



Provider Manual

- Member Eligibility and Benefits Determination
- Product Descriptions

Welcome To Kaiser Permanente



Our goal is to ensure members get the care they need when they need it, hassle free! Our Member eligibility and benefit determination policies and procedures help guide you and your staff in assisting the member. This section provides a quick and easy resource complete with contact phone numbers, detailed processes and site lists for services related to Member eligibility and benefit determination. It also briefly describes our health plan products.

If, at any time, you have a question or concern about the information outlined in this section of the Provider Manual, you can reach our Member/Provider Services Department by calling 303-338-3800 or 1-800-632-9700 for Denver/Boulder, Mountain Colorado and Northern Colorado and 1-888-681-7878 for Southern Colorado.

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Section 3: Member Eligibility and Benefits Determination

3.1 Member Eligibility Verification

You are responsible to verify a Member's eligibility each time the Member presents at your office for services. Do not assume that coverage is in effect because a person produces a Kaiser Permanente Member ID card. The process for verifying eligibility is as follows:

- 1 Request Kaiser Permanente Member ID card and check identity against a photo ID.
- 2 Contact Kaiser Permanente by telephone, interactive voice response (IVR) system or by web (Affiliate Link), as described in Option #3 in the chart below.
- 3 If you cannot verify eligibility because Kaiser Permanente's eligibility verification offices are closed, you should verify eligibility on the next business day.
- 4 If Kaiser Permanente is unable to verify eligibility or if services are requested after hours, the Member must complete a financial responsibility form. Please explain that the Member will be responsible to pay for the services if it is later determined that he or she did not have coverage on the date of service. See Section 3.2 of the Manual regarding retroactive eligibility changes.

Option	Description
#1	Interactive Voice Response (IVR) System: The IVR can be accessed for member eligibility, copayment information, and the name of the PCP assigned to the member through the Member/Provider Services Department for Denver/Boulder and Northern Colorado (303) 338-3800 or (800) 632-9700 and Southern Colorado (888) 681-7878, Mon-Sun from 8am to 5pm. Please have the member's ID number and date of birth available when you call.
#2	Member/Provider Service Line: If you are unable to use the IVR system to confirm member eligibility or PCP assignment, you may speak with a customer service representative by calling the Member/Provider Services Department Line for Denver/Boulder and Northern Colorado (303) 338-3800 or (800) 632-9700 and Southern Colorado (888) 681-7878 option 3, M-F from 8am to 5pm. Please provide the member's name and member ID number, inclusive of suffix, which is located on the Kaiser Permanente ID card.
#3	www.providers.kaiserpermanente.org/cod : Eligibility verification is available to providers via AffiliateLink the Kaiser Permanente website at www.providers.kaiserpermanente.org/cod , a secure site, for which a user ID number and password are required. To obtain access, print & submit a Kaiser Permanente Affiliate Link Provider Website Application found on the Community Provider Portal Home Page of the aforementioned website.

3.2 Retroactive Eligibility Changes

Kaiser Permanente may determine retroactively that a Member was not eligible for coverage on the date of service. This occurs, for example, when eligibility data is received late from employer groups, or is adjusted by employer groups. The applicable Payor is not

responsible to pay for services in that case, but if you obtained a financial responsibility form from the Member, you may bill the Member directly for the services. If you have already received payment for the services, the applicable Payor will notify you of the adjustment.

Member eligibility may change retroactively in the following conditions:

- Kaiser Permanente receives delayed information, e.g., from Member's employer, that an individual is no longer a Member.
- The individual policy/benefit contract has been terminated.
- The Member decides not to purchase continuation coverage.
- The eligibility information received by Kaiser Permanente is later determined to be false.

If you have received payment on a claim(s) that is impacted by a retroactive eligibility change, a claim adjustment will be made. The reason for the claim adjustment will be reflected on the remittance advice.

3.3 Benefit Coverage Verification

You are responsible for verifying that a Member has coverage under his or her Membership Agreement for the services you will be providing, and for obtaining any required prior authorization. See Section 4 of the Manual for information regarding authorization requirements. To determine a Member's benefit coverage, choose an option below.

- Contact the Member/Provider Services Department for Denver/Boulder, Mountain Colorado and Northern Colorado 303-338-3800 or 1-800-632-9700 and Southern Colorado 1-888-681-7878 to verify member benefit coverage.
- Access member benefit coverage via Affiliate Link website at www.providers.kaiserpermanente.org/cod a secured site, for which a user ID number and password are required. To obtain access, print & submit a Kaiser Permanente Affiliate Link Provider Website Application found on the Community Provider Portal home page of the aforementioned website.

3.4 Exclusions and Limitations

The benefits described in each Membership Agreement are subject to various limitations and exclusions. It is important to inquire about coverage before rendering a service so the Member can be informed of potential payment responsibility.

Information can be obtained electronically or by calling for Denver/Boulder, Mountain Colorado and Northern Colorado 303-338-3800 or 1-800-632-9700 and Southern Colorado 1-888-681-7878.

3.5 Products and ID Cards

Kaiser Permanente of Colorado offers different products to individuals and employer groups. The Member's identification card will indicate which product he/she is enrolled in. Kaiser

Permanente members should present their ID cards prior to services. Current member ID card examples can be found in the Member Information section of the Community Provider Portal at http://providers.kaiserpermanente.org/html/cpp_cod/memberinfotoc.html?

Additionally, it is recommended you obtain a copy of the card (front and back) each time services are rendered. This will assist you in referencing required insurance information. You are contracted to treat Kaiser Permanente Members who are enrolled in the following plans:

HMO Products:

Traditional HMO Product
Traditional HMO Medicare Product(s)
Deductible / Coinsurance HMO (DHMO)
Deductible Product with Health Savings Account (DPHSA)
HMO Plus
Deductible Coinsurance HMO Plus
Medicare Senior Advantage Plus Choice Plan (HMOPOS)

Point of Service (POS) Products

Added Choice Products
Added Choice POS: HMO + Indemnity
Added Choice Triple Option: HMO + PPO + Indemnity
Added Choice Deductible Coinsurance: DHMO + PPO + Indemnity
MultiChoice POS

PPO Products:

Traditional PPO
PPO with Health Savings Account (HSA)
Out-of-Area PPO

Cost Share Products:

High Deductible Health Plan (HDHP)

KP Select Products:

SoCo KP Select Traditional HMO Plan (KH)
SoCo KP Select Deductible/Coinsurance HMO Plan (KD)
SoCo KP Select HSA-Qualified Deductible HMO Plan (KC)

3.5.1 Health Maintenance Organization (HMO) Products

Traditional HMO Product

With this product our members choose Primary Care Physicians within the Colorado Permanente Medical Group and receive almost all of their care within the Kaiser Permanente traditional Group Model System. A referral from a CPMG physician is required to obtain services outside of the traditional system. Within this product, Kaiser Permanente offers a wide selection of benefit choices. To verify eligibility and benefit information only, contact Member Services for Denver/Boulder, Mountain Colorado and Northern Colorado 303--338-3800 or 1-800-632-9700 and Southern Colorado 1-888-681-7878 or online www.providers.kaiserpermanente.org/cod.

Deductible / Coinsurance HMO Product (DHMO). DHMO products are based on our core HMO plan but with a deductible that results in a lower monthly premium. Members have access to any Kaiser Permanente Providers.

Deductible Coinsurance HMO Plus

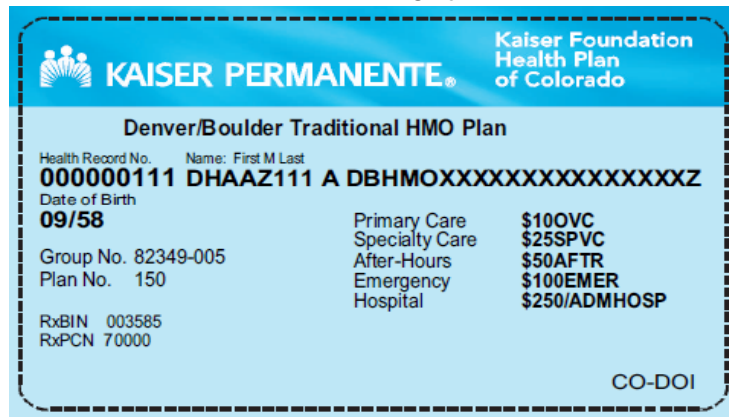
Deductible Coinsurance HMO Plus provides members all the benefits and resources of Kaiser Permanente’s DHMO plan, plus the convenience to receive care from any licensed community/network physician at any time, up to a set dollar amount each year. The set annual amount of the Plus benefit is based on Kaiser Permanente’s contribution amount. Once the member reaches his Plus benefit limit, only the Deductible Coinsurance HMO portion of the coverage will remain. Deductible Coinsurance HMO Plus is available to both large and small groups.

Deductible Product with HSA Option (DPHSA)

For Denver/Boulder and Northern Colorado, the product is offered to large group, small group and individual lines of business. In Southern Colorado, the product is offered to both small group and large group lines of business. Members are responsible for all medical costs, excluding preventive which is covered at no cost, until reaching their deductible. Deductibles and coinsurance apply to the out-of-pocket maximum.

Member ID Card for Traditional HMO Plans (DH)

Front



Back

Emergency: 911
 Appointments, Medical Advice and After-Hours Care: 303-338-4545
 303-338-4428 TTY
 Member Services: 303-338-3800 or 1-800-632-9700
 303-338-3820 TTY
 Claims Information: 303-338-3600 or 1-800-382-4661
 Mail Order Pharmacy: 1-866-523-6059

Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

Submit Claims to: Kaiser Permanente Claims Department
 PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement.

kp.org Card Issued: 08-21-2012

Member ID Card for D/B Traditional HMO Plus Plan (DX)

Front

KAISER PERMANENTE Kaiser Foundation Health Plan of Colorado

Denver/Boulder Traditional HMO Plus Plan

Health Record No. 000077832 Name: First M Last AA77832 DBHMOPLUS

Date of Birth 09/39

Group No. 82700-082	Primary Care	HMO \$100VC	Out-Of-Network \$100VCEX
Plan No. 420X	Specialty Care	\$25SPVC	\$25SPVCEX
	After-Hours	\$50AFTR	NA
	Emergency	\$100EMER	NA
	Hospital	\$250/ADMHOSP	NA
RxBIN 003585	Annual Allowance	NA	1000EXAB
RxPCN 70000			

CO-DOI

Back

Emergency: 911

Appointments, Medical Advice and After-Hours Care: 303-338-4545
303-338-4428 TTY

Member Services: 303-338-3800 or 1-800-632-9700
303-338-3820 TTY

Claims Information: 303-338-3600 or 1-800-382-4661

Mail Order Pharmacy: 1-866-523-6059

Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

Submit Claims to: Kaiser Permanente Claims Department
PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement.

kp.org Card Issued: 08-21-2012

Member ID Card for D/B Deductible/Coinsurance HMO Plan (DD)

Front

KAISER PERMANENTE Kaiser Foundation Health Plan of Colorado

Denver/Boulder Deductible/Coinsurance HMO Plan

Health Record No. 000000041 Name: First M Last DDAAZ41 A DBDEDCOINXXXXXXXXXXXXXZ

Date of Birth 01/59

Group No. 82348-004	Deductible	\$250/\$750DED
Plan No. 621D	Primary Care	\$10OVC
	Specialty Care	\$25SPVC
	After-Hours	\$50AFTR
	Emergency	20%EMER
	Hospital	20%HOSP

RxBIN 003585
RxPCN 70000

CO-DOI

Back

Emergency: 911

Appointments, Medical Advice and After-Hours Care: 303-338-4545
303-338-4428 TTY

Member Services: 303-338-3800 or 1-800-632-9700
303-338-3820 TTY

Claims Information: 303-338-3600 or 1-800-382-4661

Mail Order Pharmacy: 1-866-523-6059

Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

Submit Claims to: Kaiser Permanente Claims Department
PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement.

kp.org Card Issued: 08-21-2012

Member ID Card for D/B Deductible/Coinsurance HMO Plus Plan (DE)

Front

KAISER PERMANENTE Kaiser Foundation Health Plan of Colorado

Denver/Boulder Deductible/Coinsurance HMO Plus Plan

Health Record No. **000777832** Name: First M Last **AA777832** **DBDHMOPLUS**

Date of Birth **09/39**

	HMO	Out-Of-Network
Deductible	\$500DED	\$1500DED
Primary Care	\$10OVC	\$100VCEX
Specialty Care	\$25SPVC	\$25SPVCEX
After-Hours	\$50AFTR	NA
Emergency	\$100EMER	NA
Hospital	\$250/ADMHOSP	NA
Annual Allowance	NA	1000EXAB

Group No. 83700-082
Plan No. 420X

RxBIN 003585
RxPCN 70000

CO-DOI

Back

Emergency: 911

Appointments, Medical Advice and After-Hours Care: 303-338-4545
303-338-4428 TTY

Member Services: 303-338-3800 or 1-800-632-9700
303-338-3820 TTY

Claims Information: 303-338-3600 or 1-800-382-4661

Mail Order Pharmacy: 1-866-523-6059

Notify Member Services at 1-800-632-9700 if you receive emergency hospital services in a non-plan facility.

Submit Claims to: **Kaiser Permanente Claims Department**
PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement.

kp.org Card Issued: 08-21-2012

Member ID Card for D/B HSA-Qualified Deductible HMO Plan (HD)

Front

KAISER PERMANENTE Kaiser Foundation Health Plan of Colorado

Denver/Boulder HSA-Qualified Deductible HMO Plan

Health Record No. **000000002** Name: First MLast **HDAAZ2 A DBDEDHSAXXXXXXXXXXXXXXZ**

Date of Birth **03/51**

Group No. 82377-033

Plan No. HDS1

RxBIN 011255

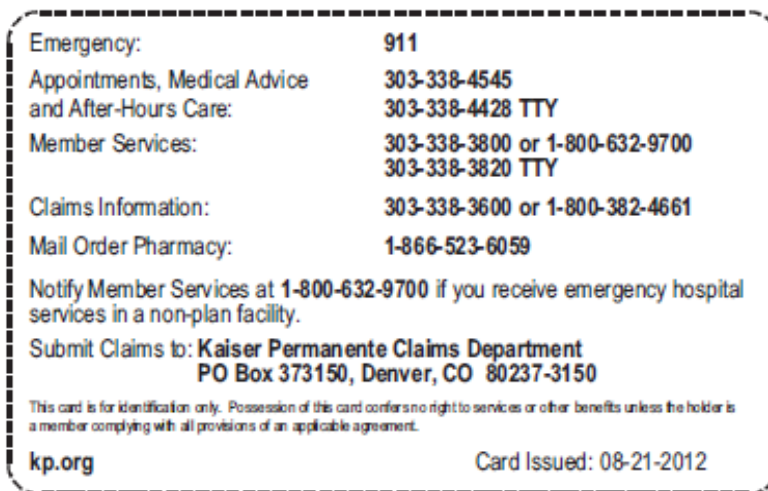
RxPCN COHDP

RxGrp CO

Deductible	\$150/\$300DED
Primary Care	20%OVC
Specialty Care	20%SPVC
After-Hours	20%AFTR
Emergency	20%EMER
Hospital	20%HOSP

CO-DOI

Back

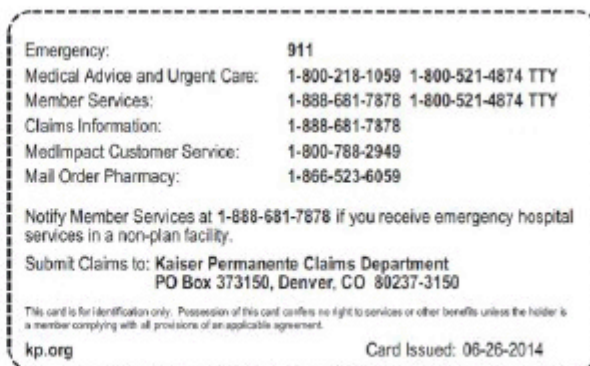
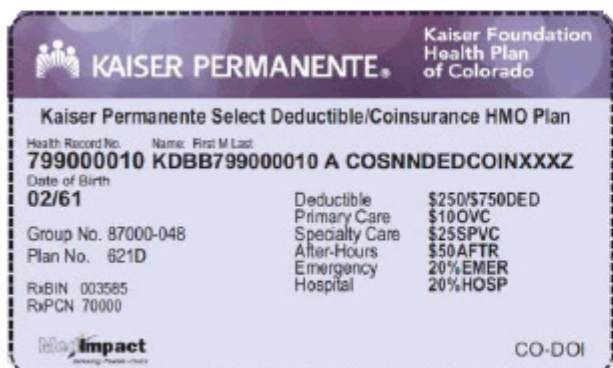


3.5.2 KP Select Member ID Card (SoCo area only)

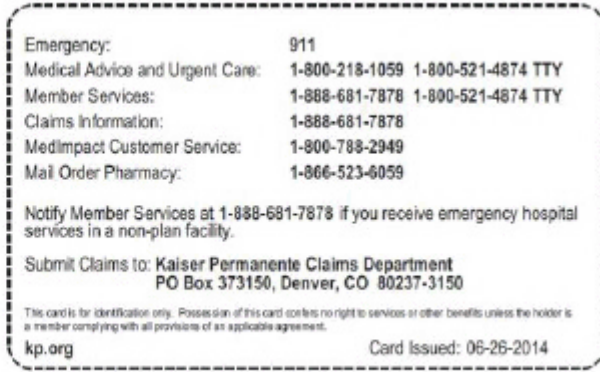
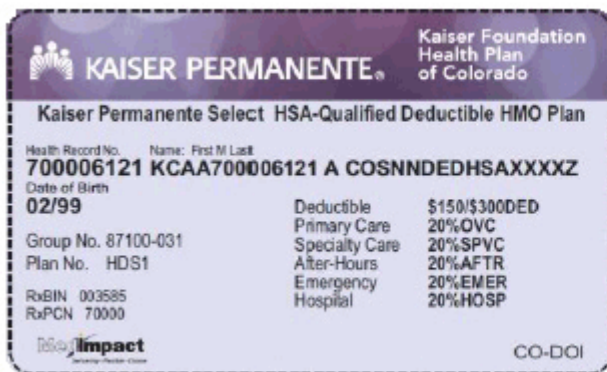
SoCo KP Select Traditional HMO Plan (KH)



SoCo KP Select Deductible/Coinsurance HMO Plan (KD)



SoCo KP Select HSA-Qualified Deductible HMO Plan (KC)



3.5.3 Digital Membership Cards

The digital membership card provides convenient, secure access to members' Kaiser Permanente membership information anytime, anywhere so members can check in for appointments and pick up prescriptions at Kaiser Permanente facilities, and can access their family's membership information.

3.5.4 Point-of-Service ("POS") Products

Members seeking services from providers outside of the Kaiser Permanente system can self-refer to providers of their choice at the time of medical need, or at the "point of service". They will have a Kaiser Permanente POS membership ID card.

"In-Plan" If the POS member stays in-plan (using the HMO tier of his plan), obtain referral information and bill Kaiser Permanente in your usual manner.

"Out-of-Plan" If the Added Choice member receives treatment without an HMO referral authorization, they have elected to go out-of-plan. Payment is made under the PPO or indemnity contract and all contracted discounts apply. Bill Kaiser Permanente indicating the POS member's ID number. Kaiser Permanente will send remittance advice to both you and the member itemizing the member's balance due.

For all POS plans, pre-certification is required for the following services or treatments under the PPO Tier and Out-of-Network Tier:

- Hospital Confinements, including preadmission testing
- Treatment, services, and supplies related to Birth Services
- Magnetic Resonance Imaging (MRI's), Computerized Axial Tomography (CAT scans), and Positron Emission Tomography (PET scans)
- Home Health services
- Facility-based Hospice Care
- Hospitalization and anesthesia for dental procedures (covered for children under the age of 5)

- Craniofacial reconstruction (including cleft lip repair)
- Neuropsychological testing
- Orthognathic surgery
- Abdomenoplasty
- Non-cosmetic blepharoplasty (eyelid surgery)
- Septoplasty
- Reconstructive surgery

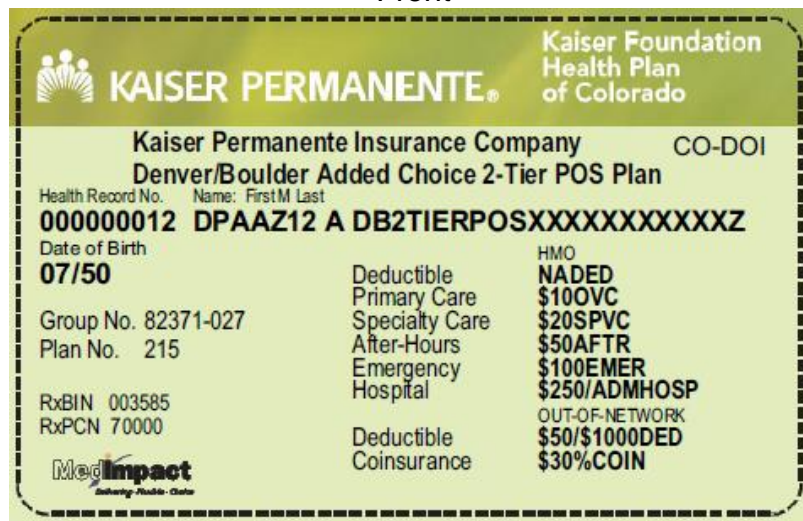
The patient (or his/her doctor) must call Permanente Advantage for pre-certification at least 3 days prior to any scheduled hospital admission, unless admitted in an emergency. Pre-certification for emergency admissions must be obtained within 3 days following the admission. To obtain pre-certification, call 1-888-525-1553. Both the member and provider will receive written authorization confirming medical necessity.

MultiChoice POS

MultiChoice is a 3-tier Point-of-Service product. MultiChoice members have three tiers of benefits – a deductible coinsurance HMO coverage for those who seek care with Kaiser Permanente or affiliated healthcare providers and medical offices, Preferred Provider coverage within the Private Healthcare Systems (PHCS) network, and Out-of-Network. Copays for office visits, deductibles, coinsurance, and out-of-pocket maximums now match between the plan’s HMO and PPO coverage tiers, to reduce or eliminate benefit disparity between these networks.

Member ID Card for D/B Added Choice 2-Tier POS Plan (DP)

Front



Back

Emergency: 911

Appointments, Medical Advice and After-Hours Care: 303-338-4545
303-338-4428 TTY

Member Services: 303-338-3800 or 1-800-632-9700
303-338-3820 TTY

Claims Information: 303-338-3600 or 1-800-382-4661

MedImpact Customer Service: 1-800-788-2949

Mail Order Pharmacy: 1-866-523-6059

Some services may require preauthorization - call 1-888-525-1553


Submit Claims to: Kaiser Permanente Claims Department
PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. Jointly underwritten by Kaiser Foundation Health Plan and Kaiser Permanente Insurance Company.

kp.org Card Issued: 08-21-2012

Member ID Card for D/B Added Choice Triple Option Plan (DT)



Front

 **KAISER PERMANENTE**® Kaiser Foundation Health Plan of Colorado

Kaiser Permanente Insurance Company CO-DOI
Denver/Boulder Added Choice® Triple Option Plan

Health Record No. Name: First M Last
00000028 DTA AZ28 A DBADDCHOICETRIPLEXXXZ

Date of Birth 09/64	Deductible Primary Care Specialty Care	HMO NADED \$10OVC \$20SPVC	PPO \$250/\$750DED \$300VC \$50SPVC
Group No. 82373-029 Plan No. 330	After-Hours Emergency Hospital	\$50AFTR \$100EMER \$250/ADMHOSP	\$75AFTR \$175EMER \$350/ADMHOSP
RxBIN 003585 RxPCN 70000	Deductible Coinsurance	OUT-OF-NETWORK \$350/\$750DED \$30%COIN	


 

Back

Emergency: 911
 Appointments, Medical Advice and After-Hours Care: 303-338-4545
 303-338-4428 TTY
 Member Services: 303-338-3800 or 1-800-632-9700
 303-338-3820 TTY
 Claims Information: 303-338-3600 or 1-800-382-4661
 PHCS Customer Service: 1-888-514-7427
 MedImpact Customer Service: 1-800-788-2949
 Mail Order Pharmacy: 1-866-523-6059
 Some services may require preauthorization - call 1-888-525-1553
 Submit Claims to: Kaiser Permanente Claims Department
 PO Box 373150, Denver, CO 80237-3150
 This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. Jointly underwritten by Kaiser Foundation Health Plan and Kaiser Permanente Insurance Company.
 kp.org Card Issued: 08-21-2012

Member ID Card for D/B MultiChoice POS Plan (DI)

Front




KAISER PERMANENTE® Kaiser Foundation Health Plan of Colorado

Kaiser Permanente Insurance Company CO-DOI
Denver/Boulder MultiChoiceSM POS Plan

Health Record No. 000000050 Name: First M Last DIAAZ50 A DBMULTICHOICEXXXXXXXZ

Date of Birth	08/49	HMO	\$150/\$650DED	PPO	\$250/\$750DED
Group No.	82367-023	Primary Care	\$10OVC		\$30OVC
Plan No.	620	Specialty Care	\$20SPVC		\$50SPVC
		After-Hours	\$50AFTR		\$75AFTR
		Emergency	20%EMER		SEE HMO EMER
		Hospital	20%HOSP		30%HOSP

RxBIN 003585
 RxPCN 70000



 Deductible \$350/\$750DED
 Coinsurance \$30%COIN

OUT-OF-NETWORK

Back



3.5.5 Medicare Products

Traditional HMO Medicare Products

Kaiser Permanente has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer Medicare Advantage (MA) plans to Medicare beneficiaries. These plans are known as Senior Advantage. Kaiser Permanente offers five individual MA plans; Senior Advantage Core, Silver, Gold, Plus Choice, and our Special Needs Plan. The Special Needs Plan is for individuals with both Medicare and Medicaid. These plans provide comprehensive, high-quality healthcare, including Medicare Part D prescription-drug benefits. Based on the contract between Kaiser Permanente and CMS, Senior Advantage covers all Medicare benefits and more. Senior Advantage is available to Medicare beneficiaries who are eligible for Medicare Part A and are enrolled in Medicare Part B.

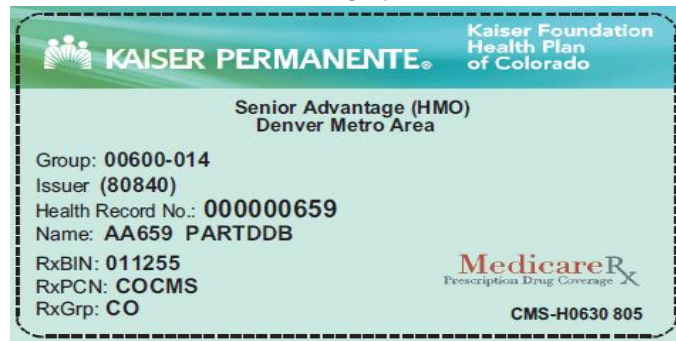
In addition to our four individual plans, Kaiser Permanente offers Senior Advantage to the employer group market.

Medicare Senior Advantage Plus Choice Plan (HMOPOS)

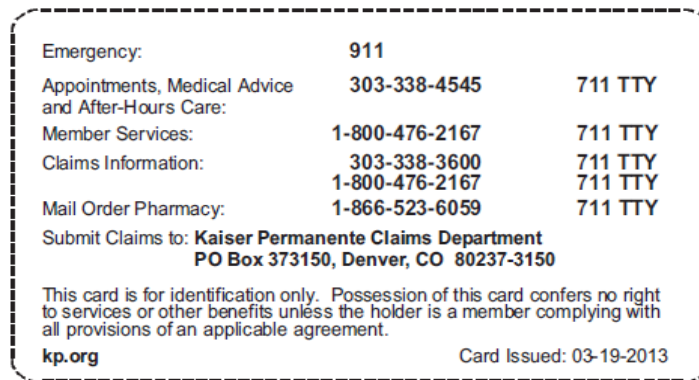
Senior Advantage Plus Choice is a Medicare Advantage HMOPOS plan with Kaiser Permanente HMO benefits and a limited out-of-network point of service (POS) benefit for out-patient services. Under the limited POS benefit Plus Choice members can self-refer to an out-patient Medicare-approved provider whether or not the provider is contracted with Kaiser Permanente. Orders written for a Plus Choice member may be performed at Kaiser Permanente medical offices; there are laboratory and radiology order forms for you to complete and fax if the member prefers to return to Kaiser Permanente for these services. Prescription drug orders must be filled at a Kaiser Permanente or affiliated pharmacy for the member to receive the prescription under their Part D plan benefit. The limited annual amount of the POS benefit is based on Kaiser Permanente's contribution amount. Once the member reaches his POS benefit limit, only the HMO portion of the coverage will remain. Senior Advantage Plus Choice is only available to individuals.

Member ID Card for D/B Medicare Part D (DBMMA)

Front

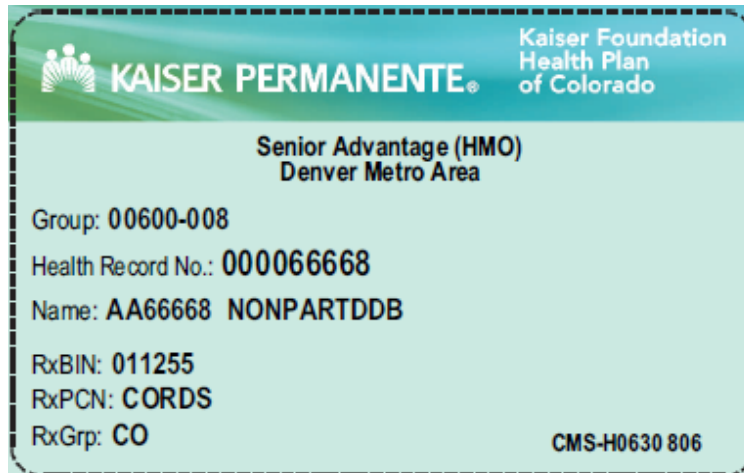


Back



Member ID Card for D/B Medicare Non-Part D (DBMA)

Front



Back

Emergency:	911	
Appointments, Medical Advice and After-Hours Care:	303-338-4545	711 TTY
Member Services:	1-800-476-2167	711 TTY
Claims Information:	303-338-3600 1-800-476-2167	711 TTY 711 TTY
Mail Order Pharmacy:	1-866-523-6059	711 TTY


Submit Claims to: **Kaiser Permanente Claims Department**
PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement.

kp.org Card Issued: 03-19-2013

Member ID Card for D/B Medicare Plus Choice (DBMMX)

Front



KAISER PERMANENTE[®]

Kaiser Foundation
 Health Plan
 of Colorado

Senior Advantage Plus Choice (HMO-POS)
Denver Metro Area

Group: 82600-081	OUT-OF-NETWORK
Issuer (80840)	Deductible NADED
Health Record No.: 000000829	Coinsurance 30%COIN
Name: AA829 PLUSPARTDDB	Annual Allowance 1000EXAB
RxBIN: 011255	
RxPCN: COCMS	MedicareRx <small>Prescription Drug Coverage</small>
RxGrp: CO	CMS-H0630 019

Back

Emergency:	911	
Appointments, Medical Advice, and After-Hours Care:	303-338-4545	711 TTY
Member Services:	1-800-476-2167	711 TTY
Claims Information:	303-338-3600 1-800-476-2167	711 TTY 711 TTY
Mail Order Pharmacy:	1-866-523-6059	711 TTY

Submit Claims to: **Kaiser Permanente Claims Department**
PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement. See your *Evidence of Coverage* for details on all covered services and cost sharing.

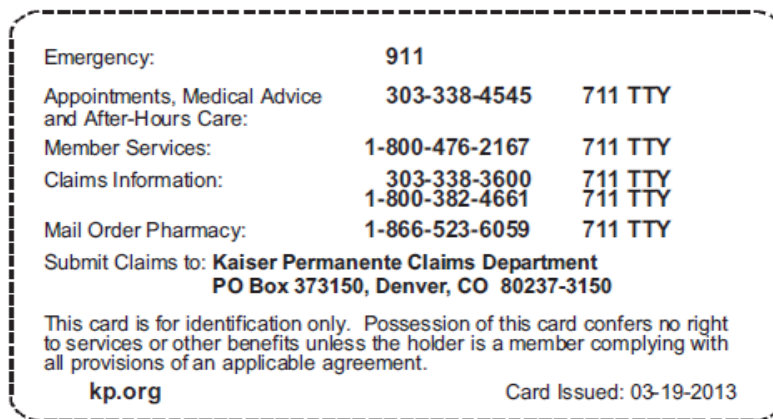
kp.org Card Issued: 03-19-2013

Member ID Card for D/B Medicare HMO-SNP (DBMMS)

Front



Back



3.5.6 Self-Funded (SF) Products

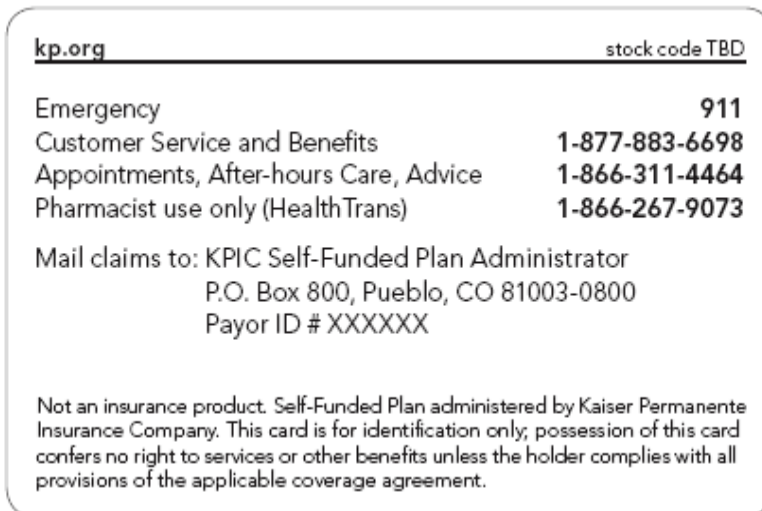
Refer to www.providers.kaiserpermanente.org/cod to obtain information regarding the Self-Funded products.

Member ID Card for D/B Self Funded EPO Plan

Front



Back



Member ID Card for D/B Self Funded PPO Plan

Front



Back

kp.org stock code TBD

Emergency	911
Customer Service and Benefits	1-877-883-6698
Preauthorization	1-XXX-XXX-XXXX
Pharmacist use only (HealthTrans)	1-866-267-9073

Mail claims to: KPIC Self-Funded Plan Administrator
P.O. Box 800, Pueblo, CO 81003-0800
Payor ID # XXXXXX

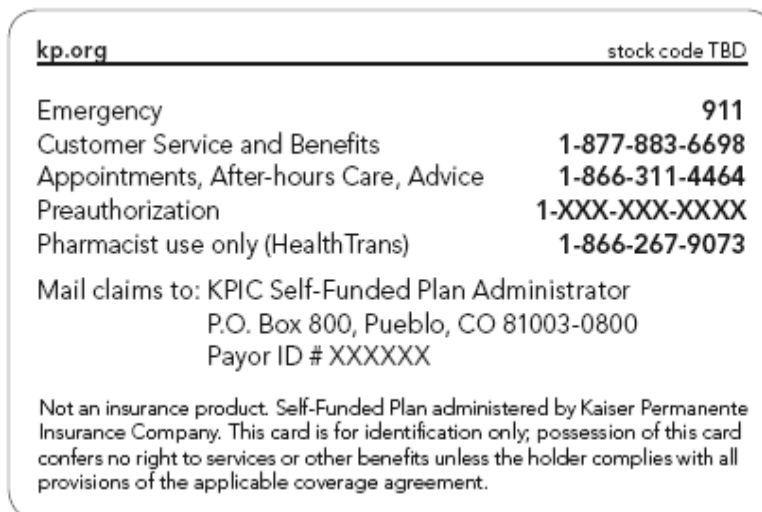
Not an insurance product. Self-Funded Plan administered by Kaiser Permanente Insurance Company. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

Member ID Card for D/B Self Funded POS Plan

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3.5.7 Medicaid Products

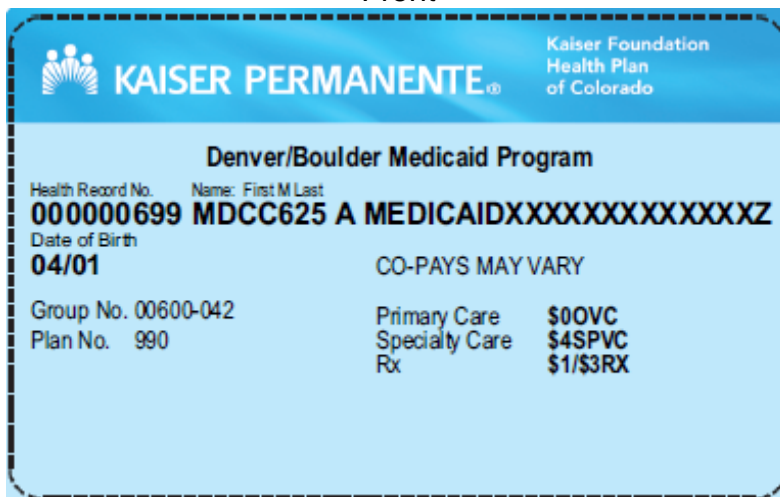
Kaiser Permanente no longer pays you for services you provide to Medicaid clients (PCPP) as a result of a referral from a Kaiser Permanente provider. You will need to bill the State Medicaid Program directly in order to receive reimbursement, and collect the appropriate copayment from the client.

Kaiser Permanente continues to offer medical services to these Medicaid clients as a fee for service provider under the State's Primary Care Provider Program (PCPP). Our Medicaid

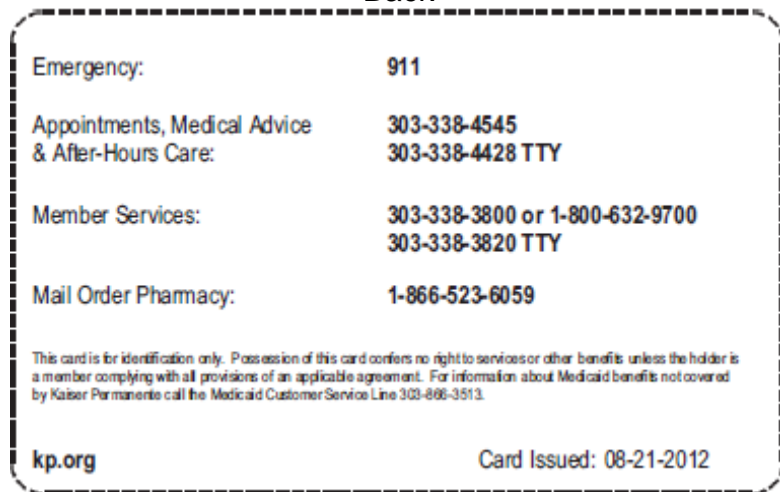
provider number is 30478251. This number must be included as the referring physician on your claim to the State.

Member ID Card for Denver/Boulder Medicaid Program (MD)

Front



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3.5.8 PPO Products

Traditional PPO

Our traditional PPO product allows the member to take advantage of Kaiser Permanente’s preferred provider network, Private Healthcare Systems (PHCS), with nearly 450,000 physicians and more than 4,000 facilities nationwide. Or if the member prefers, he can go to any other licensed practitioner or hospital he chooses. If the member gets care from within the preferred provider network, he will reduce costs through copayments for office visits (including diagnostic x-rays and lab work performed in the doctor’s office), as well as lower deductibles and reduced coinsurance rates for other services. If the provider is outside the network, the member will pay higher deductibles & coinsurance, may be required to make his own financial arrangements, and may need to submit receipts or claims for reimbursement.

Also, members are responsible for paying the difference between the amount billed & the amount that KP can reimburse.

Out-of-Area PPO

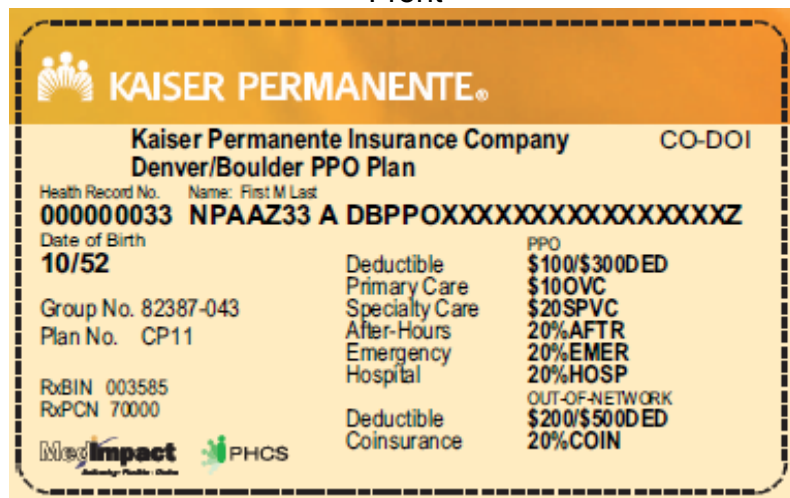
This plan is similar to our traditional PPO plan but is available to small group members only. This plan is available to members outside of Kaiser Permanente’s service area who are not eligible for the HMO plan.

PPO Plan with Health Savings Account (HSA) Option

With this plan, the member can take advantage of Kaiser Permanente’s Preferred Provider Network, Private Healthcare Systems (PHCS), or if the member prefers, he can go to any other licensed practitioner or hospital he chooses. In addition, the member can set up a Health Savings Account (HSA) which he can use to pay for qualified medical expenses, tax free. Kaiser Permanente has named Wells Fargo as a preferred partner, although members can have an HSA with any accredited financial institution. The PPO Plan with Health Savings Account (HSA) is available to large group members only.

Member ID Card for D/B PPO Plan (NP)

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Emergency: 911

Member Services: 303-338-3800 or 1-800-632-9700
303-338-3820 TTY

Claims Information: 303-338-3600 or 1-800-382-4661

PHCS Customer Service: 1-888-514-7427

MedImpact Customer Service: 1-800-788-2949

Some services may require preauthorization - call 1-888-525-1553

Submit Claims to: Kaiser Permanente Claims Department
PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is an insured complying with all provisions of an applicable agreement. Underwritten by Kaiser Permanente Insurance Company.

kp.org Card Issued: 08-21-2012

Member ID Card for D/B HSA-Qualified PPO Plan (PH)

Front



KAISER PERMANENTE[®]

**Kaiser Permanente Insurance Company
Denver/Boulder HSA-Qualified PPO Plan**

Health Record No.	Name: First M Last	
000000037	PHAAZ37 A	DBPPOHSAXXXXXXXXXXXXXXXZ
Date of Birth		PPO
09/69	Deductible	\$100/\$300DED
	Coinsurance	20%COIN
Group No. 82389-045		OUT-OF-NETWORK
Plan No. CP11	Deductible	\$50/\$1500DED
	Coinsurance	30%COIN
RxBIN 003585		
RxPCN 70000		

MedImpact  PHCS

CO-DOI

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Emergency: 911

Member Services: 303-338-3800 or 1-800-632-9700
303-338-3820 TTY

Claims Information: 303-338-3600 or 1-800-382-4661

PHCS Customer Service: 1-888-514-7427

MedImpact Customer Service: 1-800-788-2949

Some services may require preauthorization - call 1-888-525-1553

Submit Claims to: Kaiser Permanente Claims Department
PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is an insured complying with all provisions of an applicable agreement. Underwritten by Kaiser Permanente Insurance Company.

kp.org Card Issued: 08-21-2012

SoCo KP Select Traditional HMO Plan (KH)

KAISER PERMANENTE Kaiser Foundation Health Plan of Colorado

Kaiser Permanente Select Traditional HMO Plan

Health Record No. Name: First M Last
900000061 **KHAAZ900000061** **COSNNHMO**

Date of Birth
08/56

Group No. 86900-050
 Plan No. 420P

RxBIN 003585
 RxPCN 70000

Impact Kaiser Foundation Health Plan of Colorado

CO-DOI

Primary Care	\$100VC
Specialty Care	\$25SPVC
After-Hours	\$50AFTR
Emergency	\$100EMER
Hospital	\$250/ADMHOSP

Emergency: 911

Medical Advice and Urgent Care: 1-800-218-1059 1-800-521-4874 TTY

Member Services: 1-888-681-7878 1-800-521-4874 TTY

Claims Information: 1-888-681-7878

MedImpact Customer Service: 1-800-788-2949

Mail Order Pharmacy: 1-866-523-6059

Notify Member Services at 1-888-681-7878 if you receive emergency hospital services in a non-plan facility.

Submit Claims to: Kaiser Permanente Claims Department
 PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement.

kp.org Card Issued: 06-26-2014

SoCo KP Select Deductible/Coinsurance HMO Plan (KD)

KAISER PERMANENTE Kaiser Foundation Health Plan of Colorado

Kaiser Permanente Select Deductible/Coinsurance HMO Plan

Health Record No. Name: First M Last
799000010 **KDBB799000010** **A COSNDEDCOINXXXZ**

Date of Birth
02/61

Group No. 87000-048
 Plan No. 621D

RxBIN 003585
 RxPCN 70000

Impact Kaiser Foundation Health Plan of Colorado

CO-DOI

Deductible	\$250/\$750DED
Primary Care	\$100VC
Specialty Care	\$25SPVC
After-Hours	\$50AFTR
Emergency	20%EMER
Hospital	20%HOSP

Emergency: 911

Medical Advice and Urgent Care: 1-800-218-1059 1-800-521-4874 TTY

Member Services: 1-888-681-7878 1-800-521-4874 TTY

Claims Information: 1-888-681-7878

MedImpact Customer Service: 1-800-788-2949

Mail Order Pharmacy: 1-866-523-6059

Notify Member Services at 1-888-681-7878 if you receive emergency hospital services in a non-plan facility.

Submit Claims to: Kaiser Permanente Claims Department
 PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement.

kp.org Card Issued: 06-26-2014

SoCo KP Select HSA-Qualified Deductible HMO Plan (KC)

KAISER PERMANENTE Kaiser Foundation Health Plan of Colorado

Kaiser Permanente Select HSA-Qualified Deductible HMO Plan

Health Record No. Name: First M Last
700006121 **KCAA700006121** **A COSNDEDCOINXXXZ**

Date of Birth
02/99

Group No. 87100-031
 Plan No. HDS1

RxBIN 003585
 RxPCN 70000

Impact Kaiser Foundation Health Plan of Colorado

CO-DOI

Deductible	\$150/\$300DED
Primary Care	20%OVC
Specialty Care	20%SPVC
After-Hours	20%AFTR
Emergency	20%EMER
Hospital	20%HOSP

Emergency: 911

Medical Advice and Urgent Care: 1-800-218-1059 1-800-521-4874 TTY

Member Services: 1-888-681-7878 1-800-521-4874 TTY

Claims Information: 1-888-681-7878

MedImpact Customer Service: 1-800-788-2949

Mail Order Pharmacy: 1-866-523-6059

Notify Member Services at 1-888-681-7878 if you receive emergency hospital services in a non-plan facility.

Submit Claims to: Kaiser Permanente Claims Department
 PO Box 373150, Denver, CO 80237-3150

This card is for identification only. Possession of this card confers no right to services or other benefits unless the holder is a member complying with all provisions of an applicable agreement.

kp.org Card Issued: 06-26-2014

3.5.9 Digital Membership Cards

The digital membership card provides **convenient, secure access** to members' Kaiser Permanente **membership information anytime, anywhere** so members can check in for appointments and pick up prescriptions at Kaiser Permanente facilities, and can access their family's membership information.

3.6 Drug Benefits

Kaiser Permanente offers supplemental drug coverage with many of its benefit plans. To verify a Member's drug coverage, obtain or view our drug formularies, identify available pharmacies, or for general questions, please use the following options below.

1. Contact *Member Services* at 303-338-3800 or 1-800-632-9700 or 1-888-681-7878, or 711 TTY
2. Use the Kaiser Permanente Community Provider Portal at:
http://providers.kaiserpermanente.org/html/cpp_cod/pharmacytoc.html?

3.6.1 Service Areas

Kaiser Permanente offers benefits in four different service areas across the Front Range. These service areas include: 1) the Denver/Boulder metropolitan areas, 2) the Northern Colorado areas generally north of Loveland, CO, 3) the Southern Colorado areas south of Larkspur, CO and 4) beginning in January 2016, Mountain Colorado which includes Summit and Eagle Counties). There are many similarities and a few differences between the service areas, which are described in the following sub sections.

Pharmacy Networks

HMO and Medicare Part D Benefits

Denver/Boulder – utilizes Kaiser Permanente owned and operated retail pharmacies with a few select Hospital and Long Term Care pharmacies, and the Kaiser Permanente Mail Order Pharmacy located in Aurora, Colorado

Northern Colorado – utilizes Kaiser Permanente owned and operated pharmacies, a few select Hospital, Long Term Care, select affiliate retail pharmacies, and the Kaiser Permanente Mail Order Pharmacy located in Aurora, Colorado

Southern Colorado - utilizes Kaiser Permanente owned and operated pharmacies, a few select Hospital, Long Term Care, hundreds of affiliate retail pharmacies, and the Kaiser Permanente Mail Order Pharmacy located in Aurora, Colorado.

EPO (Self Funded) plans

Denver/Boulder, Northern Colorado and Southern Colorado – all three service areas utilize Kaiser Permanente owned and operated retail pharmacies, hundreds of affiliate retail

pharmacies, with a few select Hospital and Long Term Care pharmacies, and the Kaiser Permanente Mail Order Pharmacy located in Aurora, Colorado.

PPO and POS (Tiers 2 & 3) Benefits

Denver/Boulder, Northern Colorado and Southern Colorado – all three service areas utilize affiliated retail pharmacies and Walgreens Mail Order pharmacies.

Drug Formularies

HMO Benefits

Denver/Boulder and Northern Colorado – follow a closed formulary titled Colorado Denver/Boulder/Northern Areas formulary – HMO

Southern Colorado – follow the drug formulary titled Southern Colorado formulary – HMO

Marketplace plans

Denver/Boulder, Northern Colorado and Southern Colorado – all three service areas follow the formulary titled the Marketplace Exchange Drug Formulary

EPO (Self Funded) plans and Federal Employee Commercial Groups

Denver/Boulder, Northern Colorado and Southern Colorado – all three service areas follow the formulary titled the EPO/Federal Group Commercial Formulary

Medicare Part D Benefits

Denver/Boulder, Northern Colorado and Southern Colorado – all three service areas follow the open formulary titled the Kaiser Permanente Medicare Part D formulary

PPO and POS (Tiers 2 & 3) Benefits

Denver/Boulder, Northern Colorado and Southern Colorado – all three service areas follow the open formulary titled the Denver/Boulder/Northern/Southern Colorado Preferred Product List

These drug formularies and preferred products lists can be found within the Community Provider Portal at http://providers.kaiserpermanente.org/html/cpp_cod/pharmacytoc.html? Or you may obtain a copy of any of our drug formularies by contacting Member Services at 1-800-632-9700 or 1-888-681-7878.

3.6.2 Mail Order Pharmacy

HMO, Medicare Part D Benefits, Marketplace and EPO (Self Funded) plans

Kaiser Permanente Mail Order Pharmacy
16601 E. Centretch Parkway
Aurora, CO. 80011

Phone for Providers: 1-866-523-6059
Fax for new prescriptions: **1-866-551-9628**
Hours of Operation: Monday through Friday, 8:00 a.m. to 6:00 p.m.

PPO and POS (Tiers 2 & 3) Benefits

Walgreens Mail Service Pharmacy
P.O. Box 29061
Phoenix, AZ 85038-9061

Phone for Providers: 1-855-899-6012
Fax for new prescriptions: **1-800-332-9581**
Hours of Operation: Monday through Friday, 6:00 a.m. to 8:00 p.m.
Saturday & Sunday, 6:00 a.m. to 3:00 p.m.

In Southern Colorado most HMO/Marketplace plans have a Mandatory Mail Order or KP benefit design in place for maintenance medications. This means that the first fill of a maintenance medication may be dispensed from any pharmacy within the network, however the subsequent dispenses must be from a Kaiser Permanente outpatient pharmacy or the Kaiser Permanente Mail Order pharmacy.

3.6.3 Specialty Pharmaceuticals

Kaiser Permanente utilizes a list of medications which are considered to be specialty drugs. These medications are typically medications which require special dispensing and/or monitoring or are high cost medications. Some prescription drug plans may have a defined copay/coinsurance tier for specialty drugs, and these drugs may be limited to a 30 day supply. To verify a Member's drug coverage, or to obtain or view the Kaiser Permanente Specialty Drug List please refer to the Community Provider Portal at:
http://providers.kaiserpermanente.org/html/cpp_cod/pharmacytoc.html?

3.6.4 Drug Inclusions, Exclusions and Limitations

Kaiser Permanente's outpatient prescription drug coverage is determined by the specific drug formularies, however many drug plans have specific exclusions, copays or coinsurances that are not reflected in the drug formularies. A general summary of inclusions, exclusions, limitations and rules for the HMO Commercial and Marketplace plans can be found in the following sections. Medicare Part D plans follow the rules set forth by the

Centers for Medicare and Medicaid Services (CMS). EPO (Self Funded) plans follow rules set forth by the funding entity.

Inclusions

Kaiser Permanente's outpatient prescription drug plans generally cover FDA approved medications for which a prescription is required by law. Over-the-counter diabetic supplies and insulin if they are included in the drug formulary or have been approved through the formulary exception process.

Exclusions

Over-the-counter medications are excluded from benefit with the exception of diabetic supplies and insulin as described above. Prescription and Non-prescription devices and supplies are excluded unless they are specifically included in the drug formulary. Medications related to non-covered treatments or services are also excluded from the prescription drug benefit. Medications used for sexual dysfunction, fertility and transgender needs are excluded from benefit unless specifically purchased as a buy up. Please seek specific member eligibility and drug coverage by contacting Member Services at 1-888-681-7878 or using the Community Provider Portal at http://providers.kaiserpermanente.org/html/cpp_cod/index.html?

Limitations

Kaiser Permanente uses medication utilization management tools such as quantity limits, step therapy, MD specialty requirement, day supply limitations, and prior authorization requirements for various prescription drugs. These tools may be utilized differently amongst the various drug formularies. For more detail regarding limitations please refer to Section 4.10.2 or the specific drug formularies at:

http://providers.kaiserpermanente.org/html/cpp_cod/pharmacytoc.html?

In addition, Kaiser Permanente may, in its sole discretion, establish quantity limits for specific prescription drugs in the event of a drug shortage or as a means to reduce waste or abuse. These specific quantity limitations may not be reflected in the drug formularies.

Therapeutic Interchange

Kaiser Permanente utilizes Therapeutic Interchange programs to promote rational, safe, and effective drug therapy. Prescribing provider approval is required before an exchange occurs. Affiliated providers may be notified of a request for therapeutic interchange via phone, fax, email or mailed letter. This notice will be prior to the implementation of a change.

Generic Utilization

To ensure cost effective therapy, generic equivalents are utilized when available and appropriate. Only generic equivalents approved by the FDA are used. Pharmacies may

substitute a preferred generic drug for a prescribed name brand drug unless prohibited by the physician as Dispense As Written.

3.6.5 Exception Process

Medications which are not included in the drug formularies are considered non-formulary and may require authorization prior to a member receiving the drug for benefit. In addition, Kaiser Permanente uses limitations as defined in section 3.6.2.3 above, which may also require authorization prior to a member receiving the drug for benefit.

You may request a medication authorization via the following methods:

- Telephone 1-866-523-0925, Monday through Friday 8:00 a.m. to 5:30 p.m.
- Fax 1-866-455-1053
- Use Cover My Meds services at www.covermy meds.com and choosing the **Kaiser Permanente Colorado General Form** and using the **Fax Request** option.

- Mail a Medication Request Form to:
 - Kaiser Permanente Pharmacy Benefits Dept.
1975 Research Pkwy, Suite 250
Colorado Springs, CO 80920

A medication request form can be found on the Community Provider Portal at:
http://providers.kaiserpermanente.org/html/cpp_cod/pharmacytoc.html?

For more details regarding the Medication Exception process please refer to Section 4.11 of this Provider Manual.

3.6.6 Formulary Addition/Deletion Requests

Our Pharmacy and Therapeutics Committee and Formulary Committee will consider requests to add or delete medications on our drug formularies by affiliated providers. To download a form to submit a formulary addition/deletion request please visit the Community Provider Portal at: http://providers.kaiserpermanente.org/html/cpp_cod/pharmacytoc.html?

3.6.7 Prescription History

For practitioners caring for our HMO Commercial members Kaiser Permanente offers a secure website to access their patient's prescription drug histories. The Physician Access website provides utilization reports and compliance reports for each patient, complete with drug refill histories over the past 12 months, via our Pharmacy Benefits Manager (PBM) MedImpact.

The Web site address is: <https://mp.medimpact.com/physicianportal>

To obtain your user access code, please print a Kaiser Permanente Affiliate Link Provider Website Application at http://providers.kaiserpermanente.org/html/cpp_cod/index.html? and follow instructions for submission.

3.6.8 Pharmacy Benefits Manager (PBM)

Kaiser Permanente contracts with three Pharmacy Benefits Managers (PBM's) to process and adjudicate outpatient prescription drugs.

MedImpact

Processes Commercial benefits: Denver/Boulder, Southern and Northern Colorado PPO and POS (Tier 2 & 3) benefits and Denver/Boulder, Southern and Northern Colorado HMO, DHMO and HDHP benefits
Telephone: 1-800-788-2949

Catamaran

Processes Medicare Part D benefits: Denver/Boulder, Southern Colorado and Northern Colorado Medicare Part D benefits,
Telephone: 1-877-717-0899

Optum Rx

Processes Self Funded benefits: Denver/Boulder, Southern Colorado and Northern Colorado EPO (Self Funded) benefits
Telephone: 1-866-427-7701

3.7 Visiting Members (Required)

Kaiser Permanente offers a Visiting Member Program to ensure that Members can receive a variety of health care services when temporarily visiting another Kaiser Permanente Region. Visiting Member benefits may not be the same as those they receive in their home service area and are subject to certain exclusions.

Members are eligible to receive visiting Member benefits for up to 90 days. If they permanently move into another Region, they will be offered membership in the new Region. Visiting Members are directed to seek health care services at the nearest Kaiser Permanente Medical Office and contracted facilities/hospitals. If a PMG physician needs to refer a Visiting Member to a Participating Provider, you will receive an authorization letter explaining the start and end dates of the referral and a description of the authorized services. Claims should be submitted to the Denver/Boulder and Southern Colorado Kaiser Permanente claims department.