

# Member Guide

## Kaiser Permanente Summit PPO Plans



# Important phone numbers

## Member Services

1-888-901-4636

206-630-4636

711 (TTY)

Monday through Friday, 8 a.m. to 8 p.m.

Get information about:

- **Getting care.** Choosing or switching doctors, where to go for care, and on-the-job injuries.
- **Coverage.** What your health plan does and doesn't cover, adding dependents, and coverage while traveling.
- **Billing.** Statements, payments, and reimbursements.
- **Language services.** If your primary language is not English.
- **Evidence of Coverage.** If you need a printed copy of this document.

## New Member Welcome Team

1-888-844-4607

206-630-0029

Get help transferring your care or prescriptions to Kaiser Permanente.

## Consulting Nurse Service

1-800-297-6877

206-630-2244

Get health care advice 24 hours a day, 7 days a week.

## Mental Health Access Center

1-888-287-2680

206-901-6300

Schedule first-time appointments for mental health and addiction and recovery services.

## Care Management services

1-866-656-4183

Get help managing chronic health conditions.

## Hospital Notification Line

1-888-457-9516

Call if you've been hospitalized for an emergency.

## Prescription refills

1-800-245-7979

Sign in at [kp.org/wa/pharmacy](https://kp.org/wa/pharmacy) or call us to order refills or transfer prescriptions.

## Resource Line

1-800-992-2279

Get information on health topics, community resources, services for seniors, and support groups in your area.

## Website and mobile app support

1-888-874-1620

Monday through Friday, 8 a.m. to 5 p.m.  
Get help with our online services.

Sign in at [kp.org/wa](https://kp.org/wa) to find forms, health information, and providers in the Summit PPO network. Register for personal online services and you'll be able to check your health coverage and benefits, order prescription refills, complete a health risk assessment, and more.

# Your Kaiser Permanente Member Guide

Welcome to your go-to source for understanding your care options, finding health resources, and more. Getting and staying healthy starts with taking advantage of all that Kaiser Permanente has to offer.

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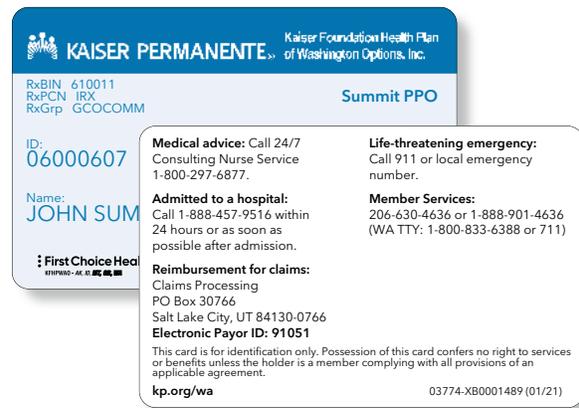
The information in this Member Guide is updated from time to time and is current as of December 2020. Plan hospitals, plan physicians, and other plan providers, and the services available at plan facilities, are subject to change at any time without notice. If you have questions, or to get the latest information, call Member Services or visit [kp.org/wa](https://kp.org/wa).



## Your member ID card

Your Kaiser Permanente member ID card will be mailed to you. You need your member ID card or ID number to:

- Get care at our facilities and with other plan network providers
- Fill prescriptions
- Sign in at [kp.org/wa](https://kp.org/wa) to use personal online services
- Get assistance from Member Services



### Digital ID card lets you manage your care on the go

You can also access your membership information anytime, anywhere, with the Kaiser Permanente digital ID card – an electronic version of your ID card. Just register for online services, sign in, and find the link on your secure homepage. The digital card lets you check in for appointments, pick up prescriptions, and provide your membership information – right from your smartphone.

### Helpful tips

Check out the back of your card. You'll find useful numbers such as the Consulting Nurse Service, Member Services, and the number to call if you're admitted to a hospital.

Call Member Services immediately if your ID card is lost, stolen, or needs to be replaced.

Write down your member ID number and keep it in a safe place separate from your card.



## Download the Kaiser Permanente Washington app. It's as easy as 1, 2, 3

1. Register for online services at [kp.org/wa/getstarted](https://kp.org/wa/getstarted).
2. Download the Kaiser Permanente Washington app from the app store on your mobile device. Make sure the app you download has WA on the icon.
3. Sign in with your member ID and manage your health care anytime, anywhere.



# Choose your doctor and change anytime

Even if you don't need to see a doctor right away, having a personal physician is an important part of taking care of your health. Your personal physician coordinates your overall health care and makes sure you're connected with the resources you need.

## Choose the right doctor

To find a personal doctor who's right for you, you can call Member Services or browse online doctor profiles. There you'll see information on each doctor's education, credentials, specialties, and areas of interest. For your personal physician, choose from these specialties:

- Family medicine
- Adult medicine/internal medicine
- Pediatrics/adolescent medicine (for children up to 18)

Be sure to check that the doctor you're considering is accepting new patients. If your choice doesn't feel right after a few visits, you can change personal doctors at any time, for any reason.

You can choose from thousands of doctors and other primary care providers included in our physician listings at [kp.org/find-a-doctor](https://kp.org/find-a-doctor) for Summit PPO.

## What to consider when you choose a doctor

Make a list of what's important to you in a doctor. Here are some things to consider: gender, clinic location, medical interests, languages spoken, years of experience, cultural or personal background.

## Make an appointment

Call the doctor's office to schedule an appointment. At the appointment, talk with your doctor about your medical history, including any current conditions, known health risks, and medications you're taking. Review our preventive care schedules at [kp.org/wa/wellcare](https://kp.org/wa/wellcare) and schedule any immunizations, tests, or screenings you're due for.

If you've chosen a personal physician at a Kaiser Permanente facility, you can schedule an appointment online once you've registered for our secure member website.

## Help for new members

Are you in the middle of treatment? If you need help transferring your care or prescriptions from other providers and pharmacies to Kaiser Permanente, call our New Member Welcome Team at **206-630-0029** or **1-888-844-4607**.





# Routine care and care advice

We want it to be easy for you and your family to get the care you need, so we offer online, phone, and face-to-face options. Choose what works best for your health needs.

## Click

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### **E-visits\***

Get a care plan for common health issues and a prescription, if needed. Start anytime and get responses from 9 a.m. to 9 p.m. daily.

### **24/7 Care Chat\***

Chat online with a doctor or clinician for real-time medical care and prescriptions, if needed.

### **Video visits\***

Schedule follow-up care and care for new health concerns that don't require an in-person visit. Appointments are often available that same day or the next day.

### **Email**

Message your care team with nonurgent questions and get a reply within 2 business days.

## Call

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### **Phone appointments\***

Schedule a call with your Kaiser Permanente provider to get follow-up care or care for new health concerns that don't require an in-person visit. Appointments are often available that same day or the next day.

### **24/7 Consulting Nurse Service**

Get real-time treatment and care advice or help finding in-person care. Call **206-630-2244** or **1-800-297-6877** (TTY 711).

## Come In

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### **Walk-In clinics**

Find hours for walk-in clinics at a number of our medical facilities (Everett, Olympia, Puyallup, Tacoma, and Riverfront in Spokane) at [kp.org/wa](https://kp.org/wa). No appointment is needed.

### **Office visits**

Call your personal physician's office to schedule routine visits for preventive care or to discuss symptoms or health issues. At Kaiser Permanente, we'll make every effort to get you an appointment with your personal physician at a convenient time. You can also sign in at [kp.org/wa](https://kp.org/wa) and schedule an appointment at our medical facilities.

## Women's health care

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In addition to having a personal physician, women can refer themselves to women's health care providers for routine reproductive health care, gynecological care, maternity care, and general preventive care such as Pap tests and breast exams. Women's health care providers include specialists such as gynecologists and obstetricians, and physician assistants or nurse practitioners specializing in women's health and midwifery.

\*When appropriate and available. If you travel out of state, virtual care could be limited due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.



## Specialty care

When you need specialty care, your primary care doctor can recommend a specialist in your plan, or you can choose another network specialist. With Summit PPO, you don't need a referral for most specialties.

### Finding a specialist

To find a specialist, go to [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor). You can choose from specialists at Kaiser Permanente, from specialists we contract with, or follow links to your additional regional and national provider networks. Once you've found a specialist you'd like to see or one your personal doctor has suggested to you, just call the specialist's office and ask for an appointment.

For specialties at Kaiser Permanente that don't accept self-referrals, such as many surgical specialties, our staff will let you know that you'll need to first get a formal authorization or referral from your primary care doctor.

For specialists in the Summit PPO network who don't practice at Kaiser Permanente, you'll need to ask the recommending physician to submit a referral to get authorization from Kaiser Permanente if needed.

### Mental health care

Mental health services, including addiction and recovery, are available in the Summit PPO network. You don't need a referral from your personal doctor to access these services. You just need to call the Mental Health Access Center at **1-888-287-2680**. They coordinate

and authorize all mental health care, including addiction and recovery, for plan members. Check your Evidence of Coverage for details.

### Vision care

Most Summit PPO plans cover routine eye exams. Check your Evidence of Coverage for details on your benefits for contacts or eyewear and lenses. Many of our medical facilities have an optical center where you can fill your prescription for contact lenses or eyeglasses. Visit [kp.org/wa/eyecare](https://kp.org/wa/eyecare) for locations, hours, discounts, and frame selections. Or find an optometrist in your area in the Summit PPO provider listing at [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor).

### Alternative care

No referral is needed to make an appointment with a licensed chiropractor, acupuncturist, or naturopath in the Summit PPO network. If you need to see a massage therapist for medical reasons, your personal doctor will write a prescription and care plan for you. Some plans have a visit limit for alternative care therapies. If you need more visits, they must be authorized by Kaiser Permanente, usually by the request of the recommending physician.

**Inpatient care for surgery or a planned procedure is covered at a network facility when ordered by a Kaiser Permanente or other Summit PPO network doctor. Your doctor will request any needed preauthorization from the health plan.**



# Urgent and emergency care

You are covered for emergency care and medically necessary urgent care anywhere in the world. If you think you are experiencing an emergency, go immediately to the nearest emergency care facility or call 911.

## When to use urgent care centers

Go to the closest network urgent care center for an illness or injury that requires prompt medical attention but is not an emergency. Examples include:

- Minor injuries, wounds, and cuts needing stitches
- Minor breathing issues
- Minor stomach pain

If you're unsure whether urgent care is your best option, call the Consulting Nurse Service for advice at **1-800-297-6877** or **206-630-2244**.

## Where to go for urgent care

For urgent care during office hours, you can call your personal doctor's office first to see if you can get a same-day appointment. If a doctor isn't available or it's after office hours, check [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor) or call Member Services to find the nearest urgent care facility in your network. Kaiser Permanente facilities have urgent care centers at 5 locations:

- Bellevue Medical Center, 24 hours a day, 7 days a week
- Capitol Hill Campus, Seattle, Main Building, 24 hours a day, 7 days a week

- Olympia Medical Center, Monday through Friday, 8 a.m. to 9 p.m.; Saturday and Sunday, 9 a.m. to 5 p.m.
- Silverdale Medical Center, Monday through Friday, 8 a.m. to 9 p.m.; Saturday and Sunday, 9 a.m. to 5 p.m.
- Tacoma Medical Center, 24 hours a day, 7 days a week

## When to use emergency care\*

Seek emergency care for a medical or psychiatric condition that requires immediate medical attention to prevent serious risk to your health. Examples include:

- Chest pain or pressure that may move out to the arm, neck, back, shoulder, jaw, or wrist
- Severe stomach pain that comes on suddenly
- A sudden decrease in or loss of consciousness
- Severe shortness of breath

Summit PPO plans provide coverage for emergency services, including ambulance transportation used for a medical or psychiatric emergency. If your particular plan has a copayment, coinsurance, or deductible for these services, you will receive a bill. You can review coverage for emergency services in your plan's Evidence of Coverage or Summary of Benefits and Coverage.

\*If you need emergency care and are admitted to a non-network hospital (also referred to as "non-participating"), you or a family member must let us know within 48 hours after care begins, or as soon as is reasonably possible. Call the notification number listed on the back of your Kaiser Permanente member ID card to help make sure your claim is accepted.



# Getting prescriptions filled

You can fill new prescriptions at any network pharmacy and get most refills through mail order. To make sure your refills are ready when you need them, go to [kp.org/wa/getstarted](https://kp.org/wa/getstarted) and follow the instructions under "Transfer prescriptions." For more pharmacy information, visit [kp.org/wa/pharmacy](https://kp.org/wa/pharmacy).

## Covered drugs

Your plan has an approved list of drugs to help make sure that the most appropriate, safe, and effective prescription medications are available to you. This list – called a formulary – typically divides groups of medications into tiers.

For example, tier 1 usually includes generic medications; tier 2, preferred brand name medications; tier 3, non-preferred brand name medications; and tier 4, specialty medications. The tier your medication is in determines your portion of the drug cost.

To find the formulary for your plan, go to [kp.org/wa/formulary](https://kp.org/wa/formulary). You may need to check with your employer or review your Summary of Benefits to know how many tiers your plan's formulary has.

## What's not covered

Most plans do not include:

- Nonprescription or over-the-counter drugs
- Drugs for cosmetic uses
- Drugs used for reasons not approved by the FDA
- Drugs for anticipated illness while traveling
- Plan-excluded prescription drugs

If it's determined that a drug that's not on your plan formulary is medically necessary for your treatment, you or your doctor can request that Kaiser Permanente review the circumstances and cover the medication, using a Drug Formulary Exception Request form, found online at [kp.org/wa](https://kp.org/wa).

## Refilling prescriptions

Refills of most medications for ongoing conditions such as asthma and diabetes **must** be filled through our mail-order service or at a Kaiser Permanente pharmacy. These are called maintenance drugs.

Non-maintenance drugs and those we cannot mail are not subject to these guidelines and may be filled at any in-network retail pharmacy or through our mail-order service.

## Requirements for some drugs

A formulary usually includes some restrictions. Here's what you should know:

- **Step therapy (ST).** If 2 drugs have been shown to be equally effective at treating a condition, we ask that you try the less costly drug first before we'll cover the other medication.
- **Quantity limit (QL).** Based on a drug's safety, toxicity, and potential misuse, we may limit the amount of the drug you can have each time you fill the prescription.
- **Prior authorization (PA).** This process is to confirm medical criteria have been met that will help ensure your safety. If you're on a drug that requires prior authorization and you got it while on another company's health plan, you will still need to complete the process with Kaiser Permanente.



# Supportive care services

Some medical diagnoses and conditions can be stressful and create many questions for you and your family. These support services – all free to plan members – can help.

## Chronic conditions

If you'd like more help managing chronic asthma, diabetes, high blood pressure, cholesterol, or heart disease, call **1-866-656-4183**, Monday through Friday, 8 a.m. to 5 p.m. Registered nurses certified in case management offer phone-based support to help you navigate the health system and make positive changes in your health.

## Complex case management

This program assists plan members who are finding it difficult to manage because they have multiple chronic conditions, medications, and providers. A specially trained nurse – in partnership with your personal doctor – will help you explore next steps for taking better care of yourself. Call **1-866-656-4183** to see if this program is right for you or a family member.

## Care at home

Kaiser Permanente's specialized teams provide home health, palliative care, and hospice services to eligible Kaiser Permanente enrollees in King, Kitsap, Pierce, and Snohomish counties. Members living in other areas receive services through arrangements with other local home-care agencies. Nurses, physical therapists, social workers, home health aides, and other health professionals provide care and support services to homebound patients,

including patients with advanced illnesses. Your doctor can refer you to these services when appropriate. In the 4 counties mentioned, call **1-800-332-5735** for details. In other areas, look for a network agency in the Summit PPO provider listing at [kp.org/wa/find-a-doctor](http://kp.org/wa/find-a-doctor).

## Specialty pharmacy program

This phone-based service offers ongoing support to members taking specialty drugs for a wide range of conditions. Specially trained pharmacists work with you and your doctor to review your medication schedule, provide education about medications and possible side effects, assess your response to drug therapy, remind you of any labs or clinical monitoring you need, and coordinate monthly delivery of your medications. Visit [kp.org/wa/sp](http://kp.org/wa/sp) to learn more.

## Transgender services

Kaiser Permanente is a safe, respectful place for those who wish to explore or pursue gender-affirming services. Licensed, caring social workers provide clinical guidance and support for members as they move through the process of gender-affirming surgery. Call **1-866-656-4183** for details. Members can refer themselves. Coverage depends on your plan.



# Managing your health online

When you register at [kp.org/wa](https://kp.org/wa), you can use our many time-saving online tools for managing your health – anytime, anywhere.

## Review your coverage

You can review your Evidence of Coverage, Summary of Benefits and Coverage, billing statements, Explanation of Benefits (a summary of services you've received and related charges), and the status on any remaining deductible you may have.

## Refill prescriptions

Once your prescriptions are in the Kaiser Permanente pharmacy system, you can sign in to the secure member website to review your medications and request refills. Most refills must be filled through our mail-order pharmacy and are delivered in as little as 1 to 2 days. You can also track your refills online.

## Check for health risks

See if you are at risk for certain diseases and learn how you can improve your health by taking the Health Profile. It's an online questionnaire you'll find on your secure member homepage after you register and sign in. This health risk assessment can then be used as a guide in discussing your overall care with your doctor. Take it every year, and you'll be able to see what's changed since your last assessment.

## Manage your Kaiser Permanente care

When you receive care at Kaiser Permanente, you can take advantage of additional online services, like:

- Scheduling most appointments with providers
- Emailing your doctor's office for nonurgent issues
- Checking lab and test results
- Reading after-visit summaries (whether an office visit, nurse visit, or phone visit)
- Viewing medical records for you and your children under age 13
- Viewing reminders for preventive care and appointments

The more care you receive at our facilities, the more complete your online health record at [kp.org/wa](https://kp.org/wa) will be.

## On the go?

Try the Kaiser Permanente Washington mobile app. Access many features available in your secure online account from your smartphone. Use your member ID number and password to activate the app and you'll be ready to use the secure features anytime, anywhere.\*

Learn more at [kp.org/wa/mobile](https://kp.org/wa/mobile).

\*Kaiser Permanente has numerous apps. You'll want the Kaiser Permanente Washington app with WA prominently highlighted on the icon.



# Care away from home

If you become ill or injured while traveling, you're never far from in-network care with local, regional, or national network options. Find links to your provider choices at [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor).

## Emergency care while traveling

If you need emergency care and are admitted to a hospital, you or a family member must notify us within 48 hours after care begins, or as soon as is reasonably possible. Call the notification line listed on the back of your Kaiser Permanente member ID card to help make sure your claim is accepted. Keep receipts and other paperwork from out-of-network care. You'll need to submit them with any claims for reimbursement after you get back.

## Access to nonemergency care in other Kaiser Permanente regions

Care from Kaiser Permanente facilities outside of our Washington service area is covered at your in-network benefit level. We have facilities in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Clark and Cowlitz counties in Washington state, and Washington D.C. The best approach for finding nonemergency care while traveling is to call Member Services at **1-800-446-4296** for assistance.

## Travel Advisory Service

Our Travel Advisory Service offers recommendations tailored to your travel outside the United States. Nurses certified in travel health will advise you on any vaccines or medications you need based on your destination, activities, and medical history. The consultation is not a covered benefit and there is a fee for a Kaiser Permanente member using the service for the first time. Travel-related vaccinations and medications are usually not covered. Visit [kp.org/wa/travel-service](https://kp.org/wa/travel-service) for more details.

## Resources while traveling

You can call our Consulting Nurse Service – 24 hours a day, 7 days a week – from anywhere in the world for advice on symptoms. If you get your care at Kaiser Permanente facilities, you can email your care team's office with nonurgent questions. You can also sign in at [kp.org/wa](https://kp.org/wa) and access your online health record.

# Paying for your care

When you receive medical services, either at Kaiser Permanente or from other network providers, be prepared to pay any copay, coinsurance, or deductible you're responsible for.

## Kaiser Permanente medical services payment options

Pick the option that works best for you:

- Sign in at [kp.org/wa](https://kp.org/wa) and pay online.
- Pay in person at our medical facilities.
- Pay by mail using the payment coupon and return envelope that come with your bill.
- Pay by phone using a credit card.

We accept payment by debit card, personal check, or credit card. We do not accept cash.

You may receive a bill for services performed after you've paid and left our facility, such as tests that need to be sent to a lab.

## Medical financial assistance

Kaiser Permanente's Medical Financial Assistance program helps low income, uninsured, or underinsured patients who need help paying for all or part of their medical care received from Kaiser Permanente. Patients are eligible for financial assistance when their family income is at or below 300% of the Federal

Poverty Guidelines. To see if you qualify, talk to the business office staff at any of our facilities or call **1-800-992-2279**. You can learn more about the program by searching for "financial assistance" at [kp.org/wa](https://kp.org/wa).

## Coordinating dual coverage

When you have additional health coverage, we may be able to lower your out-of-pocket expenses by working with the other health plan carrier to coordinate your benefits. Find our Coordination of Benefits Questionnaire under "Claim forms" at [kp.org/wa/forms](https://kp.org/wa/forms).

## Out-of-network care

Summit PPO has an out-of-network benefit level for covered services from any licensed provider in the United States who isn't part of the plan's network. Out-of-network providers will bill you directly, and you will need to submit claims to Kaiser Permanente for reimbursement, so you will have more paperwork than with in-network providers.

## Contact us

**Patient Financial Services 1-800-442-4014**

Get answers to questions about a bill or request a payment arrangement.

**How to submit claims for reimbursement [kp.org/wa/reimburse](https://kp.org/wa/reimburse)**

For information and forms related to drug and medical claims and claims for care received outside the United States.



# Resources for healthy living

Good health goes beyond the doctor's office. That's why we offer so many convenient resources to our members. Explore them all and choose the ones that fit your life.

## Get the most out of your health plan



### Wellness blog

Visit [kp.org/wa/health](https://kp.org/wa/health) for wellness information, recipes, fitness ideas, and tips for healthy aging.



### Mental health and wellness

Get personalized programs for managing depression, stress, anxiety, and more at [kp.org/wa/mystrength](https://kp.org/wa/mystrength).<sup>\*</sup> Includes interactive activities and tools for setting goals and tracking progress. No additional cost.



### Personal wellness coaching

Work one-on-one by phone with a wellness coach – at no additional cost. You can get personal support to help you reach your specific health goals. Find out more at [kp.org/wa/wellness-coach](https://kp.org/wa/wellness-coach).



### Classes and support groups

Sign up for health classes and support groups held online and at Kaiser Permanente medical facilities and some community locations. See what's available near you at [kp.org/wa/classes](https://kp.org/wa/classes). Some may require a fee.



### Help to quit smoking

Quit for good with one of the country's most successful tobacco cessation programs – at no additional cost. Phone-based or online. Visit [quitnow.net/kpwa](https://quitnow.net/kpwa) for details.



### Special rates for members

Our ChooseHealthy<sup>®</sup> program gives you access to a fitness center membership for just \$25 a month, plus a \$25 enrollment fee. Or get 25% off participating provider standard fees for acupuncture, chiropractic care, and therapeutic massage. See these and more discounts at [kp.org/wa/member-perks](https://kp.org/wa/member-perks).



### Sponsored events

Connect with other fitness enthusiasts at our sponsored events across Washington state, including walking, running, biking, and cooking. Look for upcoming events at [kp.org/wa/community-events](https://kp.org/wa/community-events).

<sup>\*</sup>Not intended to replace treatment or advice. myStrength is a wholly-owned subsidiary of Livongo Health, Inc.



## Preventive care

Kaiser Permanente helps you stay as healthy as possible by focusing on prevention. Use our preventive care schedules and reminders to learn what you can do to be healthier and detect possible problems early.

### Preventive care schedules

Well-care visits include immunizations, health and cancer screenings, weight and blood pressure checks, and counseling on lifestyle behaviors that affect your health. There are preventive care schedules for men, women, and children, each divided by age.

Find the prevention information you need, including care schedules, at [kp.org/wa/wellcare](https://kp.org/wa/wellcare). These schedules are for people who are generally healthy. If you have ongoing health problems or personal risk factors, your schedule may differ from the standard recommendation. Talk with your doctor about an approach that fits your needs.

### What's covered as part of a preventive or well-care visit

The care listed in our well-care schedule for your gender and age is what is generally covered as part of your preventive services benefit – with no copay, coinsurance, or deductible. Use this time with your doctor to focus on prevention. If the appointment is also spent discussing or treating specific health conditions or symptoms, you may be responsible for a copay, coinsurance, or deductible for these additional services.

### Watch for preventive care reminders

No matter where you receive your care, we'll remind you about screenings, tests, and immunizations you're due for. These reminders may come by mail, a phone call, or on your secure member homepage after you sign in at [kp.org/wa](https://kp.org/wa). To help make sure you receive this important care, all Kaiser Permanente and contracted primary care doctors in the Summit PPO network receive a report that identifies any care gaps for every Kaiser Permanente member they see. In addition, when you get your care at Kaiser Permanente medical facilities, staff will likely mention any needed preventive care they see indicated in your electronic health record.



# Protecting your privacy and security

We take protecting you, your medical information, and resources for your care very seriously. We train our employees and physicians to help protect your privacy and prevent fraud and identity theft.

## Notice of Privacy Practices

Our regional Notice of Privacy Practices, which all members and patients receive, describes how medical information about you may be used and disclosed and how you can access it. It also describes our responsibility to notify you if there is a breach of your protected health information. We want to remind you about this notice and how you can get another copy if you want one. Protected health information is an important part of the federal Health Insurance Portability and Accountability Act (HIPAA). You can download a copy at [kp.org/wa/privacy](https://kp.org/wa/privacy). In addition to English, copies are available in Chinese, Korean, Russian, Spanish, and Vietnamese. Or you may request a copy in your language.

## Confirming your identity

When you receive services at Kaiser Permanente facilities, you'll be asked to identify yourself – usually with your name and date of birth – several times. That's to ensure clinic staff are matching you with the right patient record every step of the way, whether it's for lab work, tests, treatment, or medications. You may encounter this practice with other network providers as well.



# Your medical treatment

We want you to know about your rights when it comes to your medical treatment. While some rights are set by state and federal law, you also have the right to choose treatments based on your personal values, beliefs, and what is important to you.

## Making treatment decisions

When your doctor offers you treatment for a medical condition, you can choose to say “yes” or “no.” To help you make a decision, your physician will tell you about your medical condition, the different treatments, and what their side effects might be. Your beliefs and values may guide you in deciding whether to go ahead with a treatment or not.

## Discussing treatment alternatives

While Kaiser Permanente doesn't cover every kind of treatment or procedure (no health plan does), we don't have any financial incentives or penalties that might encourage doctors or other clinicians to withhold medically necessary services or to keep them from discussing recognized medical alternatives with you. The only financial incentives we ever use are rewards for medical groups and hospitals that meet quality care measures (such as cancer screenings) and patient satisfaction targets.

## Documenting your care choices

What if you were in a serious accident and lost your ability to say “yes” or “no” to treatment? Advance directives are designed to document your wishes in case you find yourself in that situation. They can be completed by anyone 18 or older and changed or canceled at any time. There are 3 types of advance directives:

- **Durable Power of Attorney for Health Care (DPOA):** Names someone as your decision-maker if and when you are unable to make health care decisions yourself.
- **Health Care Directive - Living Will:** Tells your provider and your family what kinds of care you do not want if you are seriously ill or injured.
- **Physician Orders for Life-Sustaining Treatment (POLST):** Contains physician orders about the use of life-sustaining treatment such as CPR. It is intended to reflect your wishes around end-of-life care.

Call the Resource Line at **1-800-992-2279** for the forms you need and a booklet that will help you understand advance directives.

## When you need hospital care

Your network includes most community and regional hospitals across our Washington state service area and across the rest of the country. The Leapfrog Group, a national hospital rating organization, publishes an annual survey on hospital safety performance. You can review the most recent results for participating hospitals – by state – at [leapfroggroup.org/compare-hospitals](http://leapfroggroup.org/compare-hospitals).

## Laws related to women's health

**Contraception.** Beginning in 2018, Washington state law requires health plans with contraceptive drug coverage to let members

## Your medical treatment, continued

get a 12-month supply at once. All preferred contraceptives except NuvaRing are eligible for this extended supply. This regulation doesn't apply to employer self-funded plans.

**Mastectomies.** The Women's Health and Cancer Rights Act of 1998 gives you the right to the following coverage after a mastectomy: reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical (balanced) appearance, prostheses (artificial replacements), and treatment for physical complications resulting from the mastectomy.

### New medical technology

New and emerging medical technologies are evaluated on an ongoing basis by 2 Kaiser Permanente committees – the Interregional New Technologies Committee and our local Pharmacy and Therapeutics Committee. These evaluators consider the new technology's benefits, whether it has been proven safe and effective, and under what conditions its use would be appropriate. The recommendations of these committees, which are led by physicians, inform what is covered and used by our clinicians.

### Quality improvements

Each year we develop an annual work plan to guide our efforts to maintain and improve the quality of patient care and services. You can find the Quality & Safety Program description and Quality Plan work plan at [kp.org/wa/quality](http://kp.org/wa/quality), or call Member Services and ask for a copy.

### Feedback on care quality or access

Your compliments, concerns, complaints, and questions help us provide high-quality care and service. You can call Member Services at **1-888-901-4636** to share your comments, or complete an online form and email it to Member Services at [kp.org/wa/compliments-complaints](http://kp.org/wa/compliments-complaints).



# Coverage decisions

Decisions about your benefit coverage are based solely on the appropriateness of care for your medical needs and what is covered by your health plan.

## How utilization management works

Utilization management is a process used in the health care field to make sure patients are getting appropriate services at the right time and for the right length of time. You benefit because it requires continuous review and monitoring of your care. Some of the services we continuously monitor and evaluate are:

- Hospital admissions and average length of stay
- Referred services
- Post-service claims
- Case management services for certain medical conditions
- Clinical practice guidelines

Some care, services, and supplies require prior approval (preauthorization) from Kaiser Permanente in order to be covered. This includes planned inpatient hospitalization, advanced imaging (CT scan, MRI, PET scan), clinical trials, dialysis, home care, hospice, certain drugs, and more. Generally, the recommending provider will request the preauthorization on your behalf.

If at any time you feel you are not receiving coverage for an item or service that you believe is medically necessary, you have the right to:

- Make a request for services or supplies you have not received.
- File a claim for payment of charges you've paid yourself.

If you don't agree with our decision regarding your request, you have the right to request an appeal.

You or your doctor can contact Member Services at **1-888-901-4636** for help with questions about coverage determinations. If you contact us after regular business hours, we'll respond the next business day. If the communication is received after midnight, Monday through Friday, we'll respond the same business day.

## Claims

If you have questions about what is covered under your plan, it is best to review your Evidence of Coverage or other coverage agreement. You will find your coverage documents online at [kp.org/wa](http://kp.org/wa) once you've registered for online services and signed in.

To submit claims for care covered by your plan that you received from non-participating licensed providers, follow these steps:

1. Visit [kp.org/wa/forms](http://kp.org/wa/forms). Under "Pharmacy and medical reimbursement," click on "How to submit claims for reimbursement." You can also request forms from Member Services.
2. Choose whether your claim is for pharmacy service, medical service, or a foreign claim, then download the appropriate form.
3. Complete the form and make a copy for yourself.
4. Mail the original to the claims processing address on the form. Medical claims have a different address from pharmacy claims.

## Coverage decisions, continued

Processing a medical claim can take up to 60 days. Processing a pharmacy claim usually takes 4 to 6 weeks. Claims with missing information may be returned unprocessed, so be sure to completely fill out the forms.

### Appeals

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An appeal is a formal way of asking us to review and change a coverage determination we've made. You have the right to appeal any coverage decision. The type of appeal and time frame for resolution depends on what is being denied. In the letter you receive denying coverage, there will be information on how you can appeal.

At [kp.org/wa/appeals](https://kp.org/wa/appeals), you'll find details on appeals and a link to download and print the Member Appeal Request form. You can complete the form and then mail or fax it. If you register and sign in to your secure member homepage at [kp.org/wa](https://kp.org/wa), you can submit the same information, "Request a Coverage Decision Appeal," online. If the situation isn't urgent, we normally make a decision within 30 calendar days of receiving the appeal. If any delay will seriously impact your health, you or your physician can request an expedited review, which is usually issued within 24 to 72 hours. Call the Member Appeals Unit at **1-866-458-5479** for more information on an expedited review.

Appeals that are not resolved to your satisfaction may be eligible for independent review by a state-certified independent review organization or plan-specified entity. See [kp.org/wa/appeals](https://kp.org/wa/appeals) for more detail.



# Your rights and responsibilities

Providing the quality health care necessary to help you maintain your good health requires a partnership between you and your health care professionals. You need information to make appropriate decisions about your care and lifestyle choices. Your health care professionals need your participation to ensure you receive appropriate and effective health care. Mutual respect and cooperation are essential to this partnership.

It's important to know what you can expect and what we need from you when you receive care from us.

## You have the right to ...

**get information about our policies, services, and facilities, and your benefits and care**, in a way you understand. You have the right to be provided an interpreter if you need one and to receive written information in an alternative format or in non-English languages.

**be able to access information about Kaiser Permanente, our services, your plan practitioners and providers**, and how to use our services. This includes information about the qualifications of the professionals caring for you.

**participate in physician selection**. You have the right to select and change personal physicians within your plan network, and to expect your personal physician to provide, arrange, and/or coordinate your care. You have the right to a second opinion from an appropriately qualified medical provider within your plan network.

**be treated fairly, with respect and dignity**, without regard to your race, color, national origin, age, disability, sexual orientation, gender identity, or financial status. We support your having spiritual care in keeping with your religious, faith, or spiritual tradition and beliefs.

**receive timely access to quality care and services in a safe setting**. You have the right (1) to be secure and to be able to communicate

freely, (2) to be free from any form of restraint or seclusion unless medically necessary for your well-being, (3) to be protected from all forms of abuse, neglect, harassment, or discrimination and have access to protective services if needed. If communication restrictions are necessary for your care and safety, we will document and explain the restrictions to you and your family.

**be involved in making decisions about your health care**. You have the right to receive the information you need in order to accept or refuse a treatment that is recommended, including life-sustaining treatment and care at the end of life. If you are unable to do so, you have the right to choose an adult representative, known as your agent, to make medical decisions for you. Your instructions may be expressed in documents known as advance directives, which include a durable power of attorney for health care and a living will. You also have the right to donate organs and other tissues, according to state law.

Your wishes will be honored to the extent permitted by state and federal laws. Your family can provide input on care decisions consistent with your advance directives or with court orders.

## Your rights and responsibilities, continued

### You have the right to ...

**a candid discussion of the benefits and risks of recommended treatments and procedures, and alternative options**, regardless of cost or coverage. This includes alternatives when hospital care is no longer appropriate. These options should be presented in a manner appropriate to your medical condition and your ability to understand. You should be satisfied with answers to your questions and concerns before consenting to any treatment. You may refuse any recommended treatment if you don't agree with it or if it conflicts with your beliefs.

In general, you will not receive any medical treatment before you or your representative gives consent. You and, when appropriate, your family will be informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.

**receive visitors in a hospital setting that you or your support person designates**, including but not limited to a spouse, domestic partner, significant other, family member, or friend. Visits are restricted from most treatment and procedure areas and may be limited based on your medical condition. You have the right to withdraw or deny your visitor consent at any time.

**receive personal medical records**. You have the right to request and receive copies of your medical records and to request amendment or correction to such documents, in accordance with applicable state and federal laws. You can also designate someone to obtain your records on your behalf.

**be assured of privacy and confidentiality**.

We will honor your need for privacy and will not release your medical information without your authorization, except as required or permitted by law.

**voice opinions or complaints about**

**Kaiser Permanente or the care or services**

**you receive**. You have the right to know about complaint resolution resources such as Member Services and processes for complaints and appeals that can help answer your questions and solve problems. You have the right to make complaints without concerns that your care will be affected. A description of the way to make complaints and appeals can be found in your member Evidence of Coverage. You have the right to receive timely resolution of your complaint, usually within 7 business days.

You may also contact the following agencies:

- Health Systems Quality Assurance  
Complaint Intake  
Washington State Department of Health  
P.O. Box 47857, Olympia, WA 98504-7857  
Phone: **360-236-4700**  
Email: [hsqacomplaintintake@doh.wa.gov](mailto:hsqacomplaintintake@doh.wa.gov)  
Complaint forms can be found online.
- Idaho Department of Health and Welfare  
405 W. State St., Boise, ID 83702  
Phone: **208-334-5500**  
Email: [DPHInquiries@dhw.idaho.gov](mailto:DPHInquiries@dhw.idaho.gov)

**be notified of and suggest changes to the organization's member rights and responsibility policies**.

We welcome your suggestions and questions about Kaiser Permanente, its services, the health professionals providing care, and member rights and responsibilities. Call Member Services at **1-888-901-4636** or **206-630-4636**.

## Your rights and responsibilities, continued

### You are responsible for ...

**knowing the extent and limitations of your health care benefits.** This includes using practitioners and providers affiliated with your health plan for health care benefits and services, except when services are authorized or allowed by your plan, or in the event of an emergency. A detailed explanation of your benefits is contained in your Evidence of Coverage. If you need a replacement, contact your local Member Services office to request another copy. If you are registered for online services, you will also find this document under My Plan/Coverage Documents.

**keeping appointments.** You are responsible for arriving on time for appointments and notifying staff if you cannot make it on time or if you need to cancel. Even late cancellations can often be filled by another patient.

**improving the quality and safety of your care by providing accurate and complete information.** This includes your medical history, medications, and any changes in your condition.

**being active, informed, and involved in your care.** You are responsible for participating in the development of your treatment plan and following it. Tell your provider if you don't clearly understand your treatment plan, don't think you can follow it, or feel changes need to be made. Ask any questions you have about your condition, your care, what is expected of you, or the payment for care.

**recognizing the effect of your lifestyle on your health.** Your health depends not just on care provided through your health plan, but also on the decisions you make in your daily life. Examples include smoking or choosing to ignore medical advice, compared with exercising or eating healthy foods.

**making sure a responsible adult of your choosing is with you throughout a surgical procedure,** and for the first 24 hours after the procedure.

**fulfilling financial obligations.** You are responsible for paying on time any money owed to Kaiser Permanente or our affiliate providers, including office visit charges. Understand that you will pay for the cost of care not covered in your contract.

**being considerate of others.** You should be considerate of other members, patients, and your care team and other health professionals.



## Definitions you should know

**Advance directives:** A generic term that refers to several legally recognized documents that explain your wishes about the use of medical intervention in the event that you lose your ability to make decisions or communicate. Be sure to share your advance directives with your family, doctor, and lawyer.

**Appeal:** A request by a member (or provider on behalf of a member) for Kaiser Permanente to review a decision or grievance again.

**Benefit:** Covered service included in the member or employer's contract.

**Coordination of benefits (COB):** Method to determine the primary and secondary benefits for a member enrolled in more than one insurance plan.

**Coverage agreement (also medical coverage agreement):** A generic term that can refer to your Evidence of Coverage document.

**Denial:** Decision when services do not meet billing or coverage criteria.

**Emergency medical condition:** An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid serious harm.

**Enrollee:** Plan enrollees, including the primary subscriber and any dependents enrolled on their plan.

**Evidence of Coverage:** A document that explains benefits, terms, and conditions of your Kaiser Permanente membership, including information about your share of the cost and exclusions.

**Explanation of Benefits:** A summary of health care services you've received and the related charges. It is not a bill. It is a statement that helps you keep track of your expenses.

**Family medicine:** This medical specialty provides comprehensive medical services for individuals, regardless of sex or age, on a continuing basis. Family medicine physicians often care for every member of a family.

**Grievance:** A complaint that you communicate to Kaiser Permanente.

**Hospice:** Services to provide comfort and support for people in the last stages of a terminal illness and their families.

**In-network:** Providers who are contracted with Kaiser Permanente to provide care for health plan members.

**Inpatient care:** Care in a hospital that requires admission and usually requires an overnight stay.

**Internal medicine (also adult medicine):** This medical specialty provides diagnosis and medical treatments for adults.

**Maintenance drugs:** Drugs that treat ongoing conditions such as asthma and diabetes.

**Network:** The hospitals, physicians, practitioners, pharmacies, and suppliers we contract with to provide services to members in a health plan.

**Notification line:** A phone number a member should call if they have an unplanned admission to a hospital for emergency treatment.

**Out-of-network:** Any licensed U.S. provider who does not participate in our Summit PPO networks can provide members care at their out-of-network benefit level.

## Definitions, continued

**Pediatrics (also adolescent medicine):** This medical specialty provides children's health care, usually from birth through age 17.

**Personal physician:** Another term for the primary care physician who oversees your basic or general health care and, at Kaiser Permanente facilities, is responsible for coordinating your health care services.

**PPO:** Short for preferred provider organization. This plan type has a large network of providers offering medical care – physicians, hospitals, and other health care practitioners. It usually features lower or fewer copays or coinsurance when care is received from participating providers, and you're free to see most in-network specialists without a referral.

**Preauthorization (also prior authorization or prior approval):** A decision by Kaiser Permanente that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary.

**Referral:** A written order from your primary care doctor for you to see a specialist or get certain medical services. PPO plan members don't need a referral for most services.

**Reimbursement:** When Kaiser Permanente pays you for expenses covered by your plan that you paid for directly, such as emergency care out-of-network.

**Self-refer, self-referral:** Services that a member may schedule directly without a referral or a preauthorization from Kaiser Permanente.

**Service area:** The geographic area where a health plan offers its plans.

**Utilization management:** A process that monitors quality and costs by making sure a medical treatment is covered by the member's plan and is necessary and appropriate.

# Kaiser Permanente Nondiscrimination Notice and Language Access Services



## KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

Provide free aids and services to people with disabilities to help ensure effective communication, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)
- Assistive devices (magnifiers, Pocket Talkers, and other aids)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

### **Kaiser Permanente**

Phone: 206-630-4636

Toll-free: 1-888-901-4636

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Electronically: [kp.org/wa/feedback](http://kp.org/wa/feedback)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F

HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

**LANGUAGE ACCESS SERVICES**

**English: ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**中文 (Chinese) :** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer)៖** បើសិនជាអ្នកនិយាយខ្មែរ, សេវាជំនួយផ្នែក យេមិនគិតថ្លៃ គឺចំណុះសេរីសេរី។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

**日本語 (Japanese): 注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic) ፡** ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው፡ 1-800-833-6388 / 711)።

**Oromiffa (Oromo): XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic):** لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388).

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao): ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄຸ່ມນີ້ມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**فارسی (Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.

