhere in the world, regardless of provider. Use this checklist before you get care away from home. A little planning makes a big difference. Plan now for a healthy trip.

- Contact your doctor if you need to manage a condition during your trip.
- Refill your prescriptions to have enough while you're away.
- Make sure your immunizations are up to date, including your yearly flu shot.
- Bring your health insurance ID card. It has important phone numbers on the back.

Visit kp.org/travel or call the Away From Home team at **951-268-3900** (TTY **711**) for helpful resources to help you plan for your trip, and for claim forms in case you need to file a claim.

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Healthy Extras

Resources for healthy living

Take advantage of our wide variety of resources to help keep you informed, inspired, and feeling your best.

- **Health education classes at our medical offices**
Kaiser Permanente offers health classes and support groups at our medical offices, some of which may require a fee. Course listings and registration information is available online at kp.org/classes.
- **Monthly newsletter**
When you sign up on kp.org, you'll automatically start getting our Partners in Health monthly newsletter by email. It has health tips, member stories, and updates on facilities and services.
- **Online wellness programs**
Our online healthy lifestyle programs create customized action plans tailored to your health needs and areas of interest. Start with a Total Health Assessment and go from there. Visit kp.org/healthylifestyles.

ChooseHealthy Program

You have access to a variety of healthy discounts without additional charge to your monthly premium. These discounts are in addition to the benefits that come along with your medical plan. The ChooseHealthy Program allows you to receive discounts on a variety of alternative care and fitness services such as:

- Chiropractic care, acupuncture, massage therapy services, vitamins, supplements, and herbs
- Visit kp.org/choosehealthy to learn more.

Care the way you want it at Kaiser Permanente

With convenient services at your fingertips, we offer a variety of care options to help you manage your care needs.

- | | |
|---------------------|---|
| Phone | Save a trip to the doctor's office and schedule a phone appointment.* If you're not sure what kind of care you need, you can call our advice nurses, 24/7. |
| Email | Connect with your Kaiser Permanente doctor's office anytime with a nonurgent question.* |
| Video Visits | Save time with a video visit. For certain conditions or symptoms, you may be able to see your Kaiser Permanente doctor using your computer or mobile device.* |
| Chat Online | Connect in real time with a Kaiser Permanente clinician.
Go to kp.org/getcare and sign on to access care.* |
| E-Visits | Online consultations are available for some medical conditions that may not require an in-person appointment. |

Visit kp.org/getcare to learn more.

*Online chat as well as video and phone services are offered at no additional cost for most health plans. For these services, some PPO or high deductible health plans are subject to a copayment, coinsurance or deductible first before being provided at no additional cost. Review your Certificate of Insurance, or call customer service for your plan details.



Glossary

Preventive care

With most plans, preventive care is provided at no additional cost when you access a provider in the HMO In-Network Provider Tier or the Participating Provider Tier. If you receive preventive care services through a non-participating provider you may have to pay the full cost of services and submit a claim for reimbursement. Additionally, a copayment, deductible, and/or coinsurance may apply.

Preventive care includes routine physicals, well-child visits, and certain screenings and tests (such as mammograms). So there's no need to delay making your first appointment with your doctor.

Sometimes, the doctor will want to do something that is not preventive care. For example, during your routine appointment, the doctor may find a mole that needs to be removed for testing. Because that's not covered as preventive care, you will be asked to pay a copayment, deductible, or coinsurance for the service. In most cases, you will get a bill in the mail for such additional, non preventive services.

Types of cost share

Here are different types of costs (such as copays, coinsurance, or deductibles) you may be required to pay under your plan.

Copayments (copays)

The specific dollar amount you pay for a covered service (e.g., non-preventive office visit) every time that service is provided. Copayments vary depending on your plan and do not generally count toward a deductible, if applicable. However, they do count toward your annual out-of-pocket maximum for most services.

Coinsurance

The percentage of charges for a covered service. For example, if your coinsurance is 15 percent and your allowed office visit cost is \$100, then you pay \$15 and the health plan pays \$85. Coinsurance varies according to your plan and is often subject to the deductible. This means you usually have to fully meet your deductible before paying coinsurance. Coinsurance payments also count toward your annual out-of-pocket maximum for most services.

Nearly all plans have copayments or coinsurance. A copayment or coinsurance may be owed on the day you receive services, for each visit, even if multiple visits occur on the same day.

Out-of-pocket maximum

The maximum amount you pay out of pocket each plan year for most covered services. Once you meet your out-of-pocket maximum, you won't pay anything for most covered services for the remainder of the plan year. For a detailed description, including any cross accumulation of your out-of-pocket maximum between tiers, see your EOC and COI. Fees, penalties, or balance billing won't count toward your out-of-pocket maximum.



Deductible

The set amount you must pay each plan year for covered medical services before the health plan begins to pay its share. Not all services may be subject to the deductible. Deductibles vary depending on the plan you have.

Once you have met your deductible, you will be required to pay only the applicable copayment or coinsurance for most covered services for the remainder of your plan year until you reach your out-of-pocket maximum. Certain conditions may apply.

If you have a deductible, you will be billed for the full allowed amount for each service that is subject to the deductible during check-in or after the service via a mailed bill. You may also receive an estimate of your charges before your office visit for certain services, and you may choose to make a deposit based on that estimate.

Balance Billing

This may occur when you are billed for any charges above the maximum allowable charge set out in your Evidence of Coverage/Certificate of Insurance.

There is no balance billing in the HMO In-Network Provider Tier and the Participating Provider Tier.

You may be balance billed for services received at the Non-Participating Provider Tier.

Maximum Allowable Charge

For providers in the HMO In-Network Provider Tier and the Participating Provider Tier, the maximum allowable charge is the negotiated contracted rate agreed upon to provide discounts for covered services.

For all other providers, it is the lesser of the usual, customary, and reasonable (UCR) charges and the actual billed charges.

When you go to a provider or facility or receive services in the Non-Participating Provider Tier, you may be balance billed for any amount in excess of the maximum allowable charge. It is important that you understand that you are responsible for 100% of all amounts balance billed, and that payments of a balance bill do not count towards your deductible or out-of-pocket maximum.

Usual, Customary, and Reasonable (UCR)

The general level of charges made by other providers for specified covered services within the area where the charge is incurred.



Learn more at kp.org/kpic-colorado

- Get benefit details
- Access forms
- Find a provider



Important Contacts

HMO In-Network Provider Tier

Applies to all POS Plans

See your primary care or specialty physician

Schedule an appointment online at kp.org/appointments, the mobile app or call **1-800-218-1059 (TTY 711)**, Monday through Friday, from 6 a.m. to 7 p.m.

Medical Advice

Call the Kaiser Permanente Clinical Contact Center:
1-800-218-1059 (TTY 711) 24 hours a day, 7 days a week.

Participating Provider Tier*

Applies to the 3-Tiered POS Plan only

See your primary care or specialty physician

Call your participating provider directly.

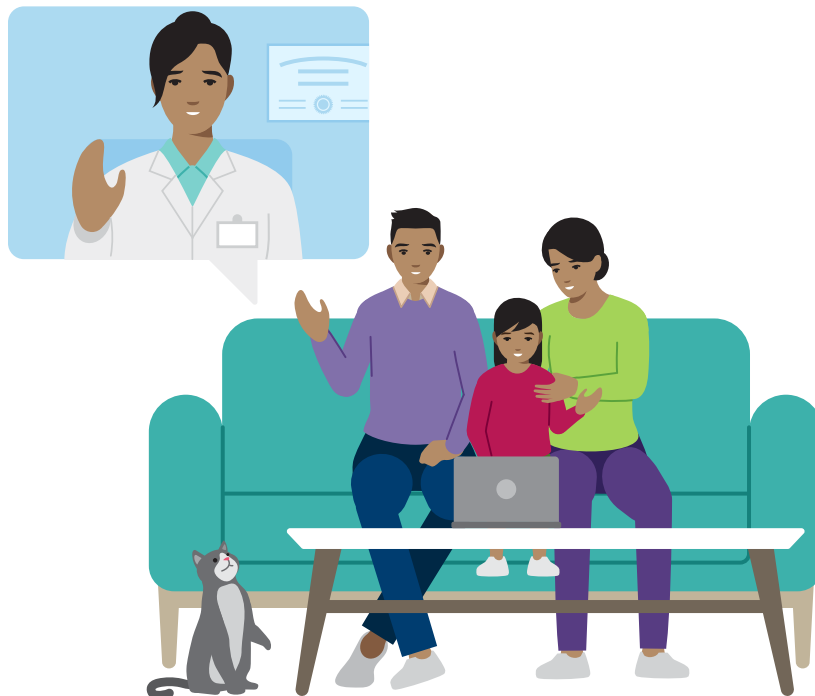
For assistance finding a participating provider or direct contracted provider, visit kp.org/kpic-colorado or call **1-855-364-3184 (TTY 711)**.

Non-Participating Provider Tier

Applies to all POS Plans

See your primary care or specialty physician

Call your non-participating provider directly.



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In-person care locations

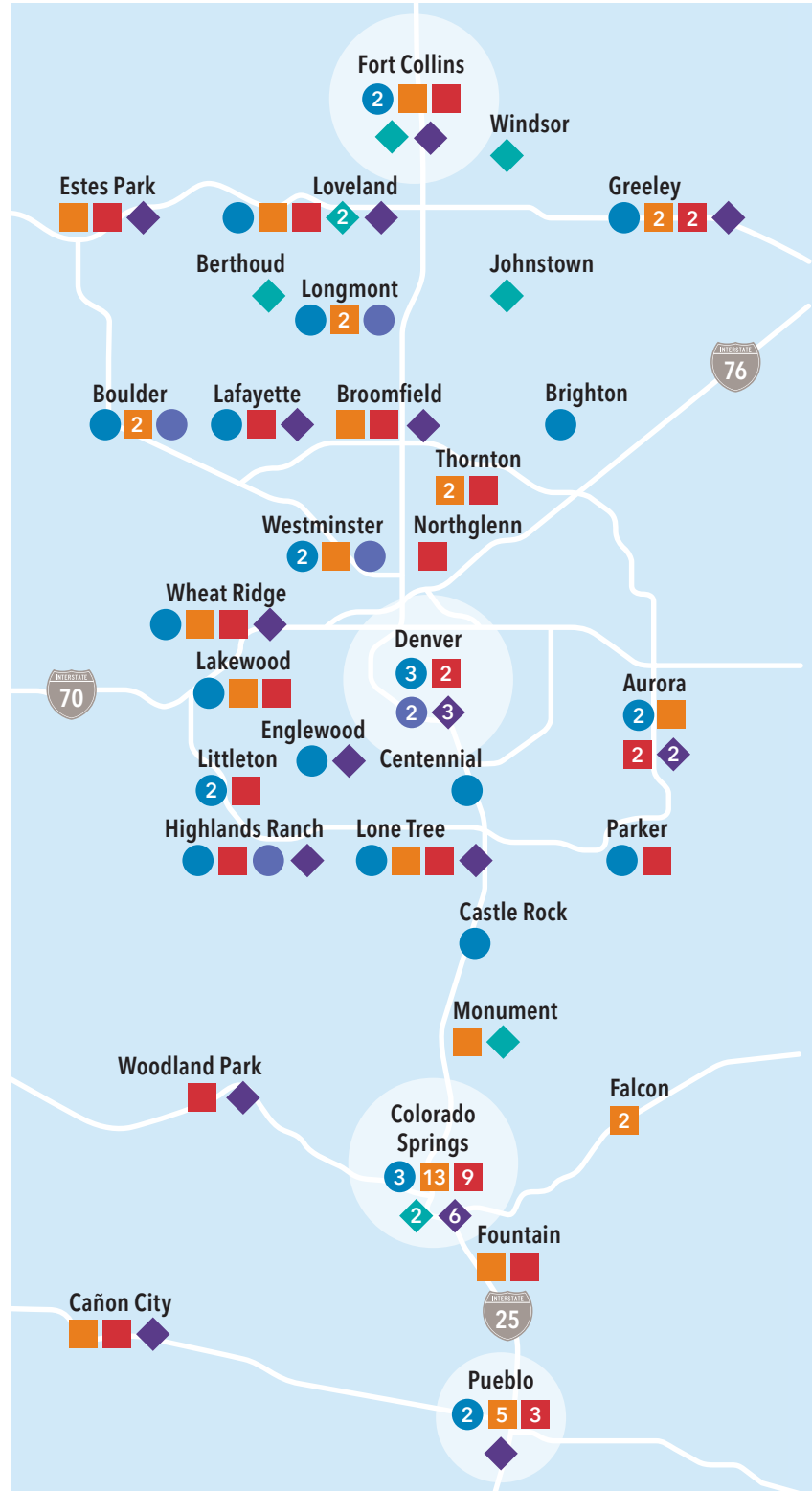
Colorado medical facilities

30	Kaiser Permanente medical offices	●
40	Urgent care facilities	■
35	Emergency care facilities	■
6	Behavioral health offices	●
9	Affiliated providers with extended hours	◆
24	Affiliated hospital/inpatient care	◆

There are **1,100+** Kaiser Permanente physicians, and **12,300** affiliated plan providers at locations across Colorado.¹



For a full list of providers included in your plan, visit kp.org/locations.



¹Choice of providers varies by plan, service area, and availability at the time of selection and is subject to change. Provider and location information is current at the time of publication and is subject to change.

Kaiser Permanente Medical Offices

Central

Aurora

Aurora Centrepoint
14701 E. Exposition Ave.
Aurora, CO 80012

Smoky Hill
16290 E. Quincy Ave.
Aurora, CO 80015

Boulder

Baseline
580 Mohawk Drive
Boulder, CO 80303

Brighton

Brighton
859 S. 4th Ave.
Brighton, CO 80601

Castle Rock

Castle Rock
4318 Trail Boss Drive
Castle Rock, CO 80104

Centennial

Arapahoe
5555 E. Arapahoe Road
Centennial, CO 80122

Denver

East Denver
10400 E. Alameda Ave.
Denver, CO 80247

Franklin
2045 Franklin St.
Denver, CO 80205

Midtown Med. Office Building
1960 N. Ogden St.
Denver, CO 80218

Skyline
1375 E. 20th Ave.
Denver, CO 80205

Englewood

Englewood
2955 S. Broadway
Englewood, CO 80113

Highlands Ranch

Highlands Ranch
9285 Hepburn St.
Highlands Ranch, CO 80129

Lafayette

Rock Creek
280 Exempla Circle
Lafayette, CO 80026

Lakewood

Lakewood
8383 W. Alameda Ave.
Lakewood, CO 80226

Littleton

Ken Caryl
7600 Shaffer Parkway
Littleton, CO 80127

Southwest
5257 S. Wadsworth Blvd.
Littleton, CO 80123

Lone Tree

Lone Tree
10240 Park Meadows Drive
Lone Tree, CO 80124

Longmont

Longmont
2345 Bent Way
Longmont, CO 80503

Parker

Parker
10168 Parkglenn Way
Parker, CO 80138

Westminster

Hidden Lake
7701 Sheridan Blvd.
Westminster, CO 80003

Westminster
11245 Huron St.
Westminster, CO 80234

Wheat Ridge

Wheat Ridge
4803 Ward Road
Wheat Ridge, CO 80033

Northern

Fort Collins

Fort Collins
2950 E. Harmony Road, Suite 190
Fort Collins, CO 80528

Spring Creek
1136 E. Stuart St.
Building 3, Suite 200
Fort Collins, CO 80525

Greeley

Greeley
2429 35th Ave.
Greeley, CO 80634

Loveland

Loveland
4901 Thompson Parkway
Loveland, CO 80534

Southern

Colorado Springs

Briargate
4105 Briargate Parkway, Suite 125
Colorado Springs, CO 80920

Parkside
215 Parkside Drive
Colorado Springs, CO 80910

Premier
3920 North Union Blvd.
Colorado Springs, CO 80907

Pueblo

Acero
2625 W. Pueblo Blvd.
Pueblo, CO 81004

Pueblo North
3670 Parker Blvd., Suite 200
Pueblo, CO 81008



NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC 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 **1-800-632-9700** (TTY: **711**)

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <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>.

HELP IN YOUR LANGUAGE

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

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**).

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

Bàsòò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: Ɔ jũ ké ò Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béin ò gbo kpáa. Đá **1-800-632-9700** (TTY: **711**)

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

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

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

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

Igbo (Igbo) NRUBAMA: O buru na i na asu Igbo, oru enyemaka asusu, n'efu, diiri gi. Kpoo **1-800-632-9700** (TTY: 711).

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

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

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, koji' hódíílnih **1-800-632-9700** (TTY: 711).

नेपाली (Nepali) ध्यान दिनहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: 711) फोन गर्नुहोस् ।

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

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

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

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

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

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



For questions about your plan


Please call Customer Service at
1-855-364-3184 (TTY 711), Monday through Friday,
8 a.m. to 6 p.m.

Kaiser Foundation Health Plan of Colorado

Communications

10350 E. Dakota Ave.

Denver, CO 80247

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977752863 POS New Member Guidebook 2023 CO

Your guide to better health

Keep this book handy as a quick reference to getting the most out of your new plan



For information about your POS Plan benefits,
call Customer Service at:

1-855-364-3184 (TTY 711)

Monday through Friday

8 a.m. to 6 p.m.