

The Kaiser Permanente Preferred Provider Organization (PPO) Plan

# Member Handbook

Your plan for care and wellness





## Dear Member,

One of the major advantages of your PPO Insurance Plan<sup>1</sup> is flexibility. You can choose personalized care from participating providers. You can get care from nonparticipating providers in your community. Or you can stay with the doctor you already know and trust. We'll be right there with you to help you make smart, well-informed decisions along the way.

You can also get most prescription drugs for a convenient copay. And you can fill your prescriptions at any MedImpact pharmacy.<sup>2</sup>

By now, you should have received your ID card in the mail. It gives you access to medical care nationwide and contains useful phone numbers. 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 PPO Insurance Plan. We look forward to taking care of you in the years to come.


Wishing you good health,  
Kaiser Permanente



# The Kaiser Permanente Preferred Provider Organization (PPO) Plan

In this handbook, you'll find details about your PPO Plan benefits, instructions on how to choose a doctor and fill your prescriptions, a quick reference guide for getting care, and sample forms for filing claims.

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





# How the PPO Plan works

With the PPO Plan, you have the flexibility you need and the choice of doctors you want.

## Participating Provider Tier

You can choose to receive your medical care through the PHCS Network for KPIC<sup>3</sup> in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and the District of Columbia (Kaiser Permanente states) or through the Cigna Healthcare<sup>SM</sup> PPO Network<sup>4</sup> in all non-Kaiser Permanente states.

KPIC contracts with these strong networks of providers at competitive contracted rates. These networks consist of doctors, hospitals, specialists, laboratories, and more.

With these options, you'll pay a copay for most doctor's office visits, and most preventive care is covered at no cost. You'll need to reach your deductible before the coinsurance listed in your plan summary will apply for covered services.

After your deductible is met, you'll pay a coinsurance until you reach your out-of-pocket maximum. Once you reach your out-of-pocket maximum, your out-of-pocket costs for most covered services for the remainder of the year will be \$0. Money you paid toward fees or penalties won't count toward your out-of-pocket maximum.

## Nonparticipating provider

You can also choose any licensed physician, hospital, laboratory, or other type of provider nationwide. Under this option, you'll pay a greater share of the cost, including the deductible, before the copays or coinsurance listed in your plan summary will apply.

At your visit, the provider may ask you to pay the entire amount up front and submit a claim for reimbursement. Once you meet your out-of-pocket maximum, then your out-of-pocket costs for most covered services for the remainder of the year will be \$0. Money paid toward fees, penalties, or any balance billed by your provider won't count toward your out-of-pocket maximum.

## Care management

If you're getting care for a serious health condition, 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.

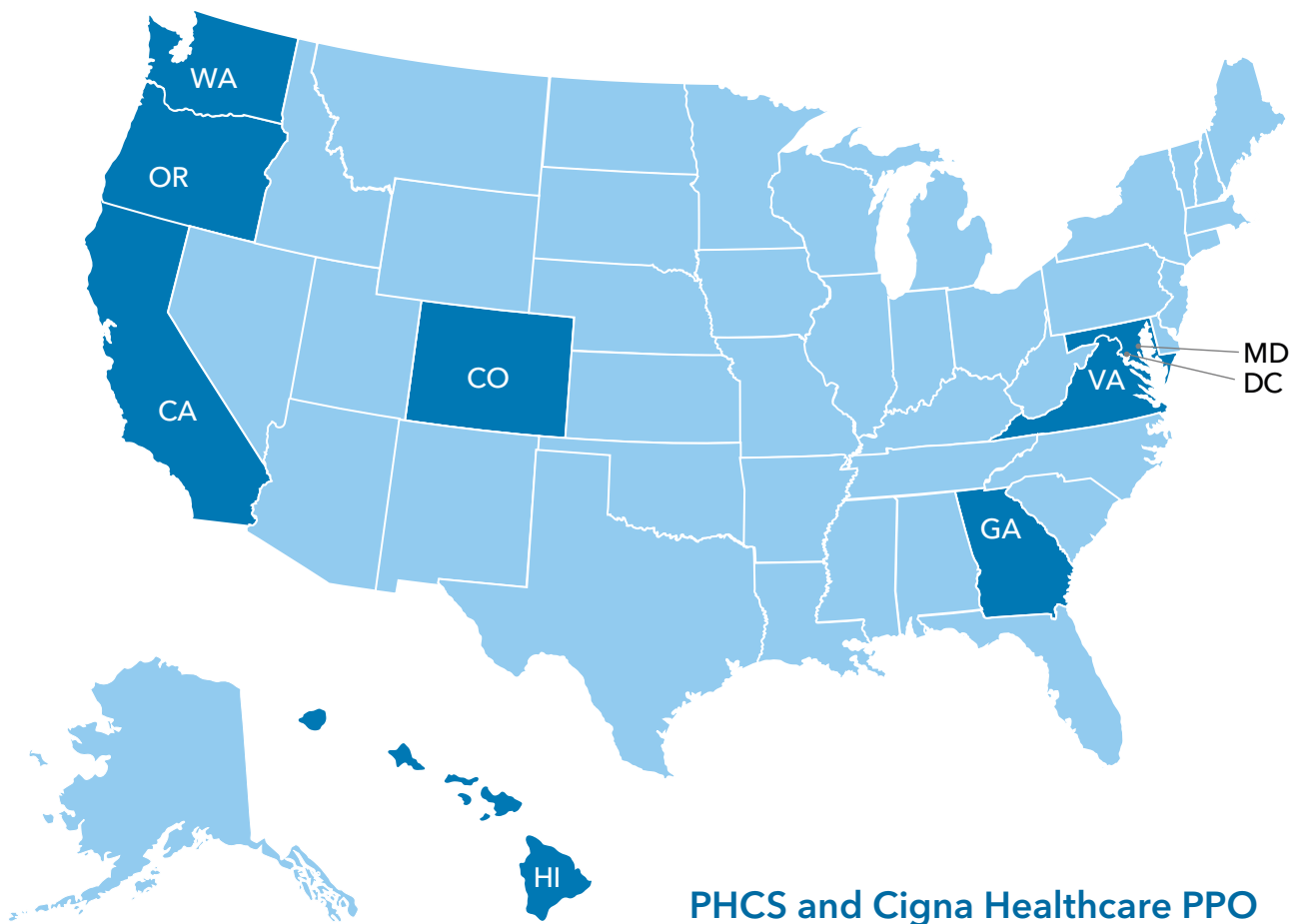
If you have questions about Permanente Advantage Care Management, visit [kp.org/permanenteadvantage](http://kp.org/permanenteadvantage) or call **1-888-251-7052**.

**Please note:** The PPO Plan doesn't provide coverage at Kaiser Permanente facilities.

## 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 contracted provider to assist in reducing your out-of-pocket costs.

To get started, go to [kp.org/kpic/ppo](http://kp.org/kpic/ppo) 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**.



### PHCS and Cigna Healthcare PPO Network map

- PHCS Network for KPIC
- Cigna Healthcare PPO Network



## Understanding your PPO Plan benefits

Participating provider tier	Nonparticipating provider tier
<b>Access</b>	
<ul style="list-style-type: none"> <li>Use the provider directories posted on <a href="http://kp.org/kpic/ppo">kp.org/kpic/ppo</a> to find providers in the PHCS Network for KPIC or the Cigna Healthcare PPO Network.</li> <li>You don't have to choose a personal doctor, and you can see specialists without a referral.</li> <li>Ask your doctor if you can get care by phone, video, or email.<sup>5</sup> You may need to pay more for these services.</li> </ul>	<ul style="list-style-type: none"> <li>You can choose any licensed provider in the country, including specialists. Just make an appointment directly with their office.</li> <li>You can keep seeing the doctor you have or choose one near your home or work.</li> <li>Ask your doctor if you can get care by phone, video, or email.<sup>5</sup> You may need to pay more for these services.</li> </ul>
<b>Costs</b>	
<ul style="list-style-type: none"> <li>You pay copays for most doctor's office visits, and most preventive care is covered at no cost or a copay. Other covered services are subject to a deductible and coinsurance.</li> <li>Depending on your plan, deductibles and coinsurance for most covered services apply toward your out-of-pocket maximum.</li> <li>Providers file claims on your behalf.</li> <li>There's no balance billing.</li> </ul>	<ul style="list-style-type: none"> <li>You pay higher coinsurance, and covered services are subject to a deductible and out-of-pocket maximum.</li> <li>You may need to file a claim for reimbursement.</li> <li>You're responsible for any amounts the provider charges above the maximum allowable charge. The provider will bill you for the balance of expenses.</li> </ul>

## An example of your benefits

	Participating provider tier	Nonparticipating provider tier
<b>Deductible</b>	\$500	\$1,000
<b>Physician's office visit</b>	\$20 copay	40% coinsurance of the maximum allowable charge (after deductible is met)
<b>X-ray services</b>	20% coinsurance of contracted rate (after deductible is met)	40% coinsurance of the maximum allowable charge (after deductible is met)
<b>Prescription drugs (prescribed by any licensed provider)</b>	Filled at MedImpact pharmacies: \$15 copay for generic drugs \$40 copay for brand-name drugs	
<b>Your total cost</b>	\$20 copay for office visit + 20% coinsurance of contracted rate for X-ray (after deductible is met) + Prescriptions copay	40% coinsurance of the maximum allowable charge for office visit (after deductible is met) + 40% coinsurance of the maximum allowable charge for X-ray (after deductible is met) + Prescriptions copay

This example does not represent actual Kaiser Permanente or KPIC plan figures, benefits, or deductibles. Individual situations may vary depending on the specifics of the health insurance plan.

# Your ID card

As a PPO member, you'll receive your ID card 7 to 10 business days after your coverage begins. This ID card is your key to the flexibility that your PPO Plan offers, so keep it handy.

Your ID card gives you access to participating providers or any other licensed provider. It also lets you fill your prescriptions through MedImpact pharmacies.

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

**PPO Plan** Customer Service **1-800-788-0710 (TTY 711)**

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**Name of Insured:**  
**Medical Record Number/ID:**

	Participating Provider Tier	Non-Participating Provider Tier
Deductible	\$	\$
Out-of-Pocket Max	\$	\$

**Rx Processor Control # (PCN): 70000** **RxBIN #003585**

The card images seen here are representations. Members' actual cards may differ upon receipt.

ka.org/kpicapo  
**Customer Service:**  
 Pharmacy eligibility, claims, authorizations: **1-800-788-2949**  
 Prescription, nurse advice line: **1-888-261-7052**  
 You're required to get pre-authorization for PHCS and out-of-network hospital admissions and outpatient surgeries. Failure to get pre-authorization may result in denial of payment.




**For Cigna PPO Network providers:**  
 Cigna Health Insurance: **1-888-831-0761**

**For PHCS and out-of-network providers, mail claims to:**  
 PHCS Claims Department  
 P.O. Box 700  
 Towson, MD 21287-7002  
 IDI Paper ID: 94-13-

**For Cigna PPO network Providers, mail claims to:**  
 Cigna  
 P.O. Box 18806  
 Columbia, MD 21042-8061  
 IDI Paper ID: 622500

This card is provided to you in possession of this card. If you lose this card, please notify us immediately. The card is not valid if it is used for purposes other than those stated on the card. The PPO Plan is underwritten by Kaiser Permanente Insurance Company of New York, a subsidiary of Kaiser Permanente.

**IMPORTANT NETWORK INFORMATION:** The PHCS Network for the PPO Plan includes access to care in the Kaiser Permanente states of CA, CO, GA, HI, IL, IN, NJ, NY, OH, OR, PA, and VA. The Cigna PPO Network provides access to care in all Kaiser Permanente states and territories, including Alaska, Arkansas, Colorado, Connecticut, DC, DE, FL, HI, IA, IL, IN, MD, MI, MN, MO, NC, ND, NE, NH, NJ, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, VA, VT, WA, WI, and WY.

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# Choosing your doctor

## Seeing a participating provider

If you want care from a participating provider, simply schedule an appointment by calling the provider's office. To find a provider or check if your current provider is part of the PHCS Network for KPIC or the Cigna Healthcare PPO Network, use the provider directories posted on [kp.org/kpic/ppo](http://kp.org/kpic/ppo).

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

- Make sure the provider is accepting new patients
- At your appointment, show your ID card
- Depending on which state the provider is in, tell them that you're covered under a PPO plan that contracts with either the PHCS Network for KPIC or the Cigna Healthcare PPO Network. Note: It is the PHCS Network for KPIC in Kaiser Permanente states and the Cigna Healthcare PPO Network for all non-Kaiser Permanente states.
- Make sure the provider only refers you to laboratory, radiology, and other service providers and facilities that are also participating providers

Your provider's office will take care of claim submissions for you.<sup>6</sup>

## Seeing a nonparticipating provider

If you want to see any other licensed provider, call the provider's office and make an appointment. Please remember to bring your ID card.

At your visit, your provider may submit the claim on your behalf. Or you may be asked to pay the total costs up front and then submit a claim for reimbursement. In either case, it's your responsibility to make sure that claims are submitted for payment. Payment for services from nonparticipating providers or facilities is based on the maximum allowable charge as set out in your plan. When what your provider charges for a service is more than the maximum allowable charge, you'll be billed for the difference. This is called balance billing. You'll need to pay the difference between the maximum allowable charge and the actual charges billed by your provider. Amounts you pay to the provider or facility as a result of balance billing won't go toward your deductible or out-of-pocket maximum.

## Convenient ways to get care remotely

Ask your doctor if you can get care by phone, video, or email.<sup>7</sup> Keep in mind that you may need to pay more for these services.





# Getting admitted to the hospital

## Participating provider tier

You can choose a hospital in the PHCS network for KPIC if in California or other Kaiser Permanente states. If in any non-Kaiser Permanente state, you can select a hospital in the Cigna Healthcare PPO Network. Provider directories for both networks are on [kp.org/kpic/ppo](https://kp.org/kpic/ppo). After you reach your PPO Plan deductible, you'll pay your inpatient hospitalization copay for each admission and coinsurance for services you received during your stay. Your share of the cost of any services you've received won't exceed your out-of-pocket maximum.

**Please note: Precertification is required for the participating provider tier.<sup>8</sup>**

If using the PHCS Network, for care in California or other Kaiser Permanente states, you are responsible for obtaining precertifications. If using the Cigna Healthcare PPO Network for care in non-Kaiser Permanente states, the Cigna Healthcare PPO providers are responsible for all member precertifications.

## Nonparticipating provider tier

You can receive hospital care from any licensed nonparticipating provider. After you reach your PPO Plan deductible, you'll pay your inpatient hospitalization copay, then coinsurance (up to the out-of-pocket maximum), plus any amounts billed by your provider that are above the maximum allowable charge.

**Please note: Precertification is required for the nonparticipating provider tier.<sup>8</sup>**

## Transfers

When in a Kaiser Permanente state, and you're admitted to a hospital outside the PHCS Network for KPIC, you can be transferred to a hospital in the PHCS Network for KPIC once your condition is stable and you're well enough to be transferred.

Similarly, when in a non-Kaiser Permanente state, and you're admitted to a hospital outside of the Cigna Healthcare PPO Network you can be transferred to a hospital in the Cigna Healthcare PPO network once your condition is stable and you're well enough to be transferred.

This will help maximize your benefits and limit your out-of-pocket costs. Call **1-888-251-7052** with questions or to help coordinate your transfer.



Whether it's an emergency admission or a scheduled hospitalization, the hospital that admits you determines your benefits and out-of-pocket costs.



# Precertification

You may need approval before you get certain services from a participating or nonparticipating provider. 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 services that need precertification, see your *Certificate of Insurance*.

To request precertification when using the PHCS Network or nonparticipating providers, you or your physician 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.

Cigna Healthcare PPO Network providers will obtain precertification on your behalf when precertification is required. You won't be financially responsible if a Cigna Healthcare PPO Network provider fails to obtain precertification for covered services.



# 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
- Frequent urination or a burning sensation when urinating

If you think you may need urgent care, call a participating urgent care facility or provider, or any other licensed urgent care facility or provider. Urgent care is covered according to your plan benefits.

## Emergency care

You're covered for emergency care<sup>9</sup> 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.



## 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.



HOLD  
TAB DOWN  
TURN





# Getting your prescriptions filled

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

## Participating retail pharmacies

KPIC contracts with MedImpact to provide you with pharmacy drug coverage nationally.<sup>10</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, show your ID card. The information needed to process your prescription is printed on the back of your card.

**Please note:** A generic drug will always be supplied in place of a brand-name drug, unless your doctor specifically requests the brand. Also, certain drugs have recommended prescribing guidelines that may apply, such as prior authorization or step therapy. For more information or to find the pharmacy nearest you, call **1-800-788-2949**, 24 hours a day, 7 days a week or visit **[kp.org/pharmacylocator/ppo](http://kp.org/pharmacylocator/ppo)**.

## Transferring a prescription

You can easily transfer your prescriptions between MedImpact pharmacies. Just 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.

## Prescription mail-order service

You can save time and money by using the mail-order prescription service offered through Walgreens.<sup>11</sup> Order a 100-day supply of new or refilled prescriptions for the

equivalent of twice the copay required for a 30-day supply, and have them mailed to your home. You'll save a trip to the pharmacy – and make more time for other priorities.

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

	Online	Phone
<b>Sign-up</b> You'll need to register first before using the mail-order pharmacy.	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.	Call <b>1-866-304-2846</b> and ask to be registered for Walgreens Home Delivery. Please have your membership ID card handy.
<b>Order</b> Once you've registered, you're ready to order your first prescription.	Ask your doctor if he or she can electronically order your medications.	Call <b>1-866-304-2846</b> and request that Walgreens reach out to your doctor for a new prescription. <sup>12</sup>
<b>Refill</b> Receive most refills in the mail too.	Go to <a href="http://walgreens.com/homedelivery">walgreens.com/homedelivery</a> .	Call <b>1-866-304-2846</b> and select "refill a prescription" (or ask to speak with a Customer Service representative).

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

# Pharmacy claims (MedImpact pharmacies only)

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/ppo**.

## Medical claims

When you get care from a participating provider, the provider will submit the claim. When you get care from a nonparticipating provider, you may need to file a claim. You'll need to submit your claim within 365 days after you receive covered services.

In order to process your claim, you must 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/ppo** and look for the Medical Claim Form located in the "Documents and Forms" section for your plan or call us at **1-800-788-0710**.

Mail your claims for all medical care from nonparticipating providers, 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

To check on the status of your claim, please call Customer Service at **1-800-788-0710** and select the claim option.

The address for mailing your claims can also be found on the back of your ID card. Make sure that your doctor's office reviews the claim form and that your provider signs the form before you mail it in. You also need to include your medical record number on the form. (This number is listed on the front of your ID card.)

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



# Deductible

Your plan includes a deductible for the participating and nonparticipating provider tiers. 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 reach a set amount known as your deductible. For example, a \$500 deductible means you'll pay the full charges up to \$500.

- After you reach your deductible, you'll start paying less – just a copay or a percentage of the charges (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 PPO 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 for care from participating and nonparticipating providers in a plan year. 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, are not subject to a deductible. We won't cover certain services until you reach your deductibles each plan year.

Your PPO 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 for the participating and nonparticipating provider options are based on the maximum allowable charges for covered services. For participating providers, it is the negotiated rate contractually agreed upon to provide discounts for covered services. For nonparticipating providers, it is the lesser of the usual, customary, and reasonable charges and actual billed charges. This amount 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 nonparticipating providers.

**Out-of-pocket maximum:** A limit to the total out-of-pocket costs you (and your family members, if applicable) are required to pay for most covered services within a year. Each coverage option under the PPO Plan has a separate out-of-pocket maximum.

Once your out-of-pocket costs reach the out-of-pocket maximum, KPIC will cover 100% of the cost of care for 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 specified in your *Certificate of Insurance*.

Amounts paid toward fees, penalties, or balance billing do not count toward the out-of-pocket maximum.

**Precertification:** The required assessment of the necessity, efficiency, and/or appropriateness of specified health care services or treatment 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.

**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

These forms can help you when you need to file a claim, get reimbursements, or let your doctor's office know about your benefits. To get copies, just 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/ppo](http://kp.org/kpic/ppo) and click on the "Documents and Forms" section for your plan.

**Kaiser Permanente MEMBER REIMBURSEMENT CLAIM FORM**

**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:

- Fill out this form completely and sign it.
- Get an itemized bill from your provider detailing the charges (see Section B for the information needed in this bill).
- 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.
- Send the form, bill, and receipt to the address for your region in Section G.
- 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**

Member name: \_\_\_\_\_ Patient name: \_\_\_\_\_ Member ID: \_\_\_\_\_

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

Medical Record Number (found on B-Cover): \_\_\_\_\_

**SECTION B: ITEMIZED BILL REQUIREMENTS**

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

**SECTION C: OTHER COVERAGE INFORMATION**

Name and Address of Other Insurance: \_\_\_\_\_ Subscriber ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Insurance Telephone Number: \_\_\_\_\_

## Medical claim form

Use this form when you need to file a claim to be reimbursed for covered medical services from a nonparticipating provider.

**MegImpact Commercial Prescription Drugs Claim Form**

**PART 1 - \*Indicates required information**

Member name: \_\_\_\_\_ Member ID: \_\_\_\_\_  
 Pharmacy name: \_\_\_\_\_ Pharmacy address: \_\_\_\_\_  
 Date of purchase: \_\_\_\_\_

**PART 2**

Pharmacy name: \_\_\_\_\_ Pharmacy address: \_\_\_\_\_  
 Date of purchase: \_\_\_\_\_

**PART 3**

Pharmacy name: \_\_\_\_\_ Pharmacy address: \_\_\_\_\_  
 Date of purchase: \_\_\_\_\_

## Pharmacy claim form

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

**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.

Note: Permanente Advantage provides medical review and case management for Kaiser Permanente Insurance Company (PPO) Plan-of-Coverage (PPO), PPO and Out-of-Area (OOA) plans only.

**SECTION 1**

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

**SECTION 2**

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

Do you have a pregnancy or procedure? (Date of procedure: \_\_\_\_\_)  Yes  No  
 Do you have a surgery or procedure? (Type of surgery or procedure: \_\_\_\_\_)  Yes  No  
 Do you have a condition being treated? (Type of condition: \_\_\_\_\_)  Yes  No  
 Do you have a condition being treated? (Type of condition: \_\_\_\_\_)  Yes  No  
 Do you have a condition being treated? (Type of condition: \_\_\_\_\_)  Yes  No  
 Do you have a condition being treated? (Type of condition: \_\_\_\_\_)  Yes  No

**SECTION 3**

Do you currently work with a physician or dedicated case manager for your condition?  Yes  No  
 Physician or Case manager name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Condition: \_\_\_\_\_

Permanente Advantage, LLC  
 Case Management Department  
 2000 Franklin Ave., Ste. 200  
 San Diego, CA 92101  
 Tel: 1-800-338-3333  
 Email: [PermanenteAdvantage@kp.org](mailto:PermanenteAdvantage@kp.org)

## Member care transition form

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





1. The Kaiser Permanente PPO Plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. 2. KPIC contracts with MedImpact to provide prescription drug coverage through a national network of chain and independent pharmacies. Participating pharmacies are subject to change. 3. KPIC has contracted with PHCS Network to provide access to hospitals and physicians with a commitment to keeping out-of-pocket costs low through contracted rates. An online directory of Participating Providers can be found by visiting [www.multiplan.com/kaiser](http://www.multiplan.com/kaiser). 4. The Cigna Healthcare<sup>SM</sup> PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. 5. When appropriate and available. 6. The participating provider can only collect against copays and deductibles at the time of the visit. Once the claim has been processed, any additional member liability will be listed on your Explanation of Benefits. 7. When appropriate and available. 8. Some services require precertification. For details, please see your Certificate of Insurance. 9. 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 person, the health of the pregnant person or 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 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 themselves or to others, or the person is immediately unable to provide for or use food, shelter, or clothing due to the mental disorder. 10. KPIC contracts with MedImpact to provide prescription drug coverage through a national network of chain and independent pharmacies. Participating pharmacies are subject to change. 11. Certain specialty drugs and self-injectable drugs may not be available for mail-order service through Walgreens. 12. 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.

Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

**Note:** This is a summary only. The Kaiser Permanente PPO Plan for large groups *Evidence of Coverage* and the Kaiser Permanente Insurance Company *Certificate of Insurance* contain 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*.

## **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  
P.O. Box 1809  
Pleasanton, CA 94566  
Phone: 1-800-788-0710**

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: 1-800-482-4  
TDD (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  
Phone: 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 1-800-788-0710 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 1-800-788-0710. 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，並且您可請我們將您的語言版本文件寄給您。如需協助，請致電列於您會員卡上的電話號碼或致電1-800-788-0710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 1-800-788-0710. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Doo bááhilinjígoó há ata' hane.** Ata' halne'í há shónáot'eeh dóo naaltsoos táá hazaad bee bik'i' asch'íigo hach'í' yídóoltah biniyé hach'í' anál'íjh feh. Shíká i'doolwoł nínizingo nihich'í' hodíílnih koji' 1-800-788-0710 éi bee nééhózin biniyé neiyítánígí bikáá'. Áká e'élyeed jinízingo CA Dept. of Insurance bich'í' hojilnih kwe'é 1-800-927-4357. TTY chojool'íigo éi íáá bíł azhdilchi'. Navajo

**Dịch Vụ Ngôn Ngữ Miễn Phí.** Quý vị có thể được cấp thông dịch viên và được người đọc tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi theo số điện thoại ghi trên thẻ ID của quý vị hoặc số 1-800-788-0710. Để được giúp đỡ thêm, xin gọi Bộ Bảo Hiểm CA theo 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 1-800-788-0710번으로 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 1-800-788-0710. 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 1-800-788-0710 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 устного переводчика. Вам могут зачитать документы, а некоторые могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке или 1-800-788-0710. 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

**言語サービス (無料)。** 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1-800-788-0710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までお電話にてご連絡ください。Japanese

**خدمات تسهیلات زبانی رایگان.** شما می‌توانید مترجم شفاهی بگیرید. می‌توانید درخواست کنید که اسناد برایتان خوانده و بعضی از آن‌ها به زبان خودتان به شما ارسال شود. برای دریافت راهنمایی، با ما به شماره مندرج در زیر یا شماره روی کارت شناسایی‌تان یا 1-800-788-0710 تماس بگیرید. برای کسب راهنمایی بیشتر، با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY می‌توانند با 711 تماس بگیرند. Farsi

**ਬਿਨਾ ਲਾਗਤ ਦੀ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ।** ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਲੈ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਕਿਸੇ ਤੋਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹਾ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-788-0710 'ਤੇ ਕਾਲ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਵਰਤੋਂਕਾਰ 711 'ਤੇ ਕਾਲ ਕਰਨ। Punjabi



**សេវាភាសាភាគីភាគទ្រី** អ្នកអាចទទួលបានអ្នកបកប្រែ និងឱ្យគេអានឯកសារជូនអ្នក ជាភាសាប្តូរ។ សំរាប់ជំនួយ  
សូមទូរស័ព្ទមកកម្រិត តាមគលមលេខដែលមានកែតម្រូវលើ ID របស់អ្នក ឬ 1-800-788-0710។ សំរាប់ជំនួយថែមទៀត  
ទូរស័ព្ទគេរកស្តងធានារ៉ាប់រង រ៉ាប់រងលើទូរស័ព្ទ តាមគលមលេខ 1-800-927-4357។ អ្នកក៏អាច ទូរស័ព្ទ តាមគលមលេខ 711។ Khmer

خدمات اللغة بدون تكلفة. يمكنك الحصول على مترجم شفوي وخدمة قراءة المستندات لك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج في بطاقة الهوية الخاصة بك أو برقم 1-800-788-0710. لمزيد من المساعدة، اتصل بقسم التأمين بولاية كاليفورنيا على الرقم 1-800-927-4357. مستخدمو TTY يمكنهم الاتصال برقم 711. Arabic

**Cov Kev Pab Cuam Txhais Lus Dawb.** Koj tuaj yeem tau txais ib tus neeg txhais lus thiab txais tau cov ntaub ntawv uas nyeem tag ntawd xa tuaj rau koj muab sau ua koj hom lus xa tuaj Yog xav tau kev pab, hu rau peb ntawm tus xov tooj teev muaj nyob rau ntawm koj daim yuaj ID los yog 1-800-788-0710 Yog xav tau kev pab ntxiv hu rau CA Chaw Ua Hauj Lwm Tswj Kev Tuav Pov Hwm ntawm 1 800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

**निःशुल्क भाषा सेवाएं।** आप एक दुभाषिया को ले सकते हैं और दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। सहायता के लिए, हमें अपने आईडी कार्ड पर दर्ज नंबर या 1-800-788-0710 पर कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें। टीटीवाई उपयोगकर्ता 711 पर कॉल करें। Hindi

**บริการด้านภาษาโดยไม่มีค่าใช้จ่าย** คุณสามารถรับคำและรับการอ่านเอกสารให้คุณฟังในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรหาเราตามหมายเลขที่ระบุในบัตรประจำตัวประชาชน หรือ 1-800-788-0710 หากต้องการความช่วยเหลือเพิ่มเติม โปรดติดต่อฝ่ายประกันภัยของ CA ที่หมายเลข 1-800-927-4357 ผู้ใช้ TTY โทร 711 ภาษาอังกฤษ Thai

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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 PPO Plan benefits, call Customer Service at:

**1-800-788-0710**

**TTY 711**

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