

Kaiser Permanente SignatureSM
HMO Health Plan
2011–2012



flip the **SWITCH**

Change the way you look at health



Be the change you want to see

There's looking for health coverage that's different, and there's looking at health differently.

We think it's time to do both. How? Flip the page.

This brochure contains a brief description of the features of the Kaiser Permanente Signature HMO health plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the *Evidence of Coverage* (EOC) or federal brochure RI 73-047, if you are a federal employee. If there are any discrepancies between this guide and the benefits detailed in your EOC or federal brochure RI 73-047, the EOC or federal brochure RI 73-047 will prevail. The description of your plan in this guide may change based upon recent federal and state requirements related to the federal Patient Protection and Affordable Care Act.

It's what's inside that counts

We believe that by promoting good health, we help prevent illness. This approach helps foster the wellness of our millions of members nationwide. But we're not just about ensuring health. We want to inspire it through care that's personalized to your goals and needs, intuitive technology that brings you closer to your well-being, and a mission that has stood the test of time.

Some people may say, "At least you have your health." At Kaiser Permanente, we prefer to see things this way: If you have your health, you have everything.

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It's one neat package

At Kaiser Permanente, we combine health plans, facilities, and practitioners in one neat package—making your membership convenient and easy to use. Our members have relied on this all-in-one model of health care for more than 65 years, and it's something we continue to perfect.

Your health plan made simple

Your health plan is the key to the care you need and so much more, including:

- ▶ Freedom to email your doctor's office, anytime, day or night.
- ▶ Online tools that let you make appointments, order most prescription refills, and read most lab test results (and so much more).
- ▶ Urgent care clinics open on evenings and weekends to suit your needs.
- ▶ Health and wellness programs, both online and off, to help you stay well.

Where you go for personalized care

Every Kaiser Permanente facility in our area is connected to your electronic health record, which keeps your care team informed and ready to give you the right care at the right time.

Our medical centers combine state-of-the-art technology and expert physicians in convenient medical centers. Most include pharmacy, lab, and X-ray services onsite so you can spend more time on things you enjoy.

A care team focused on you

With Kaiser Permanente, you get a choice of personal physicians for you and your family. To find one that's right for you, just go online to kp.org/doctor. All of our Permanente physicians work closely together to help you get well and stay well. This teamwork is part of our focus on prevention and our commitment to providing you with personalized care.



1-800-KP-HELLO

For dependents who are no longer eligible to remain on their parents' plans, for part-time workers who aren't eligible for employer benefits, or for individuals in between jobs, Kaiser Permanente offers a range of plans for individuals and families who meet Kaiser Permanente eligibility requirements. For information, call 1-800-KP-HELLO (1-800-574-3556) from 8 a.m. to 8 p.m., Monday–Friday, or 9 a.m. to 5 p.m. on Saturdays. You may also visit buykp.org/applyonline/mas for more information.



Hello, health

Welcome to your best health.

Welcome to a unique way of getting care.

Welcome to Kaiser Permanente Signature.

What's different about Kaiser Permanente

The care you receive from us is coordinated because we play most of the roles in your care. We are primary care doctors, specialists, pharmacies, laboratories, a health plan, and more.

Our doctors believe that preventing illness and disease is the key to a healthy life. But when you're sick, your physician and other Kaiser Permanente health professionals collaborate to care for you with advanced health information and technology in hand. They have immediate access to your medical information so you get the right care at the right time—care that is personalized and affordable. Doctors, pharmacists, lab techs, nutritionists, and nurses are all digitally connected to one another—and to you.

That means that when you receive care and services in one of our medical centers, you can go online

24 hours a day, seven days a week, to kp.org to email your doctor's office, make appointments, read most lab test results, order most prescription refills, read about your medical conditions and medication allergies, and so much more. You can also participate in online programs that will help you sleep better, quit smoking, create nutrition plans, manage conditions like diabetes, de-stress, and more.

Where else can you collaborate so closely with your physicians and others who care for you?

Your primary care physician

Your primary care physician (PCP) partners with you to help you live the healthiest life possible. He or she also coordinates your care, consulting with specialists, pharmacists, and others, as needed. When you have a PCP, you always

have a physician who knows you, understands your health goals and preferences, and advocates for you. Women also choose a personal obstetrician/gynecologist who coordinates their special health care needs. If you have children, you may choose a provider who specializes in pediatric care. See your *Evidence of Coverage* or RI 73-047 (if you are a federal employee) for details.

Your doctor's office, plus

You may choose to receive care in any of our medical centers in Maryland, Virginia, and the District of Columbia. You may choose a physician who is located close to where you work or live, whichever is most convenient for you. If you have a family, you may choose one family practice physician to care for all of you, or you may have different physicians. The choice is yours.

Convenience is built into our medical centers



*Contact Member Services for locations where these services are available, or visit kp.org/facilities.

Our medical centers are designed with you in mind. Your primary care physician may be located there along with other doctors, including specialists. Lab, X-ray, pharmacy, and other services can also be found in the medical centers. You can walk out of your doctor's office and then to the pharmacy, where you'll pick up your prescription before you leave for home. Your doctor could

send you for an X-ray in the same building and a short time later meet with you to discuss the results.

Wherever you visit your Permanente physician, convenience is built into your medical center. Because Kaiser Permanente staff and physicians respect your time, convenience extends beyond their walls. You can set telephone appointments

with your doctor to save trips to his or her office, and whenever you need medical advice, specially trained nurses are on call 24 hours a day, seven days a week. We have developed technology that lets you email your doctor's office, order most prescription refills, read most lab test results, and even read your specific benefits—all online. Visit kp.org/experience to learn more.

Choose your doctor online

At kp.org/doctor, you can read about the medical training, board certification, and other information about primary care physicians and obstetricians/gynecologists. Log on today to learn about individual Permanente physicians and even choose your doctor.

Physicians of the Mid-Atlantic Permanente Medical Group, P.C.

There are almost 1,000 physicians in the Mid-Atlantic Permanente Medical Group, P.C. to care for you. They practice in Kaiser Permanente medical centers and care for Kaiser Permanente members. The group includes physicians from major specialties and subspecialties, alternative and complementary medicine, behavioral health, and high-risk prenatal care.



Permanente physicians are rigorously screened

- Board certified or, for newly hired physicians, required to become board certified within five years of hire
- Expert training in a specialty
- Completed medical specialty exam
- Re-credentialed every three years, every two years for certain specialties
- License and certification always up-to-date
- Trained to communicate with patients

Looking for the best?

When you search for the best of anything, you don't begin with a field of thousands. You start with a pre-screened set of trusted, high-quality options, often verified by third parties. That's what you get with the Mid-Atlantic Permanente Medical Group, P.C.—a group

of physicians whose credentials, education, and training are certain, and who practice evidence-based medicine and preventive care.

Our physicians respect your opinions, and you are encouraged to work collaboratively with them about your treatment. You benefit from your own physician's

It's tough to become one of our doctors



Only 1 in 10 who applies is accepted as a Permanente doctor.

Permanente physicians promote a healthy lifestyle, disease prevention, education, and open communication. Improving patient health using these approaches, combined with management of chronic diseases, is a cornerstone of Permanente medicine.

experience and from the experience of thousands of Kaiser Permanente physicians across the country. They communicate with each other about the best ways to practice evidence-based medicine and the latest developments in care, research, and technology.

Before any physician begins practicing with Kaiser Permanente, he or she must first undergo a screening process. Physicians are board certified or become board certified within five years of being hired or joining the medical group. This means they have had additional training in their specialty and successfully completed a medical specialty exam. In addition, all physicians and surgeons go through a review process every two to three years to verify that their credentials, including license and board certification, are up-to-date. When you choose a Permanente physician, you're assured that we have already reviewed and confirmed his or her credentials.

Note: In some locations, you may also choose from affiliated physicians for primary care and obstetrics/gynecology. Affiliated physicians are in private practice in the community, located in areas more distant from Kaiser Permanente medical centers. You can call Member Services if you think your location may qualify you to see an affiliated physician.

The alternative

With other plans, you find physicians whose pay relies, in part, on the quantity of care and tests they perform. In other words, the more that's done, the more they might get paid. Doctors are not digitally connected to one another or to you, which means you manage your own care, carrying your paper medical record and other files from office to office. You must follow up to be sure that test results are communicated between doctors' offices. It is your responsibility to deal with precertification requests, claim forms, and other administrative tasks. You probably wait by the phone for lab test results. Your pharmacist is not linked to your medical record. The result is managing tasks that are time consuming and more stressful than they need to be—especially when you are sick. As a Kaiser Permanente member, you don't have to deal with fragmented service.

What you experience, instead, is care that is coordinated and integrated.



What others say about Kaiser Permanente



The National Committee for Quality Assurance (NCQA) has awarded its highest accreditation status of Excellent, effective through August 2013, to Kaiser Permanente for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.



The "NCQA Health Insurance Plan Rankings 2010–2011—Private" rates Kaiser Permanente health plans among the nation's best. Kaiser Permanente of the Mid-Atlantic States ranked 73 out of 227 plans.



NCQA and the American Diabetes Association (ADA) developed the Diabetes Recognition Program. Out of 345 physicians recognized in the entire states of Maryland and Virginia, plus the District of Columbia, 112 were Mid-Atlantic Permanente Medical Group physicians (as of 8/26/11).



J.D. Power and Associates: "Highest Member Satisfaction among Commercial Health Plans in the Virginia-Maryland-D.C. Region, Three Years in a Row."

—Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., received the highest numerical score among commercial health plans in the Virginia-Maryland-D.C. region in the proprietary J.D. Power and Associates 2011 U.S. Member Health Insurance Plan Studies.SM 2011 study based on 33,039 total member responses, measuring 6 plans in the Virginia-Maryland-D.C. region (excludes Medicare and Medicaid). Proprietary study results are based on experiences and perceptions of members surveyed December 2010–January 2011. Your experiences may vary. Visit jdpower.com.

Kaiser Permanente is not responsible for the content or policies of external Internet sites.

2010 Maryland Health Care Commission Health Plan Performance Report:

For the seventh time in the past eight years, Kaiser Permanente of the Mid-Atlantic States led in above-average performance scores among six other participating HMO and POS plans in the region.



Washington Consumers' CHECKBOOK named 75 Mid-Atlantic Permanente Medical Group, P.C., doctors as "Top Doctors" in their spring/summer 2011 edition.



DiversityInc ranked Kaiser Permanente number one among 535 participating companies on its 2011 Top 50 Companies for Diversity® List. This is the second year in a row Kaiser Permanente has earned a spot in the top five of this list.

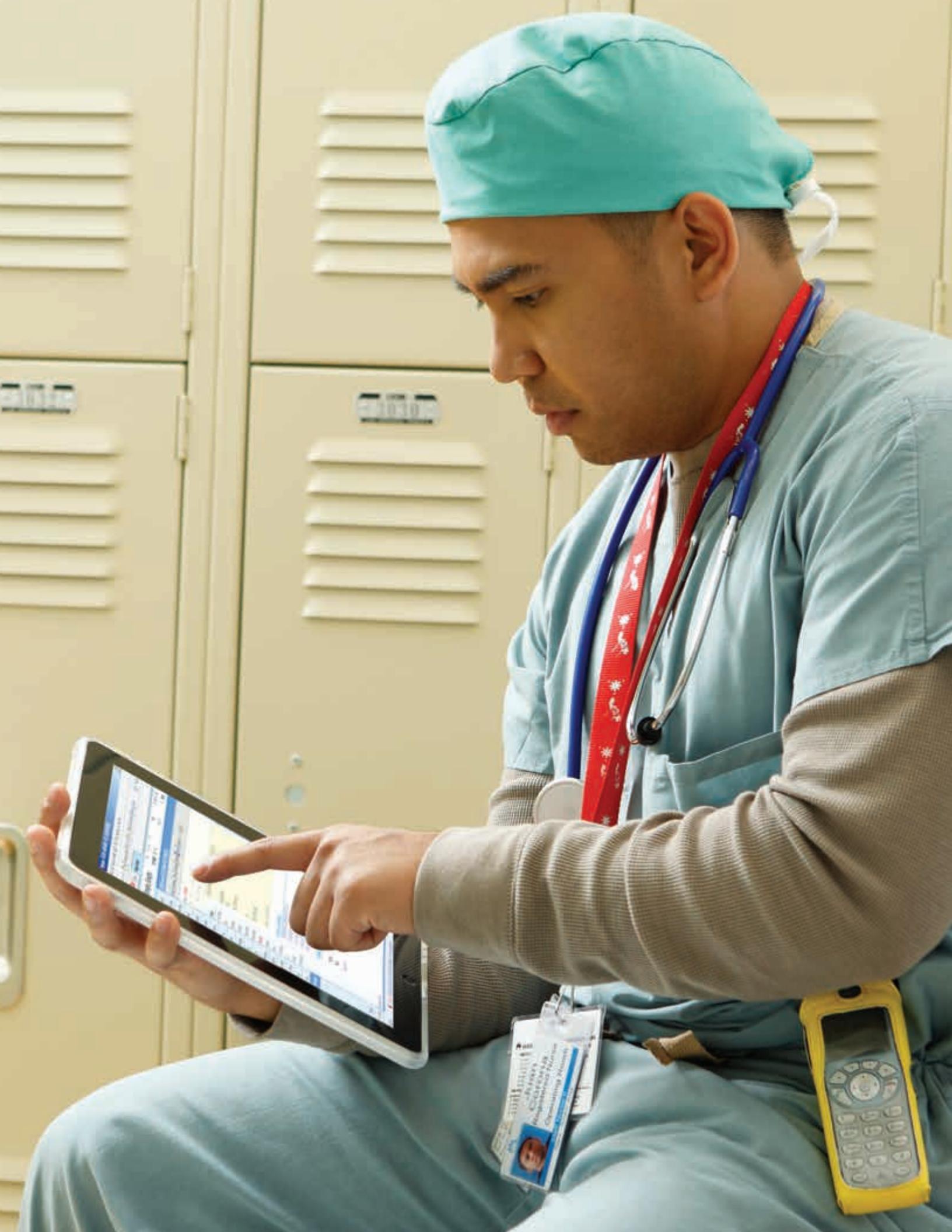


Washingtonian magazine included 30 Mid-Atlantic Permanente Medical Group physicians in its February 22, 2010, biannual "Top Doctors" issue.



Northern Virginia Magazine included 70 Mid-Atlantic Permanente Medical Group physicians in its February 2011 "Top Doctors" issue.





Your health connected

You can be confident that your Permanente physician has immediate access to your medical information so you get the right care at the right time—care that is personalized, affordable, and coordinated. Your doctors are part of a single, integrated medical group connected by the largest civilian electronic medical record system in the world. That enables them to easily consult about your health with other doctors, pharmacists, nurses, and other Kaiser Permanente health professionals locally and across the country.

Our technology connects you

Our digital system also provides information about your health to any Kaiser Permanente caregiver who can see your medical record. That means that your optician can remind you that you're due for preventive care or a pharmacist can remind you that you're overdue for a mammogram. Most of the prescriptions written by Permanente physicians are sent electronically to our medical center pharmacies, so they can be filled fast and you can be on your way. When you speak with an advice nurse, see a Permanente doctor in urgent care late at night, or visit a specialist, they can all know you through your digital medical record, which is at their fingertips.

That same technology connects your Permanente doctor to you. At kp.org, you can email your doctor's office, read doctor's instructions,

manage appointments, read most lab test results, order most prescription refills, and more.

When you receive care, tests, or treatments in a Kaiser Permanente medical center, your care is connected and coordinated in ways that are possible only here. Where else can you collaborate so closely with your physicians and the others who care for you?

Manage your health care online

When you receive care, tests, or treatments within Kaiser Permanente facilities and are registered at kp.org, you can:

- ▶ Email your Permanente doctor's office with routine questions.
- ▶ Read most lab test results.
- ▶ Get electronic reminders for appointments, screenings, refills, and more.
- ▶ Request most prescription refills.

- ▶ Make, cancel, or change routine appointments.
- ▶ And so much more!

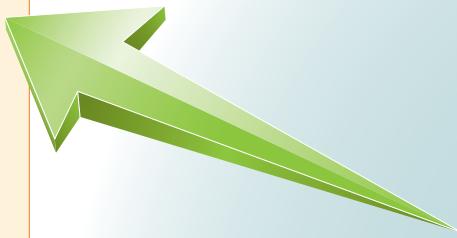
There are more than 20 features, available 24 hours a day, seven days a week, through My Health Manager (kp.org/myhealthmanager), that make handling your health care easy and convenient.

Your personal health information in real time

Your information is entered into your electronic medical record by your Permanente doctor or a member of your health care team. You don't wait for claims to be filed or bills to be paid before information is made available—information becomes part of your record as your care occurs. For example, while you're in the Permanente doctor's office, he or she is typing notes and instructions in your record during your appointment.

Your connection starts here.

You call the Kaiser Permanente medical advice line. The nurse can read about your last appointment, your medications, treatments, and other information to help answer your questions.



Your Permanente doctor or other caregivers enter information into your electronic medical record during your visit.



The optometrist you see notices in your record that you're due for a health assessment/physical.





You visit a minor injury care clinic or a Kaiser Permanente urgent care center, where the information about the visit is entered into your electronic medical record as it occurs. Your primary care physician calls you the next day to follow up because he sees the visit in your record.



You're connected, too. At any time, you can review your visits, read doctors' instructions, see a list of your medications, read most lab test results, review your medical conditions, make follow-up appointments online, email your doctor's office, and so much more.

Most prescriptions are sent electronically to the Kaiser Permanente pharmacy from your doctor's office. You pick up your medication on your way out of the building, after your doctor's appointment.



New and renovated centers

As our members' needs grow, so do we. The staff and physicians of Kaiser Permanente are always searching for ways to help members get healthy, stay healthy, and thrive.

Opening spring 2012

Kaiser Permanente Gaithersburg Medical Center
655 Watkins Mill Road
Gaithersburg, MD 20879



This new facility will have more than 175,000 square feet of care and service, including:

- ▶ 24-hour pharmacy
- ▶ 24-hour urgent care
- ▶ Primary care
- ▶ More than a dozen specialties
- ▶ Vision services
- ▶ Ambulatory surgery
- ▶ And more!

Opening summer 2012

Kaiser Permanente Tysons Corner Medical Center
8008 Westpark Drive
McLean, VA 22102



More than 210,000 square feet of care and service, including:

- ▶ 24-hour pharmacy
- ▶ 24-hour urgent care
- ▶ Primary care
- ▶ Almost two dozen specialties
- ▶ Vision services
- ▶ Ambulatory surgery
- ▶ And more!

Opening fall 2012

Kaiser Permanente Northwest Medical Center
2301 M Street NW, at 23rd Street
Washington, D.C. 20037



This new facility will have more than 42,000 square feet of care and service, including:

- ▶ Primary care
- ▶ Pharmacy
- ▶ Behavioral health
- ▶ Radiology
- ▶ Lab
- ▶ Obstetrics and gynecology
- ▶ And more!

More physicians

The Mid-Atlantic Permanente Medical Group has recently chosen more than 300 new primary care physicians and specialists to care for you. They join the other Permanente physicians who practice in Kaiser Permanente medical centers conveniently located in Washington, D.C., Maryland, and Virginia.

Learn more

For the most up-to-date information on the services, hours, and phone numbers for our facilities, visit kp.org/facilities.

Expansion complete 2014

Kaiser Permanente Largo Medical Center
1221 Mercantile Lane
Largo, MD 20774



New services and renovated facilities will be introduced through 2014, including:

- ▶ 24-hour pharmacy
- ▶ 24-hour urgent care
- ▶ Primary care
- ▶ More than 30 specialties
- ▶ Vision services
- ▶ Ambulatory surgery
- ▶ And more!

Expansion complete 2012

Kaiser Permanente Ashburn Medical Center
43480 Yukon Drive
Ashburn, VA 20147



28,000 square feet of care and service, featuring:

- ▶ Expansion of obstetrics and gynecology, pediatrics, and adult medicine.
- ▶ The center will feature primary care, behavioral health, lab, pharmacy, radiology, and other services.
- ▶ And more!

Now open

Kaiser Permanente Capitol Hill Medical Center
700 2nd Street, NE
Washington, D.C. 20002



200,000 square feet of care and service, featuring:

- ▶ State-of-the-art urgent care services with extended treatment and observation capabilities available 24-hours a day.
- ▶ 24-hour pharmacy
- ▶ Primary care
- ▶ Almost 30 specialties
- ▶ Vision services
- ▶ Ambulatory surgery
- ▶ And more!

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Our locations

Maryland

- 1 Annapolis Medical Center
- 2 Camp Springs Medical Center
- 3 City Plaza Medical Center
- 4 Columbia Gateway Medical Center
- 5 Kaiser Permanente Frederick Medical Center

- 6 Gaithersburg Medical Center
- 7 Gaithersburg Medical Center
- 8 Germantown Medical Center
- 9 Kensington Medical Center
- 10 Largo Medical Center
- 11 Marlow Heights Medical Center
- 12 Prince George's Medical Center

Washington, D.C.

- 33 Kaiser Permanente Capitol Hill Medical Center
- 34 Northwest Medical Center
- 35 West End Medical Center

Creating a healthy lifestyle

Our focus is on caring for you when you're well—not just when you're sick. With immunization guidelines, preventive screenings, and care management programs, we provide for your total health and wellness. To help you learn more about keeping yourself healthy and fit, we offer classes in many of our medical centers on a variety of topics such as stress management, weight loss, and smoking cessation.

Learn more

We also offer programs designed to help you increase your daily physical activity. Self-care programs and printed health education materials are available to help you take better care of yourself between visits to your physicians.

You can make the Internet one of your best health partners by logging on to kp.org. You'll find podcasts and videos, music for exercising and relaxing, coaching programs, health and drug encyclopedias, health assessments, health calculators, and so much more.

These services are neither offered nor guaranteed under contract with the Federal Employee Health Benefit (FEHB) Program, but are made available to all enrollees and family members who become members of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.



How to use this plan

Your member identification card

Your member ID card is issued to you, and only you may use it.

Keep your ID card with you at all times. You will need it to make appointments, fill prescriptions, and receive other medical services. Your card contains important information, including your medical record number and important telephone numbers for you to use for scheduling appointments, receiving urgent care, calling Member Services, and for seeking medical advice.

If you lose your card

If your ID card has been lost or stolen, go to My Health Manager at kp.org to request a replacement, or contact Member Services.

Identifying yourself before you receive services

You will be asked to show a valid photo ID in addition to your member ID when you check in for your appointment at a Kaiser Permanente facility. The photo ID can be a driver's license, other department of motor vehicles-related card, or military identification card. This safety measure helps us ensure we are giving the right care to the right person. If you do not have a photo ID, you will not be denied care or treatment. Instead, we will ask you a set of questions to confirm your identity.

Receiving services before you have your member ID card

If you have not yet received your ID card, your photo ID will serve as a temporary Kaiser Permanente ID card.

If you or your dependent has not yet received your ID card, check to be sure your employer's human resources department has received your enrollment application and has submitted it to us. If your employer has received your application but you have not yet received your ID card, contact Member Services for assistance in receiving health care before your enrollment has been processed. When calling, have your employer's name, group number (if applicable and known), and your effective date of coverage. As long as your enrollment application is received and is effective on or before the date you receive services, you will only be required to pay the usual copayment or coinsurance for services received. If your application was not received or the effective enrollment date was after the date you received services, you will be billed at the nonmember rate for the services provided.



Getting started

Good health begins with your doctor

Your experience with the total health approach of Kaiser Permanente begins with your selection of your primary care physician who takes an interest in your well-being, ultimately promoting a healthier life for you. You and your doctor will review your medical background together and discuss your health goals (such as reducing stress, quitting smoking, lowering your cholesterol, or lowering your blood sugar).

You have access to physicians in the Mid-Atlantic Permanente Medical Group. Some of you who live in the farther reaches of our service area may also have access to affiliated physicians who do not practice in our medical centers, but are in private practice in communities in parts of Maryland and Virginia.

Your primary care physician (PCP)

It's our goal to help you create the healthiest life possible for you and your family. That begins by establishing a relationship with a primary care physician and seeing him or her regularly so you get consistent and personalized care. Your PCP is your personal physician who will care for your total well-being—helping you stay healthy, as well as treating you if you get sick. This doctor is responsible for coordinating your health care needs, including hospital and specialty care, if needed.

Each family member may select his or her own PCP. Adults should select a doctor who specializes in internal medicine or family practice. For members under age 18, physicians in pediatrics are available. You may also choose a family practitioner who cares for your entire family.

Your obstetrician/gynecologist (ob/gyn)

Women will choose an ob/gyn in addition to their PCP. Your relationship with your ob/gyn is a special one that's important throughout your life. As with your PCP, your ob/gyn is your personal physician and will coordinate your ob/gyn-related health care needs while communicating with your PCP, providing you with consistent, personalized care. You may make appointments directly with your ob/gyn.

The Kaiser Permanente team advantage

Small teams of physicians practice in the same office with a group of nurses and other professionals. This team approach helps maintain the continuity of your care and, when your doctor is unavailable, provides you with a doctor on the same team to see. As necessary, your PCP or ob/gyn also consults with any number of physician specialists

or other health care professionals, such as nutritionists or physical therapists, who practice at the same medical center or at other Kaiser Permanente locations.

Choose your physician

Each Permanente PCP and ob/gyn has a panel (roster) of patients composed of members who have either selected or been assigned to that physician. Occasionally, it is necessary to temporarily close a physician's panel because of high demand by patients to see that particular physician. If you are told the physician you have selected is not accepting new patients, we will try to offer you another physician who is a member of your originally requested physician's health care team.

1. Learn about the doctors

- ▶ Browse individual physician Web pages at kp.org/doctor.
- ▶ Review a list of physicians in the printed *Physician Directory*.
- ▶ Contact Kaiser Permanente Member Services for assistance.

2. Choose your PCP

If you don't choose a PCP when you enroll, we'll send you a letter asking you to make a selection. If you still do not choose one, we'll make a selection for you, based on where you live, and notify you in writing. Of course, you can change your primary care physician any time you like.

3. Choose your obstetrician/gynecologist (ob/gyn)

Women choose an ob/gyn in addition to their PCP (your ob/gyn cannot be your PCP). We recommend that you make your selection when you enroll. If you do not make your selection within the first month of becoming a member, we will select one for you. Of course, you can change your ob/gyn any time you like.

4. Tell us your choices. You can:

- ▶ Choose your physician by registering at kp.org and visiting kp.org/doctor, or by calling Member Services.
- ▶ Use the selection form included in the *Physician Directory*.
- ▶ Indicate your selections on the form provided by your employer.

How to choose a different PCP or ob/gyn

You may choose a different physician at any time for any reason.

Simply:

- ▶ Visit kp.org/doctor, or
- ▶ Call Member Services.

You'll receive a letter acknowledging the change. If you have the option to change from a Permanente physician who practices in one of our medical centers to an affiliated physician who does not practice at a medical center (or vice versa) because you live or previously lived in the outer reaches of our service area, you will need to request that your medical records be sent to your new doctor's location.

If you choose an affiliated physician

If you select an affiliated primary care physician or ob/gyn who practices in the community, you may use the services (such as the pharmacy and lab) in Kaiser Permanente medical centers. Keep in mind that when you use an affiliated physician, you will not have the benefit of:

- 1) the connectivity between Permanente physicians and other caregivers made possible by our electronic medical record,



Read about Permanente physicians on their personal Web pages. You'll find information about their education and credentials, and a link to email the doctor's office. Some physicians include details about their special professional interests and personal hobbies, and also provide general medical information for their patients.

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- 2) the convenience of having many services in one building, and
- 3) the ability to manage your appointments online through My Health Manager at kp.org/myhealthmanager.

We will notify you about physician changes

If your PCP or ob/gyn leaves Kaiser Permanente (or changes office location), we will mail you a letter explaining the change and when the change is effective. If a new physician is not named to take your doctor's patients, you will be asked to select another physician. If a replacement is named, you will receive a letter about the new physician. Of course, if your physician is changing to another Kaiser Permanente medical center location and you would like to continue seeing him or her at the new location, you may.

As always, you may change your PCP or ob/gyn at any time for any reason.

New member orientation

Talk directly with our staff at a new member orientation about a range of topics such as choosing a PCP, where to call for medical care, how to take advantage of our self-care and preventive care classes, what to do in an emergency, and more. You can also call Member Services for information.

Understanding your benefits

To learn about your specific benefits, limitations, and exclusions:

- ▶ Refer to your *Evidence of Coverage*, or if you are a federal member, your current RI 73-047 brochure.
- ▶ Call Member Services.
- ▶ Contact the benefits administrator where you work.
- ▶ Register at kp.org and read a summary of your benefits through My Health Manager.

Appointments with your doctor

When you have selected a PCP or ob/gyn who practices at a Kaiser Permanente medical center, scheduling routine appointments is as easy and convenient as visiting kp.org/myhealthmanager or picking up the phone. To schedule a routine appointment:

- ▶ Register at kp.org, then make, change, or cancel appointments at your convenience through My Health Manager.
- ▶ Call the Kaiser Permanente appointment line. The number is listed in the quick-reference guide in this brochure and on the back of your member ID card.
- ▶ Verify or cancel your appointment by calling the appointment line.





See page 40 for a quick-reference guide with phone numbers, addresses, and other resources.

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When you call to schedule an appointment, be sure to have your member ID number ready. If your PCP or ob/gyn is not available at the time or date you request, you can request an open appointment with another doctor on your PCP or ob/gyn's team.

Note: If your doctor does not practice in one of our medical centers but is an affiliated provider in a private office, call that office directly to make an appointment.

Your doctor's office

The offices of Permanente physicians (primary care physicians, obstetricians/gynecologists, and specialists) are located in Kaiser Permanente medical centers in the District of Columbia, Maryland, and Virginia (see map on page 20).

Kaiser Permanente medical centers

You'll save time receiving care in multispecialty medical centers where your doctor's office is located. You'll be able to complete several tasks in one trip and avoid repeat visits. Most of our medical centers offer, among other services:

- ▶ Primary care
- ▶ Pediatrics
- ▶ Obstetrics and gynecology
- ▶ Pharmacy services
- ▶ X-ray
- ▶ Laboratory

Some medical centers also offer:

- ▶ Specialty care
- ▶ Urgent care
- ▶ Minor injury care
- ▶ Behavioral health services
- ▶ Vision care
- ▶ And other services

Check kp.org/facilities for services offered at specific locations and hours of operation.

Referrals to specialists

Because many physicians practice together in our medical centers, specialty consultations are easily arranged.

In many cases, your physician may use a tool called eConsult to book a specialty or radiology appointment for you while you are both in the exam room. Sometimes it's possible to get an appointment for the same day in the same building.

Permanente physicians offer primary care, pediatric services, obstetric/gynecological services, and specialty care such as orthopedics, general surgery, dermatology, neurology, cardiology, and gastroenterology. If your PCP decides that you require covered services from another provider, usually you will be referred to an available Permanente physician. If you need services that are not available within the Mid-Atlantic Permanente Medical Group, your PCP may refer you to another provider in the community (non-plan provider) who is available to deliver that service.

Your referral for specialty care must be authorized for Kaiser Permanente to cover the services and/or supplies provided. If you are authorized to see a non-plan provider, you pay the same amount you would have paid if a plan provider had provided the service and/or supplies. Examples of services requiring authorization or notification include, but are not limited to:

- ▶ Elective inpatient admissions for which you are admitted to a facility for 24 hours or longer, including those for childbirth, behavioral health, and chemical dependency.
- ▶ Specialized services, such as home health, medical equipment and associated supplies, and hospice care.
- ▶ Skilled nursing and acute rehabilitation facilities.
- ▶ Nonemergency medical transportation.
- ▶ Plastic and oral surgery.
- ▶ Care received from a practitioner or facility that does not have a contract with Kaiser Permanente.
- ▶ Nonemergency care received outside the Kaiser Permanente service delivery area.

Refer to your *Evidence of Coverage* or, if you are a federal employee, your RI 73-047 for more information regarding benefits, copayments, and authorization requirements.

There are some services that do not require a referral from a primary care physician and members are not required to obtain care from a plan provider. They are:

- ▶ Emergency services (inside and outside our service area)
- ▶ Urgent care services provided outside our service area

If you think you are experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility. To understand your benefits for emergency service, please refer to your *Evidence of Coverage* or, if you are a federal employee, your RI 73-047 brochure. If you have any questions regarding the status of your referral or about denied services, or if you would like to request a copy of any guideline(s) or other criteria used in any decision regarding your care, contact Member Services.

Self-referrals

You may access certain specialties without obtaining a referral from your primary care physician. Refer to your *Evidence of Coverage* or, if you are a federal employee, your RI 73-047 brochure for more information.

Behavioral health services

You can seek outpatient treatment for mental illness, emotional disorders, drug abuse, and alcohol abuse from a plan provider without a referral from your primary care physician. For continued treatment, you or your plan provider must contact the Behavioral Health Access Unit at the number listed in the quick reference guide in this brochure for scheduling of covered



Making appointments online is a great idea

If your PCP or ob/gyn practices within a Kaiser Permanente medical center, you can:

- ▶ Make, cancel, and change routine appointments.
- ▶ Get appointment reminders via email.
- ▶ Review future appointments.
- ▶ Read about past office visits, including your doctor's instructions.

services. Licensed behavioral health professionals (social workers and nurses) and scheduling representatives will assist you in arranging for these services. Care is provided at locations throughout the Kaiser Permanente service area.

Inpatient behavioral health care

Preadmission is required prior to obtaining inpatient behavioral health hospital care. The process starts when you call the Behavioral Health Access Unit at the number listed in the quick-reference guide in this brochure or when you arrive at an emergency room in need of behavioral health services. In either case, if it is determined that you need to be admitted immediately to a hospital for inpatient care, a call will be made to obtain preadmission on your behalf.

If you think you are experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility.

Vision care services

You may access optometry services such as routine eye exams, glaucoma screenings, and cataract screenings without a referral from your primary care physician. Many Kaiser Permanente medical centers have vision centers where optometrists perform vision exams and fittings for contact lenses and eyeglasses. Vision centers offer a full range of glasses and contact lenses that members can purchase at discounted prices. To make an appointment, call the vision department at the medical center of your choice. To locate a medical center with vision care services, contact a Member Services representative.

You will need a referral from your PCP to obtain care from a physician ophthalmologist.

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Hospital care

In the event you require hospitalization, Mid-Atlantic Permanente Medical Group physicians are on duty 24 hours a day, seven days a week, at several area hospitals. At these hospitals, your physicians:

- ▶ Have access to your Kaiser Permanente electronic medical record, so they can see all of your essential medical information,
- ▶ Provide medical and surgical care for you, and
- ▶ Coordinate your care with your primary care physician or ob/gyn.

In the event you require hospitalization, your Kaiser Permanente PCP or specialist will obtain preauthorization for your admission and coordinate your care at a hospital where he or she has staff privileges. Your PCP or specialist will discuss all of the details with you in advance of your inpatient hospital care.

For the most current list of hospitals and facilities, go to kp.org/medicalstaff, or contact Member Services.

If you are admitted to a hospital where Mid-Atlantic Permanente Medical Group physicians are not on duty

Except in an emergency, if you are admitted to a hospital where Mid-Atlantic Permanente Medical Group physicians are not on duty, you or your representative must report your hospital admission to Kaiser Permanente within 48 hours by calling Member Services or the medical advice line (evenings and weekends). If you do not obtain authorization within this time, we may deny coverage for the hospital services.

In certain cases, we may move you to a hospital where our physicians are on duty 24 hours a day, seven days a week, once your condition is stable. By doing so, we can provide

you seamless and integrated care, both during your hospitalization and in your transition out of the hospital. Upon obtaining prior approval from Kaiser Permanente, your transportation costs will be covered. To understand your benefits for hospital care, refer to your *Evidence of Coverage* or your federal brochure RI 73-047.

Emergency care

You are covered for emergency care worldwide.

In an emergency

If you think you are experiencing an emergency, immediately call 911 or go to the nearest emergency facility. If you are unsure whether or not your medical problem requires an emergency room visit, call 1-800-677-1112 (toll free). Specially trained nurses are available 24 hours a day, seven days a week, and will direct you to the most appropriate place to receive care. If your primary care physician (PCP) is one of our affiliated doctors, you may call your physician's office directly.

Reporting emergency care

Report your emergency room visit to Kaiser Permanente within 48 hours, or as soon as reasonably possible, by calling Member Services or the medical advice line (evenings and weekends).



Preauthorization

Preauthorization is the process of reviewing certain services before they are provided to determine if they are medically necessary and follow generally accepted medical practices. Once a referral is made by your doctor, the authorization process is initiated by Kaiser Permanente and handled by the Kaiser Permanente Utilization Management Department.

To determine if a service or procedure requires preauthorization, speak with your provider or call Member Services.

When is it an “emergency”?

An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- ▶ placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- ▶ serious impairment to bodily functions; or
- ▶ serious dysfunction of any bodily organ or part.

If an emergency room visit is not due to an emergency as defined above, you will be responsible for all charges.

If you are admitted to a hospital following an emergency

Notify us if you are admitted to a hospital following an emergency. You, your doctor, or another responsible person must call the Kaiser Permanente medical advice line to notify us of your admission within 48 hours, or as soon as reasonably possible. By notifying us of your hospitalization, you allow us to consult with the physician providing your care and coordinate further medical care, if necessary. If you or your authorized representative do not notify Kaiser Permanente as soon as reasonably possible, we may deny coverage for the hospital services.



The emergency care copayment will be waived if you are directly admitted to a hospital as a result of any emergency.

Urgent care

Sometimes, even when it’s not an emergency, you may still need care right away. Urgent care services can be found in many Kaiser Permanente medical centers and are also available through affiliated urgent care centers. They give you a convenient destination for care when you need it right away, such as when you have a high fever or a sudden onset of unusual symptoms. Check your physician directory, go

to kp.org, or call Member Services for urgent care locations.

During usual office hours

If you require urgent care during regular office hours, call the appointment and advice line. You will be given an appointment with your PCP or a member of his or her team, if available at that time. If you have an affiliated physician as your PCP, we may ask you to call your physician’s office directly.

Weekends, evenings, and holidays

Call the appointment and advice line and request an appointment at a Kaiser Permanente urgent



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care center or affiliated urgent care center. The nurse or representative will direct you to the best location for your care.

When you are traveling

If you are traveling outside of the service area, you may receive care for an urgent illness or injury at many Kaiser Permanente medical centers in other parts of the country. You may visit any urgent care facility.

Minor injury care clinics

Minor injury care clinics are located in some Kaiser Permanente medical centers. The clinics are open Monday through Friday during regular office hours. At these clinics, you will be treated for cuts, sprains, bites, suspected fractures, or other minor injuries by Kaiser Permanente staff. Your PCP will receive all the information about the situation and your treatment details will be entered directly into your medical record. For an appointment, call the appointment and advice line and describe your injury.

24-hour medical advice

Whenever you need medical advice, specially trained local Kaiser Permanente nurses are on call 24 hours a day, seven days a week, on our medical advice line. No matter where your primary care physician practices, the advice nurses can help you.

If your PCP practices at a Kaiser Permanente medical center, the

advice nurses will be able to access your personal medical information when you call. That means they know your medical conditions, see what medications you're taking, and know when you last visited the doctor. Whether you have a routine question or an urgent matter to discuss, our nurses will know you best.

Vision care

You may access optometry services such as routine eye exams, glaucoma screenings, and cataract screenings, without a referral from your PCP. An appointment with a physician ophthalmologist will require a referral from your PCP or optometrist.

To determine your optical benefits:

- ▶ Call Member Services.
- ▶ Contact the benefits officer where you work.
- ▶ Refer to your *Evidence of Coverage* or, if you are a federal member, your RI 73-047 brochure.
- ▶ Register at kp.org and read a summary of your benefits online through My Health Manager.

Locations

Many Kaiser Permanente medical centers have a vision center where you can have exams and purchase quality eyewear and contact lenses. These are staffed by optometrists, opticians, and assistants. To locate a medical center with vision care services, visit kp.org/facilities or call Member Services.

Appointments

To make a vision care appointment at one of our medical centers:

- ▶ Call the Kaiser Permanente appointment line, or
- ▶ Make a routine optometry appointment online at kp.org/myhealthmanager.

Dental care

You have accidental dental coverage even if your health benefits do not include a dental option. For information about coverage and limitations and to learn if your health benefit plan includes other types of dental coverage:

- ▶ Call Member Services.
- ▶ Contact the benefits officer where you work.
- ▶ Refer to your *Evidence of Coverage* or, if you are a federal member, your RI 73-047 brochure.
- ▶ Register at kp.org and read a summary of your benefits online through My Health Manager.

If your coverage includes dental care, you may contact your general dentist's office directly for information and appointments.

Maternity care

You may choose from among board-certified obstetricians/gynecologists (ob/gyn), including high-risk specialists. You may make or change your ob/gyn selection at any time by going to kp.org or calling Member Services.

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If you believe you are pregnant, call the Kaiser Permanente appointment line to schedule an appointment with your ob/gyn to confirm your pregnancy.

Once your pregnancy is confirmed, your ob/gyn will coordinate your care. He or she will arrange for a referral that will allow your routine obstetrical care to be covered. Your physician will also handle the required referral for the delivery.

You will need to pay the inpatient cost share (e.g., deductible, copay, coinsurance), if any, for the hospital care. Check your *Evidence of Coverage* or, if you are a federal member, your RI 73-047 brochure for coverage details.

You may choose to receive prenatal care at any of our medical centers that provide ob/gyn services. A Permanente physician will deliver your baby at any hospital where Permanente physicians are on staff 24 hours a day. For a list of hospitals, visit kp.org/medicalstaff or refer to the physician directory.

If you have an affiliated physician as your ob/gyn, he or she will deliver your baby at a contracted hospital where he or she has privileges.

Enrolling your newborn

If you are not enrolled in a plan that covers dependent children, your newborn is covered from the time of birth for the first 31 days. For information about continuing your newborn's membership beyond 31

days, please refer to your *Evidence of Coverage* or, if you are a federal member, your RI 73-047 brochure, or call Member Services. If you are already enrolled in a plan that covers dependent children, please enroll your newborn as soon as possible so that he or she can be reflected as your covered dependent, which will facilitate scheduling the care your newborn needs.

Lab tests and results

Labs are located within every Kaiser Permanente medical center. For most routine lab tests, your doctor will send the order electronically to the lab and you can just walk in without an appointment.

Your results from tests and services performed in Kaiser Permanente medical centers will be shared with your PCP. For most lab tests performed in a Kaiser Permanente medical center, you can read the results online soon after the lab completes your tests. You need to be registered on My Health Manager to view your lab results online. You can sign up at kp.org/register.

If you are not registered for My Health Manager, or if your lab results are not posted, you will likely receive a call from your PCP to discuss the results with you. If your lab tests are not performed in a Kaiser Permanente medical center, follow your doctor's instructions about how to receive your test results.

X-rays and other services

For outpatient radiology, most Kaiser Permanente medical centers offer services onsite.

You do not need a referral to have a routine mammogram—simply call the appointment line (your PCP or ob/gyn will discuss if and how often you should be screened). All other imaging services will require a referral from your doctor.

Drug coverage

Depending on the group benefit plan under which you are enrolled, drug benefits can vary and may change from contract year to contract year. If you have questions about your drug benefits:

- ▶ Refer to your *Evidence of Coverage* or, if you are a federal member, your RI 73-047 brochure.
- ▶ Call Member Services.
- ▶ Contact the benefits administrator where you work.
- ▶ Register at kp.org and read a summary of your benefits online through My Health Manager.

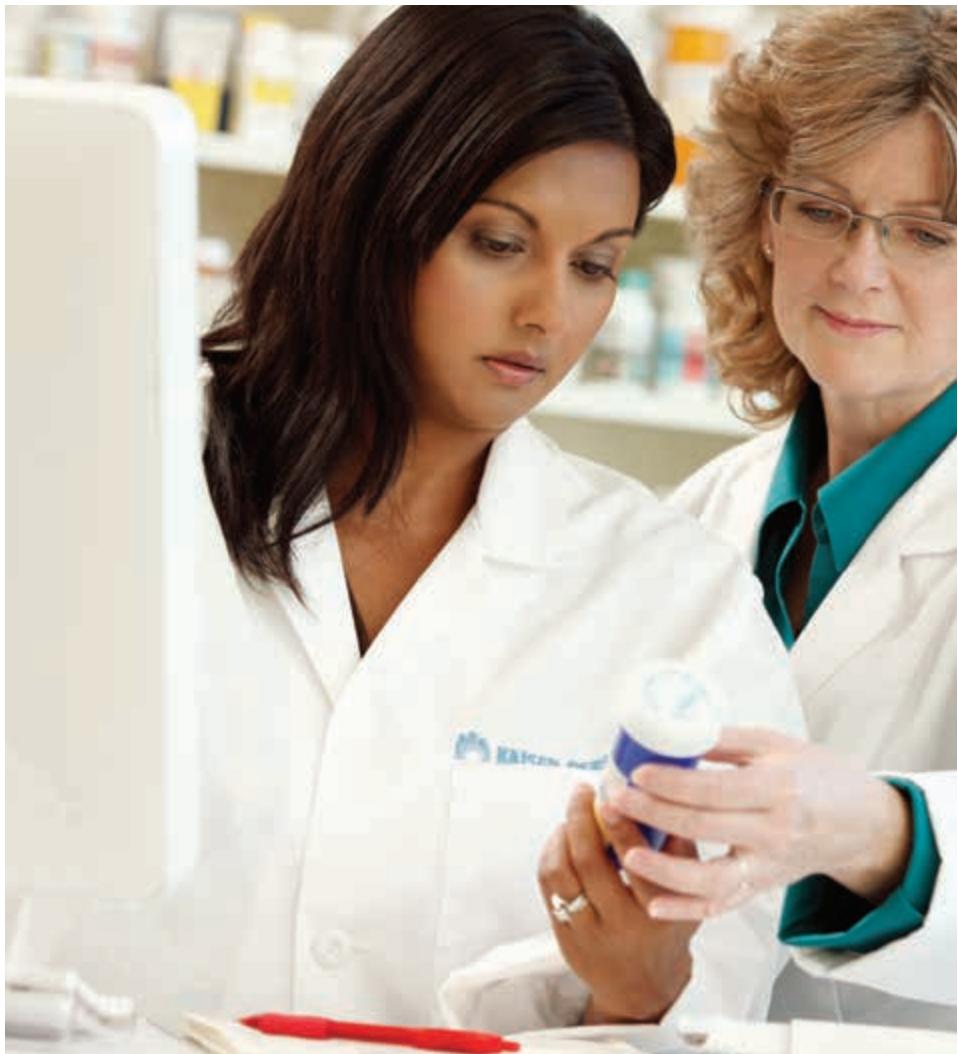
Even if your benefit plan does not include prescription drug coverage, you can still take advantage of our prescription and over-the-counter drug services. To find out what charges may apply, contact Member Services.

Prescriptions

In the pharmacy

Prescriptions from any provider can be filled at the pharmacies located in Kaiser Permanente medical centers. Your Permanente physician can send most prescriptions electronically from his or her office directly to the pharmacy, where you can pick up your medicine. If you have a prescription from a dentist, affiliated physician, or other prescriber, simply present your prescription with your membership ID card at any Kaiser Permanente medical center pharmacy.

If your plan includes access to network pharmacies, keep in mind that your out-of-pocket expenses usually will be lowest in a Kaiser Permanente medical center pharmacy (or for associated mail-order refills).



Great reasons for filling your prescriptions at Kaiser Permanente pharmacies

Online

As a registered My Health Manager user at kp.org, you can request most prescription refills online, get refill reminders, read your medication allergies, and more. You'll need your member ID number and prescription number. You can choose to have the medicine mailed to you at no additional cost or pick it up at a Kaiser Permanente medical center pharmacy.

EZ Refill line

Ideal for routine (maintenance) medications, you can phone, fax, or mail in your refill order using our EZ Refill line. You can request mail delivery anywhere in the U.S. for no additional charge, or pick up your medicine at a Kaiser Permanente medical center pharmacy. You will usually receive your delivery within 7 to 10 business days. You can also call to find out when your refills are ready. For the fastest service, call 1-866-299-9415 (toll free) any time of the day or night and follow the instructions (TTY 703-709-1785,

Monday through Thursday, 8 a.m. to 7 p.m., and Friday 8 a.m. to 5 p.m.).

Note: These services are neither offered nor guaranteed under contract with the FEHB Program, but are made available to all enrollees and family members who become members of Kaiser Permanente.

Transferring a prescription

If you want to transfer a prescription from a network pharmacy to a Kaiser Permanente medical center pharmacy, call your chosen Kaiser Permanente medical center

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pharmacy. Have the following information on hand:

- ▶ Your name and medical record number,
- ▶ the name and telephone number of your current pharmacy,
- ▶ the name of the prescribed medication,
- ▶ the prescription number of the prescribed medication, and
- ▶ the name and phone number of the prescribing physician.

If your plan includes access to network pharmacies, you may use participating pharmacies outside Kaiser Permanente medical centers. Many independent pharmacies also participate with our plan. For a list of participating pharmacies, call Member Services.

Keep in mind that your out-of-pocket expenses usually will be lowest in a Kaiser Permanente medical center pharmacy (or with associated mail-order refills).

Note: Kaiser Permanente reserves the right to add or eliminate pharmacy locations from our list upon prior notice to you, if required by law.

Drug formulary

The Kaiser Permanente formulary offers clinically proven drugs at cost-effective prices to help save you money each time you fill a prescription. For more information, read "Choosing your prescription medication" on page 52.

You can review the drug formulary (list of approved drugs) at kp.org/formulary or call a Member Services representative.

Payment for services

Refer to your *Evidence of Coverage* to determine your cost share, or contact Member Services for assistance. If you are a federal member, refer to your current RI 73-047 brochure.

If your plan does not include a deductible

Your payment (copay, coinsurance, etc.) will be due at the time of service. The amount due will depend on your specific plan and the service being rendered. If payment is not made at the time of service, we may charge a service fee.

If your plan includes a deductible

You are responsible for the full member cost of services that are subject to your deductible before you meet the deductible. Your payment may count toward meeting your deductible.

Once you have met your deductible, you will be required to pay only the applicable coinsurance or copayment (depending on your plan) for covered services received during the rest of the contract year. Once you have met your out-of-pocket maximum, you will pay nothing for most covered services for the remainder of the contract year.

The copayment and/or coinsurance apply to each visit, even if multiple visits or appointments occur on the same day. Some members will have copayments or coinsurance for laboratory and radiology. Payment will be due at the time services are

rendered if all applicable charges are known. What you pay for services is dependent upon your benefit plan design.

You may be asked to make a deposit payment when you check in. If you made a deposit payment before or at your medical appointment, and there is a difference between your payment and the actual cost, we will send you a bill or a refund in the mail. Refer to your *Evidence of Coverage* to determine your cost share, or contact Member Services for assistance. If you are a federal member, refer to your current RI 73-047 brochure.

Getting care when you travel

You can receive care for urgent and emergency illness or injury anywhere in the world. If you receive urgent or emergency care outside the plan's service area in the District of Columbia, Maryland, and Virginia, you will need to submit bills for reimbursement or payment.

When you visit another Kaiser Permanente service area (in Hawaii and parts of California, Oregon, Ohio, Georgia, Colorado, and the state of Washington), you may receive services in the Kaiser Permanente area you are temporarily visiting and have these covered as visiting member services. This means you can receive care at any of our Kaiser Permanente medical centers. However, the benefits for care you



receive as a visiting member may not be identical to the benefits you have as a member in your home region. A list of services available to you as a visiting member in another Kaiser Permanente region is in your *Evidence of Coverage* or, if you are a federal member, your current RI 73-047 brochure. For more information, contact Member Services before you leave the service area for a vacation or business trip.

Note: This is not applicable for members with a high-deductible health plan, or for covered dependents who are enrolled in colleges that are out of the service area. Review your *Evidence of Coverage* or, if you are a federal member, your RI 73-047 brochure for information about coverage for care that is considered to be out of our service area. Some colleges

offer health insurance plans to students. Contact a college directly to learn about college health insurance plans.

Claims

When you receive your medical care from a physician who practices in a Kaiser Permanente medical center or from an affiliated physician, you will not have to file a claim for your medical care.

Medical and pharmacy claims

You have virtually no claim forms to file for services you receive from Kaiser Permanente or affiliated providers.

If you receive emergency or urgent care services from a non-plan provider or facility, you must submit itemized bills for claims related to

those services within 180 days, or as soon as reasonably possible after the date you received the services. We will review the claim to determine what payment or reimbursement, if any, will be made. Payments and reimbursements are based on medical necessity for urgent or emergency care as defined in your *Evidence of Coverage* or, if you are a federal member, your current RI 73-047 brochure.

Note: If you are a federal member, you must send us all of the documents for your claim as soon as possible. You must submit the claim by December 31 of the following year you received the service, unless timely filing was prevented by administrative operations of government or legal incapacity, provided the claim was submitted as soon as reasonably possible.

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Submitting a claim

To request payment or reimbursement, simply write the member's ID number on each page of the bill or supporting documents. A specific claim form is not required. If you have paid for the services from a non-participating physician, hospital, or other provider, you will need to include proof of payment. Mail claims requests to:

Kaiser Permanente Claims Unit
P.O. Box 6233
Rockville, MD 20849-6233

Once a claim is received by our Claims Department, processing takes about 30 days. An *Explanation of Benefits* will be sent to you and will detail your financial responsibility and/or the health plan's.

There are time limits to submit your bills for medical and pharmacy services. If you have questions, refer to your *Evidence of Coverage*, or contact Member Services.

If your claim is denied

You have the right to file an appeal if you disagree with the health plan's decision not to authorize medical, surgical, behavioral health services, or drugs or devices, or not to pay for a claim. Appeal rights and detailed instructions are included with your *Explanation of Benefits*. You should also refer to your group *Evidence of Coverage* for specific details, or contact Member Services.

If you receive a bill in error

If you receive an authorized referral from your physician to a provider outside of Kaiser Permanente, you should not receive a bill. However, if you do receive a bill from a provider to whom you've been referred, call Member Services for assistance.

Pharmacy claims

You have virtually no claims to file when you fill your prescriptions at Kaiser Permanente medical center pharmacies.

Workshops are offered at several Kaiser Permanente medical centers for no additional charge. Registration is required. To register, call 301-816-6565 or 1-800-444-6696. For more information, visit kp.org/healthyliving.

*Note: These services are neither offered nor guaranteed under contract with the commercial plans or the FEHB Program, but are made available to all enrollees and family members who become members of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Managing ongoing health conditions

If you have diabetes, asthma, depression, high blood pressure, coronary artery disease, or another chronic condition, we have information and online programs to help you manage your health.* To learn what programs may be available to you, leave a message, anytime, at 703-536-1465 in the Washington, D.C., metro area or 410-933-7739 in the Baltimore area. Your call will be returned within 48 hours.

Healthier Living workshops*

Healthier Living workshops are for adults living with one or more ongoing health conditions, such as diabetes, high blood pressure, arthritis, and kidney, lung, and heart disease. The workshops meet for six consecutive weeks and are led by others who also have chronic health conditions.



Quick-reference guide

Emergency care: If you think you're experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility. If you are unsure whether or not your medical problem requires an emergency room visit, call 1-800-677-1112 (toll free).

Your membership identification card

Keep your ID card with you at all times. You will need it to make appointments, fill prescriptions, and receive medical services. The numbers you need are on the back of the ID card and are listed below. If your physician does not practice at one of our medical centers, your physician's current telephone number will appear on the back of your ID card.

Choose your primary care physician

Select a primary care physician when you enroll; go to kp.org or contact Member Services. This doctor will coordinate all of your health care needs, including making referrals. Women 18 and older should also choose an ob/gyn as a personal physician.

Changing your physician: Change your primary care or ob/gyn physician by going to kp.org/doctor, or by calling Member Services.

Make an appointment

If your primary care physician or ob/gyn personal physician practices at one of our medical centers:

Within the District of Columbia metro area: 703-359-7878 (TTY* 703-359-7616)

Outside the District of Columbia metro area: toll free at 1-800-777-7904 (TTY* 1-800-700-4901)

Appointment staff is available Monday through Friday, 7 a.m. to 8 p.m., for routine appointments.

Make, cancel, and change appointments online at kp.org through My Health Manager.

If your primary care physician does not practice at one of our medical centers: Call the physician directly. If your network primary care physician is unable to schedule an appointment in an acceptable time frame, please contact the appointment line for assistance in scheduling with a Kaiser Permanente provider.

24-hour medical advice

Receive medical advice for urgent and routine medical questions 24 hours a day, 7 days a week, from medical advice nurses.

In the District of Columbia metro area: 703-359-7878 (TTY* 703-359-7616)

Outside the District of Columbia metro area: toll free at 1-800-777-7904 (TTY* 1-800-700-4901)

Fill a prescription

Fill prescriptions from our physicians, dentists, and specialists at any of our medical center pharmacies. (If you have a network pharmacy benefit as part of your health plan, review the pharmacy information section of the member guide for network community pharmacies.)

EZ Refill: Request a prescription refill for pickup at one of our pharmacies. Call toll free 1-800-700-1479, 24 hours a day, 7 days a week (TTY* 703-709-1785 Monday through Thursday, 8 a.m. to 7 p.m. and Friday, 8 a.m. to 5 p.m.).

Mail delivery services: Select the EZ Refill mail option to have your refillable prescription mailed anywhere in the U.S.

Order online: Order your prescription refills at kp.org using My Health Manager.

Emergency care

If you think you are experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility. If you are unsure about your medical problem and want medical advice, call 1-800-677-1112 (toll free). Report your emergency room visit to us within 48 hours by calling Member Services or the medical advice line (on evenings and weekends).

Urgent care locations

If you need urgent care, please call our 24-hour medical advice line at the number listed above.

Contact us

Contact Member Services if you require assistance with, or have questions about, your health plan, utilization issues, or specific benefits. Contact Member Services 24 hours a day, 7 days a week, at kp.org. Call Monday through Friday, 7:30 a.m. to 5:30 p.m., except holidays, at 301-468-6000, or 1-800-777-7902 (TTY 301-879-6380*).

*The Kaiser Permanente TTY line is available for people who are speech/hearing impaired.

Important terms to know

Coinsurance—The percentage of the allowed amount for a covered service (e.g., inpatient hospital stay) you pay after you meet your contract year deductible. If your coinsurance is 15 percent, and your office visit cost is \$100, and the carrier allows the full \$100 charge, then you pay \$15 and the health plan pays \$85.

Contract year deductible—The amount of allowable charges that an individual or family must incur each contract year (i.e., a 12-month period) before claims for covered services will be paid.

Copayment (or copay)—The set fee you pay for a covered service (e.g., office visit) every time that service is rendered.

Covered services—The care and services included in your health plan benefits.

Contract year—The 12-month period of time your plan is in effect before it has to be renewed. Your contract year may begin and end in any consecutive 12-month period,

depending on your group's or your individual agreement with the health plan.

Deductible—The set amount you must pay each contract year for covered medical services before the health plan begins to pay its share. Not all services may be applied to the deductible. Deductibles vary depending on the plan you have. Read your *Evidence of Coverage* for details.

Evidence of Coverage (EOC)—A document that describes the health care benefits, including any riders, and amendments covered under the agreement between Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and your employer.

Out-of-pocket maximum—The maximum amount you are required to pay out-of-pocket each contract year for covered services that are subject to the out-of-pocket maximum. Once the amounts you have paid equal the out-of-pocket

maximum, you pay nothing for those covered services for the remainder of the contract year. There are some covered services that do not count toward meeting the out-of-pocket maximum. You will have to continue to pay your copayments or coinsurance for those covered services.

Preadmission—The process of reviewing services before they are provided to determine if they are medically necessary and follow generally accepted medical practices. Once a referral is made, the authorization process is initiated by Kaiser Permanente and handled by the Kaiser Permanente Utilization Management Department.

Primary care physician (PCP)—The physician responsible for providing routine medical care and for coordinating care from specialists, hospitals, and other health care professionals.

Additional information

Additional information for members

Due to the variety of Signature plans we offer, we provide general descriptions in this section. They might vary from those in your *Evidence of Coverage* or, if you are a federal member, your federal brochure, RI 73-047. Refer to those contract documents for specific details of your plan. If there are any discrepancies between these descriptions and the information detailed in your contract documents, the information in your contract documents will prevail.

These descriptions might change based upon the requirements of federal and state requirements related to the federal Patient Protection and Affordable Care Act. For the most accurate information, refer to your *Evidence of Coverage* or, if you are a federal member, your RI 73-047 brochure, or call Member Services.

Member rights and responsibilities

Our commitment to each other

Kaiser Permanente is committed to providing you and your family with quality health care services. In a spirit of partnership with you, here are the rights and responsibilities we share in the delivery of your health care services.

Member rights

As a member of Kaiser Permanente, you have the right to receive information that empowers you to be involved in health care decision making. This includes your right to:

- a. Actively participate in discussions and decisions regarding your health care options.
- b. Receive and be helped to understand information related to the nature of your health status or condition, including all appropriate treatment and nontreatment options for your condition and the risks involved—no matter what the cost is or what your benefits are.
- c. Receive relevant information and education that helps promote your safety in the course of treatment.
- d. Receive information about the outcomes of health care you have received, including unanticipated outcomes. When appropriate, family members or others you have designated will receive such information.
- e. Refuse treatment, providing you accept the responsibility and consequences of your decision.
- f. Give someone you trust the legal authority to make decisions for you if you ever become unable to make decisions for yourself by completing and giving us an Advance Directive, a durable power of attorney for health, living will, or other health care treatment directive. You can rescind or modify these documents at any time.
- g. Receive information about research projects that may affect your health care or treatment. You have the right to choose to participate in research projects.
- h. Receive access to your medical records and any information that per-

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tains to you, except as prohibited by law. This includes the right to ask us to make additions or corrections to your medical record. We will review your request based on HIPAA criteria to determine if the requested additions are appropriate.

If we approve your request, we will make the correction or addition to your protected health information. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement. You or your authorized representative will be asked to provide written permission before your records are released, unless otherwise permitted by law.

Receive information about Kaiser Permanente and your plan. This includes your right to:

- a. Receive the information you need to choose or change your primary care physician, including the name, professional level, and credentials of the doctors assisting or treating you.
- b. Receive information about Kaiser Permanente, our services, our practitioners and providers, and the rights and responsibilities you have as a member. You also can make recommendations regarding Kaiser Permanente's member rights and responsibility policies.
- c. Receive information about financial arrangements with physicians that could affect the use of services you might need.
- d. Receive emergency services when you, as a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed.

e. Receive covered, urgently needed, services when traveling outside Kaiser Permanente's service area.

f. Receive information about what services are covered and what you will have to pay, and examine an explanation of any bills for services that are not covered.

g. File a complaint, grievance, or appeal about Kaiser Permanente or the care you received without fear of retribution or discrimination, expect problems to be fairly examined, and receive an acknowledgement and a resolution in a timely manner.

Receive professional care and service. This includes your right to:

- a. See plan providers, get covered health care services, and get your prescriptions filled within a reasonable period of time and in an efficient, prompt, caring, and professional manner.
- b. Have your medical care, medical records, and protected health information handled confidentially and in a way that respects your privacy.
- c. Be treated with respect and dignity.
- d. Request that a staff member be present as a chaperone during medical appointments or tests.
- e. Receive and exercise your rights and responsibilities without any discrimination based on age, gender, sexual orientation, race, ethnicity, religion, disability, medical condition, national origin, educational background, reading skills, ability to speak or read English, or economic or health status, including any mental or physical disability you may have.

f. Request interpreter services in your primary language at no charge.

g. Receive health care in facilities that are environmentally safe and accessible to all.

Member responsibilities

As a member of Kaiser Permanente, you have the responsibility to:

Promote your own good health

- a. Be active in your health care and engage in healthy habits.
- b. Select a primary care physician. You may choose a doctor who practices in the specialty of internal medicine, pediatrics, or family practice as your primary care physician.

c. To the best of your ability, give accurate and complete information about your health history and health condition to your doctor or other health care professionals treating you.

d. Work with us to help you understand your health problems and develop mutually agreed upon treatment goals.

e. Talk with your doctor or health care professional if you have questions or do not understand or agree with any aspect of your medical treatment.

f. Do your best to improve your health by following the treatment plan and instructions your physician or health care professional recommends.

g. Schedule the health care appointments your physician or health care professional recommends.

h. Keep scheduled appointments or cancel appointments with as much notice as possible.

i. Inform us if you no longer live or work within the plan service area.

Know and understand your plan and benefits

a. Read about your health care benefits and become familiar with them. Detailed information about your plan, benefits, and covered services is available in your *Evidence of Coverage* or contract. Call us when you have questions or concerns.

b. Pay your plan premiums and bring payment with you when your visit requires a copayment, coinsurance, or deductible.

c. Let us know if you have any questions, concerns, problems, or suggestions.

d. Inform us if you have any other health insurance or prescription drug coverage.

e. Inform any network or nonparticipating provider from whom you receive care that you are enrolled in our plan.

Promote respect and safety for others

a. Extend the same courtesy and respect to others that you expect when seeking health care services.

b. Assure a safe environment for other members, staff, and physicians by not threatening or harming others.

Permanente or about any concerns or problems you have experienced. Member Services representatives are dedicated to answering questions about your health plan benefits, available services, and the facilities where you can receive care. For example, they can explain how to make your first medical appointment, what to do if you move or need care while you are traveling, or how to replace an ID card. They can also help you file a claim for emergency services and urgent care services, both in and outside of our service area, or file an appeal. And you always have the right to file a compliment or complaint with Kaiser Permanente.

Member assistance and resource specialists are available at most Kaiser Permanente medical center administration offices, or you can call Member Services.

Written compliments or complaints should be sent to:

Kaiser Permanente Member Services
Correspondence Unit
2101 East Jefferson Street
Rockville, MD 20852

All complaints are investigated and resolved by a Member Services representative through coordinating with the appropriate departments.

You have the right to file an appeal if you disagree with the health plan's decision not to authorize medical services or drugs or not to pay for a claim.

Quality and efficient care through resource stewardship at Kaiser Permanente

Personal physicians provide and coordinate members' timely and medically appropriate care. Resource stewardship is the process Kaiser Permanente uses to work with your personal physician to assure that authorization necessary for medically appropriate care is provided to you before elective services are rendered.

Resource stewardship activities occur across all health care settings at Kaiser Permanente, including medical centers, affiliated hospitals, skilled nursing facilities, rehabilitation centers, home health, hospices, chemical dependency centers, emergency rooms, ambulatory surgery centers, laboratories, pharmacies, and radiology facilities.

If you want to find out more about resource stewardship, contact a Member Services representative, who can give you information about the status of a referral or an authorization, give you a copy of our criteria, guidelines, or protocols used for decision making, answer your questions about a denial decision, or connect you with a member of the resource stewardship/utilization management program.

Accessibility is important for all members, including members with special needs. Communication with deaf, hard of hearing, or speech-impaired members is handled through Telecommunications Device for the Deaf (TDD) or teletypewriter (TTY)

Member complaint procedures

We encourage you to let us know about the excellent care you have received as a member of Kaiser

Quick-reference guide, important terms, and additional information

services. TDD/TTY is an electronic device for text communication via a telephone line, used when one or more parties have hearing or speech difficulties. Kaiser Permanente staff have the ability to send and receive messages with the deaf, hard of hearing, or speech-impaired KPMAS members through Member Services. Non-English-speaking members may discuss utilization management issues, requests, and concerns through the Kaiser Permanente language assistance program offered by an interpreter, bilingual staff, or the language assistance line. Utilization Management Operations Center staff have the language line programmed into their phones to enhance timely communication with non-English-speaking members. Language assistance services are provided to members free of charge.

Appropriate decision making

The staff of the health plan, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., administer benefits, ensure compliance with laws and regulations, screen for quality of care, review how care and services are used, arrange for your ongoing care, and help organize the many facets of your care.

Decisions made by the health plan about which care and services are provided are based on the member's clinical needs, the appropriateness of the care and service, and health plan coverage. The health plan does not make decisions regarding

hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits. The health plan does not specifically reward, hire, promote, or terminate practitioners or other individuals for issuing denials of coverage or care. No financial incentives exist that encourage decisions that specifically result in denials or create barriers to care and service. In order to maintain and improve the health of our members, all practitioners and health professionals should be especially diligent in identifying any potential underutilization of care or service.

Investigation and approval of new and emerging medical technologies

Nearly every day medical research identifies promising new drugs, procedures, and devices for the diagnosis, prevention, treatment, and cure of diseases. To assist physicians and patients in determining whether or not a new drug, procedure, or device is medically necessary and appropriate, our technology review and implementation committee, in collaboration with the Interregional New Technologies Committee and the Medical Technology Assessment Unit of Southern California, Kaiser Permanente provides answers to critical questions regarding the indications for use, safety, effectiveness, and relevance of new and emerging technologies for the health care delivery system.

These interdisciplinary committees and technology assessment unit are primary sources of information about the new medical technologies or new uses of existing technology. Various health care professionals, including primary care physicians, specialists, ethicists, research analysts, and managers, serve on the committees. The committees and the national technology assessment unit have access to subject matter experts, peer-reviewed literature, and technology assessments both from within Kaiser Permanente and also from sources external to Kaiser Permanente, such as academic institutions and commercial technology assessment entities. If compelling scientific evidence is found that a new technology is comparable to the safety and effectiveness of currently available drugs, procedures, or devices, the committees may recommend that the new technology be implemented internally by Kaiser Permanente and/or authorized for coverage from external sources of care for its indication(s) for use.

This technology assessment process is expedited when clinical circumstances merit urgent evaluation of a new and emerging technology.

Experimental and investigational services

A service is experimental or investigational for a member's condition if any of the following statements apply to it as of the time the service is or will be provided to the member.

The service

1. Cannot be legally marketed in the U.S. without the approval of the Food and Drug Administration (FDA) and such approval has not been granted; or
2. Is the subject of a current new or new device application on file with the FDA, and FDA approval has not been granted; or
3. Is subject to the approval or review of an Institutional Review Board (IRB) of the treating facility that approves or reviews research concerning the safety, toxicity, or efficacy of services; or
4. Is the subject of a written protocol used by the treating facility for research, clinical trials, or other tests or studies to evaluate its safety, effectiveness, toxicity or efficacy, as evidenced in the protocol itself or in the written consent form used by the facility; or
5. Lacks sufficient peer-reviewed clinical evidence to support safety and effectiveness for its intended use.

In making decisions about whether a service is experimental or investigational, the following sources of information may be reviewed:

1. The member's medical records,
2. Written protocols or other documents related to the service that has been or will be provided,
3. Any consent documents the member or member's representative has executed or will be asked to execute to receive the services,

4. The files and records of the IRB or similar body that approves or reviews research at the institution where service has been or will be provided and other information concerning the authority or actions of the IRB or similar body,
5. The peer-reviewed medical and scientific literature regarding the requested service, as applied to the member's medical condition,
6. Technology assessments performed by Kaiser Permanente and technology assessments performed by organizations external to Kaiser Permanente, and
7. Regulations, records, applications, and any other documents or actions issued by, filed with, or taken by the FDA, the Office of Technology Assessment, other agencies within the United States Department of Health and Human Services, or any state agency performing similar functions.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in collaboration with Mid-Atlantic Permanente Medical Group, P.C., uses the information described above to decide if a particular service is experimental or investigational.

Note: As a general rule, we do not provide coverage for experimental services. However, we do cover certain clinical trials in accordance with your *Evidence of Coverage* or contract. For more information, call Member Services, or, upon enrollment, refer to your contract.

Bioethics committee

In the world of medical care, ethics is more than a theory. It is a set of principles that guides daily decisions. Our Regional Bioethics Committee provides a forum for physicians and other health professionals to identify and clarify ethics issues. The committee meets monthly to review ethical dilemmas and formulate organization-wide ethical guidelines that deal with broad topics, including confidentiality, issues created by new technology, sensitive medical concerns, misunderstandings between members and providers, and care at the end of life. The committee consists of primary care physicians, specialists, nurses, managers, and ancillary health care providers. The committee provides consultation to physicians and other health care professionals on how to approach identified issues and offers them continuing education on ethical decision making within Kaiser Permanente. Members also have access to the committee. Ask your physicians about bringing questions to this group. Or you can request committee consultation through a Member Services representative or an administrator at your medical center.

We protect your right to privacy and confidentiality

Maintaining your privacy

Maintaining the confidentiality of your personal and medical information, whether oral, written, or electronic, is an important part of our commitment to provide you with quality health care.

Quick-reference guide, important terms, and additional information

We are just as committed to providing you with a complete description of our privacy policy and how it affects your information.

Annual privacy notice

A complete description of our privacy practices appears in our "Notice of Privacy Practices," effective April 14, 2003. Some states require that we provide you with this additional description of our privacy practices on an annual basis. It is designed to inform you about the types of individually identifiable information collected, how such information is used, the circumstances under which we share it within our medical care program, and the circumstances under which nonpublic, personal health, and financial information are disclosed to people outside our program.

Our policy

The Kaiser Permanente Medical Care Program is committed to protecting the privacy of its members and patients, including former members and patients. We consider maintaining the confidentiality of your personal health and financial information important to our mission of providing quality care to members. We maintain policies regarding confidentiality of individually identifiable health and financial information, including policies regarding access to medical records and disclosure of health and financial information. All Kaiser Permanente staff and employees are required to maintain the confidentiality of members' and

former members' individually identifiable health and financial information. The unauthorized disclosure of individually identifiable health and financial information is prohibited. Permanente Medical Group physicians, medical professionals, practitioners, and providers with whom we contract are also subject to maintaining confidentiality.

Information collected

We collect various types of nonpublic personal health and financial information either from you or from other sources in order to provide health care services, customer services, evaluate benefits and claims, administer health care coverage, and fulfill legal and regulatory requirements. This includes medical information, including medical and hospital records, mental health records, laboratory results, X-ray reports, pharmacy records, and appointment records.

Other examples are information:

- contained on surveys, applications, and related forms, such as your name, address, date of birth, Social Security number, gender, marital status, and dependents;
- about your relationship with Kaiser Permanente such as medical coverage purchased, medical services received, account balances, payment history, and claims history;
- provided by your employer, benefits plan sponsor, or association regarding any group coverage you may have;

- from consumer or medical reporting agencies or other sources such as credit history, medical history, financial background, and demographic information;
- from visitors to our websites such as online forms, site visit data, and online communications.

Uses of shared information

Certain nonpublic personal health and financial information of members and former members will need to be used or shared during the normal course of our doing business and providing you services. We may use or disclose nonpublic personal health and financial information under certain circumstances, which may include:

- Personal health and financial information will be shared only with proper written authorization as required by law or as expressly required or permitted by law without written authorization.
- Personal health and financial information will be shared within the Kaiser Permanente Medical Care Program in order to provide services to you and to meet our responsibilities under the law, such as quality assurance, reviewing the competence or qualifications of health care providers, conducting training programs for health care providers, fraud and abuse detection and compliance programs, certification, licensing and credentialing, research, compiling information for use in a legal proceeding, and billing and payment.

- Demographic information such as information from your enrollment application may be shared within our program to enable us to provide customer service or account maintenance in connection with your benefits.
- Information such as your name, address, or telephone number may be used by the Kaiser Permanente Medical Care Program to tell you about other products or services that might be useful or beneficial to you.
- Under the federal Fair Credit Reporting Act, we are permitted to share your name, address, and facts about your transactions and experiences with us (such as payment history) within the Kaiser Permanente Medical Care Program.

Information shared with nonaffiliated third parties

We occasionally disclose nonpublic personal health and financial information of members and former members outside of the Kaiser Permanente Medical Care Program for the following activities:

- State and federal law generally requires that we disclose health and financial information when disclosure is compelled by a court, a board, a commission or administrative agency, a party to a proceeding before a court or administrative hearing pursuant to a subpoena or other provision authorizing discovery, an arbitrator or arbitration panel, a search warrant, or a coroner.

- State and federal law also require other disclosures, including, among other things, records of communicable diseases and workers' safety or industrial accident records disclosed to public agencies; birth and death information; and state tumor registries.
- State and federal law permits the disclosure of health information without patient authorization under specific circumstances, including, among other things, disclosures to providers or health plans for purposes of diagnosis or treatment of a patient, emergency medical personnel, peer review, and private accrediting bodies.
- Information may be shared with other companies that perform marketing services on our behalf to develop and mail information to our customers about products and services.

Protecting information

The Kaiser Permanente Medical Care Program protects the confidentiality and security of private information of members and former members. We maintain physical, electronic, and procedural safeguards that comply with federal and state standards to protect your private information and to assist information. Employee access to personal health and financial information is provided on a business need-to-know basis, such as to make benefit determinations, pay claims, manage care, manage the quality of care, underwrite coverage, administer a plan, or provide customer service.

Regional notice of privacy practices available

Our regional Notice of Privacy Practices (Notice), which you have received, describes how your medical information may be used and disclosed, and how you can get access to it. We want to remind you about the Notice and how you may obtain another copy if needed. This Notice is part of the federal Health Insurance Portability and Accountability Act (HIPAA), which went into law in 2003. Protected health information is an important part of the HIPAA rule. If you would like a copy of the Notice, it is available at members.kaiserpermanente.org/kpweb/privacystate/entrypage.do. If you have questions or want to request a copy of the Notice, call Member Services. This applies to fully insured health plan members and current/former patients of Kaiser Foundation Hospitals and regional Permanente Medical Groups.

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How Kaiser Permanente physicians are paid

Definitions of how health plans may pay physicians for your health care services, with a simple example of how each payment mechanism works.

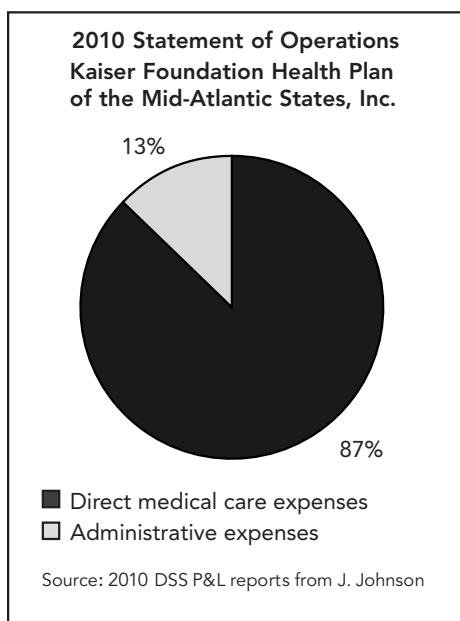
Terms	The example shows how Dr. Jones, an obstetrician/gynecologist, would be compensated under each method of payment.
Salary 0%*	<p>A physician is an employee of the HMO and is paid compensation (monetary wages) for providing specific health care services.</p> <p>Since Dr. Jones is an employee of an HMO, she receives her usual biweekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing prenatal care to Mrs. Smith, who is a member of the HMO, Dr. Jones' salary is unchanged. Although Mrs. Smith's baby is delivered by cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have any effect upon Dr. Jones' salary.</p>
Capitation 9.6%*	<p>A physician (or group of physicians) is paid a fixed amount of money per month by an HMO for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services that an individual patient requires.</p> <p>Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones' monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.</p>
Fee-for-Service 0%*	<p>A physician charges a fee for each patient visit, medical procedure, or medical service provided. An HMO pays the entire fee for physicians it has under contract, and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder.</p> <p>Dr. Jones' contract with the insurer or HMO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services and the time she spends providing services to Mrs. Smith. Because cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith's baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for paying some portion of Dr. Jones' bill.</p>

Discounted Fee-for-Service 87.4%*	<p>Payment is less than the rate usually received by the physician for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs, and the physician, who usually gets an increased volume of patients.</p> <p>Like fee-for-service, this type of contractual arrangement involves the insurer or HMO paying Dr. Jones for each patient visit and each delivery; but, under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs, Dr. Jones will be paid a discounted rate by the insurer or HMO.</p>
Bonus 0%*	<p>A physician is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs, and use of services.</p> <p>An HMO rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.</p>
Case Rate 3%*	<p>The HMO or insurer and the physician agree in advance that payment will cover a combination of services provided by both the physician and hospital for an episode of care.</p> <p>This type of arrangement stipulates how much an insurer or HMO will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery and hospital-related charges, are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from the insurer or HMO for the care provided to Mrs. Smith.</p>

*Health Plan contracts exclusively with Mid-Atlantic Permanente Medical Group, P.C. (MAPMG), which employs nearly 1,000 full- and part-time physicians. MAPMG provided more than 80 percent of physician services to Kaiser Permanente enrollees in 2010. MAPMG receives budgeted prepayment calculated according to expected membership and utilization; this method of compensation is not capitation as defined by Maryland insurance regulation. This chart, therefore, does not accurately reflect how Health Plan compensates providers.

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How your premium dollars are spent



Physician compensation

In order for you to evaluate and compare health plan choices, we provide you with information on a variety of topics. It's important to us that you understand how physicians are compensated and how much of your premium dollar is going for health care delivery costs rather than for plan administration, profits, or other uses.

How your physician is paid

Our compensation to physicians who offer health care services to our members or enrollees may be based on a variety of payment mechanisms, such as fee-for-service payment, salary, or budgeted prepayment. Bonuses may be used with these various types of payment methods. If you desire additional information about our methods of paying physicians, or if you want to know which method(s) applies to your physician, contact Member Services at 301-468-6000, or toll free at 1-800-777-7902 (TTY 301-879-6380). You can also write us at Kaiser Permanente, Member Services, 2101 East Jefferson Street, Rockville, MD 20852.

3. Contracted providers receive discounted fee-for-service payments for services rendered to members.

4. A managed behavioral health care organization is paid a fee for administering its provider network. Providers are paid directly by Kaiser Permanente a discounted fee-for-service amount for services rendered. This arrangement is the result of an agreement between Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., MAPMG, and the managed behavioral health care organization. If you would like more information about our methods of paying providers, or if you want to know which method(s) applies to your provider, contact Member Services at kp.org or by calling 301-468-6000, or toll free at 1-800-777-7902 (TTY line at 301-879-6380). You can also write us at Kaiser Permanente, Member Services, 2101 East Jefferson Street, Rockville, MD 20852.

Compensation for providers of behavioral health services

Kaiser Permanente provides our members with access to behavioral care services through different types of providers who are compensated in various ways. How a provider is compensated depends on his or her relationship to the health plan. For example:

1. Providers such as social workers and clinical psychologists who are employees of the health plan are paid a salary.
2. Physicians of the Mid-Atlantic Permanente Medical Group, P.C. (MAPMG) are paid a salary by MAPMG, which receives a budgeted prepayment from the Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., to provide physician services to Kaiser Permanente members.

Hospitalization and home visits following a mastectomy

Kaiser Permanente provides benefits for reconstructive breast surgery related to a mastectomy as required by the Women's Health and Cancer Rights Act of 1998. Coverage for reconstructive surgery includes reconstruction of the breast and other mastectomy-related benefits such as coverage for prostheses and physical complications.

Maryland law now requires that coverage include inpatient hospitalization of no less than 48 hours following a

mastectomy. A covered patient may request a shorter stay; however, if the request results in less than a 48 hour stay, the carrier is required to provide one home visit to occur within 24 hours of the discharge and an additional home visit if prescribed. For more information about member benefits and services available with Kaiser Permanente, call Member Services.

Achieving better health through care management

Through such services as our care management program, we are continuing to build on the idea that the best way for you to achieve better health is to approach your care through early detection and effective management of health conditions. As part of a national health care organization, our care management program gathers the most successful clinical methods developed by our physicians and combines them with the latest in medical research. The care management program then works with each Kaiser Permanente region in the country to apply that knowledge to patient care. The care management program also offers information on evidence-based, modern medical treatments to support our physicians in managing and preventing the complications of such chronic illnesses as diabetes, asthma, high blood pressure, and coronary artery disease. Most importantly, through care management, you not only benefit from better health but also gain the confidence and the ability to participate actively in your own care.

Coverage for medically necessary care

All covered services must be medically necessary. We will determine when a covered service is medically necessary, as that term is defined in your coverage document. You are entitled to appeal our decision so long as we receive your appeal in the appropriate time frame. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details regarding your appeal rights.

Choosing your prescription medication

As with other health care decisions, you and your physician should choose which prescription medicines are right for you. Your physicians and pharmacists at Kaiser Permanente urge you to talk with them regarding your medications to ensure you will be on the safest and most effective treatments available. Like many health care organizations, we have developed a drug formulary, or a set list of preferred drugs, accessories, and supplies, to help physicians prescribe and pharmacists recommend medicines. Physicians use the drug formulary to help them decide which drugs should work best for you. A drug formulary also helps ensure that safe and cost-effective medicines are available. Our physicians and pharmacists complete an objective and balanced review of the drugs available to treat illnesses and medical conditions.

Drugs are reviewed for:

- Safety
- Effectiveness
- Therapeutic value
- Side effects
- Possible negative interactions with other drugs

The drug formulary (preferred drug) list includes those products that have been reviewed and approved for use by Kaiser Permanente and network providers. Decisions about drugs on the formulary represent the clinical judgment and expertise of many physicians, pharmacists, and other health care specialists on our Pharmacy and Therapeutics Committee, which selects the drugs that are most appropriate for patient care.

Our preferred-product formulary includes brand-name and generic drugs approved by the U.S. Food and Drug Administration as safe and effective for use. (A generic drug contains the same active ingredients as a brand-name medicine.) When the safety, effectiveness, and side-effect profile of two drugs are the same, the cost of the drug would be considered for inclusion on the formulary.

If you think you need a medicine that is not on the preferred-product formulary, speak with your personal physician. The non-formulary exception process is in place to give patients and providers access to a medically necessary drug under the drug benefit, even when that drug is not on the formulary. Non-formulary prescriptions are covered by your drug benefit plan only if your physician requests an exception.

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to the formulary, and documents that the non-formulary drug is medically necessary for your treatment and that no formulary drug is suitable for you. Unless the criteria for a formulary exception are met, you will be required to pay full price (not just your prescription copay) for a non-formulary drug. You may request consideration of the non-formulary exception process by contacting your physician or Member Services via telephone call or email message through kp.org.

When physicians prescribe a non-formulary drug, the Kaiser Permanente Pharmacy and Therapeutics Committee makes note of the physician's formulary exception requests.

The committee periodically reviews the nonformulary medicines prescribed to see if they should be added to the formulary. Kaiser Permanente physicians and members may also request that a non-formulary drug be added to the preferred-product formulary. You can access the form to request a review of a medication for addition or deletion from the formulary at kp.org or by calling Member Services.

The cost of prescriptions may vary depending upon the type of product and your particular pharmacy benefit. Details about your pharmacy benefit can be found in the *Evidence of Coverage* or contract for your insurance plan.

If you have questions or concerns, or wish to appeal the cost of a prescription or the decision on a non-formulary drug that your provider did not consider medically necessary, you must contact Member Services.

Your drug benefits may change from year to year, so be sure to refer to your *Evidence of Coverage* or contract for your plan's prescription drug benefit.

Which drugs are on the Kaiser Permanente formulary?

You can find the formulary online at kp.org, or you can request a copy by contacting Member Services.

How to potentially reduce the cost of prescription copays

As an added benefit, you may save time and money on prescription refills with our EZ Refill Line. Ideal for routine

(maintenance) medications, this service allows you to phone, fax, or mail in your order. The EZ Refill line also enables you to find out when your prescription refills are ready. For the fastest service, call 1-800-700-1479 (toll free), (TTY 703-709-1785) any time of the day or night and follow the instructions.

Select the EZ Refill by mail option to have your refillable prescription mailed anywhere in the United States for no additional charge, and you will usually receive your completed prescription within 7 to 10 business days. For faster service, you can pick up your prescription at any pharmacy in our medical centers.

Also, you may be eligible to receive additional savings when you use the EZ Refill by mail option. Refer to your contract for complete details about the benefits and services available to you.

Online prescription refills

For your convenience, you can also order prescription refills at kp.org.

Free language services

As part of the Kaiser Permanente mission, we are committed to provide access to quality care and culturally competent service to all of our valued members—regardless of language preference, ability to hear, or cultural background. You have the right to free language services for your health care needs. These services are available 24 hours a day, seven days a week, so you can be confident that you will be understood whenever you call or visit a Kaiser Permanente medical center.

24-hour access to an interpreter

We will connect you to someone who speaks your language when you call us to make an appointment or to talk with a medical advice nurse or Member Services representative. We can provide over-the-phone interpretation services in more than 170 languages. We can also provide language assistance when you meet with your primary care physician or a member of your health care team. This could be during an appointment, at the pharmacy or lab, or for other health care services. At most front desks, you will find a notice listing the top languages used in our region. You can point to your language and an interpreter will be called. The interpreter will be provided at no cost to you. To report interpretation problems, please contact Member Services.

Bilingual physicians and staff

In some medical centers and facilities, we have bilingual physicians and qualified bilingual staff to assist with your health care needs.

TTY/TDD access

If you have difficulty hearing or speaking, we have TTY/TDD access numbers at most centers that you can use to make appointments or talk with an advice nurse or Member Services representative.

Sign language interpreter services

Sign language services are available free of charge at your Kaiser Permanente medical office during your visit. In general, we'll need two to three business days advance notice to arrange for a sign language interpreter. If you see a provider outside of the Kaiser Permanente medical center, please call that office directly to make arrangements for a free sign language interpreter.

Educational resources

Selected health promotion resources are available in foreign languages. To access Spanish language information and many educational tools, go to kp.org/espanol. You can also look for the Ñ symbol on the English language Web page. The Ñ points to relevant Spanish content in *La Guía en Español*—including educational tools and videos.

Medicine labels

Upon request, your pharmacist can provide labels in Spanish for most prescription medicines at your Kaiser Permanente pharmacy.

Non-FEHB enrollment materials. Enrollment materials are available in alternative formats (e.g., Braille, large print) upon request to Member Services.

Linguistically and culturally competent services

To meet our members' linguistic needs and to provide culturally competent services, we need information to help us develop programs and to appropriately allocate resources. When visiting your medical center, you may be asked to provide information about your language preferences and other demographic information such as race, ethnicity, and country/territory of birth.

At Kaiser Permanente, we are committed to provide health care to all our members, regardless of their language preference, ability to hear, cultural, racial, or ethnic background. It is entirely your choice whether or not to provide this information. The information is confidential and will be used only to improve the quality of services for you and other health plan members. The information also enables us to respond to required reporting regulations that ensure nondiscrimination in the delivery of health care.

Servicios lingüísticos gratuitos

Como parte de la misión de Kaiser Permanente, nos hemos comprometido a brindar acceso a una atención de calidad y servicios culturales competentes a todos nuestros valiosos miembros, sin importar el idioma que hablen, habilidad de escuchar o su origen cultural.

Usted tiene derecho a recibir servicios lingüísticos gratis para atender sus necesidades de salud.

Estos servicios están disponibles las 24 horas del día, 7 días de la semana, de modo que puede tener la seguridad de que le entenderán cada vez que llame o visite un centro médico de Kaiser Permanente.

Acceso a intérprete las 24 horas del día por medio del teléfono. Si necesita un intérprete que le ayude a hacer una cita o para hablar con una enfermera de consejos médicos o un representante de Servicios para Miembros, le conectaremos con alguien que hable su idioma.

Ofrecemos servicios de interpretación por medio del teléfono en más de 170 idiomas. También le daremos ayuda en su idioma cuando vea a su médico de atención primaria o a un miembro de su equipo de salud.

Esto pudiera ser durante una cita, en la farmacia o laboratorio, o para otros servicios de atención de salud. En la mayoría de los mostradores de recepción verá una lista de los principales idiomas utilizados en nuestra región. Usted puede señalar el suyo y le traerán a un intérprete sin costo alguno. Si tiene algún problema de interpretación, le rogamos llamar al Departamento de Servicios para Miembros.

Médicos y personal bilingües. En algunos centros médicos e instituciones, contamos con médicos bilingües y empleados certificados como intérpretes bilingües calificados, para ayudarle con sus necesidades de atención de salud.

Acceso a teletipo (TTY/TDD). Si tiene dificultades para oír o hablar, le ofrecemos números de acceso TTY/TDD en la mayoría de los centros, los que puede usar para hacer citas o hablar con una enfermera de consejos médicos o con un representante de Servicios para Miembros.

Servicios de interpretación por señas. En su centro médico de Kaiser Permanente hay disponibles servicios gratis de lenguaje por señas durante las horas de consulta. En general, necesitamos de dos a tres días hábiles de aviso previo para disponer los

servicios de un intérprete de lenguaje por señas.

Si usted va a un proveedor fuera de un centro médico de Kaiser Permanente, por favor llame a la oficina de su doctor directamente para hacer estos arreglos.

Servicios educativos. Ciertos recursos de promoción de la salud están disponibles en idiomas extranjeros. Para acceder a la información en español y a muchas herramientas educativas, visite kp.org/espanol. También puede buscar el símbolo Ñ en la página web en inglés. La Ñ apunta al contenido relevante en español en *La Guía en Español*—incluyendo herramientas y videos educativos.

Etiquetas de medicamentos. Si usted lo pide, su farmacéutico puede suministrarle etiquetas en español para la mayoría de sus medicamentos con receta en la Farmacia de Kaiser Permanente.

Materiales de inscripción. También hay disponibles materiales de inscripción en varios formatos (por ejemplo, Braille, idiomas extranjeros, letra grande) si lo piden a Servicios para Miembros.

Servicios lingüísticas y culturalmente apropiados. Para atender las necesidades lingüísticas de nuestros miembros y ofrecerles servicios culturalmente apropiados, necesitamos información para ayudarnos a diseñar programas y para asignar los recursos apropiadamente.

Cuando visite su centro médico, puede ser que le pidan que proporcione información sobre sus preferencias lingüísticas y otra información demográfica como raza, origen étnico y país/territorio de nacimiento.

En Kaiser Permanente nos hemos comprometido a brindar atención médica a todos nuestros miembros sin importar su preferencia lingüística, habilidad de escuchar, cultural, raza u origen étnico. Queda a su entera discreción el proporcionar o no esta información.

La información es confidencial y únicamente se utilizará para mejorar la calidad de los servicios que le prestamos a usted y los demás miembros del plan de salud. Esta información nos permite cumplir con los reglamentos de notificación establecidos por el gobierno para garantizar que no exista discriminación en la prestación de los servicios de atención médica.

무료 언어 서비스

Kaiser Permanente는 저희의 임무의 일부로 모든 소중한 가입자들에게 선호하는 언어, 듣는 능력 또는 문화적 배경에 상관없이 우수한 진료와 문화적으로 적절한 서비스를 제공하기 위해 최선을 다하고 있습니다.

여러분은 자신에게 필요한 건강관리에 대해 무료 언어 서비스를 받을 권리가 있습니다. 이 서비스는 하루 24시간, 주 7일 제공되므로, 여러분이 Kaiser Permanente 메디컬센터에 전화를 하거나 방문을 할 때 의사소통에 문제가 없다는 자신감을 갖게 됩니다.

통역사에게 24시간 연결. 여러분이 진료 예약을 하기 위해, 또는 의료 상담 간호사나 가입자 서비스 담당자와 상의하기 위해 저희에게 전화를 하시면 여러분과 같은 언어를 사용하는 사람에게 연결해 드립니다.

저희는 170여 개 언어로 전화 통역 서비스를 제공합니다. 또한 주치의 또는 건강관리팀으로부터 진료를 받을 때 언어 지원을 제공합니다.

이 서비스는 예약한 진료를 받을 때, 약국이나 검사실에서, 또는 다른 건강관리 서비스를 받는 동안 제공됩니다. 여러분은 대부분의 접수계에서 이 지역에서 가장 많이 사용되는 언어의 리스트를 보실 수 있습니다. 여러분이 해당 언어를 가리키면 통역사에게 전화로 연결해 드립니다. 통역사는 여러분에게 무료로 제공됩니다. 통역과 관련된 문제가 있으시면 가입자 서비스로 연락해 주십시오.

2개 언어를 사용하는 의사와 직원. 일부 메디컬센터와 의료시설에서는 2개 언어를 사용하는 의사와 적격 직원이 여러분에게 필요한 건강관리를 도와 드립니다.

TTY/TDD 연결. 저희는 말하거나 듣기가 어려운 분들을 위해 대부분의 메디컬센터에서 진료 예약을 하거나 또는 상담 간호사나 가입자 서비스 담당자와 상의할 때 이용할 수 있는 TTY/TDD 연결 번호를 제공합니다.

수화 통역 서비스. Kaiser Permanente 병원에서는 진료를 받는 동안 수화 서비스를 무료로 제공합니다. 수화 통역사가 필요하시면 보통 2-3 업무일 전에 저희에게 알려주셔야 합니다. Kaiser Permanente 메디컬센터 외부의

의료제공자로부터 진료를 받는 경우에는 그 병원에 직접 전화를 걸어 무료 수화 통역사를 제공해달라고 요청하십시오.

교육 자료. 건강 증진과 관련된 일부 자료들은 외국어로 제공됩니다. 스페인어로 제공되는 정보와 많은 교육 자료를 보시려면 kp.org/espanol을 방문하십시오. 또한 영어 웹페이지에서 N 기호를 찾아볼 수도 있습니다. N 기호는 *La Guía en Español*에 들어 있는 스페인어 컨텐츠(교육 자료와 비디오 포함)로 연결합니다.

약 라벨. 여러분이 요청하시는 경우, Kaiser Permanente 약국의 약사들은 대부분의 처방약에 대해 스페인어로 작성된 라벨을 제공할 수 있습니다.

등록 양식. 가입자 서비스에 요청하시면 다른 형식(점자, 큰 활자체 등)으로 된 등록 양식을 받을 수 있습니다.

언어적, 문화적으로 적절한 서비스. 저희는 가입자들의 언어적 필요를 충족시키고 문화적으로 적절한 서비스를 제공하기 위해서 관련 프로그램을 개발하고 자원을 적절히 활용하는 데 도움이 되는 정보가 필요합니다.

여러분은 메디컬센터를 방문할 때 선호하는 언어에 대한 정보, 그리고 인종, 민족 및 출생 국가/지역과 같은 다른 인구 통계 정보를 제공해달라는 요청을 받는 경우가 있습니다.

Kaiser Permanente는 선호하는 언어, 듣는 능력 또는 문화적, 인종적 또는 민족적 배경에 상관없이 모든 가입자들에게 건강관리를 제공하기 위해 최선을 다하고 있습니다. 이러한 정보의 제공 여부는 전적으로 여러분의 결정에 달려 있습니다.

이 정보는 비밀로 유지되고, 여러분과 같은 건강 플랜 가입자들에 대한 서비스의 질을 개선하기 위한 목적으로만 사용됩니다. 또한 저희는 이러한 정보를 사용하여 건강관리 제공에 대한 차별 금지를 보장하기 위해 필요한 보고 규정을 이행할 수 있습니다.

Dịch vụ ngôn ngữ miễn phí

Một trong các nghĩa vụ của Kaiser Permanente là quyết tâm chăm sóc sức khỏe tốt và có những dịch vụ phù hợp với văn hóa cho tất cả các hội viên quý mến-bất kể họ nói ngôn ngữ nào, có thể nghe được hay không hoặc có nguồn gốc văn hóa nào.

Quý vị có quyền nhận các dịch vụ về ngôn ngữ miễn phí khi cần chăm sóc sức khỏe. Các dịch vụ này có sẵn 24 giờ một ngày, 7 ngày một tuần, cho nên quý vị an tâm sẽ có người hiểu được quý vị khi gọi hoặc ghé một trung tâm y khoa của Kaiser Permanente.

Có phiên dịch viên 24 tiếng. Chúng tôi sẽ tìm người nào nói cùng ngôn ngữ với quý vị mỗi khi quý vị gọi cho chúng tôi để lấy hẹn hoặc để hỏi ý kiến của một y tá hoặc để nói chuyện với một đại diện Phục Vụ Khách Hàng.

Chúng tôi có thể cung cấp dịch vụ phiên dịch qua điện thoại với trên 170 loại ngôn ngữ. Chúng tôi cũng có thể giúp đỡ về ngôn ngữ khi quý vị gặp bác sĩ chính hoặc gặp một trong những người đang chăm sóc sức khỏe cho quý vị.

Chuyện giúp đỡ này có thể xảy ra tại văn phòng bác sĩ, được phòng hoặc phòng xét nghiệm, hoặc bất kỳ dịch vụ chăm sóc sức khỏe nào khác. Tại hầu hết các quầy làm thủ tục cho các hội viên, quý vị đều thấy thông báo liệt kê những ngôn ngữ thường gặp nhất trong vùng. Quý vị chỉ cần chỉ vào ngôn ngữ đó là chúng tôi sẽ gọi phiên dịch viên. Dịch vụ phiên dịch không tốn xu nào cho quý vị. Nếu có vấn đề với dịch vụ này xin quý vị báo cho ban Phục Vụ Khách Hàng.

Bác sĩ và nhân viên song ngữ. Tại một số trung tâm và cơ sở y khoa, chúng tôi có bác sĩ song ngữ và nhân viên song ngữ có trình độ để giúp đỡ quý vị trong các nhu cầu chăm sóc sức khỏe.

Sử dụng máy TTY/TDD. Nếu quý vị có vấn đề về nghe và nói, chúng tôi có máy TTY/TDD tại nhiều trung tâm để quý vị gọi cho chúng tôi lấy hẹn hoặc hỏi ý kiến của một y tá hoặc để nói chuyện với một đại diện Phục Vụ Khách Hàng.

Dịch vụ phiên dịch dành cho người câm điếc. Dịch vụ này chúng tôi cũng có miễn phí tại văn phòng y khoa của Kaiser Permanente khi quý vị đến gặp chúng tôi. Thường thường, chúng tôi cần quý vị báo trước từ hai đến ba ngày có làm việc

để chúng tôi thu xếp tìm người phiên dịch. Nếu quý vị đi gặp một nhà cung cấp bên ngoài trung tâm y khoa của Kaiser Permanente, xin gọi thẳng cho nơi đó để thu xếp dịch vụ miễn phí dành cho người câm điếc.

Phương tiện học hỏi. Chúng tôi có một số phương tiện học hỏi bằng nhiều thứ tiếng. Muốn biết thông tin và tài liệu giáo dục bằng tiếng Tây Ban Nha, xin vào trang kp.org/espanol. Quý vị đừng có thể tìm ký hiệu Ñ trên trang web tiếng Anh. Ký hiệu Ñ đưa quý vị đến nội dung tiếng Tây Ban Nha liên hệ ở mục *La Guía en Español*—trong đó có những công cụ và video có tính cách giáo dục.

Nhãn hiệu thuốc men. Nếu quý vị yêu cầu, được sĩ tại các dược phòng của Kaiser Permanente có thể cung cấp các nhãn hiệu bằng tiếng Tây Ban Nha cho hầu hết các loại thuốc được kê toa.

Tài liệu đăng ký. Quý vị có thể yêu cầu ban Phục Vụ Khách Hàng cung cấp cho quý vị các tài liệu đăng ký dưới nhiều dạng thay thế (ví dụ tài liệu bằng chữ Braille dành cho người mù, in cỡ chữ to dành cho người kém mắt.)

Các dịch vụ thích hợp với ngôn ngữ và văn hóa. Nhằm đáp ứng nhu cầu ngôn ngữ của các hội viên và nhằm cung cấp các dịch vụ thích hợp với văn hóa của hội viên, chúng tôi cần các thông tin để giúp chúng tôi soạn các chương trình và phân bổ phương tiện một cách thích hợp.

Khi đến một trung tâm y khoa của chúng tôi, nhân viên có thể hỏi thêm quý vị thích dùng ngôn ngữ nào hoặc hỏi các thông tin khác về con người, chẳng hạn như chủng tộc, sắc tộc và quốc gia hoặc vùng lãnh thổ chào đón của quý vị.

Tại Kaiser Permanente, chúng tôi luôn luôn phục vụ sức khỏe cho tất cả hội viên bất kể họ nói ngôn ngữ nào, nghe như thế nào, hoặc có gốc gác văn hóa, chủng tộc hay sắc tộc nào. Quý vị có toàn quyền quyết định có nên cung cấp các thông tin đó hay không.

Các thông tin đó được giữ kín và sẽ chỉ được sử dụng để cải tiến cách chăm sóc sức khỏe cho quý vị cùng các hội viên khác. Thông tin đó cũng giúp chúng tôi đáp ứng các mẫu báo cáo mà chúng tôi bắt buộc phải lập cho nhà chức trách để bảo đảm chúng tôi không phân biệt đối xử trong các dịch vụ chăm sóc sức khỏe.





About Kaiser Permanente

Since 1945, our mission has been to provide high-quality, affordable health care, and to improve the health of our members and the communities we serve. Recognized as one of America's leading health care providers and not-for-profit health plans, we bring this mission to life by consistently reinvesting in your well-being. We're committed to helping shape the future of health care through innovation, clinical research, health education, and the support of community health. To better understand who we are and what we do, visit kp.org/carestories.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

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