

Kaiser Permanente Plans

July 1, 2018 – June 30, 2019



Glossary

A **Copayment** is a fixed amount charged for a specific covered service.

The **Deductible** is the amount you or your family must pay (satisfy) before the health plan shares in the expense of services received (coinsurance).

Coinsurance is the percentage of the cost of services received for which you are responsible. You are charged coinsurance for certain services after satisfying your deductible.

The **Out-of-Pocket Maximum** is the upper limit you pay each year in copayments, deductible, and coinsurance for covered services received.

On an **Embedded** accumulation, each individual on the policy is responsible for their own individual deductible and individual out-of-pocket maximum, up to the collective family amount.

On an **Aggregate** accumulation if there is more than one person enrolled on the plan, then there is no individual deductible or individual out-of-pocket maximum to satisfy. Instead, all enrolled on the plan are responsible for collectively meeting the family amount.

DHMO 1000 Plan

Deductible - Embedded	\$1,000 individual / \$3,000 family
Out-of-Pocket Maximum (OPM) – Embedded	\$4,000 individual / \$9,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	You pay
Preventive care	No charge
Doctor's office visit	\$25 copay for Primary Care / \$50 copay for Specialty Care 10% coinsurance after the deductible is met for covered services received during an office visit
Diagnostic lab test	No charge in a Kaiser Permanente Medical Offices Building
Imaging (x-ray, MRI, CT/PET scan)	10% coinsurance after the deductible is met
Outpatient surgery	10% coinsurance after the deductible is met
Hospitalization	10% coinsurance after the deductible is met
Urgent care	\$50 copay / 10% coinsurance after the deductible is met for covered services received during an office visit
Ambulance	10% coinsurance up to \$500/trip
Emergency care	\$250 copay
Retail prescriptions (30-day supply)	\$15 copay for generic prescriptions \$30 copay for brand prescriptions
Mail order (up to a 90 day supply) for 2 copays	\$50 copay for non-preferred prescriptions 20% coinsurance up to \$75 per drug per fill for specialty prescriptions

DHMO 2500 Plan

Deductible - Embedded	\$2,500 individual / \$7,500 family
Out-of-Pocket Maximum (OPM) – Embedded	\$4,000 individual / \$9,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	You pay
Preventive care	No charge
Doctor's office visit	\$25 copay for Primary Care / \$25 copay for Specialty Care 20% coinsurance after the deductible is met for covered services received during an office visit
Diagnostic lab test	No charge in a Kaiser Permanente Medical Offices Building
Imaging (x-ray, MRI, CT/PET scan)	20% coinsurance after the deductible is met
Outpatient surgery	20% coinsurance after the deductible is met
Hospitalization	20% coinsurance after the deductible is met
Urgent care	\$50 copay / 20% coinsurance after the deductible is met for covered services received during an office visit
Ambulance	20% coinsurance up to \$500/trip
Emergency care	\$250 copay
Retail prescriptions (30-day supply)	\$15 copay for generic prescriptions \$30 copay for brand prescriptions
Mail order (up to a 90 day supply) for 2 copays	\$50 copay for non-preferred prescriptions 20% coinsurance up to \$75 per drug per fill for specialty prescriptions

DHMO 1000 – Example (Individual and Family)

Single Member's Claims (costs are illustrative)	Claim Amount	Copayment	Amount Applied to Deductible (\$1,000)	Amount Applied to Coinsurance (10%)	Amount Paid by Kaiser Permanente	Amount Applied to Out-of-Pocket Maximum (\$4,000)	Total Member Responsibility
Primary Care Visit	\$75	\$25			\$50	\$25	\$25
Lab Tests	\$200				\$200	\$0	\$0
Specialty Care Visit	\$150	\$50			\$100	\$50	\$50
Test in Office Visit	\$90		\$90			\$90	\$90
X-Ray	\$80		\$80			\$80	\$80
Hospital Stay	\$7,000		\$830	\$617	\$5,553	\$1,447	\$1,447
Anesthesia	\$500		(met)	\$50	\$450	\$50	\$50
Surgeon	\$3,000		(met)	\$300	\$2,700	\$300	\$300
30-Day Supply of Generic Prescription	\$80	\$15			\$65	\$15	\$15
TOTAL	\$11,175	\$90	\$1,000 (met)	\$967	\$9,118	\$2,057	\$2,057

After the above services, you have now met your annual individual **deductible**.

You have **\$1,943** to go before you meet your annual individual **out-of-pocket maximum**.

Once you meet your individual out-of-pocket maximum, you no longer have to pay for covered services (that apply to the out-of-pocket maximum) for the rest of the plan year (July 1, 2018-June 30, 2019).

DHMO 2500 – Example (Individual and Family)

Single Member's Claims (costs are illustrative)	Claim Amount	Copayment	Amount Applied to Deductible (\$2,500)	Amount Applied to Coinsurance (20%)	Amount Paid by Kaiser Permanente	Amount Applied to Out-of-Pocket Maximum (\$4,000)	Total Member Responsibility
Primary Care Visit	\$75	\$25			\$50	\$25	\$25
Lab Tests	\$200				\$200	\$0	\$0
Specialty Care Visit	\$150	\$25			\$125	\$25	\$25
Test in Office Visit	\$90		\$90			\$90	\$90
X-Ray	\$80		\$80			\$80	\$80
Hospital Stay	\$7,000		\$2,330	\$934	\$3,736	\$3,264	\$3,264
Anesthesia	\$500		(met)	\$100	\$400	\$100	\$100
Surgeon	\$3,000		(met)	\$600 (-\$184)	\$2,400 (+\$184)	\$416 (met)	\$416
30-Day Supply of Generic Prescription	\$80	\$15			\$80	(met)	\$0
TOTAL	\$11,175	\$65	\$2,500 (met)	\$1,450	\$7,175	\$4,000	\$4,000

After the above services, you have now met your annual individual **deductible**.

You have met your annual individual **out-of-pocket maximum**, so you no longer have to pay for covered services (that apply to the out-of-pocket maximum) for the rest of the plan year (July 1, 2018-June 30, 2019).

HDHP 1500 Plan

Deductible - Aggregate	\$1,500 individual / \$3,000 family
Out-of-Pocket Maximum (OPM) - Aggregate	\$4,000 individual / \$6,850 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	You pay
Preventive care	No charge
Doctor's office visit	10% coinsurance after the deductible is met
Diagnostic lab test	10% coinsurance after the deductible is met
Imaging (x-ray, MRI, CT/PET scan)	10% coinsurance after the deductible is met
Outpatient surgery	10% coinsurance after the deductible is met
Hospitalization	10% coinsurance after the deductible is met
Urgent care	10% coinsurance after the deductible is met
Ambulance	10% coinsurance after the deductible is met
Emergency care	10% coinsurance after the deductible is met
Retail prescriptions (30-day supply)	\$20 copay after the deductible is met for generic prescriptions \$40 copay after the deductible is met for brand prescriptions
Mail order (up to a 90 day supply) for 2 copays	\$60 copay after the deductible is met for non-preferred prescriptions 20% coinsurance after the deductible is met for specialty prescriptions

HDHP 3000 Plan

Deductible - Embedded	\$3,000 individual / \$6,000 family
Out-of-Pocket Maximum (OPM) - Embedded	\$5,000 individual / \$10,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	You pay
Preventive care	No charge
Doctor's office visit	20% coinsurance after the deductible is met
Diagnostic lab test	20% coinsurance after the deductible is met
Imaging (x-ray, MRI, CT/PET scan)	20% coinsurance after the deductible is met
Outpatient surgery	20% coinsurance after the deductible is met
Hospitalization	20% coinsurance after the deductible is met
Urgent care	20% coinsurance after the deductible is met
Ambulance	20% coinsurance after the deductible is met
Emergency care	20% coinsurance after the deductible is met
Retail prescriptions (30-day supply)	\$20 copay after the deductible is met for generic prescriptions \$40 copay after the deductible is met for brand prescriptions
Mail order (up to a 90 day supply) for 2 copays	\$60 copay after the deductible is met for non-preferred prescriptions 20% coinsurance after the deductible is met for specialty prescriptions

HDHP 1500 – Example (Individual)

Single Member's Claims (costs are illustrative)	Claim Amount	Copayment	Amount Applied to Deductible (\$1,500)	Amount Applied to Coinsurance (10%)	Amount Paid by Kaiser Permanente	Amount Applied to Out-of-Pocket Maximum (\$4,000)	Total Member Responsibility
Primary Care Visit	\$75		\$75			\$75	\$75
Lab Tests	\$200		\$200			\$200	\$200
Specialty Care Visit	\$150		\$150			\$150	\$150
Test in Office Visit	\$90		\$90			\$90	\$90
X-Ray	\$80		\$80			\$80	\$80
Hospital Stay	\$7,000		\$905	\$609.50	\$5,485.50	\$1,514.50	\$1,514.50
Anesthesia	\$500		(met)	\$50	\$450	\$50	\$50
Surgeon	\$3,000		(met)	\$300	\$2,700	\$300	\$300
30-Day Supply of Generic Prescription	\$80	\$20	(met)		\$60	\$20	\$20
TOTAL	\$11,175	\$20	\$1,500 (met)	\$959.50	\$8,695.50	\$2,479.50	\$2,479.50

After the above services, you have now met your annual individual **deductible**.

You have **\$1,520.50** to go before you meet your annual individual **out-of-pocket maximum**.

Once you meet your individual out-of-pocket maximum, you no longer have to pay for covered services (that apply to the out-of-pocket maximum) for the rest of the plan year (July 1, 2018-June 30, 2019).

HDHP 1500 – Example (Family)

This example assumes others in the family haven't had any claims in the plan year.

Single Member's Claims (costs are illustrative)	Claim Amount	Copayment	Amount Applied to Deductible (\$3,000)	Amount Applied to Coinsurance (10%)	Amount Paid by Kaiser Permanente	Amount Applied to Out-of-Pocket Maximum (\$6,850)	Total Member Responsibility
Primary Care Visit	\$75		\$75			\$75	\$75
Lab Tests	\$200		\$200			\$200	\$200
Specialty Care Visit	\$150		\$150			\$150	\$150
Test in Office Visit	\$90		\$90			\$90	\$90
X-Ray	\$80		\$80			\$80	\$80
Hospital Stay	\$7,000		\$2,405	\$459.50	\$4,135.50	\$2,864.50	\$2,864.50
Anesthesia	\$500		(met)	\$50	\$450	\$50	\$50
Surgeon	\$3,000		(met)	\$300	\$2,700	\$300	\$300
30-Day Supply of Generic Prescription	\$80	\$20			\$60	\$20	\$20
TOTAL	\$11,175	\$20	\$3,000 (met)	\$809.50	\$7,345.50	\$3,829.50	\$3,829.50

After the above services, all family members on the plan have met their annual **deductible**.

You have **\$3,020.50** to go before you meet your annual family **out-of-pocket maximum**.

Once you meet your family out-of-pocket maximum, you no longer have to pay for covered services (that apply to the out-of-pocket maximum) for the rest of the plan year (July 1, 2018-June 30, 2019).

HDHP 3000 – Example (Individual and Family)

Single Member's Claims (costs are illustrative)	Claim Amount	Copayment	Amount Applied to Deductible (\$3,000)	Amount Applied to Coinsurance (20%)	Amount Paid by Kaiser Permanente	Amount Applied to Out-of-Pocket Maximum (\$5,000)	Total Member Responsibility
Primary Care Visit	\$75		\$75			\$75	\$75
Lab Tests	\$200		\$200			\$200	\$200
Specialty Care Visit	\$150		\$150			\$150	\$150
Test in Office Visit	\$90		\$90			\$90	\$90
X-Ray	\$80		\$80			\$80	\$80
Hospital Stay	\$7,000		\$2,405	\$919	\$3,676	\$3,324	\$3,324
Anesthesia	\$500		(met)	\$100	\$400	\$100	\$100
Surgeon	\$3,000		(met)	\$600	\$2,400	\$600	\$600
30-Day Supply of Generic Prescription	\$80	\$20	(met)		\$60	\$20	\$20
TOTAL	\$11,175	\$20	\$3,000 (met)	\$1,619	\$6,536	\$4,639	\$4,639

After the above services, you have now met your annual individual **deductible**.

You have **\$361** to go before you meet your annual individual **out-of-pocket maximum**.

Once you meet your individual out-of-pocket maximum, you no longer have to pay for covered services (that apply to the out-of-pocket maximum) for the rest of the plan year (July 1, 2018-June 30, 2019).

POS Plan – Tier 1 (Kaiser Permanente)

Deductible - Embedded	\$1,000 individual / \$3,000 family
Out-of-Pocket Maximum (OPM) - Embedded	\$3,000 individual / \$6,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	You pay
Preventive care	No charge
Doctor's office visit	\$25 copay for Primary Care / \$40 copay for Specialty Care 10% coinsurance after the deductible is met for covered services received during an office visit
Diagnostic lab test	No charge in a Kaiser Permanente Medical Offices Building
Imaging (x-ray, MRI, CT/PET scan)	10% coinsurance after the deductible is met
Outpatient surgery	10% coinsurance after the deductible is met
Hospitalization	10% coinsurance after the deductible is met
Urgent care	\$50 copay / 10% coinsurance after the deductible is met for covered services received during an office visit
Ambulance	10% coinsurance up to \$500/trip
Emergency care	10% coinsurance after the deductible is met
Retail prescriptions (30-day supply)	\$15 copay for generic prescriptions \$30 copay for brand prescriptions
Mail order (up to a 90 day supply) for 2 copays	50% coinsurance for non-preferred prescriptions 20% coinsurance up to \$75 per drug per fill for specialty prescriptions

POS Plan – Tier 2 (Kaiser Permanente PHCS)

Deductible - Embedded	\$2,000 individual / \$6,000 family
Out-of-Pocket Maximum (OPM) - Embedded	\$3,500 individual / \$7,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM. Cost shares that apply to the Deductible and OPM in Tier 2 will also apply to your Tier 1 Deductible and OPM.	
Covered service	You pay
Preventive care	No charge
Doctor's office visit	\$35 copay for Primary Care / \$50 copay for Specialty Care 20% coinsurance after the deductible is met for covered services received during an office visit
Diagnostic lab test	No charge in a Kaiser Permanente Medical Offices Building
Imaging (x-ray, MRI, CT/PET scan)	20% coinsurance after the deductible is met
Outpatient surgery	20% coinsurance after the deductible is met
Hospitalization	20% coinsurance after the deductible is met
Urgent care	\$50 copay / 10% coinsurance after the deductible is met for covered services received during an office visit
Ambulance	10% coinsurance up to \$500/trip
Emergency care	10% coinsurance after the deductible is met
Retail prescriptions (30-day supply)	\$25 copay for generic prescriptions \$40 copay for brand prescriptions
Mail order (up to a 90 day supply) for 2 copays	50% coinsurance for non-preferred prescriptions 20% coinsurance up to \$250 per drug per fill for specialty prescriptions

POS Plan – Tier 3 (Out-of-Network)

Deductible - Embedded	\$5,000 individual / \$15,000 family
Out-of-Pocket Maximum (OPM) - Embedded	\$16,000 individual / \$48,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	You pay
Preventive care	\$70 copay
Doctor's office visit	50% coinsurance after the deductible is met
Diagnostic lab test	50% coinsurance after the deductible is met
Imaging (x-ray, MRI, CT/PET scan)	50% coinsurance after the deductible is met
Outpatient surgery	50% coinsurance after the deductible is met
Hospitalization	50% coinsurance after the deductible is met
Urgent care	\$50 copay / 10% coinsurance after the deductible is met for covered services received during an office visit
Ambulance	10% coinsurance up to \$500/trip
Emergency care	10% coinsurance after the deductible is met
Retail prescriptions (30-day supply)	50% coinsurance after the deductible is met

Plan changes effective 07/01/2018

Service	New Benefit
Lupron	Lupron is no longer listed on the Kaiser Permanente outpatient drug formulary. It is now administered during an office visit at the Office-administered drugs cost share. All affected members will be notified
Statins	Statins will be covered at no cost share for members who are: 40-75 years with no history of Cardiovascular Disease (CVD), have One or more CVD risk factors; and a calculated 10-year CVD even risk of 10% or greater.
Out of Area Dependent Benefit	Added 5 combined physical, occupational and speech therapy visits
Medical Foods	The list of diagnoses for which medical food is covered was expanded to include immunoglobulin E, nonimmunologic E-mediated allergies to multiple food proteins, severe food protein induced enterocolitis syndrome, eosinophilic disorders, and impaired absorption of nutrients.
Outpatient Prescription Eye Drops	Members will be able to get a renewal of prescription eye drops when: (a) the request for renewal is made: (i) at least 21 days for a 30-day supply; or (ii) at least 42 days for a 60-day supply; or (iii) at least 63 days for a 90-day supply, from the later of the date the original prescription was dispensed or last renewed; and (b) the original prescription states that additional quantities are needed and the renewal request does not exceed the number of additional quantities needed. One additional bottle (limited to one bottle every 3 months of prescription eye drops is covered when: (a) the additional bottle is requested at the time the original prescription is filled; and (b) the original prescription states that it is needed for use in a day care center, school or adult day program

Denver/Boulder Service Area

22 Medical Office Buildings, including the following Specialty Centers:

- Franklin Medical Offices
- Rock Creek Medical Offices
- Lone Tree Medical Offices

4 Urgent Care Locations

- Lone Tree Medical Offices (RADAR)
- Lakewood Medical Offices (RADAR)
- Aurora Centrepoint Medical Offices
- Westminster Medical Offices

3 Pediatric Urgent Care Locations

- Children's Hospital Colorado – North Campus
- Children's Hospital Colorado – Uptown Denver
- Children's Hospital Colorado – Wheat Ridge

Hospital Partnerships

- Good Samaritan Medical Center (Lafayette)
- Saint Joseph Medical Center (Denver)
- Children's Hospital Colorado Main Campus (Aurora)
- HealthONE Skyridge Medical Center (Lone Tree)
 - Limited services



Denver/Boulder Service Area

Member Services: (303) 338-3800

Appointments, Medical Advice, and Urgent Care: (303) 338-4545

- Specialist Appointments made by calling the specialty department directly (phone numbers can be found on KP.org or in the Member Resource Guide)

New Member Connect Team: 1 (844) 639-8657

Physician Selection Services: (303) 338-4477 or on KP.org

Pharmacy

- Clinical Pharmacy Call Center: (303) 338-4503
- Automated Mail Order Refill Service: 1 (866) 938-0077
- Mail Order Information and Questions: 1 (866) 523-6059

Behavioral Health: (303) 471-7700

Supportive Care Services – counseling, education information of programs, etc.

- Franklin Medical Offices: (303) 861-3481
- Rock Creek Medical Offices: (720) 536-6404
- Lone Tree Medical Offices: (303) 649-5989

International Travel Clinic: (303) 283-2650

3 Tier Point of Service Plan – POS Plan

Member Services: **1-855-364-3184**


Claims Information: **1-855-364-3184**

Kaiser Permanente Point-of-Service (POS) Plan Members Website:

<http://choiceproducts-colorado.kaiserpermanente.org/3-tier-point-of-service-plan/member-information/>

PHCS Customer Service: **1 (888) 514-7427** or <https://www.multiplan.com/kaiser>

Pharmacy - MedImpact Customer Service: **1-800-788-2949**



You decide where
to get your care and
how to manage
your costs.

Get the right care when you need it, how you want it

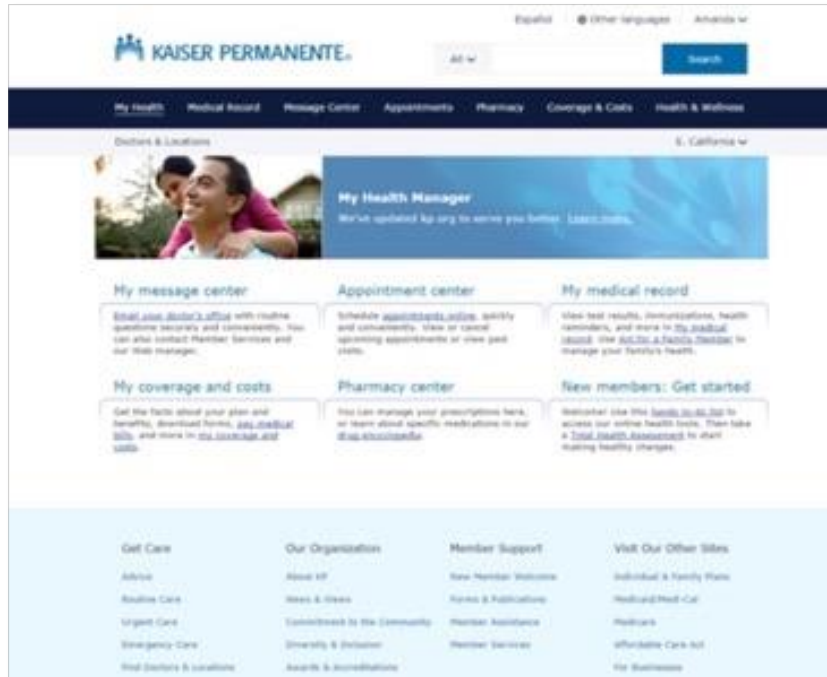


¹ These features are available when you receive care at Kaiser Permanente medical offices.

² Check with your doctor's office to find out if video visits are available to you.

Online and mobile capabilities

At kp.org or with the Kaiser Permanente app, you can conveniently stay on top of your care 24/7¹:



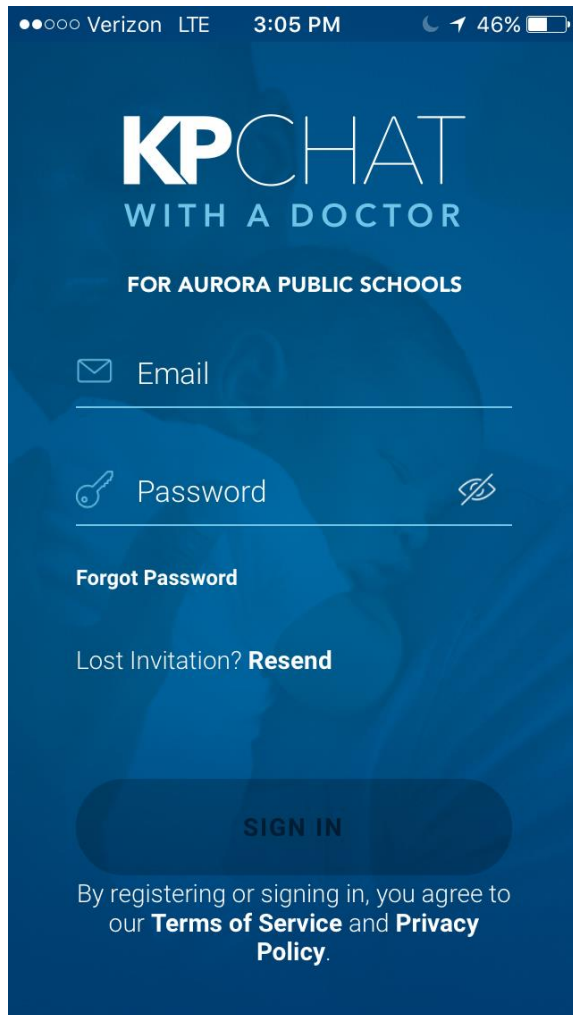
- Schedule and cancel routine appointments
- Refill most prescriptions
- Medical record, view most lab test results
- Email your doctor's office with nonurgent questions
- Estimate costs
- View EOBs and pay bills
- Manage a family member's health care²
- Print vaccination records for school, sports, or camp
- Digital ID Card
- Personal Action Plan

¹Available when you get care at Kaiser Permanente facilities.

²Due to privacy laws, certain features may not be available when they are being accessed on behalf of a child 18 or younger, and your child's physician may be prevented from disclosing certain information to you without your child's consent.

Chat with a Doctor App

When you download Kaiser Permanente's Chat with a Doctor app, you can send and receive secure text messages with a physician and in real-time. Chat with a doctor is an innovative virtual healthcare platform that provides you with direct access to a Kaiser Permanente doctor.



- Send Secure messages whenever you have a medical issue or concern
- No appointments required
- No cost share to you
- Service is available 7am – 10pm, 7 days a week, 365 days a year
- Kaiser Physicians have access to your electronic medical record
- App is called: “KP Chat with a Doctor for APS”
- Must have registered on kp.org prior to 12/15/2017 to download app.
- If you were not registered on kp.org prior to 12/15/2017, please contact benefitshr@aps.k12.co.us so that an invite can be sent to you.

Care away from home



- If you need emergency care, you're covered. Anywhere, anytime.¹
- If you get hurt or sick while traveling, we'll help you get care. We can also help you before you leave town by checking to see if you need a vaccination, refilling eligible prescriptions, and more. Just call us or go online:



24/7 Away from
Home Travel Line:
951-268-3900²



kp.org/travel

¹If you reasonably believe you have an emergency medical condition, which is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health, call 911 or go to the nearest emergency department. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage.

²This number can be dialed from both inside and outside the U.S. Outside, you must dial the U.S. country code 001 for landlines and +1 for mobile before the phone number. Long-distance charges may apply and we cannot accept collect calls. Phone line is closed major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas), and closes early the day before a holiday at 10 p.m. Pacific time (PT). The phone line reopens the day after a holiday at 4 a.m. PT.

Financial Counseling

Medical Financial Counseling Services

- Cost estimation for upcoming or potential procedures
- Payment options
- Payment plans

Inquiries: (303) 338-3025 or 1 (877) 803-1929

Hours: 8 a.m. to 6 p.m., Monday through Friday

For questions about costs for services outside of Kaiser Permanente medical offices, contact the provider directly.

Pay Medical Bills Online – kp.org/paymedicalbills

Cost Estimator Tool

The **KP Treatment Cost Calculator** is an online tool that can be used to get personalized cost estimates for many common treatments and services.

- Members can use it before a visit for an idea of what they'll be responsible for financially
- Log on to KP.org, visit My Health Manager, My Coverage and Costs, Estimates, and then Estimate Health Costs

KAISER PERMANENTE TREATMENT COST CALCULATOR

HOME MY BENEFITS ESTIMATE HISTORY HELP SIGN OUT

New estimate:

Or browse by ▼

GENERAL ESTIMATE FOR

Chest CT scan without dye

(Procedure code: 71250) A CT scan of the chest uses spe... [More](#) [Related Services](#)

Your likely out-of-pocket cost is: \$358

Based on average costs for in-network healthcare providers in Atlanta GA

[How is this calculated?](#)

	Low	Likely	High
	In-Network		Out-of-Network
Your estimated share -	\$358		\$446
Deductible	\$358		\$358
Copayment	\$0		\$0
Coinsurance	\$0		\$0
<i>Additional Out-of-Network Responsibility*</i>			\$88
Your plan pays -	\$53		\$53
Total estimated costs	\$411		\$499
Professional	\$0		\$0
Technical Component	\$411		\$499

Resources and Information

Are you a new member? Don't forget to call the New Member Connect department at 1-844-639-8657 (M-F, 7am-6pm) for help with:

- Choosing a Primary Care Physician
- Transitioning prescriptions
- Accessing care
- Registering for kp.org
- And more!

As a Kaiser Permanente member, there are a lot of great services available at your fingertips. But what types of services are available? – Simply click the link associated with your service area below to learn more!

[Denver/Boulder Service Area*](#)
[Northern Colorado Service Area*](#)
[Southern Colorado Service Area*](#)
[Mountain Colorado Service Area*](#)

These documents and flyers will help you better understand your plan, learn how to make the best use of your healthcare, discover where you can access care, and financially plan for any upcoming procedures.

*For the best online experience, use Google Chrome or Firefox as your internet browser when viewing these pages.

Recursos y Información

Si es un **miembro nuevo**, es posible que tenga muchas dudas y se pregunte por dónde empezar. Con sólo una llamada, el Departamento de Contacto con Miembros Nuevos puede ayudarle a:

- elegir un médico de atención primaria;
- transferir sus recetas médicas;
- acceder a la atención
- obtener más información sobre sus beneficios;
- registrarse para tener acceso de manera segura a kp.org/español
- ¡y mucho más!

Puede comunicarse con el Departamento de Contacto con Miembros Nuevos al **1-844-639-8657** (línea TTY 711), de lunes a viernes, de 7 a.m. a 6 p.m.

Aproveche al máximo su atención con los diversos servicios, recursos, y herramientas de Kaiser Permanente.

Área de servicio (haga clic en):

[Denver/Boulder](#)
[Northern Colorado](#)
[Southern Colorado](#)
[Mountain Colorado](#)