

Welcome to Kaiser Permanente

POS Resource Guide
Colorado



Your Point-of-Service (POS) Plan

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



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Questions? We're here to help

Learn about your benefits and more!

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

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Understand your plan

How Point of Service (POS) plans work

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

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

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

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

The benefits provided under the in-network and out-of-network tiers are not the same. Kaiser Permanente Insurance Company (KPIC) subcontracts with Kaiser Foundation Health Plan (KFHP) of Colorado for Exclusive Provider Organization (EPO)¹ In-Network Provider Tier 1. For the Participating Network Tier 2, your plan has two networks based upon where you receive care: First Health² Providers for care in Colorado and other Kaiser Permanente states (CA, GA, HI, MD, VA, OR, WA, and the District of Columbia) and the Cigna Healthcare[®] PPO Network³ for access to care when outside a Kaiser Permanente state. Access to Non-Participating Providers Tier 3 is also available with your plan.

		EPO in-network provider tier	Participating provider tier	Non-participating provider tier
POS plan with 3 tiers	Provider choice	Kaiser Permanente providers & pharmacies	First Health ² in Kaiser Permanente states (CA, CO, GA, HI, MD, VA, OR, WA, and the District of Columbia) and Cigna Healthcare [®] PPO Network ³ only in non-Kaiser Permanente states	Any licensed provider & any pharmacy
	Out-of-pocket cost	Lowest cost ⁴	Higher cost ⁴	Highest cost

1. Some services, such as organ transplants, durable medical equipment (wheelchairs, etc.), and skilled nursing facility care, are only covered in the EPO In-Network Provider Tier. **2.** Kaiser Permanente is contracted with First Health[®] in Kaiser Permanente states. First Health is a brand name of First Health Group Corp. Kaiser Permanente is also contracted with the Cigna Healthcare[®] PPO Network, when you get care outside a Kaiser Permanente state. **3.** The Cigna Healthcare[®] PPO Network refers to the health care providers (doctors Healthcare[®] hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna Healthcare is an independent company and not affiliated with Kaiser Permanente Insurance Company. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare’s contractual relationship with Kaiser Foundation Health Plan, Inc. and your plan’s Administrative Services Only (ASO) Agreement with Kaiser Permanente Insurance Company (KPIC). The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other marks are owned by Cigna Intellectual Property, Inc. **4.** For most plans, you will have a lower cost in the EPO In-Network Tier. Please consult your SPD to verify your costs. Your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company (KPIC) provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.



Choose your doctor – and change anytime

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

EPO in-network provider tier	<h3>Choosing a Kaiser Permanente provider</h3> <p>Kaiser Permanente providers deliver care in our medical offices that are conveniently located throughout Colorado. You also have access to care from our affiliated providers in Northern and Southern Colorado. Select a convenient facility and browse doctor profiles by gender, languages spoken, and more to find the right one for you at kp.org/locations.</p> <p>You can choose a primary care physician in any of these specialties:</p> <ul style="list-style-type: none">• Adult medicine/internal medicine• Family medicine• Pediatrics/adolescent medicine (for children up to 18)• Obstetrics/gynecology <p>Choose online at kp.org or call Customer Service at 1-800-401-8405 (TTY 711), Monday through Friday, 5 a.m. to 7 p.m.</p> <p>Once you've chosen a primary care physician, visit kp.org/appointments or call 1-866-311-4464 (TTY 711), 24 hours a day, to schedule your first appointment.</p>
Participating provider tier	<h3>Choosing a participating provider</h3> <p>First Health providers and hospitals are in Colorado and other Kaiser Permanente states (CA, GA, HI, MD, OR, VA, WA and the District of Columbia). Cigna Healthcare PPO Network providers and hospitals are only available outside Kaiser Permanente states.</p> <p>For assistance finding a participating provider, visit coloradolevelfunded.kp.org or call Customer Service at 1-800-401-8405 (TTY 711).</p>
Non-participating provider tier	<h3>Choosing a provider in the community</h3> <p>If you seek care in the Non-Participating Provider Tier, you can work directly with any licensed provider or facility anywhere. You may pay more if you choose to see a non-participating provider.</p> <p>You can call the provider's office and make an appointment. Simply state that your plan allows you to see any provider in the community.</p>



Transfer or fill your prescriptions

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

EPO in-network provider tier

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

Please have the following information ready when you call:

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

EPO in-network provider tier

Prescription delivery

Get most medications delivered.⁵ Standard delivery is 5 to 7 days at no extra cost. Register first at kp.org/registernow/co, then you can fill prescriptions online at kp.org. You can also use our mobile app or call the pharmacy at a Kaiser Permanente medical office of your choice at **1-866-938-0077 (TTY 711)**.

In person

Fill your prescription at any Kaiser Permanente medical office pharmacy.

Order refills or new prescriptions at kp.org/rxrefill for pickup usually within 24 hours, or select priority pickup and get your refill usually within 30 minutes. Eligible members can choose to use an affiliated pharmacy.

By phone

Each Kaiser Permanente medical office has a 24-hour refill phone number.

You can find the number under “Pharmacy Services” on each medical office’s page at kp.org.

Same-day or next-day delivery

Request same-day or next-day delivery on most prescriptions for a flat fee.

Simply call **1-888-626-0454** to check for eligibility. Same-day deliveries must be within 15 miles of a participating pharmacy.

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

⁵. Must have a valid prescription on file with a Kaiser Permanente medical office or through the mail order pharmacy. Some prescriptions are not eligible to be mailed, and we are not able to mail to the following states at this time: Arkansas, Kansas, Louisiana, Nebraska, North Carolina, Oklahoma, South Carolina, and South Dakota.



Participating provider tier

Fill prescriptions at participating OptumRx pharmacies.

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

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

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

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

Non-participating provider tier

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

Please have the following information ready when you call:

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

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

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

Prior authorization of outpatient prescription drugs

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

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Create your online account

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

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

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

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

- View most lab test results⁶
- Refill most prescriptions⁶
- Email your doctor's office with nonurgent questions⁶
- Schedule and cancel routine appointments⁶
- Manage a family member's health care⁷



⁶. These features are available when you get care from Kaiser Permanente facilities. ⁷. Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features.



Convenient ways to get care

Choose how you get care



In-person care

Meet with your primary care provider or specialist in person.



Online chat

Chat live online with a clinician for answers to routine or urgent medical questions. Available 7 days a week on [kp.org](https://www.kp.org).⁸



24/7 advice

Speak to a registered nurse anytime, day or night, for routine or urgent medical or mental health advice. Call **303-338-4545** or **1-800-218-1059 (TTY 711)**.



Email

Message your Kaiser Permanente doctor's office with nonurgent medical questions and get a reply, usually within 3 business days.



E-visit

Answer a few questions on [kp.org](https://www.kp.org) or our app for 24/7 self-care advice. In some cases, a Kaiser Permanente clinician will get back to you with a care plan – usually within 4 hours.



Scheduled phone or video visits

Schedule time to talk with a Kaiser Permanente clinician by phone or video. With most plans, there's no cost.^{8,9,10}



24/7 virtual care

Fast, personalized support around the clock – no appointment needed. Get 24/7 care by phone or video from a Kaiser Permanente clinician across the U.S.^{8,10}

To access these care options and more, visit [kp.org/getcare/co](https://www.kp.org/getcare/co).

8. Online chat with a clinician, video, and phone services, are offered at no additional cost for most health plans. With some PPO, POS, or high deductible health plans, a copay, coinsurance, or deductible must be met first before these services are provided at no additional cost.

9. These services are available when you see Kaiser Permanente providers. **10.** When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.



Getting care

Prior approval (preauthorization or pre-certification)

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

EPO in-network provider tier	Your EPO in-network provider will arrange for preauthorization, if required, for certain services.
Participating provider tier	<p>Pre-certification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.</p> <p>Your participating provider is required to obtain pre-certification at least 3 days before you receive certain services or have any inpatient hospital stays, or as soon as medically appropriate after an emergency department admission.</p> <p>Some examples of services requiring pre-certification include:</p> <ul style="list-style-type: none">• Inpatient hospital stay• Outpatient surgery• Home health, hospice, and skilled nursing facility care• Imaging <p>For First Health Network providers, contact Permanente Advantage at 1-888-525-1553 (TTY 711), to initiate pre-certification.</p>
Non-participating provider tier	<p>Pre-certification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.</p> <p>You are required to obtain pre-certification at least 3 days before you receive certain services or have any inpatient hospital stays, or as soon as medically appropriate after an emergency department admission.</p> <p>Your physician, hospital, or authorized representative may obtain pre-certification on your behalf.</p> <p>Some examples of services requiring pre-certification include:</p> <ul style="list-style-type: none">• Inpatient hospital stay• Outpatient surgery• Home health, hospice, and skilled nursing facility care• Imaging <p>You may request pre-certification by calling Permanente Advantage at 1-888-525-1553 (TTY 711).</p> <p>If you do not obtain pre-certification for covered services that require it, you may pay a penalty or services may not be covered at all.</p>



Seeing your doctor

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

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



Medical advice

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

Behavioral/Mental health

EPO in-network provider tier	<p>You can get care for depression, substance use, eating disorders, anxiety, medication evaluation and management, and more. No referral is required for routine outpatient mental health services.</p> <p>To access these services, call Kaiser Permanente Behavioral Health at 1-866-359-8299 (TTY 711), Monday through Friday, 8 a.m. to 6:30 p.m. If you are in Southern Colorado and need behavioral health services, please call 1-866-702-9026 (TTY 1-866-835-2755), 24 hours a day, 7 days a week.</p>
Participating provider tier	<p>You can receive outpatient care for depression, substance use, eating disorders, anxiety, medical evaluation and management, and more from a provider in the network or from a direct contracted provider without a referral.</p> <p>For assistance in finding a provider, call customer service at 1-800-401-8405 (TTY 711), Monday through Friday, 5 a.m. to 7 p.m., or visit coloradolevelfunded.kp.org.</p> <p>Pre-certification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures. See page 9 for more information about pre-certification.</p> <p>Your provider may request pre-certification 24 hours a day, 7 days a week. See page 9 for details.</p>
Non-participating provider tier	<p>You can receive outpatient care from any licensed behavioral health or chemical dependency professional for depression, substance use, eating disorders, anxiety, medication evaluation and management, and more.</p> <p>Pre-certification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures. See page 9 for more information about pre-certification.</p> <p>You may request pre-certification 24 hours a day, 7 days a week. See page 9 for details.</p>



Urgent care

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

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

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

Emergency care

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

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

If you visit an emergency room, anywhere in the world, report your visit as soon as reasonably possible to Customer Service at **1-800-401-8405 (TTY 711)**.

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



Hospital care

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

Some services such as organ transplants, durable medical equipment (wheelchairs, etc.), and skilled nursing facility care, are only covered in the EPO in-network provider tier.

Care for newborns

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



X-ray and imaging services

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



Lab tests and results

EPO in-network provider tier

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

To see most test results online, register at kp.org/registernow/co. (EPO in-network provider tier only)

Participating provider tier

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

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

Non-participating provider tier

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

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



Claims

Generally speaking, when you have care under the EPO in-network provider tier, or under the participating provider tier, you will not have to file a claim. That is handled by your provider. You may be required to pay the full amount you are charged when you receive care from a non-participating provider. If you are asked to pay out-of-pocket, you must submit 3 items to be reimbursed.

1. Completed claim form:

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

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

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

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

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

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

Timelines for filing a claim

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



Where to send your claim

Mail your claim form and itemized statement to:

KPIC Self-Funded-Claims Administrator

P.O. Box 30547

Salt Lake City, UT 84130-0547

Payor ID: 94320

What to expect next

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

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

If your claim is denied

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

Getting care away from home

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

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

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



Healthy resources

Get the most out of your plan with these healthy extras

Kaiser Permanente rewards¹¹ Members can earn up to \$150 each calendar year by completing simple, healthy activities. Choose from different health adventures like fitness, self-care, or healthy eating. Start your journey to better health at kp.org/rewards.

Special rates Enjoy reduced rates on services that can help you stay healthy – like gym memberships, acupuncture, massage therapy, and chiropractic care. Read more at kp.org/exercise.

Self-care apps¹² Tap into the power of self-care with these apps, available to adult members at no cost:

Headspace: for emotional wellness, managing stress, and improving sleep^{13,14}

Calm: for meditation, mental resilience, and sleep¹⁵

Adults can get these apps at kp.org/selfcareapps.

Personal wellness coaching Get help reaching your health goals. Work one-on-one with a wellness coach by phone. Find out more at kp.org/wellnesscoach.

Wellness tools Visit kp.org/healthyliving for wellness information, health classes and programs, articles, and healthy recipes.

11. The rewards program will roll out to adult members in commercial small business plans in Colorado in August 2025 and is scheduled to expand to commercial large business plans in early 2026. KPIF, Medicaid, and Medicare members are not eligible. **12.** The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. **13.** Eligible Kaiser Permanente members can text with a coach using the Headspace app for 90 days per year. After the 90 days, members can continue to access the other services available on the Headspace app for the remainder of the year at no cost. **14.** Calm and Headspace can be used by members 13 and over. **15.** See note 14.



Glossary

Preventive care

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

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

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

Types of costs

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

Copayments (copays)

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

Coinsurance

The percentage of charges for a covered service. For example, if your coinsurance is 15 percent and your allowed office visit cost is \$100, then you pay \$15 and the health plan pays \$85. Coinsurance varies

according to your plan and is often subject to the deductible. This means you usually have to fully meet your deductible before paying coinsurance. Coinsurance payments also count toward your annual out-of-pocket maximum for most services.

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

Out-of-pocket maximum

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

Deductible

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

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

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



Balance billing

This may occur when you are billed for any charges above the maximum allowable charge set out in your SPD. There is no balance billing in the EPO in-network provider tier and the participating provider tier.

You may be balance billed for services received at the non-participating provider tier.

Maximum allowable charge

For providers in the EPO in-network provider tier and the participating provider tier, the maximum allowable charge is the negotiated contracted rate agreed upon to provide discounts for covered services.

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

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

Usual, customary, and reasonable (UCR)

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



Learn more at coloradolevelfunded.kp.org

- Get benefit details
- Access forms
- Find a provider



Important contacts

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





In-person care locations

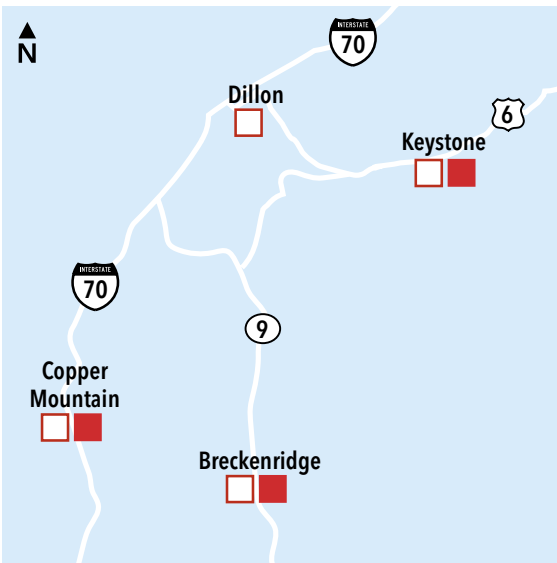
Colorado medical facilities

29	Kaiser Permanente medical offices	●
59	Urgent care facilities	□
49	Emergency care facilities	■
6	Behavioral health offices	▲

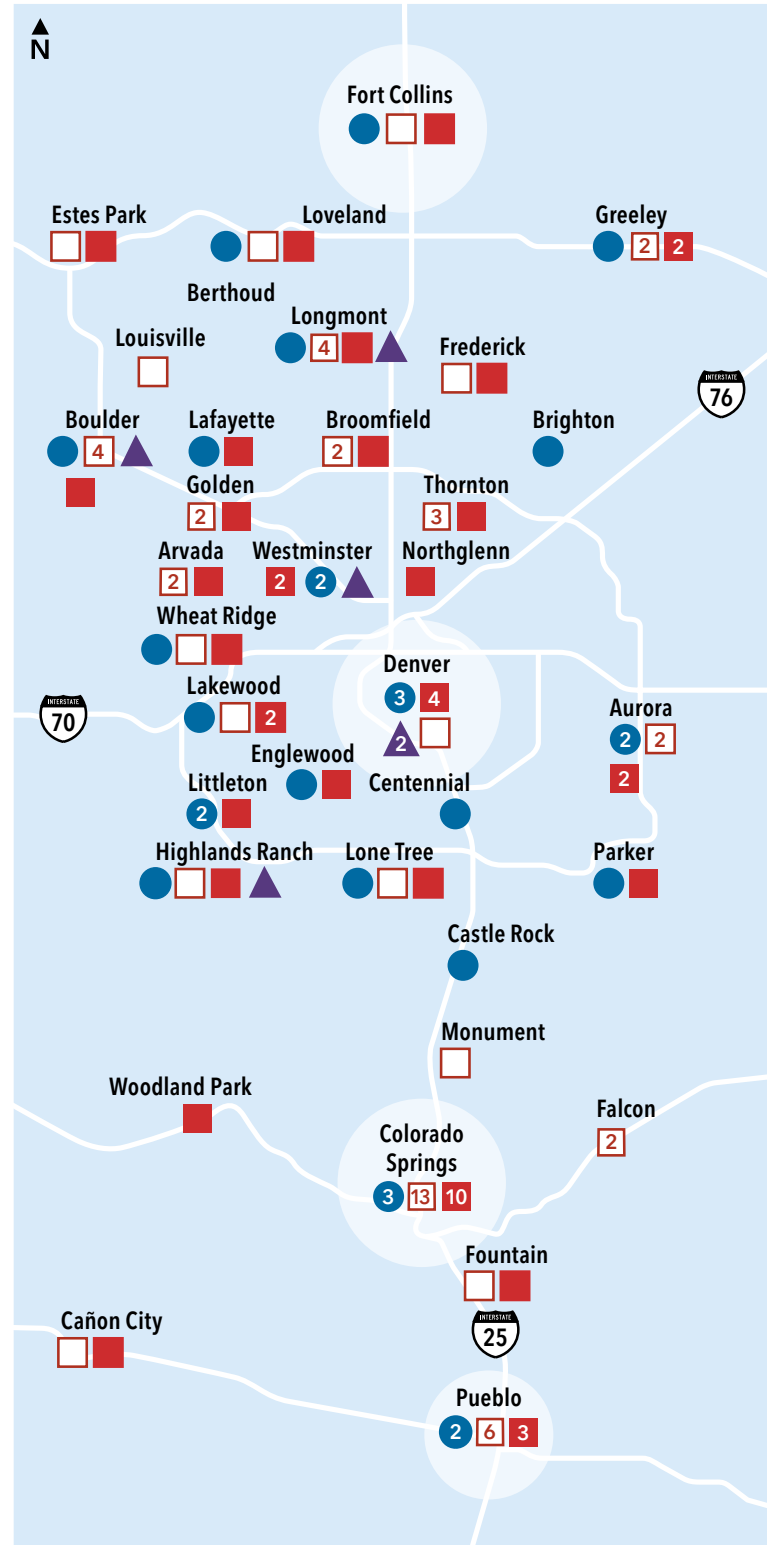
There are **1,200+** Kaiser Permanente clinicians and **22,000+** affiliated plan providers at locations across Colorado.

Choice of providers varies by plan, service area, and availability at the time of selection and is subject to change. Provider and location information is current at the time of publication and is subject to change.

For the most up-to-date list of providers and facilities included in your plan, visit coloradolevelfunded.kp.org.



Maps not to scale



Maps not to scale

● Kaiser Permanente medical offices

Central

Aurora

Aurora Centrepoint
14701 E. Exposition Ave.
Aurora, CO 80012

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

Boulder

Baseline
580 Mohawk Drive
Boulder, CO 80303

Brighton

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

Castle Rock

Castle Rock
4318 Trail Boss Drive
Castle Rock, CO 80104

Centennial

Arapahoe
5555 E. Arapahoe Road
Centennial, CO 80122

Denver

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

Franklin
2045 Franklin St.
Denver, CO 80205

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

Englewood

Englewood
2955 S. Broadway
Englewood, CO 80113

Highlands Ranch

Highlands Ranch
9285 Hepburn St.
Highlands Ranch, CO 80129

Lafayette

Rock Creek
280 Exempla Circle
Lafayette, CO 80026

Lakewood

Lakewood
8383 W. Alameda Ave.
Lakewood, CO 80226

Littleton

Ken Caryl
7600 Shaffer Parkway
Littleton, CO 80127

Southwest
5257 S. Wadsworth Blvd.
Littleton, CO 80123

Lone Tree

Lone Tree
10240 Park Meadows Drive
Lone Tree, CO 80124

Longmont

Longmont
2345 Bent Way
Longmont, CO 80503

Parker

NEW – Parker
12249 Pine Bluffs Way
Parker, CO 80134

Westminster

Hidden Lake
7701 Sheridan Blvd.
Westminster, CO 80003

Westminster
11245 Huron St.
Westminster, CO 80234

Wheat Ridge

Wheat Ridge
4803 Ward Road
Wheat Ridge, CO 80033

Northern

Fort Collins

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

Greeley

Greeley
2429 35th Ave.
Greeley, CO 80634

Loveland

Loveland
4901 Thompson Parkway
Loveland, CO 80534

Southern

Colorado Springs

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

Parkside

215 Parkside Drive
Colorado Springs, CO 80910

Premier

3920 North Union Blvd.
Colorado Springs, CO 80907

Pueblo

Acero
2625 W. Pueblo Blvd.
Pueblo, CO 81004

NEW – Pueblo North
3107 Bonaventure Court
Pueblo, CO 81008

New beginnings in Colorado

At Kaiser Permanente, we're committed to making your health care experience easier and more convenient. In 2025, we opened new medical offices in Parker and Pueblo North. In early 2026, we're scheduled to open the new Lakewood Medical Offices. We're also in the early stages of planning a brand-new Westminster Medical Offices building. Plus, we've expanded our hospital relationships to include more CommonSpirit Health and HCA HealthONE locations.

Learn more about our newest facilities at kp.org/co-newbuilds.

NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal and state civil rights law and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), ancestry, age, disability, sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expressions, and sex stereotypes), religion, creed or marital status. KPIC:

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

If you need these services, call **1-855-364-3184** (TTY: 711)

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, age, disability, sex, religion, creed, or marital status, you can file a grievance by mail at: KPIC Civil Rights Coordinator, PO Box 378066, Denver, CO 80237, or by phone at Member Services: 1-855-364-3184.

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

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-855-364-3184** (TTY: 711).

አማርኛ (Amharic) ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ፣ ተገቢ የሆኑ ረዳት መርጃዎች እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ለእርስዎ ይገኛሉ። ወይ **1-855-364-3184** (TTY: 711) ይደውሉ።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك وسائل المساعدة والخدمات المناسبة مجانًا. اتصل على الرقم **1-855-364-3184** (TTY: 711).

Bàsɔ-Wùdù (Bassa) DYÉDÉ-GBO-DÈ-ÐÈ: ɔ jũ ké ñ dyi Bàsɔ-Wùdù po-nyò jũin, wuɖu-xwíniín mú zàz bě kè gbo-kpá-kpá ɔ kè kùà tòò bě se wídí. péè-péè dò kǒèè ñì bó ñ bì. **Đá 1-855-364-3184** (TTY: 711).

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言協助服務，包括適當的輔助與服務。請致電**1-855-364-3184** (TTY: 711)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید خدمات کم‌کسانی زبانی، شامل کمک‌ها و خدمات جانبی مناسب، به صورت رایگان در دسترس‌تان قرار می‌گیرد. با شماره **1-855-364-3184** تماس بگیرید (TTY: 711).

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique, notamment des aides et des services auxiliaires adaptés, sont mis gratuitement à votre disposition. Appelez le **1-855-364-3184** (TTY : 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenten mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Bitte wählen Sie die **1-855-364-3184** (TTY: 711).

Igbo (Igbo) Gee ntị: O buru na ina-asu asusu Igbo, oru enyemaka asusu gunyere oru na enyemaka kwesiri ekwesị, di n'efu, di maka gi. Kpoo **1-855-364-3184** (TTY: 711).

日本語 (Japanese) お知らせ：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。電話： **1-855-364-3184** (TTY: 711)。

한국어 (Korean) 참고: 한국어를 구사하시는 경우, 필요한 보조 기기와 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-855-364-3184**(TTY: 711)번으로 전화하십시오.

Naabeehó (Navajo) BEE ADIIT'ÁNÍ: T'áá shoodí éí Diné bizaad bee yánilti', t'áá iiyisí dóó ch'iyáán yáhoot'éét níhá shikaadéét dah naashá. Doo baa akót'éego níhá baqah daniidljí'. Háálá **1-855-364-3184** (TTY: : 711).

नेपाल (Nepali) ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने उपयुक्त सहायक साधनहरू र सेवाहरू सहितको भाषा सहायता सेवा तपाईंको लागि निःशुल्क उपलब्ध छ। **1-855-364-3184** (TTY: 711) मा फोन गर्नुहोस्।

Afaan Oromoo (Oromo) FUULEFFANNA: Afaan Oromoo dubbattu yoo ta'e, tajaajiloonni afaanii meeshaalee fi tajaajiloota qaama miidhamtootaaf mijaa'oo ta'an dabalatee, kaffaltii irraa bilisa karaa ta'een, ni argamu. Bilbilaa **1-855-364-3184** irratti (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите по-русски, вы можете получить бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Звоните по телефону **1-855-364-3184** (TTY: 711).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen aparatos y servicios auxiliares adecuados y gratuitos. Llame al **1-855-364-3184** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung kayo ay nagsasalita ng Tagalog, ang mga serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, na walang bayad, ay available sa inyo. Tumawag sa **1-855-364-3184** (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu nói tiếng Việt, quý vị có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Gọi số **1-855-364-3184** (TTY: 711).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Bí o bá lè sọ èdè Yorùbá, àwọn ètò ìrànlowó èdè, tí tí kan àwọn ohun èlò àti isẹ ìrànlowó tó yẹ wà fún ọ lófẹ́. Pe **1-855-364-3184** (TTY: 711).



Your guide to better health

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



Please call the numbers below for assistance:

Customer service center

1-800-401-8405 (TTY 711)

Pharmacy benefits


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

Appointments, urgent care and medical advice

1-866-311-4464 (TTY 711)

To find providers and locations, visit **coloradolevelfunded.kp.org**.

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

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