

Kaiser Permanente – Washington Region

Important Resources and Legal Disclosures

You can receive printed copies of documents described below, and get your questions answered, by calling Member Services at **1-888-901-4636** (WA TTY Relay **1-800-833-6388** or **711**).

Member resource guide

Find the member guide at kp.org/resourceguide. The member guide offers information on a wide range of topics:

- Your provider network and network restrictions
- Primary and specialty care access, including behavioral health and hospital services
- Supportive care services, including complex case management
- Getting care after hours
- Urgent and emergency care
- Care and coverage when traveling outside our service area
- Prescriptions
- Referral and preauthorization requirements
- Benefit and coverage decisions based on coverage and appropriateness of care, without incentives that create barriers to care and service
- How coverage of new medical technology is evaluated
- Coverage and benefit decisions and how to submit an appeal
- How to file a claim for covered services
- How to file a complaint about care or service
- Member rights and responsibilities
- Laws related to women's health, including contraception and mastectomy

How to find ...

Provider and facility directory. Get information about doctors and other health care providers such as physical therapists, midwives, and alternative care providers who are covered by your plan at kp.org/wa/directory. Provider information includes name, address, phone number, professional qualifications, specialty, medical school attended,

residency completion, and board certification status. For some plans, there are links to see additional providers available to you.

Coverage documents. View your Summary of Benefits document and Evidence of Coverage by signing in to your secure online member account at kp.org/wa. These documents contain detailed information about benefits and services covered under your health plan, your plan's exclusions, and the amount of your copayments and other cost shares for office visits, prescriptions, and other services. For Medicare members, go to kp.org/wa/medicare and click on "Rates & Benefits."

Preventive care schedules. Recommended health screenings and immunizations for children and adults are available at kp.org/wa/wellcare.

Drug formulary. Many Kaiser Permanente plans include coverage for prescription drugs. A formulary is a list of covered medications. Find information about your plan's formulary, including updates, information on drug restrictions (for example, prior authorization, step therapy, quantity limits), generic substitution, and requesting formulary exceptions at kp.org/wa/formulary.

Information on our quality program. To help guide the improvement activities we think will help us reach the highest possible quality goals, we develop an annual work plan for the organization and monitor our progress and performance throughout the year. For more details on quality, go to kp.org/wa/quality.

Ratings on hospital care and safety. Your network includes hospitals across Washington and beyond for some plans. The Leapfrog Group, a national hospital rating organization, publishes an annual survey on hospital safety performance. See results for participating hospitals across the country at leapfroggroup.org/compare-hospitals.

Important Disclosure Information

We appreciate the trust you have placed in us by selecting a health plan offered through Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc.

State and federal agencies regulate health plan carriers. This document contains or references other sources of information that we are required to provide to you upon your enrollment into a health plan or upon your request. If you have any questions about this information, please call Member Services toll-free at **1-888-901-4636**.

Health plan benefit information

RCW.48.43.510 and WAC 284-43-5130

Upon request, Kaiser Permanente will provide you with the following information:

- A list of covered benefits, including prescription drug benefits, if any; exclusions, reductions, and limitations to covered benefits and any definition of medical necessity on which they may be based
- Information on how members may be involved in decisions about benefits
- A list of coverage policies for pharmacy benefits, including how drugs are added or removed from the drug formulary
- Information on policies for protecting the confidentiality of health information
- Information on premiums and enrollee cost-sharing requirements
- A summary explanation of the complaints and appeals processes
- Point-of-service plan availability and how the plan operates
- A copy of the plan's current drug formulary for prescription drug coverage
- A listing of participating primary care and specialty care providers, including network arrangements that restrict access to providers within the plan network
- A listing of all available disclosure items, in addition to the above, as required by law

Women's health and cancer rights

If you are receiving benefits for a covered mastectomy and elect breast reconstruction in connection with the mastectomy, you will also receive coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedemas

This coverage will be provided in consultation with you and your attending physician and will be subject to the same cost share (annual deductible, coinsurance, and copayment) provisions otherwise applicable under the plan.

Pharmacy benefit information

WAC 284-43-5110 and WAC 284-43-5170

The following information applies only to health plans that have pharmacy benefits. This information is detailed in your plan's Evidence of Coverage.

Your right to safe and effective pharmacy services

State and federal laws establish standards to assure safe and effective pharmacy services, and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under your plan, or if you have a question or a concern about your pharmacy benefit, please contact Member Services.

If you would like to know more about your rights under the law, or if you think anything you received from your plan may not conform to the terms of your contract, you may contact the Washington State Office of the Insurance Commissioner toll-free at 1-800-562-6900. If you have a concern about the pharmacists or pharmacies serving you, please call the Washington State Department of Health toll-free at 1-800-525-0127.

Does this plan limit or exclude certain drugs my health care provider may prescribe, or encourage substitutions for some drugs?

Kaiser Permanente, working with pharmacists and physicians, has developed a drug formulary. A drug formulary is a list of preferred pharmaceutical products, supplies, and devices. Nonformulary drugs are not covered unless approved by your health plan as medically necessary or may be subject to a higher cost than formulary drugs, depending on the benefits of your specific plan.

Generic drugs will be dispensed unless a suitable generic is not available. If you elect to purchase a brand-name drug instead of the generic equivalent (if available), and it is not medically necessary, you will be responsible for payment of the additional cost above the generic drug charge in addition to your plan pharmacy cost share.

Over-the-counter drugs, supplies and devices not requiring a prescription under state law or regulations, drugs and injections for anticipated illness while traveling, drugs and injections for cosmetic purposes, and vitamins – including most prescription vitamins – are generally excluded from all plans. Exclusion of other categories of drugs will depend on your specific coverage plan. For example, drugs for treatment of sexual dysfunction are not covered unless your health plan covers treatment of sexual dysfunction. Contact Member Services to request a copy of the drug formulary for your specific plan. The drug formulary is also available at kp.org/wa/formulary.

When can my plan change the approved drug list (formulary)? If a change occurs, will I have to pay more to use a drug I had been using?

Changes to the plan's drug formulary are implemented on an ongoing basis, based on an established evaluation process. The evaluation process includes review of scientific studies. The scientific studies reviewed must have been published in health care journals or other publications in which original manuscripts are published only after having been critically reviewed for scientific accuracy, validity, and reliability by unbiased independent experts.

Your care provider or pharmacist will notify you when you refill a prescription if the prescribed drug is no longer included in the plan's drug formulary. When a drug has been removed from the plan formulary, it will not be covered unless your plan, at its discretion, elects to cover the drug for a limited time, or the drug may be subject to a higher cost depending on the benefits of your specific plan.

What should I do if I want a change from limitations, exclusions, substitutions, or cost increases for drugs specified in this plan?

- **Benefit changes** – Customization of your drug benefit occurs only through the contract process. Employer groups may choose to purchase higher or lower drug benefits each year when they renew their group contract. Individual and family contract benefits are renewed each year.
- **Formulary substitution** – Although individuals are not allowed to customize any plan drug formularies, health care providers can prescribe nonformulary medications for patients through a pharmacy exception process. The plan health care provider, in coordination with the plan pharmacy, will determine the medical appropriateness of substitutions. If a medical exception (substitution) is not approved, the patient is responsible for the full charge for the drug. Nonformulary drugs may be subject to a higher cost.

How much do I have to pay to get a prescription filled?

The amount of your out-of-pocket expense (cost share) depends on the specific pharmacy coverage you or your employer has purchased and on the medication prescribed. In general, the prescription copay or coinsurance amount applies for up to a 30-day supply of each covered prescription. If the actual charge for the drug is less than your cost share, you will pay only the actual charge for the drug. If your provider prescribes a noncovered medication, you will pay the actual charge for the drug.

If you have pharmacy coverage with a tiered cost share benefit, you will pay a lower cost share for generic drugs and higher cost share for brand-name drugs. In addition, nonformulary drugs may be subject to a higher cost share.

Do I have to use certain pharmacies to pay the least out of my own pocket under this health plan?

Yes, you need to have your prescriptions filled at a Kaiser Permanente-designated pharmacy except for drugs dispensed for emergency services. Most Kaiser Permanente medical facilities have pharmacies located within them. Additional retail pharmacies are also under contract to provide covered prescription drugs for members. When you use Kaiser Permanente-designated pharmacies, covered drugs are subject to the plan cost share. If you elect to purchase a noncovered drug, you will pay the actual charge for the drug. The plan directory of providers available at kp.org/wa lists pharmacies in your area.

You may be eligible to receive an emergency fill for certain prescription drugs filled outside of Kaiser Permanente's business hours or when Kaiser Permanente cannot reach the prescriber for consultation. You will pay a cost share for your emergency prescription drug fill. Refer to your Evidence of Coverage for more information. A list of prescription drugs eligible for emergency fills is available on the pharmacy website at kp.org/wa/formulary. Members can request an emergency fill by calling 1-855-505-8107.

Call Member Services to find out which pharmacies are in your area or if you anticipate needing to fill a prescription when you are traveling.

How many days' supply of most medications can I get without paying another copay or other repeating charge?

Your plan contract allows up to a 30-day supply of prescription or refill per cost share amount. If you get a 3-month supply of a maintenance drug, you will be charged 3 pharmacy cost share amounts. Depending on your plan, additional savings may be available for maintenance drugs through Kaiser Permanente mail-order services.

What other pharmacy services does my health plan cover?

A mail-order prescription refill service is available. Contact Member Services for your plan's specific mail-order pharmacy benefits.

At Kaiser Foundation Health Plan of Washington, the Pharmacy Department is involved in the development of clinical road maps and clinical guidelines. The Pharmacy Department participates in, or plays a role in, medication use and disease management programs for smoking cessation and for conditions such as diabetes, HIV/AIDS, asthma, depression, migraine headache, GERD (gastroesophageal reflux disease), and heart problems.

Health information practices

RCW 48.43.510 (1c)

Your health plan protects the confidentiality of members' health care information. Kaiser Foundation Health Plan of Washington designates a privacy and information security officer who work within the National Compliance and Ethics Office to provide strategic direction, leadership, and oversight to ensure solid privacy and information security programs, operational policies, and execution of the organization's privacy and information security standards.

Kaiser Permanente has established policies regarding employee responsibility for safeguarding health care information, oversight and accountability for confidentiality and security, access controls for member information and systems, using and disclosing member information securely, and responding to member requests to exercise individual rights.

HIPAA Notice of Privacy Practices

Note: Our HIPAA Notice of Privacy Practices has changed. The following section contains a revision.

• Health Information Exchange

You can download our latest HIPAA Notice of Privacy Practices by visiting <https://healthy.kaiserpermanente.org/washington/privacy-practices>.

For questions or to request a printed copy, call Member Services.