

Member Guide

Kaiser Permanente Medicare Advantage HMO



kp.org/wa/medicare

Important phone numbers

Member Services

1-888-901-4600

206-630-4600 (TTY 711)

8 a.m. to 8 p.m., 7 days a week

Get information about:

- **Getting care.** Choosing or switching doctors, where to go for care, referrals for specialists, and on-the-job injuries.
- **Coverage.** What your health plan does and doesn't cover, and coverage while traveling.
- **Billing.** Statements, payments, and reimbursements.
- **Language services.** If your primary language is not English.

New Member Welcome Team

1-888-844-4607

206-630-0029

Get help transferring your care or prescriptions to Kaiser Permanente.

Consulting Nurse Service

1-800-297-6877

206-630-2244

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

Mental Health Access Center

1-888-287-2680

206-901-6300

Schedule first-time appointments for mental health care, including addiction and recovery.

Care Management services

1-888-901-4600

206-630-4600

711 (TTY)

8 a.m. to 8 p.m., 7 days a week

Get help managing chronic health conditions.

Hospital Notification Line

1-888-457-9516

Call if you've been hospitalized for an emergency.

Prescription refills

1-800-245-7979

Sign in at kp.org/wa/pharmacy or call us to order refills or transfer prescriptions.

Resource Line

1-800-992-2279

Get information on health topics, community resources, services for seniors, and support groups in your area.

Delta Dental of Washington¹

deltadentalwa.com

1-800-554-1907

Monday through Friday, 7 a.m. to 5 p.m.

Document Request Line

1-877-201-2757

24 hours a day, 7 days a week

Have important documents – such as your Evidence of Coverage, prescription drug formulary, provider directory – mailed to you.

Your Kaiser Permanente Member Guide

Welcome to your go-to source for understanding your care options, finding health resources, and more. Getting and staying healthy starts with taking advantage of all that Kaiser Permanente has to offer.

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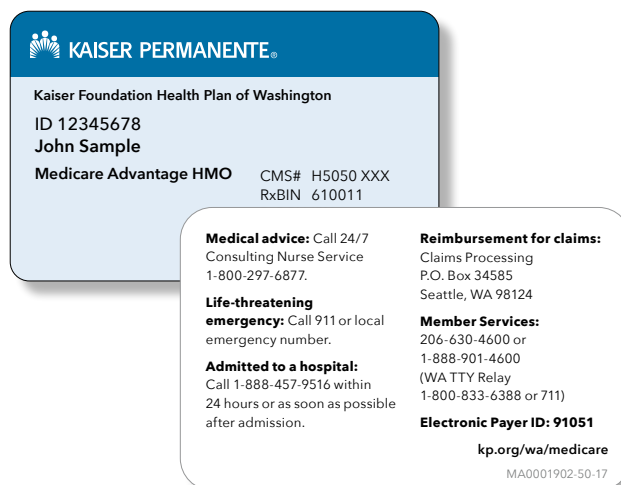
The information in this Member Guide (current as of April 2021) is subject to change without notice. This guide applies to both employer group and individual Medicare Advantage plans with and without Part D prescription drug coverage. If you have questions or want the latest information about your plan, call Member Services.



Your member ID card

Your Kaiser Permanente member ID card will be mailed to you. You need your member ID card or ID number to:

- Get care at our facilities and with other plan network providers
- Fill prescriptions
- Sign in at kp.org/wa to use personal online services
- Get assistance from Member Services
- Find the name of your plan's provider network



Digital ID card lets you manage your care on the go

You can also access your membership information anytime, anywhere, with the Kaiser Permanente digital membership card – an electronic version of your membership card. Just register for online services, sign in, and find the link on your secure homepage. The digital card lets you check in for appointments, pick up prescriptions, and provide your membership information – right from your smartphone.

Helpful tips

Check out the back of your card. You'll find useful numbers such as the Consulting Nurse Service, Member Services, and the number to call if you're admitted to a hospital.

Call Member Services immediately if your ID card is lost, stolen, or needs to be replaced.

Write down your member ID number and keep it in a safe place separate from your card.



Download the Kaiser Permanente Washington app. It's as easy as 1, 2, 3.

1. Register for online services at kp.org/wa/getstarted.
2. Download the Kaiser Permanente Washington app from the app store on your mobile device. Make sure the app you download has WA on the icon.
3. Sign in with your member ID and manage your health care anytime, anywhere.



Choose your doctor and change anytime

Even if you don't need to see a doctor right away, having a personal doctor is an important part of taking care of your health. Your personal doctor coordinates your overall health care and makes sure you're connected with the resources you need.

Choose the right doctor

To find a personal doctor who's right for you, you can call Member Services or go online kp.org/wa/medicare/providers. You can then search for doctor profiles online or you can view our Medicare Provider Directory. For your personal physician, choose from these specialties under "Primary Care:"

- Family medicine
- Internal medicine
- Geriatrics

Be sure to check that the doctor you're considering is accepting new patients. If your choice doesn't feel right, you can change to an available personal network doctor at any time, for any reason.

If you don't choose a doctor when you first become a Kaiser Permanente member, we will match you with with one physician to make sure you have a doctor assigned to you if you get sick or injured.

What to consider when you choose a doctor

Make a list of what's important to you in a doctor. Here are some things to consider: gender, clinic location, medical interests, languages spoken, years of experience, cultural or personal background.

Make an appointment

Call the doctor's office to schedule an appointment. At the appointment, talk with your doctor about your medical history, including any current conditions, known health risks, and medications you're taking. Review our preventive care schedules at kp.org/wa/wellcare and schedule any immunizations, tests, or screenings you're due for.

If you've chosen a personal doctor at a Kaiser Permanente facility, you can schedule an appointment online once you've registered for our secure member website.

Help for new members

Are you in the middle of treatment? If you need help transferring your care or prescriptions from other providers and pharmacies to Kaiser Permanente, call our New Member Welcome Team at **206-630-0029** or **1-888-844-4607**.



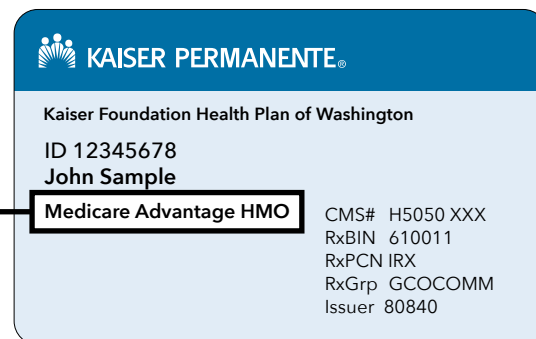
Care locations near you

Our Medicare Advantage HMO network includes doctors and hospitals in every community we serve. You can switch to a different available network doctor at any time.

Finding a provider

In addition to providers at Kaiser Permanente care facilities, there are thousands of additional in-network community providers who meet our high standards for care. The network includes both individuals and institutions, clinicians to cover virtually every medical need, and at least one major hospital in every community. To be covered, you must use network providers except for emergencies and special circumstances such as out-of-area urgent care and dialysis. Some services require prior authorization.

For the most up-to-date list of our providers, visit kp.org/wa/medicare/providers. To find the name of your plan's provider network, see your member ID card.



Nonemergency transportation to care locations²

Get rides to and from Kaiser Permanente and in-network facilities and pharmacies, as well as dental appointments, 24/7 from anywhere in our service area at no charge to you. Wheelchair-lift-equipped vehicles are available. To schedule a ride, call **1-844-688-7460** (TTY **711**). Please call 2 business days before you need to go.



Routine care and care advice

We want it to be easy for you and your family to get the care you need, so we offer online, phone, and face-to-face options. Choose what works best for your health needs at kp.org/wa/getcare.

Online

E-visit³

Get an online treatment plan for common health issues, plus a prescription if needed. Start an e-visit anytime and get a response from 9 a.m. to 9 p.m. daily.

Care Chat³

Chat online with a Kaiser Permanente clinician to get immediate care, treatment, and prescriptions, if necessary. Care Chat is available 24/7.

Video visit³

Meet face-to-face with a Kaiser Permanente clinician by video for high-quality, personalized care. Same-day or next-day appointments are often available.

Email your care team

If you get your care from Kaiser Permanente doctors and care teams, you can email them with nonurgent medical questions and get a response within 2 business days.

Office visits

See your doctor

Call your personal physician's office to schedule routine visits for preventive care or to discuss symptoms or health issues. At Kaiser Permanente, we'll make every effort to get you an appointment with your personal doctor at a convenient time. You can also sign in at kp.org/wa and schedule an appointment at our medical facilities.

Phone

Consulting Nurse Service

If you have an injury or troubling symptoms when our offices aren't open, you can call our Consulting Nurse Service at **1-888-297-6877** or **206-630-2244**. The nurses are available 24 hours a day, 7 days a week. They will assess your situation and help you decide on next steps – whether that's self-care, an appointment with a doctor, or a trip to the nearest urgent care or emergency facility.

Phone appointment³

Doctors who practice at Kaiser Permanente often schedule phone appointments with established patients for health concerns or follow-ups that don't require an in-person visit.

Walk-in clinics

Find hours for walk-in clinics at a number of our medical facilities (Everett, Olympia, Puyallup, Tacoma, and Riverfront in Spokane) at kp.org/wa/locations. No appointment is needed.

Women's health care

In addition to having a personal doctor, women can refer themselves to women's health care providers for routine reproductive health care and gynecological care. Women's health care professionals include specialty doctors such as gynecologists and obstetricians, and physician assistants or nurse practitioners specializing in women's health.



Specialty care

You have access to expert care from one of the nation's largest multispecialty medical groups, with over 1,000 specialists and primary care physicians in more than 60 medical, surgical, and therapeutic specialties.

Referrals

In most cases, you need a referral from your personal doctor to see a Kaiser Permanente specialist or a Medicare Advantage HMO network specialist who doesn't practice at Kaiser Permanente. Therefore, the best place to start is with your personal doctor who can help you decide if you need to see a specialist for evaluation or treatment of a new health concern.

Your personal doctor may call for a "standing referral" in your treatment plan. This means you can see the same specialist more than once without getting a referral each time.

You don't need a referral for emergency care or urgent care.

For information about the specialty departments at Kaiser Permanente, visit kp.org/wa/specialty.

Mental health care

Mental health services, including addiction and recovery, are available in the Medicare Advantage HMO network. You don't need a referral from your personal doctor to access these services. You can call the Mental Health Access Center at **1-888-287-2680**. They coordinate and authorize all mental health care, including addiction and recovery, for plan members.

Vision care

All our plans cover annual eye exams. Some of our plans include a vision hardware allowance that you can use toward your purchase of glasses or contacts from a Kaiser Permanente Optical Shop or any vision hardware provider. To find a Kaiser Permanente Optical Shop near you, visit kp.org/wa/eyecare. For more information about your vision care benefits, see your Evidence of Coverage at kpwa.memberdoc.com or call Member Services at **206-630-4600** or **1-888-901-4600 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week.

Hearing care

All our plans cover annual hearing exams. Some of our plans include a hearing hardware allowance that you can use toward your purchase of hearing aids from a Kaiser Permanente Audiology Hear Center or any in-network hearing aid provider. To find one of our Audiology Hear Centers, an in-network audiologist, or hearing aid provider near you, visit kp.org/wa/find-a-doctor. For more information about your hearing care benefits, see your Evidence of Coverage at kpwa.memberdoc.com or call Member Services at **206-630-4600** or **1-888-901-4600 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week.

Inpatient care for surgery or a planned procedure is covered at a network facility when ordered by a Kaiser Permanente or other network doctor. Your doctor will request any needed preauthorization from the health plan.



Urgent and emergency care

You are covered for emergency care and medically necessary urgent care anywhere in the world. If you think you are experiencing an emergency, go immediately to the nearest emergency care facility or call 911.

When to use urgent care centers

Go to the closest network urgent care center for an illness or injury that requires prompt medical attention but is not an emergency. Examples include:

- Minor injuries, wounds, and cuts needing stitches
- Minor breathing issues
- Minor stomach pain

If you're unsure whether urgent care is your best option, call the Consulting Nurse Service for advice at **1-800-297-6877** or **206-630-2244**.

Where to go for urgent care

For urgent care during office hours, call your personal doctor's office first to see if you can get a same-day appointment. If a doctor isn't available or it's after office hours, check kp.org/wa/medicare/providers or call Member Services to find the nearest urgent care facility in your network. If the nearest in-network urgent care facilities are not available nor accessible to you, we will cover urgent care from an out-of-network urgent care facility.

If you use an out-of-network provider

When you receive emergency care or urgent care from a provider who is not in your plan's network, you're responsible for paying a copay or coinsurance. We will pay the balance. Make sure to ask the provider to bill Kaiser Permanente for our share of the cost. In some cases, you may have to pay in full for the services and file a claim with us for a reimbursement.

When to use emergency care⁴

Seek emergency care for a medical or psychiatric condition that requires immediate medical attention to prevent serious risk to your health. Examples include:

- Chest pain or pressure that may move out to the arm, neck, back, shoulder, jaw, or wrist
- Severe stomach pain that comes on suddenly
- A sudden decrease in or loss of consciousness
- Severe shortness of breath

Our plans provide coverage for emergency services, including ambulance transportation used for a medical or psychiatric emergency. If your particular plan has a copayment, coinsurance, or deductible for these services, you will receive a bill. You can review coverage for emergency services in your Evidence of Coverage at kpwa.memberdoc.com.

Kaiser Permanente has urgent care centers at 5 locations:

Bellevue Medical Center

24 hours a day, 7 days a week

Capitol Hill Campus

Seattle, Main Building

24 hours a day, 7 days a week

Olympia Medical Center

24 hours a day, 7 days a week

Silverdale Medical Center

24 hours a day, 7 days a week

Tacoma Medical Center

24 hours a day, 7 days a week



Getting prescriptions filled

If your plan includes prescription drug coverage, you can fill prescriptions at any Medicare Advantage HMO network pharmacy⁵—including those located at Kaiser Permanente medical facilities—or through our mail-order pharmacy. For more information, visit kp.org/wa/pharmacy.

Covered drugs

Our plans that include prescription drug coverage have an approved list of drugs to help make sure that the safest, most appropriate, and most effective prescription medications are available to you. This list – called a formulary – typically divides groups of medications into tiers. Tiers range from preferred generic drugs to injectable Part D vaccines. The tier your medication is in determines your portion of the drug cost.

To find the Medicare Drug Formulary for your individual or group Medicare Advantage plan, go to kp.org/wa/formulary.

What's not covered

Most plans do not include:

- Nonprescription or over-the-counter medicines
- Drugs for cosmetic uses
- Drugs for weight loss or sexual dysfunction
- Drugs that Medicare will not cover

If it's determined that a drug that's not on your plan formulary is medically necessary for your treatment, your doctor can request that Kaiser Permanente review the circumstances and cover the medication. Copay or coinsurance will apply.

Transfer your prescriptions

Make sure your refills are ready when you need them. Sign in at kp.org/wa/getstarted to transfer your prescriptions, or call our New Member Welcome Team at **206-630-0029** or **1-888-844-4607**.

Requirements for some drugs

A formulary usually includes some restrictions. Here's what you should know:

- **Step therapy (ST).** If 2 drugs have been shown to be equally effective at treating a condition, we ask that you try the less costly drug first before we'll cover the other medication.
- **Quantity limit (QL).** Based on a drug's safety, toxicity, and potential misuse, we may limit the amount of the drug you can have each time you fill the prescription.
- **Prior authorization (PA).** This process is to confirm medical criteria have been met that will help ensure your safety. If you're on a drug that requires prior authorization and you got it while on another company's health plan, you will still need to complete the process with Kaiser Permanente.

Go to kp.org/wa/directory to find pharmacies in our Medicare Advantage HMO network. Choose "Pharmacy" under Browse by Category. Then refine distance to 5 miles to see the closest options. Or, visit kp.org/wa/mail-order to find out how you can have your prescriptions mailed to you for no additional cost.⁶



Supportive care services

Some medical diagnoses and conditions can be stressful and create many questions for you. These support services – all available to plan members at no additional cost – can help.

Chronic conditions

If you'd like more help managing chronic asthma, diabetes, high blood pressure, cholesterol, or heart disease, call **1-866-656-4183**, Monday through Friday, 8 a.m. to 5 p.m. Registered nurses certified in case management offer phone-based support to help you navigate the health system and make positive changes in your health.

Complex case management

This program assists plan members who are finding it difficult to manage because they have multiple chronic conditions, medications, and providers. A specially trained nurse – in partnership with your personal doctor – will help you explore next steps for taking better care of yourself. Call **1-866-656-4183** to see if this program is right for you or a family member.

Care at home

Kaiser Permanente's specialized teams provide home health, palliative care, and hospice services to eligible Kaiser Permanente members in King, Kitsap, Pierce, and Snohomish counties. Members living in other areas receive services through arrangements with other local home-care agencies. Nurses, physical therapists, social workers, home health aides, and other health professionals provide care and support services to homebound patients, including patients

with advanced illnesses. Your doctor can refer you to these services when appropriate. In the 4 counties mentioned, call **1-800-332-5735** for details. In other areas, look for a network agency in the Medicare Provider Directory at kp.org/wa/medicare/providers.

Specialty pharmacy program

This phone-based service offers ongoing support to members taking specialty drugs for a wide range of conditions. Specially trained pharmacists work with you and your doctor to review your medication schedule, provide education about medications and possible side effects, assess your response to drug therapy, remind you of any labs or clinical monitoring you need, and coordinate monthly delivery of your medications. Visit kp.org/wa/sp or call **1-800-483-3945** to learn more.

Transgender services

Kaiser Permanente is a safe, respectful place for those who wish to explore or pursue gender-affirming services. Licensed, caring social workers provide clinical guidance and support for members as they move through the process of gender-affirming surgery. Call **1-866-656-4183** for details. Coverage is based on medical need and applicable standards of care.



Managing your health online

See how easy it is to stay on top of your care. When you register at kp.org/wa, you can use our many time-saving online tools for managing your health – anytime, anywhere.

Review your coverage

You can check the status of your use of benefits and see whether you've had your annual wellness visit, physical exam, and vision exam.

Refill prescriptions⁶

If your plan covers prescriptions, once your prescriptions are in the Kaiser Permanente pharmacy system, you can sign in at kp.org/wa to review your medications and request refills. Then we can have your refill ready for pickup at a Kaiser Permanente pharmacy. Or we can mail it to you through our mail-order pharmacy service,⁶ which can help you save time and money:

- Delivery usually in 1 to 2 days at no cost to you
- No copay for a 31- to 90-day supply of tier 1 preferred generic medications
- 2 copays for 90-day supply of tiers 2, 3, and 4 medications

There are 3 easy ways to refill and reorder your medications for mail-order:

- Sign in to your account at kp.org/wa.
- Use the **Kaiser Permanente Washington mobile app**.
- Call **1-800-245-7979** (TTY 711), Monday to Friday, 7:30 a.m. to 7 p.m.; Saturday and Sunday, 8 a.m. to 4:30 p.m.

For details, visit kp.org/wa/mail-order.

Check for health risks

You and your doctor can see if you are at risk for certain diseases and learn how you can improve your health when you take the Health Profile. It's an online questionnaire you'll find on your secure member homepage after you register and sign in. Take it annually and you'll be able to see what's changed since your last assessment.

Manage your Kaiser Permanente care

When you receive care at Kaiser Permanente, you can take advantage of additional online services, like:

- Scheduling most appointments with your care team
- Emailing your doctor's office for nonurgent issues
- Checking lab and test results
- Reading after-visit summaries (whether an office visit, nurse visit, walk-in clinic visit, or phone visit)
- Viewing medical records for you and your children under age 13
- Viewing appointments and reminders for preventive care

The more care you receive at our medical facilities, the more complete your online health record at kp.org/wa will be.



Care away from home

If you become ill or injured while traveling, you're covered for urgent and emergency services anywhere in the world. Call the Consulting Nurse Service for help deciding where to get care and Member Services for details on your coverage.

Emergency care while traveling

If you need emergency care and are admitted to a non-network hospital, you or a family member should call to tell us about it within 48 hours after your care begins or as soon as is reasonably possible. Call the notification line listed on the back of your Kaiser Permanente member ID card to help make sure your claim is accepted. Keep receipts and other paperwork from non-network care. You'll need to submit them with any claims for reimbursement after you get back.

Access to nonemergency care across your plan's service area

Your plan provides access to all providers in the Medicare Advantage HMO network, including many doctors and services at Kaiser Permanente facilities across the areas we serve. Find links to search for providers online or view the entire provider directory at kp.org/wa/medicare/providers. Call Member Services before seeking care outside Washington state.

Access to nonemergency care outside your plan's service area

As a plan member, you can receive a variety of covered health services at Kaiser Permanente facilities in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Clark and Cowlitz counties in Washington state, and Washington D.C. (Visit kp.org/locations to find the nearest facility to you when traveling in these Kaiser Permanente service areas.) Make sure to call Member Services about getting a "visiting member identification number" before receiving care at one of these facilities.

You can also get care at any CVS MinuteClinic® in states without Kaiser Permanente facilities. Your specific benefits will vary depending on your plan.

Care away from home, continued

Access to nonemergency care in Arizona

Depending on your plan, you may also have a supplemental travel benefit that covers care at select Banner Health locations in Pima and Maricopa counties in Arizona. For more information, see your Evidence of Coverage at kpwa.memberdoc.com or call Member Services at **206-630-4600** or **1-888-901-4600** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.

Travel Advisory Service

Our Travel Advisory Service offers recommendations tailored to travel outside the United States. Nurses certified in travel health will advise you on any vaccines or medications you need based on your destination, activities, and medical history. The consultation is not a covered benefit, and there is a fee for a Kaiser Permanente member using the service for the first time. Visit kp.org/wa/travel-service for more details.

Resources while traveling

You can call our Consulting Nurse Service – 24 hours a day, 7 days a week – from anywhere in the world for advice on symptoms. If you get your care at Kaiser Permanente facilities, you can email your care team’s office with nonurgent questions. You can also sign in at kp.org/wa and access your online health record.

Paying for your care

When you receive medical services, either at Kaiser Permanente medical facilities or from other network providers, be prepared to pay any copay or coinsurance you're responsible for.

Payment options for Kaiser Permanente medical services

Pick the option that works best for you:

- Sign in at kp.org/wa and pay online.
- Pay in person at our medical facilities.
- Pay by mail using the payment coupon and return envelope that come with your bill.
- Pay by phone using a credit card.

We accept payment by debit card, personal check, or credit card. We do not accept cash.

You may receive a bill for services performed after you've paid and left our facility, such as tests that need to be sent to a lab.

Medical financial assistance

Kaiser Permanente's Medical Financial Assistance program helps low income, uninsured, or underinsured patients who need help paying for all or part of their medical care received from Kaiser Permanente.

Patients are eligible for financial assistance when their family income is at or below 300% of the Federal Poverty Guidelines. To see if you qualify, talk to the business office staff at any of our medical facilities or call **1-800-992-2279**. You can learn more about the program by searching for "financial assistance" at kp.org/wa.

Coordinating dual coverage

When you have additional health coverage, we may be able to lower your out-of-pocket expenses by working with the other health

plan carrier to coordinate your benefits. Find our Coordination of Benefits Questionnaire under "Claim forms" at kp.org/wa/forms.

Paying premiums

If you're on our individual Medicare Advantage plan, You can pay your monthly premiums by mail, phone, or online after signing on at kp.org/wa; or you can pay through your bank's online bill pay service. You can also request to set up automatic deductions of premiums under \$300 from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

If you're on our group Medicare Advantage plan, your former employer or plan administrator will pay the monthly premiums on your behalf. Make sure to contact them for additional details about premium payments and any premiums you may be responsible for.

Contact us

Patient Financial Services
1-800-442-4014

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

How to submit claims for reimbursement kp.org/wa/reimburse
For information and forms related to drug and medical claims, and claims for care received outside the United States.



Resources for healthy living

Good health goes beyond the doctor's office. That's why we offer so many convenient resources to our members. Explore them all and choose the ones that fit your life.

Get the most out of your health plan



Resource Line

Visit kp.org/wa/resource-line for details about this service, including help with finding senior services and completing advance directives.



Silver&Fit^{®7}

Access at-home fitness kits, online exercises classes, and fitness center memberships at no cost to you through the Silver&Fit Healthy Aging and Exercise Program. Sign up at silverandfit.com or by calling **1-877-750-2746** (TTY 711), Monday through Friday, 5 a.m. to 6 p.m.



Mental health and wellness

Get personalized programs for managing depression, stress, anxiety, and more at myStrength.⁸ Includes interactive activities and tools for setting goals and tracking progress. No additional cost. Learn more at kp.org/wa/mystrength.



Classes and support groups

Sign up for health classes and support groups held online and at Kaiser Permanente medical facilities and some community locations. See what's available near you at kp.org/wa/classes. Some may require a fee.



Help to quit smoking

Quit for good with one of the country's most successful tobacco cessation programs – at no additional cost. Phone-based or online. Visit quitnow.net/kpwa for details.



Sponsored events⁹

Connect with other fitness enthusiasts at our sponsored events across Washington state, including walking, running, biking, and cooking. Look for upcoming events at kp.org/wa/community-events.



Transportation

Transportation benefit for rides to and from Kaiser Permanente and in-network facilities and pharmacies as well as dentist appointments – 24 hours a day, 7 days a week, from anywhere in our service area. Wheelchair-lift-equipped vehicles are available. To schedule a ride, call **1-844-688-7460** (TTY 711). Please call 2 business days before you need to go.



Preventive care

Kaiser Permanente helps you stay as healthy as possible by focusing on prevention. Use our wellness schedules for 65 and older to learn what you can do to be healthier and detect possible problems early.

Preventive care schedules

Also known as well-care or well visits, these schedules include immunizations, health and cancer screenings, weight and blood pressure checks, and counseling on lifestyle behaviors that affect your health. There are preventive care schedules for men, women, and children, each divided by age.

Find the prevention information you need, including care schedules, at kp.org/wa/wellcare. These guidelines are for people who are generally healthy. If you have ongoing health problems or personal risk factors, your schedule may differ from the standard recommendation. Talk with your doctor about an approach that fits your needs.

What's covered as part of a preventive or well-care visit

The care listed in our well-care schedule for your gender and age is what is generally covered as part of the medical annual wellness visit – with no copay or coinsurance. Use this time with your nurse to focus on prevention. Talk about your health risk assessment, your current functional ability, risks for disease, and any cognitive impairment.

If the appointment is also spent discussing or treating specific health conditions or symptoms, you may be responsible for a copay or coinsurance.

Watch for preventive care reminders

No matter where you receive your care, we'll remind you about screenings, tests, and immunizations you're due for. These reminders may come by mail, a phone call, or on your secure member website homepage after you sign in at kp.org/wa. To help make sure you receive this important care, all Kaiser Permanente and contracted primary care doctors in the Medicare Advantage HMO network receive a report that identifies any care gaps for every Kaiser Permanente member they see. In addition, when you get your care at Kaiser Permanente medical facilities, staff will likely mention any needed preventive care they see indicated in your electronic medical record.

On the go?

Try the Kaiser Permanente Washington mobile app. Access many features available in your secure online account from your smartphone. Use your member ID number and password to activate the app and you'll be ready to use the secure features anytime, anywhere.¹⁰

Learn more at kp.org/wa/mobile.



Protecting your privacy and security

We take protecting you, your medical information, and resources for your care very seriously. We train our employees and physicians to help protect your privacy and prevent fraud and identity theft.

Notice of Privacy Practices

Our regional Notice of Privacy Practices, which all members and patients receive, describes how medical information about you may be used and disclosed and how you can access it. It also describes our responsibility to notify you if there is a breach of your protected health information (PHI). We want to remind you about this notice and how you can get another copy if you want one. Protected health information is an important part of the federal Health Insurance Portability and Accountability Act (HIPAA). You can download a copy at kp.org/wa/privacy. In addition to English, copies are available in Chinese, Korean, Russian, Spanish, and Vietnamese. Or you may request a copy in your language.

Confirming your identity

When you receive services at Kaiser Permanente medical facilities, you'll be asked to identify yourself – usually with your name and date of birth – several times. That's to ensure clinic staff are matching you with the right patient record every step of the way, whether it's for lab work, tests, treatment, or medications.



Your medical treatment

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

Making treatment decisions

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

Discussing treatment alternatives

While Kaiser Permanente doesn’t cover every kind of treatment or procedure (no health plan does), we don’t have any financial incentives or penalties that might encourage doctors or other clinicians to withhold medically necessary services or to keep them from discussing recognized medical alternatives with you. The only financial incentives we ever use are rewards for medical groups and hospitals that meet quality care measures (such as cancer screenings) and patient satisfaction targets.

Documenting your care choices

What if you were in a serious accident and lost your ability to say “yes” or “no” to treatment? Advance directives are designed to document your wishes in case you find yourself in that situation. They can be completed by anyone 18 or older and changed or canceled at any time. There are 3 types of advance directives:

- **Durable Power of Attorney for Health Care (DPOA):** Names someone as your decision-maker if and when you are unable to make health care decisions yourself.
- **Health Care Directive-Living Will:** Tells your provider and your family what kinds of care you do not want if you are seriously ill or injured.
- **Physician Orders for Life-Sustaining Treatment (POLST):** Contains physician orders about the use of life-sustaining treatment such as CPR. It is intended to reflect your wishes around end-of-life care.

Call the Resource Line at **1-800-992-2279** for the forms you need and a booklet that will help you understand advance directives.

Your medical treatment, continued

When you need hospital care

Your network includes community or regional hospitals in locations across our Washington service area for Medicare Advantage members. The Leapfrog Group, a national hospital rating organization, publishes an annual survey on hospital safety performance. You can review the most recent results for participating Washington hospitals at leapfroggroup.org/compare-hospitals.

New medical technology

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

Quality improvements

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

Feedback on care quality or access

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

Renal dialysis outside service area

Medicare Advantage HMO members are covered for dialysis services when temporarily outside of the plan's service area. Talk to your provider in advance so we can make travel dialysis arrangements for you.



Coverage decisions

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

How utilization management works

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

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

Some care, services, and supplies require prior approval (preauthorization) from Kaiser Permanente in order to be covered. This includes planned inpatient hospitalization, advanced imaging (CT scan, MRI, PET scan), clinical trials, dialysis, home care, hospice, certain drugs, and more. Generally, the recommending doctor will request the preauthorization on your behalf.

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

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

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

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

Claims

If you have questions about what is covered under your plan, it is best to review your Evidence of Coverage at kpwa.memberdoc.com.

To submit claims for care covered by your plan that you received from non-network providers during an emergency, follow these steps:

1. Visit kp.org/wa/forms. Under "Pharmacy and medical reimbursement," click on "How to submit claims for reimbursement." You can also request forms from Member Services.
2. Choose whether your claim is for pharmacy service, medical service, or a foreign claim, then download the appropriate form.
3. Complete the form and make a copy for yourself.
4. Mail the original to the claims processing address on the form. Medical claims have a different address from pharmacy claims.

Coverage decisions, continued

Processing a medical claim can take up to 60 days. Processing a pharmacy claim usually takes 4 to 6 weeks. Claims with missing information may be returned unprocessed, so be sure to completely fill out the forms.

Appeals

An appeal is a formal way of asking us to review and change a coverage determination we've made. You have the right to appeal any coverage decision. The type of appeal and time frame for resolution depends on what is being denied. In the letter you receive denying coverage, there will be information on how you can appeal.

At kp.org/wa/appeals, you'll find details on appeals and a link to download and print the Member Appeal Request form. You can complete the form and then mail or fax it. If you register and sign in to your secure member portal at kp.org/wa, you can submit the same information, "Request a Coverage Decision Appeal," online. If the situation isn't urgent, we normally make a decision within 30 calendar days of receiving the appeal. If any delay will seriously impact your health, you or your physician can request an expedited review, which is usually issued within 24 to 72 hours. Call the Member Appeals Unit at **1-866-458-5479** for more information on an expedited review.

Appeals that are not resolved to your satisfaction may be eligible for independent review by a state-certified independent review organization or plan-specified entity. See kp.org/wa/appeals for more detail.

Federal plan members follow an independent review process administered by the Federal Employees Health Benefits Program.



Your rights and responsibilities

Providing the quality health care necessary to help you maintain your good health requires a partnership between you and your health care team. You need information to make appropriate decisions about your care and lifestyle choices. Your health care team need your participation to ensure you receive appropriate and effective health care. Mutual respect and cooperation are essential to this partnership.

It's important to know what you can expect and what we need from you when you receive care from us.

You have the right to...

get information about our policies, services, and facilities, and your benefits and care, in a way you understand. You have the right to be provided an interpreter if you need one and receive written information in an alternative format or in non-English languages.

be able to access information about Kaiser Permanente, our services, your care team, and how to use our services. This includes information about the qualifications of the professionals caring for you.

participate in doctor selection. You have the right to select and change personal doctors within your plan network and to expect your personal doctor to provide, arrange, and/or coordinate your care. You have the right to a second opinion from an appropriately qualified medical professional within your plan network.

be treated fairly, with respect and dignity, without regard to your race, color, national origin, age, disability, sexual orientation, gender identity, or financial status. We support your having spiritual care in keeping with your religious, faith, or spiritual tradition and beliefs.

receive timely access to quality care and services in a safe setting. You have the right (1) to be secure and to be able to communicate freely, (2) to be free from any form of restraint or seclusion unless medically necessary for your well-being, (3) to be protected from all forms of abuse, neglect, harassment, or discrimination and have access to protective services if needed. If communication restrictions are necessary for your care and safety, we will document and explain the restrictions to you and your family.

be involved in making decisions about your health care. You have the right to receive the information you need in order to accept or refuse a treatment that is recommended, including life-sustaining treatment and care at the end of life. If you are unable to do so, you have the right to choose an adult representative, known as your agent, to make medical decisions for you. Your instructions may be expressed in documents known as advance directives, which include a durable power of attorney for health care and a living will. You also have the right to donate organs and other tissues, according to state law.

Your rights and responsibilities, continued

Your wishes will be honored to the extent permitted by state and federal laws. Your family can provide input on care decisions consistent with your advance directives or with court orders.

You have the right to...

a candid discussion of the benefits and risks of recommended treatments and procedures, and alternative options, regardless of cost or coverage. This includes alternatives when hospital care is no longer appropriate. These options should be presented in a manner appropriate to your medical condition and your ability to understand. You should be satisfied with answers to your questions and concerns before consenting to any treatment. You may refuse any recommended treatment if you don't agree with it or it conflicts with your beliefs.

In general, you will not receive any medical treatment before you or your representative gives consent. You and, when appropriate, your family will be informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.

receive visitors in a hospital setting that you or your support person designates, including but not limited to a spouse, domestic partner, significant other, family member, or friend. Visits are restricted from most treatment and procedure areas and may be limited based on your medical condition. You have the right to withdraw or deny your visitor consent at any time.

receive personal medical records. You have the right to request and receive copies of your medical records and to request amendment or correction to such documents, in

accordance with applicable state and federal laws. You can also designate someone to obtain your records on your behalf.

be assured of privacy and confidentiality.

We will honor your need for privacy and will not release your medical information without your authorization, except as required or permitted by law.

voice opinions or complaints about Kaiser Permanente or the care or services you receive.

You have the right to know about complaint resolution resources such as Member Services and processes for complaints and appeals that can help answer your questions and solve problems. You have the right to make complaints without concerns that your care will be affected. A description of the way to make complaints and appeals can be found in your Evidence of Coverage at kpwa.memberdoc.com, or, in the case of federal employees, in Federal Employees Health Benefits Program materials. You have the right to receive timely resolution of your complaint, usually within 7 business days.

You may also contact:

Health Systems Quality Assurance
Complaint Intake

Washington State Department of Health
P.O. Box 47845, Olympia, WA 98504-7847
Phone: **360-236-4700**

Email: hsqacomplaintintake@doh.wa.gov
Complaint forms can be found online.

be notified of and suggest changes to the organization's member rights and responsibility policies.

Call Member Services with your suggestions and questions about Kaiser Permanente, its services, the health professionals providing care, and member rights and responsibilities.

Your rights and responsibilities, continued

You are responsible for...

knowing the extent and limitations of your health care benefits. This includes using health care professionals affiliated with your health plan for health care benefits and services, except when services are authorized or allowed by your plan, or in the event of an emergency. A detailed explanation of your benefits is contained in your Evidence of Coverage at kpwa.memberdoc.com or the Federal Employees Health Benefits Program materials. If you need a replacement, contact your local Member Services office to request another copy.

If you are registered for online services, you will also find this document under My Plan/Coverage Documents.

keeping appointments. You are responsible for arriving on time for appointments, and notifying staff if you cannot make it on time or if you need to cancel. Even late cancellations can often be filled by another patient.

improving the quality and safety of your care by providing accurate and complete information. This includes your medical history, medications, and any changes in your condition.

being active, informed, and involved in your care. You are responsible for participating in the development of your treatment plan and following it. Tell your provider if you don't clearly understand your treatment plan, don't think you can follow it, or feel changes need to be made. Ask any questions you have about

your condition, your care, what is expected of you, or the payment for care.

recognizing the effect of your lifestyle on your health. Your health depends not just on care provided through your health plan, but also on the decisions you make in your daily life. Examples include smoking or choosing to ignore medical advice, compared to exercising or eating healthy foods.

making sure a responsible adult of your choosing is with you throughout a surgical procedure, and for the first 24 hours after the procedure.

fulfilling financial obligations. You are responsible for paying on time any money owed to Kaiser Permanente or our affiliate network providers, including office visit charges. Understand that you will pay for the cost of care not covered in your contract.

being considerate of others. You should be considerate of other members, patients, and your care team and other health professionals.



Definitions you should know

Appeal: A request by a member (or provider on behalf of a member) for Kaiser Permanente to review a decision or grievance again.

Advance directives: A generic term that refers to several legally recognized documents that explain your wishes about the use of medical intervention in the event that you lose your ability to make decisions or communicate. Be sure to share your advance directives with your family, doctor, and lawyer.

Benefit: Covered service included in the member or employer's contract.

Coordination of benefits (COB): Method to determine the primary and secondary benefits for a member enrolled in more than one insurance plan.

Coverage agreement (also medical coverage agreement): A generic term that can refer to the Evidence of Coverage contract provided to Medicare members.

Denial: Decision when services do not meet billing or coverage criteria.

Emergency medical condition: An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid serious harm.

Evidence of Coverage document: This document explains benefits, terms, and conditions of your Kaiser Permanente Medicare Advantage membership, including information about your share of the cost and exclusions.

Explanation of Benefits: A summary of health care services you've received and the related charges. It is not a bill. It is a statement that helps you keep track of your expenses.

Family medicine: This medical specialty provides comprehensive medical services for individuals, regardless of sex or age, on a continuing basis.

Grievance: A complaint that you communicate to Kaiser Permanente.

HMO: A plan with a closed network of physicians and other health care professionals and hospitals. In a traditional HMO plan, a member receives services for a set copay or coinsurance, and doesn't have to worry about submitting claim forms unless he or she receives services outside the network.

Hospice: Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

In-network: Providers who are contracted with Kaiser Permanente to provide care for health plan members.

Inpatient care: Care in a hospital that requires admission and usually requires an overnight stay.

Internal medicine (also adult medicine): This medical specialty provides diagnosis and medical treatments for adults.

Network: The hospitals, physicians, practitioners, pharmacies, and suppliers we contract with to provide services to members in a health plan.

Non-network provider: A provider who is not contracted to provide services for Kaiser Permanente members in the health plan.

Notification line: A phone number a member should call if they have an unplanned admission to a hospital for emergency treatment.



Definitions, continued

Out-of-network: Services received without required referrals, by practitioners outside your plan network.

Personal doctor: Another term for the primary care doctor who oversees your basic or general health care, and is responsible for coordinating your health care services.

Preauthorization (also prior authorization or prior approval): A decision by Kaiser Permanente that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary.

Referral: A written order from your personal doctor for you to see a specialist or get certain medical services.

Reimbursement: When Kaiser Permanente pays you for expenses covered by your plan that you paid for directly, such as emergency care out-of-network.

Self-refer, self-referral: Services that a member may schedule directly without a referral or a preauthorization from Kaiser Permanente. This is most commonly available with some specialists at Kaiser Permanente Washington facilities in our service area.

Service area: The geographic area where a health plan accepts members.

Utilization management: A process that monitors quality and costs by making sure a medical treatment is covered by the member's plan and is necessary and appropriate.

Endnotes

- ¹ Not available on group MA plans; applicable to individual Medicare Advantage members enrolled in the optional supplemental dental plan.
- ² Limitations may apply. Emergency transportation is not included. See your Evidence of Coverage at kpwa.memberdoc.com for details.
- ³ When appropriate and available. If you travel out of state, virtual care could be limited due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.
- ⁴ If you need emergency care and are admitted to a non-network hospital, you or a family member must let us know within 48 hours after care begins, or as soon as is reasonably possible. Call the notification number listed on the back of your Kaiser Permanente member ID card to help make sure your claim is accepted.
- ⁵ Your Medicare Advantage HMO network's name is printed on the front of your member ID card. You can also call Member Services for assistance.
- ⁶ For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 3-5 days. If not, please call **1-800-245-7979 (TTY 711)** Monday through Friday, 7:30 a.m. to 7 p.m.; Saturday and Sunday, 8 a.m. to 4:30 p.m.
- ⁷ Silver&Fit® is a federally registered trademark of American Specialty Health, Inc.
- ⁸ Not intended to replace treatment or advice. myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.
- ⁹ The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Medicare Advantage grievance process.
- ¹⁰ Kaiser Permanente has numerous apps. You'll want the Kaiser Permanente Washington app with WA prominently highlighted on the icon.

Kaiser Permanente Nondiscrimination Notice and Language Access Services



KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

Provide free aids and services to people with disabilities to help ensure effective communication, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)
- Assistive devices (magnifiers, Pocket Talkers, and other aids)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

Kaiser Permanente

Phone: 206-630-4636

Toll-free: 1-888-901-4636

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Electronically: kp.org/wa/feedback

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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

LANGUAGE ACCESS SERVICES

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 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 1-888-901-4636 (TTY: 1-800-833-6388 / 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 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

ភាសាខ្មែរ (Khmer)៖ របស់តោះ បើសិនអ្នកនិយាយខ្មែរ, សេដ្ឋន្តិយ៍ជីក យេមិនគិតល គឺចង់សំបប់អ្នក។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 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。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic) ፡ ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው፡ 1-800-833-6388 / 711)።

Oromiffa (Oromo): XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic): لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມື້ພ້ອມ ໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Adamawa (Fulfulde): MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.



kp.org/wa/medicare

All medical plans offered and underwritten by Kaiser Foundation Health Plan of Washington