

# Welcome to Kaiser Permanente

POS Resource Guide  
Colorado



# Your Point-of-Service (POS) Plan

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



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## Questions? We're here to help

Learn about your benefits and more!  
You can reach Customer Service at **1-800-401-8405 (TTY 711)**, Monday through Friday, from 5 a.m. to 7 p.m.





# Understand your plan

## How Point of Service (POS) plans work

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

This resource guide provides information about your 3-Tiered POS plan. If you have additional questions, call Customer Service at **1-800-401-8405** (TTY **711**), Monday-Friday 5 a.m. to 7 p.m.

Your plan is governed by your employer's Summary Plan Description (SPD). Inside this resource guide, we refer to the SPD and other plan documents.

This resource guide provides an overview of your benefits and services. If there are any differences between this document and your SPD, your SPD will prevail.

The benefits provided under the in-network and out-of-network tiers are not the same. Kaiser Permanente Insurance Company (KPIC) subcontracts with Kaiser Foundation Health Plan (KFHP) of Colorado for Exclusive Provider Organization (EPO)\* In-Network Provider Tier 1. For the Participating Network Tier 2, your plan has two networks based upon where you receive care: First Health\*\* Providers for care in Colorado and other Kaiser Permanente states (CA, GA, HI, MD, VA, OR, WA, and the District of Columbia) and the Cigna PPO Network\*\*\* for access to care when outside a Kaiser Permanente state. Access to Non-Participating Providers Tier 3 is also available with your plan.

		EPO In-Network Provider Tier	Participating Provider Tier	Non-Participating Provider Tier
POS Plan with 3 Tiers	Provider Choice	Kaiser Permanente providers & pharmacies	First Health** in Kaiser Permanente states (CA, CO, GA, HI, MD, VA, OR, WA, and the District of Columbia) and Cigna PPO Network*** only in non-Kaiser Permanente states.	Any licensed provider & any pharmacy
	Out-of-Pocket Cost	Lowest cost****	Higher cost****	Highest cost

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

\*\*Kaiser Permanente is contracted with First Health® in Kaiser Permanente states. First Health is a brand name of First Health Group Corp. Kaiser Permanente is also contracted with the Cigna PPO Network, when you get care outside a Kaiser Permanente state.

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

\*\*\*\*For most plans, you will have a lower cost in the EPO In-Network Tier. Please consult your SPD to verify your costs. Your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company (KPIC) provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.



## Choose your doctor – and change anytime

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

<b>EPO In-Network Provider Tier</b>	<p><b>Choosing a Kaiser Permanente provider</b></p> <p>Kaiser Permanente providers deliver care in our medical offices that are conveniently located throughout Colorado. You also have access to care from our network physicians. Select a convenient facility and browse doctor profiles by gender, languages spoken, and more to find the right one for you at <a href="https://kp.org/locations">kp.org/locations</a>.</p> <p>You can choose a primary care physician in any of these specialties:</p> <ul style="list-style-type: none"><li>• Adult medicine/internal medicine</li><li>• Family medicine</li><li>• Pediatrics/adolescent medicine (for children up to 18)</li><li>• Obstetrics/gynecology</li></ul> <p>Choose online at <a href="https://kp.org">kp.org</a> or call Customer Service at <b>1-800-401-8405 (TTY 711)</b>, Monday through Friday, 5 a.m. to 7 p.m.</p> <p>Once you’ve chosen a primary care physician, visit <a href="https://kp.org/appointments">kp.org/appointments</a> or call <b>1-866-311-4464 (TTY 711)</b>, 24 hours a day, to schedule your first appointment.</p>
<b>Participating Provider Tier</b>	<p><b>Choosing a participating provider</b></p> <p>First Health providers and hospitals are in Colorado and other Kaiser Permanente states (CA, GA, HI, MD, OR, VA, WA and the District of Columbia). Cigna PPO Network providers and hospitals are only available outside Kaiser Permanente states.</p> <p>For assistance finding a participating provider, visit <a href="https://coloradolevelfunded.kp.org">coloradolevelfunded.kp.org</a> or call Customer Service at <b>1-800-401-8405 (TTY 711)</b>.</p>
<b>Non-Participating Provider Tier</b>	<p><b>Choosing a provider in the community</b></p> <p>If you seek care in the Non-Participating Provider Tier, you can work directly with any licensed provider or facility anywhere. You may pay more if you choose to see a non-participating provider.</p> <p>You can call the provider’s office and make an appointment. Simply state that your plan allows you to see any provider in the community.</p>



# Transfer or fill your prescriptions

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

## EPO In-Network Provider Tier

**To transfer a prescription to a Kaiser Permanente pharmacy,** call the Clinical Pharmacy Call Center at **303-338-4503** or **1-866-244-4119 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.

Please have the following information ready when you call:

- Your Kaiser Permanente medical record number (located on your ID card)
- The name and telephone number of your current pharmacy
- The name, strength, and directions for use of the prescribed medication
- The prescription number of the prescribed medication
- The name and phone number of the physician who prescribed the medication

## EPO In-Network Provider Tier

**You have several convenient options for filling and refilling your prescriptions:**

**Mail order**—You can order prescription refills by mail order\* with no shipping costs through **kp.org/rxrefill**, or by calling the 24-hour automated phone line at **1-866-938-0077**. Please order your refill at least two weeks before you run out of your current prescription supply.

**In person**—Fill your prescriptions in person at any Kaiser Permanente medical office pharmacy. Each medical office pharmacy has a 24-hour refill phone number, which can be found in this guide.

**Online**—Order refills online at **kp.org/rxrefill** to request pickup at the medical office of your choice. Once you register at **kp.org/register**, you can:

- Request most prescription refills online.
- Choose to have the medicine mailed to you at no additional cost or pick it up at a Kaiser Permanente medical office pharmacy.
- Get refill reminders.
- Read your medication allergies, list of current medicines, and more.

Visit **kp.org/formulary** for a list of covered medications.

\*For most drugs, you can get prescription refills mailed to you through our Kaiser Permanente Mail Order Pharmacy. You should receive them within 10 business days. Prescription refills can only be delivered by mail to an address within the state of Colorado. Must have a valid prescription on file with a Kaiser Permanente medical office or through the Mail Order Pharmacy. For questions, call **1-866-938-0077 (TTY 711)**, 24 hours a day, 7 days a week.



### Participating Provider Tier

#### Fill prescriptions at participating OptumRx pharmacies.

Call for more information: **1-866-427-7701**.

To verify if a specific pharmacy participates, or to obtain a complete list of participating pharmacies call OptumRx at **1-866-427-7701**, 24 hours a day.

If you would like to reduce your costs, you can fill your prescriptions at a Kaiser Permanente pharmacy, even if you are seeing a participating provider.

For a list of covered drugs, visit **kp.org/formulary**, choose your region, and select the "Colorado Level-Funded PPO/POS formulary" link.

### Non-Participating Provider Tier

#### To transfer a prescription to a non-participating pharmacy, you will need to contact the pharmacy directly.

Please have the following information ready when you call:

- The name and strength of the medication
- The prescription number of the prescribed medication
- The name and phone number of the transferring pharmacy

If you would like to reduce your cost, you can fill your prescriptions at a Kaiser Permanente pharmacy, even if you are seeing a non-participating provider. Mail Order is not available under this pharmacy option.

For a list of covered drugs, visit **kp.org/formulary**, choose your region, and select the "Colorado Level-Funded PPO/POS formulary" link.

## Prior Authorization of Outpatient Prescription Drugs

With your POS plan, we use a drug formulary. In addition, certain outpatient prescription drugs may be subject to utilization management requirements, such as prior authorization, step therapy, and/or quantity limits. Please ask your prescribing provider to request Prior Authorization, when applicable. There is a Provider Pharmacy Authorization phone number on your ID card to assist providers. If you have questions about your pharmacy benefit, please call OptumRX Pharmacy Benefits at **1-866-427-7701**.

# 3 Create your online account

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

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

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

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

- View most lab test results\*
- Refill most prescriptions\*
- Email your doctor's office with nonurgent questions\*
- Schedule and cancel routine appointments\*
- Manage a family member's health care\*\*



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

\*\* Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features.



## Convenient ways to get care

### Choose how you get care

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#### **In-person care**

Meet with your primary care provider or specialist in person.

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#### **Online chat**

Get care from a clinician, mental health specialist and more.

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#### **24/7 medical advice**

Call the Clinical Contact Center to get medical guidance any time, day or night.

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#### **Email**

Message your clinician's office any time with non-urgent questions.\*

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#### **E-visits**

Fill out an online questionnaire for select conditions to receive a care plan or medical advice.

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#### **Scheduled phone or video visits**

Save a trip to the clinician's office by scheduling a video or phone visit with your doctor.\*

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#### **24/7 on-demand phone and video visits**

Visit with a clinician any time, day or night. This is a great option for when you don't have an appointment to see your primary care doctor or when you just want a convenient alternative to an urgent care visit.

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\*These services available when you receive care at Kaiser Permanente medical offices.





# Getting Care

## Prior Approval (preauthorization or pre-certification)

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

<b>EPO In-Network Provider Tier</b>	Your EPO In-Network provider will arrange for preauthorization, if required, for certain services.
<b>Participating Provider Tier</b>	<p>Pre-certification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.</p> <p>Your participating provider is required to obtain pre-certification at least three days before you receive certain services or have any inpatient hospital stays, or as soon as medically appropriate after an emergency department admission</p> <p>Some examples of services requiring pre-certification include:</p> <ul style="list-style-type: none"><li>• Inpatient hospital stay</li><li>• Outpatient surgery</li><li>• Home health, hospice, and skilled nursing facility care</li><li>• Imaging</li></ul> <p>For First Health Network providers, contact Permanente Advantage at <b>1-888-525-1553 (TTY 711)</b>, to initiate pre-certification.</p>
<b>Non-Participating Provider Tier</b>	<p>Pre-certification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.</p> <p>You are required to obtain pre-certification at least three days before you receive certain services or have any inpatient hospital stays, or as soon as medically appropriate after an emergency department admission.</p> <p>Your physician, hospital, or authorized representative may obtain pre-certification on your behalf.</p> <p>Some examples of services requiring pre-certification include:</p> <ul style="list-style-type: none"><li>• Inpatient hospital stay</li><li>• Outpatient surgery</li><li>• Home health, hospice, and skilled nursing facility care</li><li>• Imaging</li></ul> <p>You may request pre-certification by calling Permanente Advantage at <b>1-888-525-1553 (TTY 711)</b>.</p> <p>If you do not obtain pre-certification for covered services that require it, you may pay a penalty or services may not be covered at all.</p>



## Seeing your doctor

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

EPO In-Network Provider Tier	<p>To schedule appointments, visit <b>kp.org/appointments</b> or call <b>1-866-311-4464</b> (TTY <b>711</b>), 24 hours a day.</p> <p>Show your ID card when you arrive.</p>
Participating Provider Tier	<p>Provider networks change regularly. Before making your appointment, confirm that the provider is still participating in the network or is a direct contracted provider. See page 4 for how to do this.</p> <p>When you see a participating provider for the first time, let the office staff know you are using the Participating Provider Tier of your plan, which allows you to see participating providers who are part of the network or is a direct contracted provider.</p> <p>For assistance finding a direct contracted provider, visit <b>coloradolevelfunded.kp.org</b> or call <b>1-800-401-8405</b> (TTY <b>711</b>).</p>
Non-Participating Provider Tier	<p>If you see a non-participating provider for care, speak with your non-participating provider for information about making appointments and to learn about how his/her care team is structured.</p> <p>When you see a non-participating provider for the first time, let the office staff know you are using the Non-Participating Provider Tier of your plan, which lets you see any licensed provider.</p>



## Medical Advice

If you need medical advice or are unsure if you need urgent care, you can call our Clinical Contact Center, 24 hours a day, 7 days a week at **1-866-311-4464** (TTY **711**). If you receive services at Kaiser Permanente medical offices, our advice nurses will be able to access your personal medical information when you call. You can also chat online with a Kaiser Permanente clinician by signing on to **kp.org** and clicking “chat.” See page 8 in this guide for all of the convenient ways you can get care.

## Behavioral/Mental Health

<b>EPO In-Network Provider Tier</b>	<p>You can seek initial consultation without a referral for outpatient treatment for mental illness, emotional disorders, drug abuse, and alcohol abuse.</p> <p>To access these services, call Kaiser Permanente Behavioral Health at <b>1-866-359-8299</b> (TTY <b>711</b>), Monday through Friday, 8:30 a.m. to 5 p.m. If you are in southern Colorado and need Behavioral Health services, please call <b>1-866-702-9026</b>.</p>
<b>Participating Provider Tier</b>	<p>You can receive outpatient care for mental illness, emotional disorders, and drug or alcohol abuse from a provider in the network or from a direct contracted provider without a referral.</p> <p>For assistance in finding a provider, call Customer Service at <b>1-800-401-8405</b> (TTY <b>711</b>), Monday through Friday, 5 a.m. to 7 p.m., or visit <b>coloradolevelfunded.kp.org</b>.</p> <p>Pre-certification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures. See page 9 for more information about pre-certification.</p> <p>Your provider may request pre-certification 24 hours a day, 7 days a week. See page 9 for details.</p>
<b>Non-Participating Provider Tier</b>	<p>You can receive outpatient care from any licensed behavioral health or chemical dependency professional for mental illness, emotional disorders, and drug or alcohol abuse.</p> <p>Pre-certification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures. See page 9 for more information about pre-certification.</p> <p>You may request pre-certification 24 hours a day, 7 days a week. See page 9 for details.</p>



## Urgent Care

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

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

<b>EPO In-Network Provider Tier</b>	<ul style="list-style-type: none"><li>• If you think you need urgent care, call the Clinical Contact Center at <b>1-866-311-4464 (TTY 711)</b>, 24 hours a day, 7 days a week, to speak with a medical advice nurse who can direct you to the best location for care.</li><li>• You can go to select Kaiser Permanente medical offices that provide urgent care. See page 24 for a list of our urgent care locations.</li></ul>
<b>Participating Provider Tier</b>	<ul style="list-style-type: none"><li>• If you think you need urgent care, call your participating provider who can direct your care.</li><li>• You have access to urgent care facilities that are in the First Health Network in Kaiser Permanente states (CA, CO, GA, HI, MD, OR, VA, WA and the District of Columbia) and the Cigna PPO Network only in non-Kaiser Permanente states.</li></ul>
<b>Non-Participating Provider Tier</b>	<ul style="list-style-type: none"><li>• You have access to any urgent care facility regardless of the participating status of the facility, anywhere in the country.</li><li>• The facility may ask you to pay in full when you receive care. If so, retain a copy of the bill as proof of payment, and submit your claim for reimbursement.</li></ul>

## Emergency Care

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

If you think you are experiencing an emergency medical condition, call **911**, or if time and safety permit, go to the nearest emergency room (see locations on page 25). Your care will be covered.

If you visit an emergency room, anywhere in the world, report your visit as soon as reasonably possible to Customer Service at **1-800-401-8405**.

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



## Hospital Care

<b>EPO In-Network Provider Tier</b>	<ul style="list-style-type: none"><li>• Kaiser Permanente carefully selects hospitals to partner with us in taking great care of you. For regular care, your doctor works closely with specialists, pharmacists, lab technicians, therapists, and many other professionals—all of whom are up to date on your health—for a better care experience. We've chosen hospitals to be our partners for coordinating your care when you need inpatient or outpatient hospital care.</li><li>• See page 9 for any preauthorization requirements.</li></ul>
<b>Participating Provider Tier</b>	<ul style="list-style-type: none"><li>• You can receive inpatient and outpatient services from the participating provider network.</li><li>• See page 9 for any pre-certification requirements.</li></ul>
<b>Non-Participating Provider Tier</b>	<ul style="list-style-type: none"><li>• You can receive inpatient and outpatient services from any licensed or accredited hospitals/facilities and providers.</li><li>• See page 9 for any pre-certification requirements.</li><li>• Depending on your benefit plan, you may be responsible for a higher out-of-pocket expense if you receive care from a non-participating provider or facility.</li><li>• The provider/facility may require you to pay upfront for these services. If that should occur then you will also need to submit a member reimbursement form for each provider or facility. See Claims section for more information.</li></ul>

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

## Care for Newborns

Your newborn will receive care from the time of birth through the first 31 days. Eligibility for care is available according to your employer's Plan and coordination of benefits may apply. For information on enrolling your newborn for health care beyond 31 days, call **1-800-401-8405 (TTY 711)**.





## X-Ray and Imaging Services

<b>EPO In-Network Provider Tier</b>	<ul style="list-style-type: none"><li>• You will find medical imaging services at most Kaiser Permanente medical offices.</li><li>• For most services, you need a referral from your doctor. He or she will let you know how to schedule your appointment.</li><li>• At some of our medical offices, we have advanced imaging equipment for MRIs, CT scans, and more.</li><li>• X-ray and medical imaging services are located wherever urgent care is offered, so you do not have to make a separate trip to have an X-ray or other imaging test.</li></ul>
<b>Participating Provider Tier</b>	<ul style="list-style-type: none"><li>• Before scheduling X-rays or other imaging services, check to be sure the facilities are part of the Participating Provider Network.</li><li>• Pre-certification may be required. Refer to your plan agreement. For more information on pre-certification, see page 9.</li><li>• Or, consider having your X-ray and imaging tests in the EPO In-Network Provider Tier, even if you are seeing a First Health or direct contracted provider. This will reduce your costs.</li></ul>
<b>Non-Participating Provider Tier</b>	<ul style="list-style-type: none"><li>• You can receive X-rays and other imaging services at any facility.</li><li>• Or, consider having your X-ray and imaging tests in the EPO In-Network Provider Tier, even if you are seeing a non-participating provider. This will reduce your costs.</li><li>• Pre-certification may be required. Refer to your plan agreement. For more information on pre-certification, see page 9.</li><li>• If you receive tests and screenings in non-participating facilities, you will likely pay in full and submit a claim for reimbursement. The provider may also bill you for the difference, if any, between actual billed charges and the maximum allowable charge (as determined by KPIC). Refer to your SPD for more details.</li></ul>



## Lab Tests and Results

### EPO In-Network Provider Tier

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

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

### Participating Provider Tier

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

Please contact Customer Service for questions at **1-800-401-8405 (TTY 711)**, Monday through Friday, 5 a.m. to 7 p.m.

### Non-Participating Provider Tier

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

Please contact Customer Service for questions at **1-800-401-8405 (TTY 711)**, Monday through Friday, 5 a.m. to 7 p.m.



# Claims

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

**1. Completed claim form**

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

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

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

**3. Proof of payment** (one of the following)

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

To obtain medical claim forms, contact Customer Service at **1-800-401-8405 (TTY 711)**, Monday through Friday, from 5 a.m. to 7 p.m.

## Timelines for filing a claim

EPO In-Network Provider Tier	<ul style="list-style-type: none"><li>• When you get care at Kaiser Permanente you will not have to file a claim.</li><li>• If you do have to pay for services out-of-pocket, you have up to 180 days from the date you received care to submit your claim.</li></ul>
Participating Provider Tier	<ul style="list-style-type: none"><li>• Provider generally completes and submits claim forms.</li><li>• If you have to pay for services out-of-pocket, you have up to 12 months from the date you received care to submit your claim.</li></ul>
Non-Participating Provider Tier	<ul style="list-style-type: none"><li>• Your non-participating provider does not have a contracted rate and can establish their own fee.</li><li>• You will be responsible for the balance if your provider bills you for more than your plan allows.</li><li>• You have up to 12 months from the date you received care to submit your claim.</li></ul>



### Where to send your claim

Mail your claim form and itemized statement to:

**KPIC Self-Funded-Claims Administrator**

P.O. Box 30547

Salt Lake City UT 84130-0547

Payor ID: 94320

### What to expect next

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

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

### If your claim is denied

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

## Getting care away from home

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

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

For additional information, please call Customer Service at **1-800-401-8405** (TTY **711**).



## Healthy resources

### Get the most out of your plan with these healthy extras

<b>A wellness reward program*</b>	Earn rewards for taking healthy actions.
<b>Special rates</b>	Enjoy reduced rates on services that can help you stay healthy – like gym memberships, acupuncture, massage therapy, and chiropractic care. Read more at <a href="https://kp.org/exercise">kp.org/exercise</a> .
<b>Self-care apps</b>	<p>Tap into the power of self-care with these apps, available to adult members at no cost:</p> <p><b>Ginger:</b> for emotional support coaching via text**</p> <p><b>Calm:</b> for meditation, mental resilience, and sleep</p> <p><b>myStrength:</b> for managing depression, stress, anxiety, addiction, and more***</p> <p>Adults can get these apps at <a href="https://kp.org/selfcareapps">kp.org/selfcareapps</a>.</p>
<b>Healthy lifestyle programs</b>	Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more – all at no cost. Learn more at <a href="https://kp.org/healthylifestyles">kp.org/healthylifestyles</a> .
<b>Personal wellness coaching</b>	Get help reaching your health goals. Work one-on-one with a wellness coach by phone at no cost. Find out more at <a href="https://kp.org/wellnesscoach">kp.org/wellnesscoach</a> .
<b>Online wellness tools</b>	Visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> for wellness information, health calculators, fitness videos, podcasts, and recipes from world-class chefs.

\*The rewards program is only available if required screenings are performed by EPO in-network or participating providers.

\*\*The Ginger coaching services described above are not covered under your health plan benefits and are not subject to the terms set forth in your Summary Plan Description or other plan documents. These services may be discontinued at any time without notice. The coaching services are not available to any members under 18 years old.

\*\*\*myStrength is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.





## Glossary

### Preventive care

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

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

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

### Types of cost share

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

#### Copayments (copays)

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

#### Coinsurance

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

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

#### Out-of-pocket maximum

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



## Deductible

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

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

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

## Balance Billing

This may occur when you are billed for any charges above the maximum allowable charge set out in your SPD. There is no balance billing in the EPO In-Network Provider Tier and the Participating Provider Tier. **You may be balance billed for services received at the Non-Participating Provider Tier.**

## Maximum Allowable Charge

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

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

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

## Usual, Customary, and Reasonable (UCR)

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



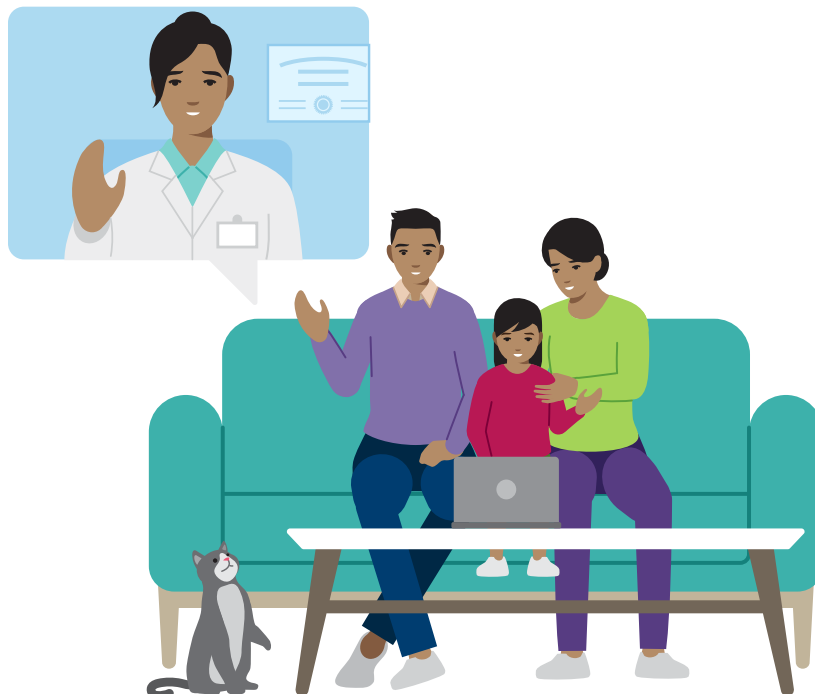
**Learn more at [coloradolevelfunded.kp.org](https://coloradolevelfunded.kp.org)**

- Get benefit details
- Access forms
- Find a provider



## Important Contacts

<b>EPO In-Network Provider Tier</b>	<p><b>See your primary care or specialty physician</b></p> <p>Schedule an appointment online at <b>kp.org/appointments</b>, the mobile app, or call <b>1-866-311-4464</b> (TTY <b>711</b>) 24 hours a day, 7 days a week.</p> <p><b>Medical Advice</b></p> <p>Call the Kaiser Permanente Clinical Contact Center: <b>1-866-311-4464</b> (TTY <b>711</b>) 24 hours a day, 7 days a week.</p>
<b>Participating Provider Tier</b>	<p><b>See your primary care or specialty physician</b></p> <p>Call your participating provider directly.</p> <p>For assistance finding a provider, visit <b>kp.org/doctors</b> or call <b>1-800-401-8405</b> (TTY <b>711</b>).</p>
<b>Non-Participating Provider Tier</b>	<p><b>See your primary care or specialty physician</b></p> <p>Call your non-participating provider directly.</p>





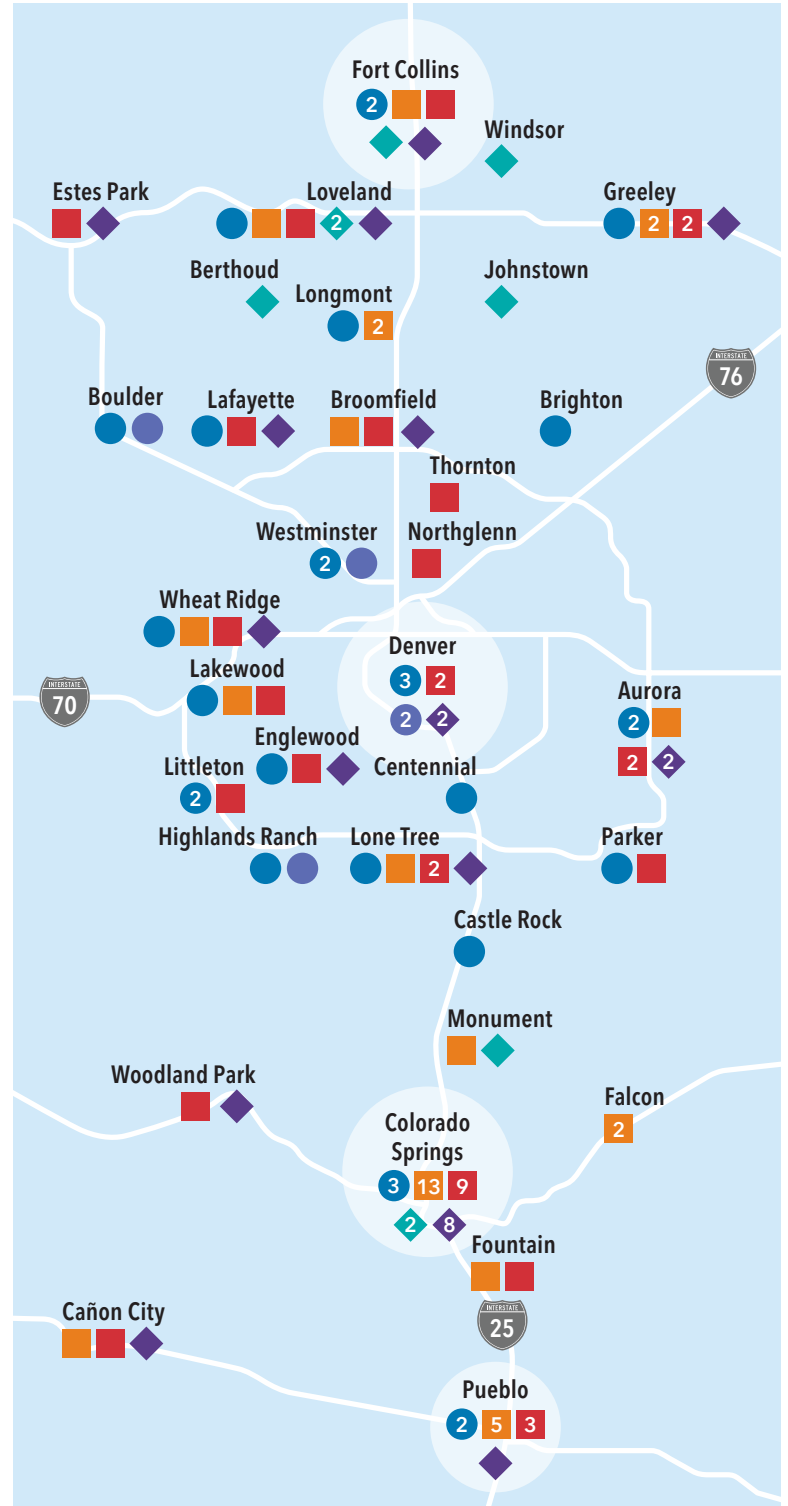
# In-person care locations

## Colorado medical facilities

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

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

For a full list of providers included in your plan, visit [coloradolevelfunded.kp.org](https://coloradolevelfunded.kp.org).



\*Choice of providers varies by plan and availability at the time of selection and is subject to change. Provider and location information is current at the time of publication and is subject to change. In an emergency, call 911 or go to the nearest emergency department.

## Kaiser Permanente Medical Offices

### Central

#### Aurora

**Aurora Centrepont**  
14701 E. Exposition Ave.  
Aurora, CO 80012

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

#### Boulder

**Baseline**  
580 Mohawk Drive  
Boulder, CO 80303

#### Brighton

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

#### Castle Rock

**Castle Rock**  
4318 Trail Boss Drive  
Castle Rock, CO 80104

#### Centennial

**Arapahoe**  
5555 E. Arapahoe Road  
Centennial, CO 80122

#### Denver

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

**Franklin**  
2045 Franklin St.  
Denver, CO 80205

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

#### Englewood

**Englewood**  
2955 S. Broadway  
Englewood, CO 80113

#### Highlands Ranch

**Highlands Ranch**  
9285 Hepburn St.  
Highlands Ranch, CO 80129

#### Lafayette

**Rock Creek**  
280 Exempla Circle  
Lafayette, CO 80026

#### Lakewood

**Lakewood**  
8383 W. Alameda Ave.  
Lakewood, CO 80226

#### Littleton

**Ken Caryl**  
7600 Shaffer Parkway  
Littleton, CO 80127

**Southwest**  
5257 S. Wadsworth Blvd.  
Littleton, CO 80123

#### Lone Tree

**Lone Tree**  
10240 Park Meadows Drive  
Lone Tree, CO 80124

#### Longmont

**Longmont**  
2345 Bent Way  
Longmont, CO 80503

#### Parker

**Parker**  
10168 Parkglenn Way  
Parker, CO 80138

#### Westminster

**Hidden Lake**  
7701 Sheridan Blvd.  
Westminster, CO 80003

**Westminster**  
11245 Huron St.  
Westminster, CO 80234

#### Wheat Ridge

**Wheat Ridge**  
4803 Ward Road  
Wheat Ridge, CO 80033

### Northern

#### Fort Collins

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

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

#### Greeley

**Greeley**  
2429 35th Ave.  
Greeley, CO 80634

#### Loveland

**Loveland**  
4901 Thompson Parkway  
Loveland, CO 80534

### Southern

#### Colorado Springs

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

**Parkside**  
215 Parkside Drive  
Colorado Springs, CO 80910

**Premier**  
3920 North Union Blvd.  
Colorado Springs, CO 80907

#### Pueblo

**Acero**  
2625 W. Pueblo Blvd.  
Pueblo, CO 81004

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



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## NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. We also:

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

If you need these services, call: **1-866-213-3062** (TTY: **711**)

If you believe that KPIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: KPIC Civil Rights Coordinator, 3701 Boardman-Canfield Rd, Canfield OH 44406, telephone number 1-866-213-3062.

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

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-866-213-3062** (TTY: **711**).

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-866-213-3062** (TTY: **711**)፡

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-866-213-3062** (TTY: **711**)፡

**Հայերեն (Armenian):** ՈՒՇԱՂՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ձանգահարեք **1-866-213-3062** (TTY **711**):

**Bàsɔ̀ò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo:** ɔ jũ ké m̀ Bàsɔ̀ò-wùdù-po-nyò jũ ní, nìí, à wuɖu kà kò dò po-poò bɛ́ìn m̀ gbo kpáa. Ɖá **1-866-213-3062** (TTY: **711**)

**বাংলা (Bengali) লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-866-213-3062** (TTY: **711**)।

**中文 (Chinese) 注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-866-213-3062** (TTY: **711**)。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-866-213-3062** (TTY: **711**) تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-866-213-3062** (TTY: **711**).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-866-213-3062** (TTY: **711**).

**ગુજરાતી (Gujarati) સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-866-213-3062** (TTY: **711**).

**Kreyòl Ayisyen (Haitian Creole) ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-866-213-3062** (TTY: **711**).

**हिन्दी (Hindi) ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-866-213-3062** (TTY: **711**) पर कॉल करें।

**Hmoob (Hmong) CEEB TOOM:** Yog tias koj hais lus Hmoob, muaj cov kev pab txhais lus, uas pab dawb rau koj. Hu rau **1-866-213-3062** (TTY: **711**).

**Igbo (Igbo) NRỤBAMA:** Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, diji ị gi. Kpọọ **1-866-213-3062** (TTY: **711**).

**Italiano (Italian) ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-866-213-3062** (TTY: **711**).

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-866-213-3062** (TTY: **711**) まで、お電話にてご連絡ください。

**ខ្មែរ (Khmer) ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-866-213-3062** (TTY: **711**)។

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-866-213-3062** (TTY: **711**) 번으로 전화해 주십시오.

**ລາວ (Laotian) ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ **1-866-213-3062** (TTY: **711**).

**Naabeehó (Navajo) Díí baa akó nínizin:** Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-866-213-3062** (TTY: **711**).

**नेपाली (Nepali) ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-866-213-3062** (TTY: **711**) फोन गर्नुहोस् ।

**Afaan Oromoo (Oromo) XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-866-213-3062** (TTY: **711**).

**Português (Portuguese) ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-866-213-3062** (TTY: **711**).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-866-213-3062** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

**Română (Romanian) ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-866-213-3062** (TTY: **711**).

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-866-213-3062** (TTY: **711**).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-213-3062** (TTY: **711**).

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-213-3062** (TTY: **711**).

**ไทย (Thai) เรียน:** ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-866-213-3062** (TTY: **711**).

**Українська (Ukrainian) УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-866-213-3062** (TTY: **711**).

**اُردو (Urdu) خبردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-866-213-3062** (TTY: **711**)۔

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-866-213-3062** (TTY: **711**).

**Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-866-213-3062** (TTY: **711**).



# Your guide to better health

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



Please call the the numbers below for assistance:

**Customer Service Center**

**1-800-401-8405 (TTY 711)**

**Pharmacy Benefits**

OptumRx: **1-866-427-7701**

**Appointments, Urgent Care and Medical Advice**

**1-866-311-4464 (TTY 711)**

To find providers and locations, visit **[coloradolevelfunded.kp.org](https://coloradolevelfunded.kp.org)**.

Your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company (One Kaiser Plaza, Oakland, CA 94612) provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.



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**[coloradolevelfunded.kp.org](https://coloradolevelfunded.kp.org)**

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Kaiser Permanente Insurance Company