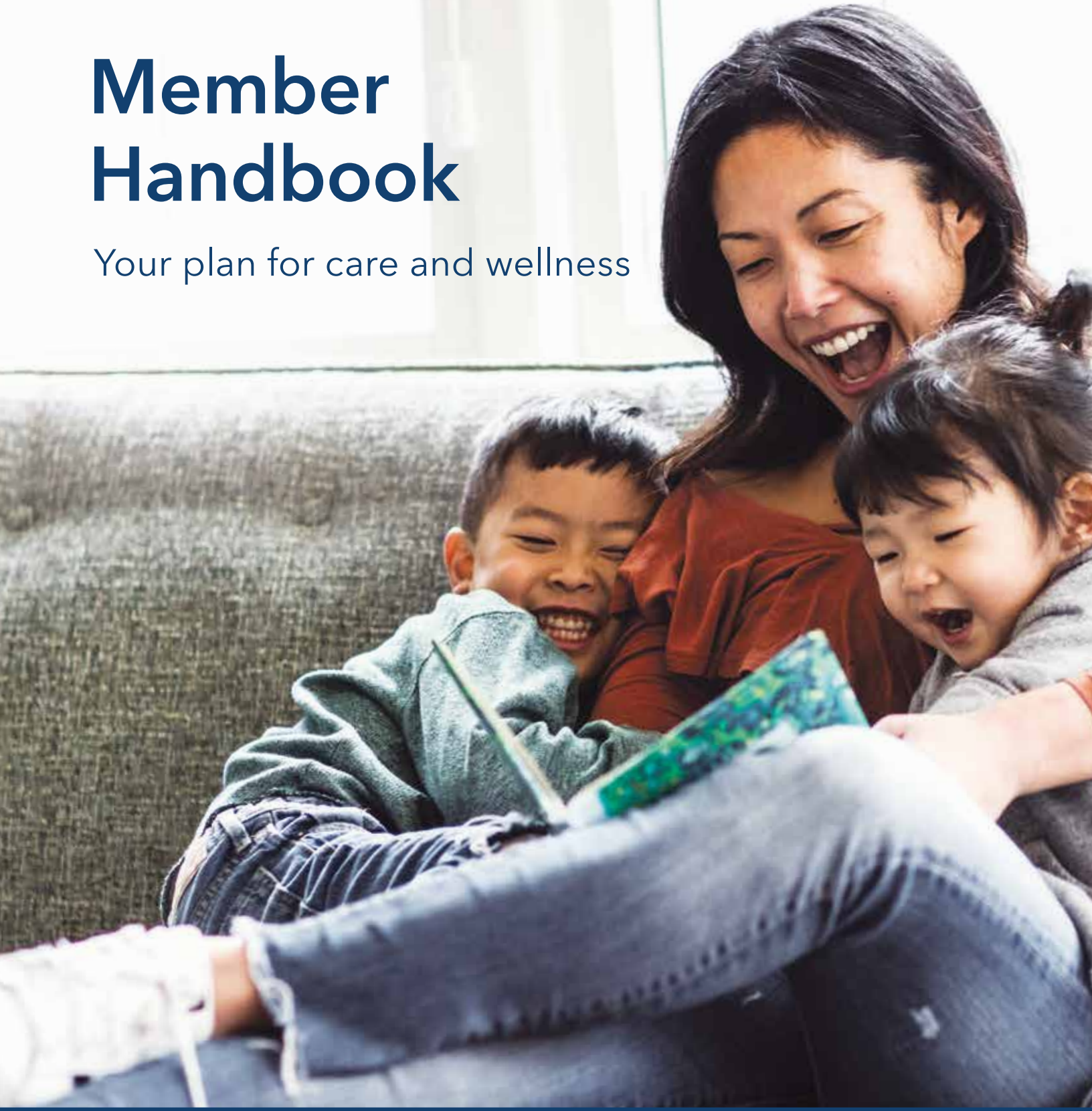


# Member Handbook

Your plan for care and wellness





Dear member,

Welcome. We're delighted that you've chosen our Out-of-Area Indemnity (OOA) Plan for your health care. Your health is our cause, and we're excited to work with you to help you become healthier in mind, body, and spirit.

We've put together this handbook, which contains details about your health insurance plan, a quick reference guide for getting care, and sample forms.

With the OOA Plan, you can get care from any provider of your choice. Or you can stay with the personal doctor you already know and trust.

You can also get most prescription drugs for a convenient copay. And you can fill your prescriptions at any MedImpact pharmacy.\*

By now, you should have received your ID card in the mail. It's your proof of insurance and contains useful phone numbers for Customer Service, precertification, claims, and MedImpact. If you haven't received your ID card yet, please call Customer Service at **1-800-788-0710** (TTY **711**), Monday through Friday from 7 a.m. to 7 p.m.

Thank you for choosing our OOA Plan. We look forward to taking care of you in the years to come.

Wishing you good health,  
Kaiser Permanente


**Note:** This is a summary only. The Kaiser Permanente Insurance Company *Certificate of Insurance* contains a complete explanation of benefits, exclusions, and limitations. The information provided in this brochure is not intended for use as a benefits summary, nor is it designed to serve as the *Certificate of Insurance*.

\*Kaiser Permanente Insurance Company (KPIC) contracts with MedImpact to provide prescription drug coverage through a national network of chain and independent pharmacies. Participating pharmacies are subject to change.

# The Kaiser Permanente Insurance Company Out-of-Area Indemnity (OOA) Plan

In this handbook, you'll find details about your OOA Plan benefits and instructions on how to choose a doctor, get care, file claims, fill prescriptions, and more. You can use it as a reference tool whenever you need care.

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 For questions about your plan benefits, please call Customer Service at **1-800-788-0710 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m. For faster service, please have your medical record number available when calling.

# Your care, your choice

With the OOA Plan,<sup>1</sup> you can decide how best to manage your health care. You're covered when you see any licensed provider you choose, near your home or your work. For a complete list of covered services, please see your *Certificate of Insurance*.

Most prescription drugs are covered with a convenient copay, and you can fill your prescriptions at any MedImpact Pharmacy.<sup>2</sup> For details, please see page 7.

## Care management

When a special health situation requires more medical care, managing your choices may seem overwhelming.

The Permanente Advantage Care Management program is here to help you coordinate appointments or follow up on referrals so that you can focus on what's important – getting better

Permanente Advantage is accredited by URAC. URAC's accreditation is recognized nationwide by state and federal regulators and ensures organizations are delivering health care in a manner consistent with national standards.

# How the OOA Plan works

With the OOA Plan, you don't have to choose a personal doctor, and you can get most types of specialty care without a doctor's referral. When you get care, you'll pay a copay for most doctor's office visits. Preventive care is generally covered at no cost to you.

You'll need to reach a deductible before you start paying copays or coinsurance for covered services. Once your total out-of-pocket costs

If you have any questions about Permanente Advantage Care Management, please call **1-888-251-7052**.

## Transition of care

If you're a new, eligible member with an acute or chronic condition that needs treatment right away, please contact one of our transition of care nurses. Our nurses can coordinate your care with your current providers, decide if precertification is required, and help find you a licensed provider, if needed, to assist in reducing your out-of-pocket costs. To get started, go to [kp.org/kpic/ooa](http://kp.org/kpic/ooa) to get the Member Care Transition Form in the "Documents and Forms" section. Please fill out and complete the entire form and fax to Permanente Advantage at **1-866-338-0266** or email to [Permanente-Advantage@kp.org](mailto:Permanente-Advantage@kp.org). For help, please call Permanente Advantage at **1-888-251-7052**.

reach your plan maximum, your out-of-pocket costs for covered services for the rest of the year will be \$0. Money paid toward your fees, penalties, or any balance billed by your provider won't count toward your out-of-pocket maximum.

If the provider you see doesn't bill us directly, you'll need to pay the costs up front and submit a reimbursement claim.

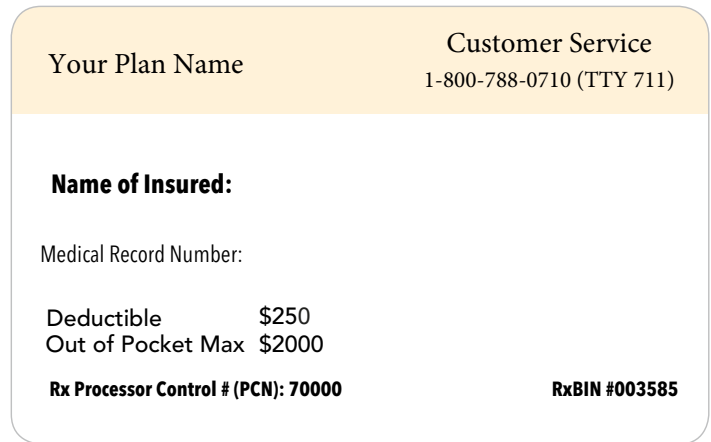
<sup>1</sup>Kaiser Permanente Insurance Company (KPIC) underwrites the out-of-area plan. KPIC is a subsidiary of Kaiser Foundation Health Plan, Inc.

<sup>2</sup>KPIC contracts with MedImpact to provide prescription drug coverage through a national network of chain and independent pharmacies. Participating pharmacies are subject to change.

# Your ID card

Your ID card gives you access to your medical coverage when you visit a provider. It also lets you fill your prescriptions at MedImpact pharmacies, so keep it with you.

If you haven't received your ID card or you need a replacement, please call us at **1-800-788-0710** (TTY **711**), Monday through Friday from 7 a.m. to 7 p.m.



The card image seen here is a representation. A member's actual card may differ upon receipt.

# Choosing your doctor

If you need care, call the doctor's office to make an appointment. You can also ask your doctor if you can get care by phone, video, or email.\* Keep in mind that you may need to pay more for these services.

If you're seeing a provider or visiting a medical facility for the first time, please:

- Make sure the provider is accepting new patients
- Bring your ID card with you

At your visit, your provider may submit the claim on your behalf. Or you may need to pay the total costs up front and then submit a claim for reimbursement, which will be subject to your deductible and any applicable coinsurance. In either case, it's your responsibility to make sure that claims are submitted for payment.

We pay for your care based on the usual, customary, and reasonable charges for your geographic region, per a standardized fee schedule. Some providers may charge more than the usual, customary, and reasonable charges. If this happens, you'll need to pay the difference between these charges and the actual charges billed by your provider. This is called balance billing, and it doesn't count toward your deductible or out-of-pocket maximum.

## Care spotlight: Mental health

Your mind and body are connected, but everyone's mental health and wellness journey is different. We're committed to helping you find the best path forward for you.

# Getting admitted to the hospital

You're covered at any hospital of your choice. After reaching your deductible, you'll pay your inpatient hospitalization copay, then coinsurance

(up to the out-of-pocket maximum), plus any amounts billed by the hospital or facility that are above usual, customary, and reasonable charges.

\*When appropriate and available.

# Precertification

You may need approval before you get certain services. This is called precertification. It's an important step to make sure medical services ordered by your doctor are medically necessary, cost-effective, and the most appropriate treatment for your condition. Services that need precertification include:

- Hospital admissions
- Outpatient surgeries
- Inpatient rehabilitation, hospice, or skilled nursing facility services
- MRI, CT, and PET scans

For a complete list of care that requires precertification, see your *Certificate of Insurance*.

To request precertification, you or your doctor should call **1-888-251-7052**, Monday through Friday from 6 a.m. to 6 p.m. You or your doctor should call to ask for precertification before you schedule these services. If you don't get precertification, your benefit may be reduced.

## Types of care



### Urgent care

An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating. If you think you need urgent care, call your local urgent care facility or visit [kp.org/pharmacylocator/ooa](http://kp.org/pharmacylocator/ooa).



### Emergency care\*

You're covered for emergency care anywhere in the world. If you have an emergency medical condition, call **911** or go to the nearest hospital. You'll be responsible for an emergency department copay, which will be waived if you're admitted to the hospital. If you're admitted, please call us (or have someone else do so) at **1-888-251-7052** as soon as possible. We'll help coordinate your care to reduce your risk of being billed for noncovered charges.

\*An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that you reasonably believed that the absence of immediate medical attention would result in any of the following: (1) placing the person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part.

A mental health condition is an emergency medical condition when it meets the requirements of the paragraph above or, for members who are not enrolled in Kaiser Permanente Senior Advantage, when the condition manifests itself by acute symptoms of sufficient severity such that either of the following is true: The person is an immediate danger to himself or herself or to others, or the person is immediately unable to provide for or use food, shelter, or clothing due to the mental disorder.

Emergency care does not require precertification; however, inpatient admission requires notification for certification within 24 hours.

# Getting your prescriptions filled

The OOA Plan gives you plenty of flexibility when you fill prescriptions, with coverage for generic, brand-name, and specialty medications.

A generic drug will always be supplied in place of a brand-name drug, unless your doctor specifically requests the brand.

## Participating retail pharmacies

KPIC contracts with MedImpact to provide you with pharmacy drug coverage nationally.<sup>1</sup>

MedImpact contracts with the individual retail pharmacies to offer you a convenient network of pharmacies across the country.

MedImpact pharmacies include Walgreens, CVS, Rite Aid, Ralphs, Safeway, Costco, and many more. (MedImpact pharmacies are subject to change.)

To fill a prescription at a MedImpact pharmacy, simply show your ID card. The information needed to process your prescription is printed on the front of your card.

**Please note:** Certain drugs have recommended prescribing guidelines that may apply, such as prior authorization and step therapy.

For more information and to find the pharmacy nearest you, call **1-800-788-2949**, 24 hours a day, 7 days a week or visit [kp.org/pharmacylocator/ooa](http://kp.org/pharmacylocator/ooa).

## Prescription mail-order service<sup>2</sup>

With the OOA Plan mail-order incentive, many prescription drugs are as close as your mailbox. You can order a 100-day supply of your medication for the equivalent of twice the copay required for a 30-day supply.

To receive the mail-order incentive benefit, you'll need to register for the Walgreens Mail Service. See how it works on page 8.

## Pharmacy claims

You generally won't need to submit a claim for prescriptions. However, you may choose to pay for a prescription in full and request reimbursement if the MedImpact retail pharmacy doesn't honor your pharmacy benefit. (This may happen if you don't have your ID card with you or your profile isn't updated to reflect your new coverage.)

If you need to be reimbursed, please complete a Pharmacy Claim Form. Follow the directions on the claim form, and fax it to MedImpact Healthcare Systems, Inc., at **858-549-1569**.

**Remember to fax copies of your receipts along with the claim form.** You can get additional claim forms by calling Customer Service at **1-800-788-0710**, or at [kp.org/kpic/ooa](http://kp.org/kpic/ooa) in the "Documents and Forms" section for your plan.

## Transferring a prescription

To transfer a prescription, give the pharmacist the name and phone number of your current pharmacy and the prescription number from the drug label. The pharmacist will do the rest. The prescription can be transferred as long as there are refills remaining.

<sup>1</sup>KPIC contracts with MedImpact to provide prescription drug coverage through a national network of chain and independent pharmacies. Participating pharmacies are subject to change.

<sup>2</sup>Most specialty drugs and self-injectable drugs aren't available for mail-order service through Walgreens.

Here's an example of mail-order incentive savings:

	MedImpact pharmacies (30-day supply)	Mail-order incentive (100-day supply)
<b>Generic drug</b>	\$15 copay	\$30 copay
<b>Brand-name drug</b>	\$40 copay	\$80 copay

To get the mail-order incentive benefit, you'll need to register for Walgreens Home Delivery. Here's how it works:

	Online	Phone
<p><b>Sign up</b></p> <p>You'll need to register first before using the mail-order pharmacy.</p>	<p>Go to <a href="http://walgreens.com/homedelivery">walgreens.com/homedelivery</a> and register for an online account. Create a username ID and password, then register for online mail service.</p>	<p>Call <b>1-866-304-2846</b> and ask to be registered for Walgreens Home Delivery. Please have your membership ID card handy.</p>
<p><b>Order</b></p> <p>Once you've registered, you're ready to order your first prescription.</p>	<p>Ask your doctor if he or she can electronically order your medications.</p>	<p>Call <b>1-866-304-2846</b> and request that Walgreens reach out to your doctor for a new prescription.*</p>
<p><b>Refill</b></p> <p>Receive most refills in the mail too.</p>	<p>Go to <a href="http://walgreens.com/homedelivery">walgreens.com/homedelivery</a>.</p>	<p>Call <b>1-866-304-2846</b> and select "refill a prescription" (or ask to speak with a customer service representative).</p>

\*You'll need to provide your doctor's contact information and the name and dosage of your medication. Walgreens will notify you if your doctor doesn't respond.



# Submitting claims

If you see a provider, you may need to file a claim. You'll need to submit your claim within 365 days after you receive covered services.

To process your claim, you'll need to complete and submit any consent forms for the release of medical records and claims for any other benefits. For example, we may require documents such as original travel tickets to validate your claim.

To obtain a claim form, visit [kp.org/kpic/ooa](http://kp.org/kpic/ooa) and look for the Medical Claim Form in the "Documents and Forms" section for your plan, or call us at **1-800-788-0710**.

Mail your claims for all medical care, including emergency and urgent care, to:

## **For Northern California:**

KFHP-Claims Department  
P.O. Box 12923  
Oakland, CA 94604-2923

## **For Southern California:**

KFHP Claims Department  
P.O. Box 7004  
Downey, CA 90242-7004

# Deductible

Your plan includes a deductible. We don't cover certain services until you reach your deductibles each year.

## **How deductibles work**

- When you get care, you'll pay the full charges for covered services until you or your family reaches a set amount known as your deductible.
- For example, a \$500 deductible means you'll pay the full charges up to \$500.

To check on the status of your claim, please call **1-800-788-0710**.

The claims submission address can also be found on the back of your ID card. Make sure you include your medical record number on your form.

Please refer to your *Certificate of Insurance* for additional instructions, coverage information, exclusions, limitations, and the dispute resolution process for denied claims.

- After you reach your deductible, you'll start paying less – just a copay or a percentage of the charges (a coinsurance) – for the rest of the year.
- Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

Your OOA Plan benefits summary provides a brief description of covered services to which deductibles apply. For a detailed description, please refer to your *Certificate of Insurance*.

# Out-of-pocket maximum

There's a limit to the total amount of coinsurance you might pay in a plan year for the care you receive. Each coverage option under the OOA Plan has a separate out-of-pocket maximum. When the amount of covered charges incurred by you or your family for covered services equals the out-of-pocket maximum, KPIC will cover 100% of the cost of care during the rest of the year for most covered services.

The out-of-pocket maximum and the charges for covered services that contribute to the out-of-pocket maximum are listed in your *Certificate of Insurance*.

Amounts paid in the form of fees or penalties or as a result of balance billing don't count toward the out-of-pocket maximum.

# Coordination of benefits

If you have health care coverage with another health plan or insurance company, the coordination of benefits rules will determine which coverage pays first, or is primary, and which coverage pays second, or is secondary.

# Helpful terms to know

**Balance billing:** When a provider bills you for the difference between what they charge and the maximum amount allowed by your plan. For example, if a provider's charge for a service is \$120 and the amount allowed by your plan is \$100, the provider may bill you for the remaining \$20.

**Coinsurance:** A percentage of the charges you must pay when you receive health care services.

**Copay:** A specific dollar amount you must pay for covered health care services.

**Deductible:** A set amount that you or your family must reach for the cost of covered services before you start paying copays or coinsurance. (For example, you may be responsible for the first \$500 in charges.) Typically, most services covered at a copay, such as routine exams, preventive screenings, and outpatient drugs, aren't subject to a deductible. We won't cover certain services until you reach your deductibles each year.

Your OOA Plan benefits summary provides a brief description of covered services to which deductibles apply. For a detailed description, please refer to your *Certificate of Insurance*.

**Maximum allowable charge:** Payments under your plan are based on the maximum allowable charges for covered services. The maximum allowable charge is the lesser of the usual, customary, and reasonable charge and the actual billed charge. The maximum allowable charge may be less than the amount billed by your provider. You may be responsible for any amount in excess of the maximum allowable charge when seeking care from a licensed provider.

**Precertification:** The required assessment of the necessity, efficiency, and/or appropriateness of specified health care services or treatments made by the medical review program. Requests for precertification must be made by the covered person or the covered person's attending physician prior to the commencement of any service or treatment. If precertification is required, it must be obtained in order to avoid a disruption in benefits.

**Step therapy:** Under this program, a "step" approach is required to receive coverage for certain high-cost medications. This means that to receive coverage, you may need to first try a proven, competitively priced medication before using a more costly treatment, if needed.

**Usual, customary, and reasonable charges:** The general level of charges made by other providers for specified covered services within the area where the charge is incurred.

# Helpful forms

Use these forms below when you need to file a claim, get reimbursements, or let your doctor's office know about your benefits. To get copies, call Customer Service at **1-800-788-0710 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m., or visit [kp.org/kpic/ooa](http://kp.org/kpic/ooa).

**Kaiser Permanente MEMBER REIMBURSEMENT CLAIM FORM**  
Kaiser Permanente Insurance Company

**INSTRUCTIONS:** This form is to request reimbursement for services you've paid for out-of-pocket. For your claim to be considered for payment, follow these simple steps:  
 1. Fill out this form completely and sign it.  
 2. Get an itemized bill from your provider detailing the charges (see Section B for the information needed in this bill).  
 3. Get a payment receipt for services (which can be a receipt from your provider, a copy of the check, or a bank or credit card statement).  
 4. Send the form, bill, and receipt to the address for your region in Section G.  
 5. Keep a copy of all documentation for your records.

Contact member services with any questions about this process at the number for your region in Section G.

**SECTION A: PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_ Medical Record Number found on ID Card: \_\_\_\_\_

Does the patient have other health insurance coverage?  Yes  No. If "Yes" complete Section C below.  
 Was the service due to an auto accident?  Yes  No. If "Yes" complete Section D below and provide all itemized bill requirements in section B below.

**SECTION B: ITEMIZED BILL REQUIREMENTS**  
**BILLS MUST BE ITEMIZED AND INCLUDE ALL OF THE FOLLOWING INFORMATION FOR REIMBURSEMENT**

- Name and address of provider (doctor, hospital, lab, ambulance service, etc.)
- Tax Identification Number (TIN)
- Amount charged for each service
- Procedure code
- Diagnosis code
- Name of patient
- Service provided
- Dates of service
- National Provider Identifier (NPI)
- Proof of payment, receipt or bank statement, copies of original check (front and back)

**SECTION C: OTHER COVERAGE INFORMATION**

If your primary coverage is through another medical plan, you must file your claim with that plan first. If there is a balance remaining, after your primary medical plan pays your claim, you may file a claim with Kaiser Permanente for the difference.

Name and Address of Other Insurance	Subscriber ID Number	Group Number

**MegImpact Commercial Prescription Drugs Claim Form**

**PART 1 \*Indicates required information**

Primary Member's Identification ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Health Plan/Middle, Last: \_\_\_\_\_ Primary Subscriber Name: \_\_\_\_\_ SSN (omit 0000): \_\_\_\_\_

Patient Name (First, Middle, Last): \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Residing in Primary Residence: \_\_\_\_\_  
 SEP ID: \_\_\_\_\_ Special ID: \_\_\_\_\_ Dependence ID: \_\_\_\_\_

Primary Subscriber Address (Street, City, State, Zip code): \_\_\_\_\_  
 Address Address (Street, City, State, Zip code): \_\_\_\_\_  
 Health Insurance: \_\_\_\_\_

**Indicate reason for manually filing these claims (select one):**

Conditions of Receipt - Items must be submitted with pharmacy receipt(s) identifying copay paid and an Explanation of Benefits from the primary carrier (or prescription history from the pharmacy showing primary insurance payment)  
 Discount Card was used  
 Health plan insurance information or insurance card not available at the time of purchase  
 Pharmacy not participating in network  
 Pharmacy unable to process claim electronically  
 Emergency - If Emergency, describe emergency below

**Describe Emergency:** \_\_\_\_\_

**PART 2**

RX Number	Date Filled	Name of Retailer	Quantity	Qty Supplied	Amount Paid (incl. copay)
Medicine Name and Strength		Pharmacy Name & NPI Number	RX Price*	Co-pay*	
		Name: _____ NPI: _____	\$	\$	

**Comments:**  Yes,  No (If yes, please identify NDC ingredients & quantity amounts on the Completed Claim Form)

**PART 3**

**Additional Pharmacy Label Box or Enter the Required Information:**

Pharmacy Name	Pharmacy Telephone Number
Pharmacy Address: _____	NPI: _____
City: _____ State: _____ Zip: _____	Pharmacy Signature: _____ Date: _____

Page 2-3

**Permanente Advantage Member Care Transition Form**

Our goal is to make your transition of care as easy as possible. Please complete each section so we can best serve you. Once we receive your form, we will review the information and have a transition of care representative or nurse case manager contact you within five business days. We look forward to being your partner in health.

**SECTION 1**

Member name: \_\_\_\_\_ Date of coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Member's last name: \_\_\_\_\_ Member's first name: \_\_\_\_\_  
 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Health record no.: \_\_\_\_\_ Gender:  M  F  
 Relationship to employer:  Self  Spouse/Domestic Partner  Child/Dependent  
 Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_

**SECTION 2**

Please tell us about your health care needs by answering the following questions.

Yes  No Are you pregnant? (Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Trimester:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>)  
 If yes, is your pregnancy considered high risk (multiple births, gestational diabetes, etc.)?  Yes  No  
 Yes  No Are you scheduled for surgery or hospitalization? Scheduled date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Type of surgery or procedure: \_\_\_\_\_  
 Yes  No Are you receiving chemotherapy, radiation therapy, cancer therapy, or dialysis treatment?  
 Type of treatment: \_\_\_\_\_  
 Yes  No Are you receiving treatment related to a recent major surgery?  
 Type of surgery or procedure: \_\_\_\_\_  
 Yes  No Are you receiving mental health treatment or substance abuse treatment?  
 Yes  No Are you currently using durable medical equipment (hospital bed, oxygen, etc.)?  
 Yes  No Are you currently being treated with specialty pharmacy drugs (for conditions such as Multiple Sclerosis, Organ Transplant, HIV, Hepatitis, Osteoporosis, Auto-immune disease, etc.)?  
 Condition being treated: \_\_\_\_\_

**SECTION 3**

Yes  No Are you currently working with a physician or dedicated case manager for your condition(s)?  
 Physician or Case manager name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Specialty: \_\_\_\_\_

**PRINT**

Permanente Advantage, LLC  
 Case Management Department  
 3915 Century Drive, Suite 250  
 San Diego, CA 92111  
 Fax: 1-888-138-0206  
 Email: Permanente.Advantage@kp.org

California Members 1-888-251-7052 Colorado Members 1-888-251-1553 Georgia Members 1-855-265-0311 Hawaii Members 1-888-529-1555 Mail-Ahead Members 1-888-567-6887

## Medical Claim Form

Contact this form when you need to file a claim to be reimbursed for covered medical services.

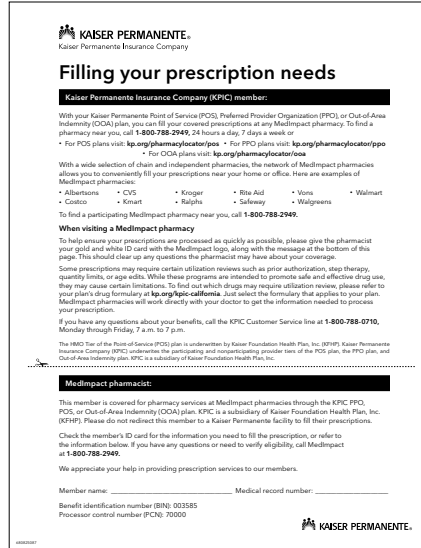
## Pharmacy Claim Form

Use this form to be reimbursed when you've paid out of pocket for the cost of covered prescriptions.

## Member Care Transition Form

Use this form when you're getting care and transitioning to your new coverage.

# Helpful forms (continued)



## Obtaining services

Give a copy of this form to your provider. It will help identify you as an OOA Plan member with access to care from any licensed provider. It also gives the provider's office information about filing claims on your behalf.

## MedImpact pharmacy flyer

Give a copy of this form to your MedImpact pharmacist. It will help identify you as an OOA Plan member with access to the MedImpact network of pharmacies. It also gives the pharmacist important information about filling prescriptions on your behalf.

## **Nondiscrimination Notice**

Kaiser Permanente Insurance Company (KPIC) does not discriminate based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). We can provide no cost aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats; large print, audio, and accessible electronic formats. We also provide no cost language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. To request these services, please call **1-800-788-0710** (TTY users call **711**).

If you believe that KPIC failed to provide these services or there is a concern of discrimination based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability you can file a complaint by phone or mail with the KPIC Civil Rights Coordinator. If you need help filing a grievance, the KPIC Civil Rights Coordinator is able to help you.

**KPIC Civil Rights Coordinator  
Permanente Advantage Appeals Department  
8954 Rio San Diego Dr, 4th Floor, Ste 406  
San Diego, CA 92108  
Phone: 1-888-251-7052  
Fax: 866-338-0266**

You may also contact the California Department of Insurance regarding your complaint.

**By Phone:  
California Department of Insurance  
1-800-927-HELP  
(1-800-927-4357)  
TDD: 1-800-482-4TDD  
(1-800-482-4833)**

**By Mail:  
California Department of Insurance  
Consumer Communications Bureau  
300 S. Spring Street  
Los Angeles, CA 90013**

**Electronically:  
[www.insurance.ca.gov](http://www.insurance.ca.gov)**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file the complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



KAISER PERMANENTE

**Kaiser Permanente Insurance Company  
Notice of Language Assistance**

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Servicios en otros idiomas sin ningún costo.** Puede conseguir un intérprete. Puede conseguir que le lean los documentos y que algunos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-464-4000. Para obtener más ayuda, llame al Departamento de Seguro de CA al 1-800-927-4357. Los usuarios de la línea TTY deben llamar al 711. Spanish

**免費語言服務。** 您可使用口譯員。您可請人將文件唸給您聽，且您可請我們將您語言版本的部分文件寄給您。如需協助，請致電列於會員卡上的電話號碼或致電1-800-464-4000與我們聯絡。如需進一步協助，請致電1-800-927-4357與加州保險局聯絡。聽障及語障電話專線使用者請致電711。Chinese

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**No Cost Language Services.** You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Doo bááhílnígóó há ata' hane.** Ata' halne'í há shónáot'eeh dóó naaltsoos t'áa hazaad bee bik'i' ashchíígo hach'í' yídóoltah biniiyé hach'í' áná'íih tēh. Shíká i'doolwoł nínizingo nihich'í' hodíílnih kojí' 1-800-464-4000 éi bee nééhózin biniiyé neiyítánígíi bikáá'. Áká e'élyeed jinizingo CA Dept. of Insurance bich'í' hojilnih kwe'é 1-800-927-4357. TTY chojool'íigo éi íáá bíi azhdilchi'. Navajo

**Dịch vụ ngôn ngữ miễn phí.** Quý vị có thể được cấp thông dịch viên và được người đọc giấy tờ, tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi ở số điện thoại ghi trên thẻ ID hội viên hoặc số 1-800-464-4000. Để được giúp đỡ thêm, xin gọi Bộ Bảo hiểm CA ở số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

**무료 언어 서비스.** 한국어 통역 서비스 및 한국어로 서류를 낭독해 드리는 서비스를 제공하고 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는 1-800-464-4000번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357번으로 문의하십시오. TTY 사용자 번호 711. Korean

**Mga Libreng Serbisyo kaugnay sa Wika.** Maaari kayong kumuha ng tagasalin-wika at hingin na basahin sa inyo ang mga dokumento sa sarili ninyong wika. Para humingi ng tulong, tawagan kami sa numerong nakasulat sa inyong ID card o sa 1-800-464-4000. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Dapat tumawag ang mga gumagamit ng TTY sa 711. Tagalog

**Անվճար լեզվական ծառայություններ:** Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից և խնդրել, որ փաստաթղթերը Ձեր լեզվով կարդան Ձեզ համար: Օգնության համար զանգահարեք մեզ՝ Ձեր ID քարտի վրա նշված կամ 1-800-464-4000 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով: TTY-ից օգտվողները պետք է զանգահարեն 711: Armenian

**Бесплатные переводческие услуги.** Вы можете воспользоваться услугами переводчика, который переведет вам документы на ваш язык. Если вам нужна помощь, позвоните нам по номеру телефону, указанному в вашей идентификационной карточке или 1-800-464-4000. За дополнительной помощью обращайтесь в Департамент страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357. Пользователи TTY, звоните по номеру 711. Russian

**無料の言語サービス。** 通訳に日本語で書類を読んでもらうことができます。通訳サービスが必要な際は、ID カードに記載の番号、または1-800-464-4000 にお電話ください。さらにヘルプが必要な場合は、カリフォルニア州保険庁 (1-800-927-4357) にお電話ください。TTY ユーザーの方は、711 をご使用ください。Japanese

خدمات زبان به صورت رایگان. می توانید از خدمات مترجم شفاهی بهره مند شوید و ترتیب خواندن متن ها برای شما به زبان خودتان را بدهید. برای دریافت کمک و راهنمایی، با ما به شماره ای که روی کارت شناسایی شما قید شده یا شماره 1-800-464-4000 تماس حاصل نمایند. برای دریافت کمک و راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY با شماره 711 تماس حاصل نمایند. Farsi

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਕਿਸੇ ਦੁਬਾਸ਼ੀਏ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹਵਾ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-464-4000 'ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ। ਵਧੇਰੀ ਮਦਦ ਲਈ CA ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸ਼ੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 'ਤੇ ਕਾਲ ਕਰੋ। Punjabi

**សេវាភាសាឥតគិតថ្លៃ។** អ្នកអាចទទួលបានអ្នកបកប្រែ និងឲ្យគេអានឯកសារជូនអ្នក ជាភាសាខ្មែរ។ សំរាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក ឬ 1-800-464-4000។ សំរាប់ជំនួយថែមទៀត ទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រង រដ្ឋកាលីហ្វ័រនីញ៉ា តាមលេខ 1 800-927-4357។ អ្នកប្រើ TTY ហៅលេខ 711។ Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقرائة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-464-4000. للحصول على مزيد من المعلومات اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. لمستخدمي خدمة الهاتف النصي يرجى الاتصال على 711. Arabic

**Cov Kev Pab Txhais Lus Tsis Raug Nqi Dab Tsi.** Koj muaj tau ib tug neeg txhais lus thiab hais tau kom nyeem cov ntaub ntawv ua koj hom lus rau koj. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj teev muaj nyob rau ntawm koj daim yuaj ID los yog 1-800-464-4000. Yog xav tau kev pab ntxiv hu rau CA Tuam Tsev Tswj Kev Pov Hwm ntawm 1 800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

**मुफ्त भाषा सेवाएँ।** आप एक दुभाषिया प्राप्त कर सकते हैं और आपको दस्तावेज़ आपकी भाषा में पढ़ कर सुनाए जा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए नम्बर या 1-800-464-4000 पर हमें फोन करें। अधिक सहायता के लिए कैलिफ़ोर्निया डिपार्टमेंट ऑफ़ इन्शुरन्स को 1-800-927-4357। TTY प्रयोक्ता 711 पर फोन करें। Hindi

บริการด้านภาษาที่ไม่คิดค่าบริการ คุณสามารถขอรับบริการล่ามแปลภาษาและขอให้อ่านเอกสารให้คุณฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อหาเราตามหมายเลขที่ระบุอยู่บนบัตร ID ของคุณหรือหมายเลข 1-800-464-4000 หากต้องการความช่วยเหลือในเรื่องอื่นๆ เพิ่มเติม โปรดโทรติดต่อฝ่ายประกันโรคมะเร็งที่หมายเลข 1 800-927-4357 ผู้ใช้ TTY โปรดโทรไปที่หมายเลข 711. Thai





Notes

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# Your guide to good health

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

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

**1-800-788-0710**

**TTY 711**

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

