

Find your healthy place

With care for all that is you



Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

Important open enrollment dates for 2023

- The open enrollment period for 2023 coverage runs from November 1, 2022, through January 31, 2023.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Covered California.
- For coverage that starts on January 1, 2023, we must receive your Application for health coverage and first month's premium no later than December 31, 2022.

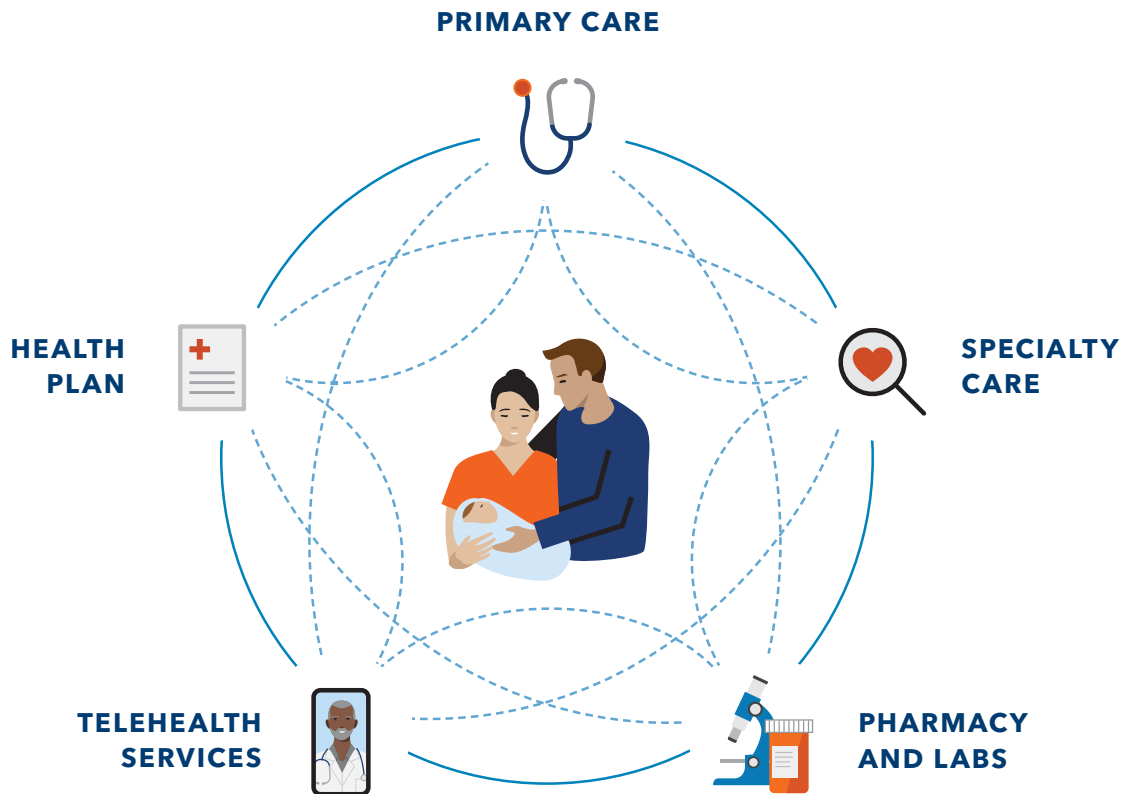
Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit kp.org/specialenrollment for a list of qualifying life events and instructions.

Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY 711).





Built to make your life easier

Kaiser Permanente combines care and coverage – which makes us different than your other health care options. Your doctors, hospitals, and health plan work together to make high-quality health care easier to get. That means you'll have peace of mind knowing care for your total health is there when and where you need it – from your doctor's office to your living room.

To see what it's like to be a member, visit kp.org/myhealthyplace.

"I really appreciate the coordination of care. Every doctor and specialist can access my records, and I don't have to waste valuable time repeating medical histories."

–Lisa, Kaiser Permanente member

Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to make sure the care you get is tailored to your needs. Your Kaiser Permanente care team is part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

Your healthy place should reflect all that is you

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Hire doctors and staff who speak more than one language
- Offer phone interpretation services in more than 150 languages
- Improved health outcomes among diverse populations for conditions like high blood pressure, diabetes, and colon cancer¹

Get care with the help of your electronic health record



Share your health history and any concerns with your personal doctor.



Your doctor coordinates your care, so you don't have to worry about where to go or who to call next.



Future care teams have a full picture of your Kaiser Permanente health history – without you having to repeat your story.



With your health records in hand, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

Convenient ways to get care

Same-day, next-day, and weekend appointments are available at most locations, and by phone and video.²



Visit us in person
at a location near you.



Talk to a health care professional
by phone or video.²



24-hour virtual care on your schedule

If a trip to the doctor's office doesn't fit your schedule, it's easy to get fast, personalized support – daytime, nighttime, anytime.

- Schedule a phone or video visit with a doctor or clinician.²
- Get 24/7 care advice by phone.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.

When connecting to care virtually, you may save money as well as time. Telehealth is covered at no cost with most plans.³



Prescription delivery

Fill prescriptions online or with the Kaiser Permanente app.⁴

- Have most delivered directly to your front door.⁴
- Get same-day or next-day delivery for an additional fee.⁵
- Order them for same-day pickup.



Kaiser Permanente app

Manage your health 24/7 with our app. It's an easy, convenient way to do everything described above – anytime, anywhere.⁶

Care away from home

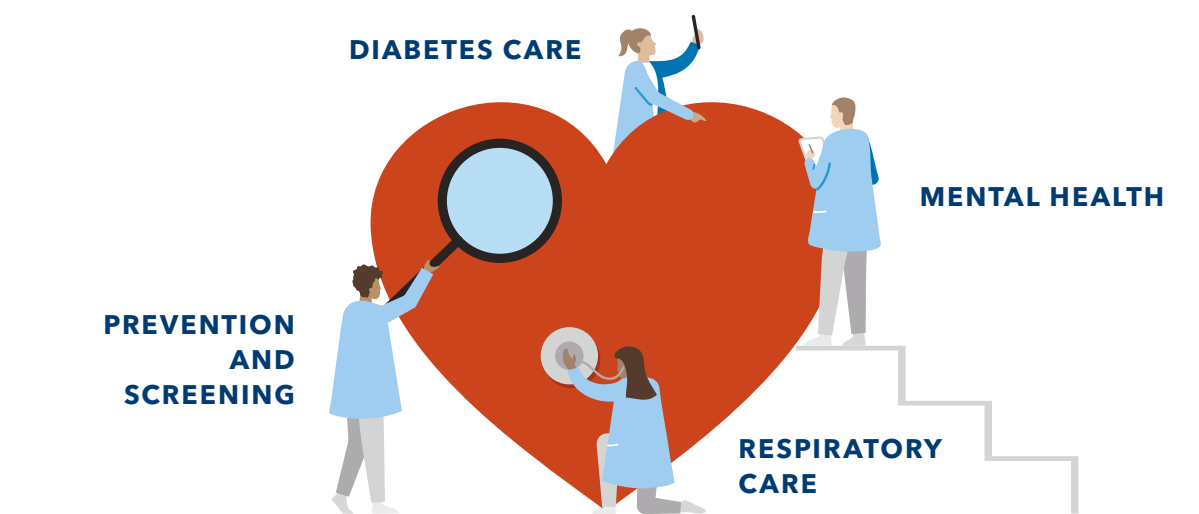
You're covered for urgent and emergency care anywhere in the world. And if you're planning to travel, we can help you stay on top of your health when you're away from home. We'll work with you to see if you need a vaccination, refill prescriptions, and more.



Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our specialty care has you covered.

In 2021, Kaiser Permanente led the nation as the top performer in 42 effectiveness-of-care measures. The closest national competitor led in only 14.⁷



Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

A collaborative approach to care

With one of the largest multispecialty medical groups in the country, we can help connect you with the right specialist who'll create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/specialtycare.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you can enroll in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you get the care you need without missing a beat.



Search profiles to find the right doctor

Our online doctor profiles let you browse the many doctors and locations in your area, even before you enroll. So you can join knowing you've found a doctor who fits your needs.



Transition your care

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. From day one, you'll have the support you need to help reach your health goals.



Connect to care online

After you enroll, create an account at kp.org and download the Kaiser Permanente app.⁶ Then manage your health on your schedule – whenever, wherever.

Health care doesn't have to be confusing

If you don't know an HMO from an HSA, you're not alone. But rest assured – we're here to make health care easier to understand. Get help learning the basics at kp.org/learnthebasics.



Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.⁸ Many of these resources are available at no additional cost.



Acupuncture, massage therapy, chiropractic care

Enjoy reduced rates on services to help you stay healthy.



Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more.



Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

Extras for your total health



Use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Set mental health goals, track progress, and get support managing depression, anxiety, and more.



Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.

Care meets you where you are

When you're a member, you get access to our doctors and facilities – conveniently located near where you live, work, and play. And when you can't come to us, you can get the care you need when you need it.²

117.8M

VIRTUAL CONNECTIONS

between members and their care teams in 2021⁹



12.6M

MEMBERS

covered for care needs in mind and body



23,656

DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements



42.5M

PRESCRIPTION DELIVERIES

to members' homes in 2021

773

HOSPITALS AND MEDICAL OFFICES

with many services often under one roof, so you can get everything done quickly



9

AREAS

to get Kaiser Permanente care in person – California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.



Your choice of doctors and locations

Visit kp.org/doctors to see all Kaiser Permanente locations near you and browse our online doctor profiles. You can choose your personal doctor and change anytime, for any reason.



Doctor and facility counts include affiliated medical professionals and locations. These statistics are from multiple Kaiser Permanente locations in various states.

Choosing your health plan

We offer a variety of plans to help fit your needs and budget. All of them offer the same quality care, but the way they split the costs is different.

Copay or coinsurance plans

Copay or coinsurance plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

Deductible plans – silver, bronze, and minimum coverage

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you reach your deductible.

HSA-qualified high deductible health plans – silver and bronze

HSA-qualified deductible plans are deductible plans with a special feature. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account. You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses or adult dental.¹⁰ And if you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

Example of your costs for care

Let's say you hurt your ankle. You visit your personal doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's an example of what you'd pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
KP Gold 80 HMO Coinsurance (no deductible)	\$35	\$75	\$15*
KP Silver 70 HMO 2850/50 (\$2,850 deductible)	\$50	\$70 after deductible	\$20*
KP Bronze 60 HDHP HMO (\$7,000 deductible)	No charge after deductible	No charge after deductible	No charge after deductible

*Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

The cost estimates above are from kp.org/treatmentestimates. Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit buykp.org/apply for details.



Understanding the plans: benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

Here's a quick look at how to use the chart

Benefit highlights		KP Kaiser Permanente - Silver 70 HMO Off Exchange
Plan type	Deductible	
Annual medical deductible (individual/family)	\$4,750/\$9,500	
Annual out-of-pocket maximum (individual/family)	\$8,750/\$17,500	
Benefits		
Virtual care		
Chat, Email, E-visit, Phone, and Video visit	No charge	
Preventive care		
Routine physical exam, mammograms, etc.	No charge	
Outpatient services (per visit or procedure)		
Primary care office visit	\$45	
Specialty care office visit	\$85	
Most X-rays	\$95	
Most lab tests	\$50	
MRI, CT, PET	\$325	
Outpatient surgery	20%	
Mental health visit	\$45	
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	
Maternity		
Routine prenatal care visit, first postpartum visit	No charge	
Delivery and inpatient well-baby care	30% after deductible	
Emergency and urgent care		
Emergency Department visit	\$400	
Urgent care visit	\$45	
Prescription drugs (up to a 30-day supply)		
Generic	\$16 after \$85 pharmacy deductible*	
Preferred brand	\$60 after \$85 pharmacy deductible*	
Non-preferred brand	\$60 after \$85 pharmacy deductible*	
Specialty	20% after \$85 pharmacy deductible, up to \$250 per prescription	
Whole health		
Healthy services	Optical promotions† kp2020.org	

KP

Offered through Kaiser Permanente

E

Offered through the health benefit exchange

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$4,750 for yourself or \$9,500 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$8,750 for yourself and no more than \$17,500 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no charge

Most preventive care services—including routine physical exams and mammograms—are covered at no charge. Plus, they're not subject to the deductible.

Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$45 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$45 copay for urgent care visits, whether or not you have met your deductible.

*Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply

*Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

†Optical promotions and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$4,750 for yourself or \$9,500 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$8,750 for yourself and no more than \$17,500 for your family for your copays, coinsurance, and deductible in a calendar year.

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Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$45 copay for urgent care visits, whether or not you have met your deductible.

- KP** Offered through Kaiser Permanente
- E** Offered through the health benefit exchange, Covered California

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on CoveredCA.com.

Benefit highlights	KP Kaiser Permanente - Bronze 60 HMO 8200/0%	KP E Kaiser Permanente - Bronze 60 HDHP HMO	KP E Kaiser Permanente - Bronze 60 HMO
Plan type	Deductible	HSA-qualified	Deductible
Annual medical deductible (individual/family)	\$8,200/\$16,400	\$7,000/\$14,000	\$6,300/\$12,600
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	\$7,000/\$14,000	\$8,600/\$17,200
Benefits			
Virtual care			
Email, E-visit, Phone and Video visit	No charge	Email, E-visit: No charge. Phone and Video visit: No charge after deductible	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	No charge after deductible	No charge after deductible	First 3 visits \$65; then \$65 after deductible‡
Specialty care office visit	No charge after deductible	No charge after deductible	First 3 visits \$95; then \$95 after deductible‡
Most X-rays	No charge after deductible	No charge after deductible	40% after deductible
Most lab tests	No charge after deductible	No charge after deductible	\$40
MRI, CT, PET	No charge after deductible	No charge after deductible	40% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	40% after deductible
Mental health visit	No charge after deductible	No charge after deductible	No charge
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	40% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	40% after deductible
Emergency and urgent care			
Emergency Department visit	No charge after deductible	No charge after deductible	40% after deductible
Urgent care visit	No charge after deductible	No charge after deductible	First 3 visits \$65; then \$65 after deductible‡
Prescription drugs (up to a 30-day supply)			
Generic	\$20*	No charge after deductible	\$18 after \$500 pharmacy deductible*
Preferred brand	No charge after deductible	No charge after deductible	40% after \$500 pharmacy deductible up to \$500 per prescription
Non-preferred brand	No charge after deductible	No charge after deductible	40% after \$500 pharmacy deductible up to \$500 per prescription
Specialty	No charge after deductible	No charge after deductible	40% after \$500 pharmacy deductible up to \$500 per prescription
Whole health			
Healthy services	Optical promotions† kp2020.org	Optical promotions† kp2020.org	Optical promotions† kp2020.org

‡ The Kaiser Permanente Bronze 60 HMO plan includes three office visits for the benefit copay before you reach your deductible. Office visits include primary, specialty, urgent, or outpatient mental health and substance use care.

* Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

† Optical promotions and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Combined Membership Agreement, Evidence of Coverage, and Disclosure Form* (EOC) for complete details on your plan or for specific limitations and exclusions. To request a copy of the EOC, please visit kp.org/plandocuments, call us at 1-800-464-4000 (TTY 711), or contact your broker.

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Benefit highlights	KP Kaiser Permanente - Silver 70 HDHP HMO 3600/20%	KP Kaiser Permanente - Silver 70 HMO Off Exchange	E Kaiser Permanente - Silver 70 HMO	KP Kaiser Permanente - Silver 70 HMO 2850/50
Plan type	HSA-qualified	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,600/\$7,200	\$4,750/\$9,500	\$4,750/\$9,500	\$2,850/\$5,700
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$8,750/\$17,500	\$8,750/\$17,500	\$8,750/\$17,500
Benefits				
Virtual care				
Email, E-visit, Phone and Video visit	Email, E-visit: No charge. Phone and Video visit: No charge after deductible	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	20% after deductible	\$45	\$45	\$50
Specialty care office visit	20% after deductible	\$85	\$85	\$80
Most X-rays	20% after deductible	\$95	\$95	\$70 after deductible
Most lab tests	20% after deductible	\$50	\$50	\$30 after deductible
MRI, CT, PET	20% after deductible	\$325	\$325	\$350 after deductible
Outpatient surgery	20% after deductible	20%	20%	35% after deductible
Mental health visit	20% after deductible	\$45	\$45	\$50
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	30% after deductible	30% after deductible	35% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	30% after deductible	30% after deductible	35% after deductible
Emergency and urgent care				
Emergency Department visit	20% after deductible	\$400	\$400	\$350 after deductible
Urgent care visit	20% after deductible	\$45	\$45	\$50
Prescription drugs (up to a 30-day supply)				
Generic	20% after deductible, up to \$250 per prescription	\$16 after \$85 pharmacy deductible*	\$16 after \$85 pharmacy deductible*	\$20*
Preferred brand	20% after deductible, up to \$250 per prescription	\$60 after \$85 pharmacy deductible*	\$60 after \$85 pharmacy deductible*	\$75 after \$450 pharmacy deductible*
Non-preferred brand	20% after deductible, up to \$250 per prescription	\$60 after \$85 pharmacy deductible*	\$60 after \$85 pharmacy deductible*	\$75 after \$450 pharmacy deductible*
Specialty	20% after deductible, up to \$250 per prescription	20% after \$85 pharmacy deductible, up to \$250 per prescription	20% after \$85 pharmacy deductible, up to \$250 per prescription	35% after \$450 pharmacy deductible, up to \$250 per prescription
Whole health				
Healthy services	Optical promotions† kp2020.org	Optical promotions† kp2020.org	Optical promotions† kp2020.org	Optical promotions† kp2020.org

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Benefit highlights	KP E Kaiser Permanente - Gold 80 HMO	KP E Kaiser Permanente - Gold 80 HMO Coinsurance	KP E Kaiser Permanente - Platinum 90 HMO	KP E Kaiser Permanente - Minimum Coverage HMO ^{††}
Plan type	Copayment	Copayment	Copayment	Deductible
Annual medical deductible (individual/family)	None/None	None/None	None/None	\$9,100/\$18,200
Annual out-of-pocket maximum (individual/family)	\$8,550/\$17,100	\$8,550/\$17,100	\$4,500/\$9,000	\$9,100/\$18,200
Benefits				
Virtual care				
Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$35	\$35	\$15	First 3 office visits no charge.*** Additional visits no charge after deductible
Specialty care office visit	\$65	\$65	\$30	No charge after deductible
Most X-rays	\$75	\$75	\$30	No charge after deductible
Most lab tests	\$40	\$40	\$15	No charge after deductible
MRI, CT, PET	\$75	25%	\$75	No charge after deductible
Outpatient surgery	\$190	20%	\$125	No charge after deductible
Mental health visit	\$35	\$35	\$15	No charge
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$350 per day up to 5 days**	30%	\$250 per day up to 5 days**	No charge after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	\$350 per day up to 5 days**	30%	\$250 per day up to 5 days**	No charge after deductible
Emergency and urgent care				
Emergency Department visit	\$350	\$350	\$150	No charge after deductible
Urgent care visit	\$35	\$35	\$15	First 3 office visits no charge.*** Additional visits no charge after deductible
Prescription drugs (up to a 30-day supply)				
Generic	\$15*	\$15*	\$5*	No charge after deductible
Preferred brand	\$60*	\$60*	\$15*	No charge after deductible
Non-preferred brand	\$60*	\$60*	\$15*	No charge after deductible
Specialty	20% up to \$250 per prescription	20% up to \$250 per prescription	10% up to \$250 per prescription	No charge after deductible
Whole health				
Healthy services	Optical promotions [†] kp2020.org	Optical promotions [†] kp2020.org	Optical promotions [†] kp2020.org	Optical promotions [†] kp2020.org

* Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

[†] Optical promotions and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

[‡] The Kaiser Permanente Bronze 60 HMO plan includes three office visits for the benefit copay before you reach your deductible. Office visits include primary, specialty, urgent, or outpatient mental health and substance use care.

** After 5 days, there is no charge for covered services related to the admission.

^{††} Only applicants younger than age 30, or applicants age 30 and older who provide a certificate from Covered California demonstrating hardship or lack of affordable coverage, may purchase a Minimum Coverage HMO plan.

*** The Kaiser Permanente Minimum Coverage HMO plan includes three office visits at no charge before you reach your deductible. Office visits include primary and urgent care.

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E Offered through the health benefit exchange,
Covered California

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Covered California.

Benefit highlights	E Kaiser Permanente - Silver 73 HMO	E Kaiser Permanente - Silver 87 HMO	E Kaiser Permanente - Silver 94 HMO
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$4,750/\$9,500	\$800/\$1,600	\$75/\$150
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$3,000/\$6,000	\$900/\$1,800
Benefits			
Virtual care			
Email, E-visit, Phone and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$45	\$15	\$5
Specialty care office visit	\$85	\$25	\$8
Most X-rays	\$90	\$40	\$8
Most lab tests	\$50	\$20	\$8
MRI, CT, PET	\$325	\$100	\$50
Outpatient surgery	20%	15%	10%
Mental health visit	\$45	\$15	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	25% after deductible	10% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	25% after deductible	10% after deductible
Emergency and urgent care			
Emergency Department visit	\$400	\$150	\$50
Urgent care visit	\$45	\$15	\$5
Prescription drugs (up to a 30-day supply)			
Generic	\$16 after \$30 pharmacy deductible*	\$5 after \$25 pharmacy deductible*	\$3*
Preferred brand	\$55 after \$30 pharmacy deductible*	\$25 after \$25 pharmacy deductible*	\$10*
Non-preferred brand	\$55 after \$30 pharmacy deductible*	\$25 after \$25 pharmacy deductible*	\$10*
Specialty	20% after \$30 pharmacy deductible, up to \$250 per prescription	15% after \$25 pharmacy deductible, up to \$150 per prescription	10% Up to \$150 per prescription
Whole health			
Healthy services	Optical promotions [†] kp2020.org	Optical promotions [†] kp2020.org	Optical promotions [†] kp2020.org

* Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

[†] Optical promotions and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Combined Membership Agreement, Evidence of Coverage, and Disclosure Form* (EOC) for complete details on your plan or for specific limitations and exclusions. To request a copy of the EOC, please visit kp.org/plandocuments, call us at 1-800-464-4000 (TTY 711), or contact your broker.

Find your rate

Use the monthly rates chart on the following pages or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- If you add the optional dental insurance plan for adult family members, including those whose eligibility for pediatric dental services has ended
- If you qualify for federal financial assistance. Visit buykp.org/apply or call us at **1-800-494-5314** to see if you may qualify.

Interested in a family plan?

Find the rate for each family member, based on his or her age on the start date.

Family members include:

- You
- Your spouse/domestic partner
- Your parents/stepparents
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge.

The rates in the monthly rates chart apply to these ZIP codes. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

Service Area 15 – County

Los Angeles

Service Area 15 – Zip codes

90601-10	91020-21	91714-16
90623	91023-25	91722-24
90630-31	91030-31	91731-35
90637-40	91040-43	91740-41
90650-52	91046	91744-50
90660-62	91066	91754-56
90670-71	91077	91759
90701-03	91101-10	91765-73
90706-07	91114-18	91775-76
90710-17	91121	91778
90723	91123-26	91780
90731-34	91129	91788-93
90744-49	91182	91801-04
90755	91184-85	91896
90801-10	91188-89	91899
90813-15	91199	93510
90822	91201-10	93532
90831-33	91214	93534-36
90840	91221-22	93539
90842	91224-26	93543-44
90844	91501-08	93550-53
90846-48	91510	93560
90853	91521-23	93563
90895	91526	93584
91001	91702	93586
91003	91706	93590-91
91006-12	91709	93599
91016-17	91711	

2023 Monthly rates

Rate Area 15

Please note: These rates do not include the financial assistance you may be eligible to receive through Covered California.

Age on 2023 effective date	Kaiser Permanente - Bronze 60 HMO 8200/0%	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Silver 70 HDHP HMO 3600/20%	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO	Kaiser Permanente - Silver 70 HMO 2850/50	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	\$175.72	\$180.70	\$189.34	\$198.05	\$219.87	\$231.30	\$208.38	\$275.47	\$254.47	\$298.30	\$137.91	\$231.30
15	191.34	196.77	206.17	215.65	239.41	251.86	226.91	299.95	277.09	324.82	150.17	251.86
16	197.31	202.91	212.61	222.38	246.88	259.73	233.99	309.31	285.74	334.95	154.86	259.73
17	203.28	209.05	219.04	229.11	254.36	267.59	241.07	318.68	294.39	345.09	159.55	267.59
18	209.71	215.66	225.97	236.36	262.40	276.05	248.70	328.76	303.70	356.01	164.59	276.05
19	216.14	222.28	232.90	243.61	270.45	284.52	256.33	338.84	313.02	366.93	169.64	284.52
20	222.81	229.13	240.08	251.12	278.79	293.29	264.23	349.28	322.66	378.24	174.87	293.29
21	229.70	236.21	247.51	258.89	287.41	302.36	272.40	360.09	332.64	389.93	180.28	302.36
22	229.70	236.21	247.51	258.89	287.41	302.36	272.40	360.09	332.64	389.93	180.28	302.36
23	229.70	236.21	247.51	258.89	287.41	302.36	272.40	360.09	332.64	389.93	180.28	302.36
24	229.70	236.21	247.51	258.89	287.41	302.36	272.40	360.09	332.64	389.93	180.28	302.36
25	230.61	237.16	248.50	259.92	288.56	303.57	273.49	361.53	333.97	391.49	181.00	303.57
26	235.21	241.88	253.45	265.10	294.31	309.61	278.94	368.73	340.63	399.29	184.60	309.61
27	240.72	247.55	259.39	271.31	301.20	316.87	285.47	377.37	348.61	408.65	188.93	316.87
28	249.68	256.76	269.04	281.41	312.41	328.66	296.10	391.41	361.58	423.86	195.96	328.66
29	257.03	264.32	276.96	289.69	321.61	338.34	304.81	402.94	372.23	436.34	201.73	338.34
30	260.70	268.10	280.92	293.83	326.21	343.18	309.17	408.70	377.55	442.58	204.61	343.18
31	266.22	273.77	286.86	300.05	333.11	350.43	315.71	417.34	385.53	451.93	208.94	350.43
32	271.73	279.44	292.80	306.26	340.01	357.69	322.25	425.98	393.52	461.29	213.27	357.69
33	275.18	282.98	296.51	310.14	344.32	362.22	326.33	431.38	398.51	467.14	215.97	362.22
34	278.85	286.76	300.47	314.29	348.91	367.06	330.69	437.15	403.83	473.38	218.86	367.06
35	280.69	288.65	302.45	316.36	351.21	369.48	332.87	440.03	406.49	476.50	220.30	369.48
36	282.53	290.54	304.43	318.43	353.51	371.90	335.05	442.91	409.15	479.62	221.74	371.90
37	284.36	292.43	306.41	320.50	355.81	374.32	337.23	445.79	411.81	482.74	223.18	374.32
38	286.20	294.32	308.39	322.57	358.11	376.74	339.41	448.67	414.47	485.86	224.63	376.74
39	289.88	298.10	312.35	326.71	362.71	381.58	343.77	454.43	419.79	492.10	227.51	381.58
40	293.55	301.88	316.31	330.86	367.31	386.41	348.12	460.19	425.12	498.34	230.39	386.41
41	299.06	307.55	322.25	337.07	374.21	393.67	354.66	468.83	433.10	507.70	234.72	393.67
42	304.35	312.98	327.95	343.02	380.82	400.62	360.93	477.11	440.75	516.66	238.87	400.62
43	311.70	320.54	335.87	351.31	390.01	410.30	369.64	488.64	451.40	529.14	244.64	410.30
44	320.89	329.99	345.77	361.66	401.51	422.39	380.54	503.04	464.70	544.74	251.85	422.39
45	331.68	341.09	357.40	373.83	415.02	436.60	393.34	519.97	480.34	563.07	260.32	436.60
46	344.54	354.32	371.26	388.33	431.11	453.54	408.60	540.13	498.96	584.90	270.42	453.54
47	359.01	369.20	386.85	404.64	449.22	472.58	425.76	562.82	519.92	609.47	281.77	472.58
48	375.55	386.21	404.67	423.28	469.91	494.35	445.37	588.74	543.87	637.54	294.75	494.35
49	391.86	402.98	422.25	441.66	490.32	515.82	464.71	614.31	567.49	665.23	307.55	515.82
50	410.24	421.88	442.05	462.37	513.31	540.01	486.50	643.11	594.10	696.42	321.98	540.01
51	428.38	440.54	461.60	482.82	536.02	563.90	508.02	671.56	620.38	727.23	336.22	563.90
52	448.37	461.09	483.13	505.34	561.02	590.20	531.72	702.89	649.32	761.15	351.90	590.20
53	468.58	481.88	504.91	528.13	586.31	616.81	555.69	734.58	678.59	795.47	367.77	616.81
54	490.40	504.32	528.43	552.72	613.62	645.53	581.57	768.79	710.19	832.51	384.89	645.53
55	512.22	526.76	551.94	577.31	640.92	674.26	607.45	802.99	741.79	869.55	402.02	674.26
56	535.88	551.09	577.43	603.98	670.53	705.40	635.51	840.08	776.05	909.72	420.59	705.40
57	559.77	575.65	603.17	630.90	700.42	736.84	663.83	877.53	810.65	950.27	439.34	736.84
58	585.27	601.87	630.65	659.64	732.32	770.41	694.07	917.50	847.57	993.55	459.35	770.41
59	597.90	614.86	644.26	673.88	748.13	787.04	709.05	937.31	865.87	1,015.00	469.26	787.04
60	623.39	641.08	671.73	702.61	780.03	820.60	739.29	977.28	902.79	1,058.28	489.27	820.60
61	645.45	663.76	695.49	727.47	807.62	849.62	765.44	1,011.84	934.73	1,095.72	506.58	849.62
62	659.92	678.64	711.09	743.78	825.73	868.67	782.60	1,034.53	955.68	1,120.28	517.94	868.67
63	678.06	697.30	730.64	764.23	848.43	892.56	804.12	1,062.98	981.96	1,151.09	532.18	892.56
64+	689.10	708.63	742.53	776.67	862.23	907.08	817.20	1,080.27	997.92	1,169.79	540.84	907.08

Optional adult dental insurance plan

Kaiser Permanente's optional adult dental insurance plan is a great value. Choose from more than 25,000 Delta Dental providers, or select another dentist of your choice. Your Kaiser Permanente health plan includes pediatric dental benefits for child members until the end of the month in which the member turns 19.

How the plan works

- **No deductible for preventive services.** The deductible is the amount you pay for covered services each year before Delta Dental starts paying. With this plan, there's no deductible for preventive or diagnostic services like cleanings and X-rays. For other services, there's a \$25 annual deductible per person, up to a maximum of \$75 for your whole family.
- **Cost savings.** You'll usually pay the least when visiting a Delta Dental PPO provider, so take advantage of the over 12,000 Delta Dental PPO dentists in California. If you don't visit a Delta Dental PPO dentist, remember that you also have access to dentists in the Delta Dental Premier network. You'll usually pay more to see a Delta Dental Premier dentist than a Delta Dental PPO dentist but less than if visiting a non-Delta Dental dentist.
- **Coverage for the whole family.** If you enroll, every adult on your health plan must also be enrolled. In other words, you can't choose to enroll some members of your family in the dental plan and not others.
- **Annual maximum.** The plan will pay up to \$1,000 toward dental services for each covered member per year.

- **Waiting periods.** Some dental services are subject to a waiting period before the plan will cover the charges. See the Table of Allowances in your *Certificate of Insurance* for the specific dental services subject to waiting periods.

How to enroll

To request enrollment in the optional adult dental insurance plan, simply check the right box on your application.

- If you choose not to enroll at this time, you won't be able to enroll again until your next open enrollment period.
- Dental coverage can only be purchased if you enroll or are currently enrolled in a Kaiser Permanente health plan.
- Once enrolled, you can't cancel your dental coverage without canceling your regular health coverage, unless you make the change during open enrollment or a special enrollment period.

2023 monthly rate

\$31.38 per member



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION



KAISER PERMANENTE®

Kaiser Permanente Insurance Company

Have questions?

Call **1-800-933-9312**, 8 a.m. to 4 p.m., Monday through Friday. Please reference the group number when calling: #50146 for NCAL, 50147 for SCAL.

- Visit **deltadentalins.com** for a list of PPO or Premier providers in your area.
- Once enrolled, you can contact Delta Dental's customer service line at **1-800-835-2244**, 5 a.m. to 5 p.m., Monday through Friday, for information on claims, eligibility, benefits, and to find a Delta Dental provider in your area.

Kaiser Permanente's dental insurance plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California. For more information, call Delta Dental at 1-800-933-9312 (if you are already enrolled, call toll free 1-800-835-2244).

Dental benefit highlights

If you enroll in the dental plan, you'll get a *Certificate of Insurance*, which includes a Table of Allowances that lists all your covered services and the amount the plan pays for them.*

Procedure	What the plan pays
Diagnostic procedures	
Oral exam	\$25.20
X-rays – complete series including bitewings	\$54.00
Preventive procedures	
Cleaning	\$43.20
Restorative procedures	
Fillings [†] (Note: Fillings are subject to a 6-month waiting period.)	
Amalgam – one surface, primary or permanent	\$35.00
Resin-based composite – one surface, anterior	\$46.00
Crowns [†] (Note: Crowns are subject to a 6-month waiting period.)	
Resin with high noble metal	\$182.00
Endodontic procedures	
Root canal [†] (Note: Root canals are subject to a 6-month waiting period.)	
Anterior (excluding final restoration)	\$193.00
Bicuspid (excluding final restoration)	\$227.00
Molar (excluding final restoration)	\$306.00
Oral and maxillofacial surgical procedures[†] (Note: Oral and maxillofacial surgical procedures are subject to a 6-month waiting period.)	
Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	\$39.00
Surgical removal of erupted tooth requiring removal of bone and/or section of tooth	\$74.00

Plan payment amounts are only a sample and are to be used for illustrative purposes only. Please refer to the Table of Allowances in the *Certificate of Insurance* for an accurate and complete list of benefits and allowances as well as treatments and services not covered. To receive a *Certificate of Insurance*, call Delta Dental of California.

*The Table of Allowances lists the maximum amount, or allowance, that the plan will pay for each covered dental service. The plan will pay the lowest dollar amount among the following 3: the dentist's usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist's fee will be the responsibility of the patient.

[†]The waiting period is the period of time you and your covered dependents are required to be continuously covered under the Dental Insurance Plan before a specific dental service becomes a covered benefit. Some covered dental services are subject to a waiting period. See the Table of Allowances in your *Certificate of Insurance* for the specific dental services subject to waiting periods.

1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 2. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 4. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. 5. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescriptions. 6. These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org. 7. Kaiser Permanente 2021 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2021 and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 8. Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice. 9. Kaiser Permanente Telehealth Insights Dashboard. 10. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at irs.gov.

Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente follows State and Federal civil rights laws.

Kaiser Permanente does not unlawfully discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
 - ◆ Qualified sign language interpreters
 - ◆ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- 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 our Member Service Contact Center at **1-800-464-4000 (TTY 711)**, 24 hours a day, 7 days a week (except closed holidays). If you cannot hear or speak well, please call **711**.

Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, or another format, call our Member Service Contact Center and ask for the format you need.

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with Kaiser Permanente if you believe we have failed to provide these services or unlawfully discriminated in another way. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You may also speak with a Member Services representative about the options that apply to you. Please call Member Services if you need help filing a grievance.

You may submit a discrimination grievance in the following ways:

- **By phone:** Call Member Services at **1 800-464-4000 (TTY 711)** 24 hours a day, 7 days a week (except closed holidays)
- **By mail:** Call us at **1 800-464-4000 (TTY 711)** and ask to have a form sent to you
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at kp.org/facilities for addresses)
- **Online:** Use the online form on our website at kp.org

You may also contact the Kaiser Permanente Civil Rights Coordinators directly at the addresses below:

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

How to file a grievance with the California Department of Health Care Services Office of Civil Rights *(For Medi-Cal Beneficiaries Only)*

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY 711)
- **By mail:** Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- **Online:** Send an email to CivilRights@dhcs.ca.gov

How to file a grievance with the U.S. Department of Health and Human Services Office of Civil Rights

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY 711 or 1-800-537-7697)
- **By mail:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

- **Online:** Visit the Office of Civil Rights Complaint Portal at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Aviso de no discriminación

La discriminación es ilegal. Kaiser Permanente cumple con las leyes de los derechos civiles federales y estatales.

Kaiser Permanente no discrimina ilícitamente, excluye ni trata a ninguna persona de forma distinta por motivos de edad, raza, identificación de grupo étnico, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, género, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, condición médica, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

Kaiser Permanente ofrece los siguientes servicios:

- Ayuda y servicios sin costo a personas con discapacidades para que puedan comunicarse mejor con nosotros, como lo siguiente:
 - ◆ intérpretes calificados de lenguaje de señas,
 - ◆ información escrita en otros formatos (braille, impresión en letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Servicios de idiomas sin costo a las personas cuya lengua materna no es el inglés, como:
 - ◆ intérpretes calificados,
 - ◆ información escrita en otros idiomas.

Si necesita nuestros servicios, llame a nuestra Central de Llamadas de Servicio a los Miembros al **1-800-464-4000 (TTY 711)** las 24 horas del día, los 7 días de la semana (excepto los días festivos). Si tiene deficiencias auditivas o del habla, llame al **711**.

Este documento estará disponible en braille, letra grande, casete de audio o en formato electrónico a solicitud. Para obtener una copia en uno de estos formatos alternativos o en otro formato, llame a nuestra Central de Llamadas de Servicio a los Miembros y solicite el formato que necesita.

Cómo presentar una queja ante Kaiser Permanente

Usted puede presentar una queja por discriminación ante Kaiser Permanente si siente que no le hemos ofrecido estos servicios o lo hemos discriminado ilícitamente de otra forma. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)* para obtener más información. También puede hablar con un representante de Servicio a los Miembros sobre las opciones que se apliquen a su caso. Llame a Servicio a los Miembros si necesita ayuda para presentar una queja.

Puede presentar una queja por discriminación de las siguientes maneras:

- **Por teléfono:** llame a Servicio a los Miembros al **1 800-464-4000 (TTY 711)**, las 24 horas del día, los 7 días de la semana (excepto los días festivos).

- **Por correo postal:** llámenos al **1 800-464-4000 (TTY 711)** y pida que se le envíe un formulario.
- **En persona:** llene un formulario de Queja o reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte su directorio de proveedores en kp.org/facilities [cambie el idioma a español] para obtener las direcciones).
- **En línea:** utilice el formulario en línea en nuestro sitio web en kp.org/espanol.

También puede comunicarse directamente con el coordinador de derechos civiles (Civil Rights Coordinator) de Kaiser Permanente a la siguiente dirección:

Attn: Kaiser Permanente Civil Rights Coordinator
 Member Relations Grievance Operations
 P.O. Box 939001
 San Diego CA 92193

Cómo presentar una queja ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California *(Solo para beneficiarios de Medi-Cal)*

También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles (Office of Civil Rights) del Departamento de Servicios de Atención Médica de California (California Department of Health Care Services) por escrito, por teléfono o por correo electrónico:

- **Por teléfono:** llame a la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS) al **916-440-7370 (TTY 711)**.

- **Por correo postal:** llene un formulario de queja o envíe una carta a:

Deputy Director, Office of Civil Rights
 Department of Health Care Services
 Office of Civil Rights
 P.O. Box 997413, MS 0009
 Sacramento, CA 95899-7413

Los formularios de queja están disponibles en:

http://www.dhcs.ca.gov/Pages/Language_Access.aspx (en inglés).

- **En línea:** envíe un correo electrónico a CivilRights@dhcs.ca.gov.

Cómo presentar una queja ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU.

Puede presentar una queja por discriminación ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. (U.S. Department of Health and Human Services).

Puede presentar su queja por escrito, por teléfono o en línea:

- **Por teléfono:** llame al **1-800-368-1019 (TTY 711 o al 1-800-537-7697)**.
- **Por correo postal:** llene un formulario de queja o envíe una carta a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Los formularios de quejas están disponibles en
<http://www.hhs.gov/ocr/office/file/index.html> (en inglés).

- **En línea:** visite el Portal de quejas de la Oficina de Derechos Civiles en:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> (en inglés).

反歧視聲明

歧視是違反法律的行為。Kaiser Permanente遵守州政府與聯邦政府的民權法。

Kaiser Permanente不因年齡、人種、族群認同、膚色、原國籍、文化背景、祖籍、宗教、生理性別、社會性別、性認同、性表現、性取向、婚姻狀況、身體或精神殘障、病況、付款來源、遺傳資訊、公民身份、母語或移民身份而非法歧視、排斥或差別對待任何人。

Kaiser Permanente提供下列服務：

- 為殘障人士提供免費協助與服務以幫助其更好地與我們溝通，例如：
 - ◆ 合格手語翻譯員
 - ◆ 其他格式的書面資訊（盲文版、大字版、語音版、通用電子格式及其他格式）
- 為母語非英語的人士提供免費語言服務，例如：
 - ◆ 合格口譯員
 - ◆ 其他語言的書面資訊

如果您需要上述服務，請打電話**1-800-464-4000 (TTY 711)** 給會員服務聯絡中心，每週7天，每天24小時（節假日除外）。如果您有聽力或語言困難，請打電話**711**。

若您提出要求，我們可為您提供本文件的盲文版、大字版、錄音卡帶或電子格式。如要得到上述一種替代格式或其他格式的版本，請打電話給會員服務聯絡中心並索取您需要的格式。

如何向Kaiser Permanente投訴

如果您認為我們未能提供上述服務或有其他形式的非法歧視行為，您可向Kaiser Permanente提出歧視投訴。請參閱您的《承保範圍說明書》(*Evidence of Coverage*) 或《保險證明》(*Certificate of Insurance*) 瞭解詳情。您也可以向會員服務部代表諮詢適用於您的選項。如果您在投訴時需要協助，請打電話給會員服務部。

您可透過下列方式投訴歧視：

- **電話：**打電話**1 800-464-4000 (TTY 711)** 聯絡會員服務部，每週7天，每天24小時（節假日除外）
- **郵寄：**打電話**1 800-464-4000 (TTY 711)** 與我們聯絡，要求將投訴表寄給您
- **親自提出：**在保險計劃下屬設施的會員服務辦公室填寫投訴或索賠／申請表（請在 kp.org/facilities 網站的保健業者名錄上查詢地址）
- **線上：**使用 kp.org 網站上的線上表格

您也可直接與Kaiser Permanente民權事務協調員聯絡，地址如下：

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

如何向加州保健服務部民權辦公室投訴（僅限Medi-Cal受益人）

您也可透過書面方式、電話或電子郵件向加州保健服務部民權辦公室提出民權投訴：

- **電話：**打電話**916-440-7370 (TTY 711)** 聯絡保健服務部 (DHCS) 民權辦公室
- **郵寄：**填寫投訴表或寄信至：

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

您可在網站上http://www.dhcs.ca.gov/Pages/Language_Access.aspx取得投訴表

- **線上：**發送電子郵件至CivilRights@dhcs.ca.gov

如何向美國健康與民眾服務部民權辦公室投訴

您可向美國健康與民眾服務部民權辦公室提出歧視投訴。您可透過書面、電話或線上提出投訴：

- **電話：**打電話**1-800-368-1019 (TTY 711或1-800-537-7697)**
- **郵寄：**填寫投訴表或寄信至：

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

您可在網站上取得投訴表：

<http://www.hhs.gov/ocr/office/file/index.html>取得投訴表

- **線上：**訪問民權辦公室投訴入口網站：
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>。

Thông Báo Không Phân Biệt Đối Xử

Phân biệt đối xử là trái với pháp luật. Kaiser Permanente tuân thủ các luật dân quyền của Tiểu Bang và Liên Bang.

Kaiser Permanente không phân biệt đối xử trái pháp luật, loại trừ hay đối xử khác biệt với người nào đó vì lý do tuổi tác, chủng tộc, nhận dạng nhóm sắc tộc, màu da, nguồn gốc quốc gia, nền tảng văn hóa, tổ tiên, tôn giáo, giới tính, nhận dạng giới tính, cách thể hiện giới tính, khuynh hướng giới tính, tình trạng hôn nhân, tình trạng khuyết tật về thể chất hoặc tinh thần, bệnh trạng, nguồn thanh toán, thông tin di truyền, quyền công dân, ngôn ngữ mẹ đẻ hoặc tình trạng nhập cư.

Kaiser Permanente cung cấp các dịch vụ sau:

- Phương tiện hỗ trợ và dịch vụ miễn phí cho người khuyết tật để giúp họ giao tiếp hiệu quả hơn với chúng tôi, chẳng hạn như:
 - ◆ Thông dịch viên ngôn ngữ ký hiệu đủ trình độ
 - ◆ Thông tin bằng văn bản theo các định dạng khác (chữ nổi braille, bản in khổ chữ lớn, âm thanh, định dạng điện tử dễ truy cập và các định dạng khác)
- Dịch vụ ngôn ngữ miễn phí cho những người có ngôn ngữ chính không phải là tiếng Anh, chẳng hạn như:
 - ◆ Thông dịch viên đủ trình độ
 - ◆ Thông tin được trình bày bằng các ngôn ngữ khác

Nếu quý vị cần những dịch vụ này, xin gọi đến Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi theo số **1-800-464-4000 (TTY 711)**, 24 giờ trong ngày, 7 ngày trong tuần (đóng cửa ngày lễ). Nếu quý vị không thể nói hay nghe rõ, vui lòng gọi **711**.

Theo yêu cầu, tài liệu này có thể được cung cấp cho quý vị dưới dạng chữ nổi braille, bản in khổ chữ lớn, băng thu âm hay dạng điện tử. Để lấy một bản sao theo một trong những định dạng thay thế này hay định dạng khác, xin gọi đến Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi và yêu cầu định dạng mà quý vị cần.

Cách đệ trình phản nàn với Kaiser Permanente

Quý vị có thể đệ trình phản nàn về phân biệt đối xử với Kaiser Permanente nếu quý vị tin rằng chúng tôi đã không cung cấp những dịch vụ này hay phân biệt đối xử trái pháp luật theo cách khác. Vui lòng tham khảo *Chứng Từ Bảo Hiểm (Evidence of Coverage)* hay *Chứng Nhận Bảo Hiểm (Certificate of Insurance)* của quý vị để biết thêm chi tiết. Quý vị cũng có thể nói chuyện với nhân viên ban Dịch Vụ Hội Viên về những lựa chọn áp dụng cho quý vị. Vui lòng gọi đến ban Dịch Vụ Hội Viên nếu quý vị cần được trợ giúp để đệ trình phản nàn.

Quý vị có thể đệ trình phản nàn về phân biệt đối xử bằng các cách sau đây:

- **Qua điện thoại:** Gọi đến ban Dịch Vụ Hội Viên theo số **1-800-464-4000 (TTY 711)** 24 giờ trong ngày, 7 ngày trong tuần (đóng cửa ngày lễ)
- **Qua thư tín:** Gọi chúng tôi theo số **1-800-464-4000 (TTY 711)** và yêu cầu gửi mẫu đơn cho quý vị

- **Trực tiếp:** Hoàn tất mẫu đơn Than Phiền hay Yêu Cầu Thanh Toán/Yêu Cầu Quyền Lợi tại văn phòng dịch vụ hội viên ở một Cơ Sở Thuộc Chương Trình (truy cập danh mục nhà cung cấp của quý vị tại kp.org/facilities để biết địa chỉ)
- **Trực tuyến:** Sử dụng mẫu đơn trực tuyến trên trang mạng của chúng tôi tại kp.org

Quý vị cũng có thể liên hệ trực tiếp với Điều Phối Viên Dân Quyền của Kaiser Permanente theo địa chỉ dưới đây:

Attn: Kaiser Permanente Civil Rights Coordinator
 Member Relations Grievance Operations
 P.O. Box 939001
 San Diego CA 92193

Cách đệ trình phàn nàn với Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế California (*Dành Riêng Cho Người Thụ Hưởng Medi-Cal*)

Quý vị cũng có thể đệ trình than phiền về dân quyền với Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế California bằng văn bản, qua điện thoại hay qua email:

- **Qua điện thoại:** Gọi đến Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế (Department of Health Care Services, DHCS) theo số **916-440-7370 (TTY 711)**
- **Qua thư tín:** Điền mẫu đơn than phiền và hay gửi thư đến:

Deputy Director, Office of Civil Rights
 Department of Health Care Services
 Office of Civil Rights
 P.O. Box 997413, MS 0009
 Sacramento, CA 95899-7413

Mẫu đơn than phiền hiện có tại: http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- **Trực tuyến:** Gửi email đến CivilRights@dhcs.ca.gov

Cách đệ trình phàn nàn với Văn Phòng Dân Quyền của Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ.

Quý vị cũng có quyền đệ trình than phiền về phân biệt đối xử với Văn Phòng Dân Quyền của Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ. Quý vị có thể đệ trình than phiền bằng văn bản, qua điện thoại hoặc trực tuyến:

- **Qua điện thoại:** Gọi **1-800-368-1019 (TTY 711 hay 1-800-537-7697)**
- **Qua thư tín:** Điền mẫu đơn than phiền và hay gửi thư đến:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201

Mẫu đơn than phiền hiện có tại
<http://www.hhs.gov/ocr/office/file/index.html>

- **Trực tuyến:** Truy cập Cổng Thông Tin Than Phiền của Văn Phòng Dân Quyền tại:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Language Assistance Services

English: Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. You can also request auxiliary aids and devices at our facilities. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

Arabic: خدمات الترجمة الفورية متوفرة لك مجاناً على مدار الساعة كافة أيام الأسبوع. بإمكانك طلب خدمة الترجمة الفورية أو ترجمة وثائق للعنك أو لصيغ أخرى. يمكنك أيضاً طلب مساعدات إضافية وأجهزة في مرافقنا. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجى الاتصال على الرقم (711).

Armenian: Ձեզ կարող է անվճար օգնություն տրամադրվել լեզվի հարցում՝ օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Դուք նաև կարող եք խնդրել օժանդակ օգնություններ և սարքեր մեր հաստատություններում: Պարզապես զանգահարեք մեզ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ, շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711**:

Chinese: 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。您還可以在我們的場所內申請使用輔助工具和設備。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

Farsi: خدمات زبانی در 24 ساعت شبانه روز و 7 روز هفته بدون اخذ هزینه در اختیار شما است. شما می توانید برای خدمات مترجم شفاهی، ترجمه مدارک به زبان شما و یا به صورتهای دیگر درخواست کنید. شما همچنین می توانید کمکهای جانبی و وسایل. کمکی برای محل اقامت خود درخواست کنید کافیهست در 24 ساعت شبانه روز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران ناشنوا (TTY) با شماره **711** تماس بگیرند.

Hindi: बिना किसी लागत के दुभाषिया सेवाएँ, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप एक दुभाषिये की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। आप हमारे सुविधा-स्थलों में सहायक साधनों और उपकरणों के लिए भी अनुरोध कर सकते हैं। बस केवल हमें **1-800-464-4000** पर, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें। TTY उपयोगकर्ता **711** पर कॉल करें।

Hmong: Muaj kev pab txhais lus pub dawb rau koj, 24 teev ib hnub twg, 7 hnub ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntawv txhais ua koj hom lus, los yog ua lwm hom. Koj kuj thov tau lwm yam kev pab thiab khoom siv hauv peb tej tsev hauj lwm. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnub twg, 7 hnub ib lim tiam twg (cov hnub caiv kaw). Cov neeg siv TTY hu **711**.

Japanese: 当院では、言語支援を無料で、年中無休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。補助サービスや当施設の機器についてもご相談いただけます。お気軽に **1-800-464-4000** までお電話ください（祭日を除き年中無休）。 TTY ユーザーは **711** にお電話ください。

Khmer: ជំនួយភាសា គឺឥតគិតថ្លៃថ្លៃដល់អ្នកឡើយ 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែឯកសារដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទំរង់ជំនួសផ្សេងៗទៀត។ អ្នកក៏អាចស្នើសុំឧបករណ៍និងបរិក្ខារជំនួយទំនាក់ទំនងសម្រាប់អ្នកពិការនៅទីតាំងរបស់យើងផងដែរ។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ 711។

Korean: 요일 및 시간에 관계없이 언어지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 또한 저희 시설에서 보조기구 및 기기를 요청하실 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자번호 **711**.

Laotian: ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໂດຍບໍ່ເສັຽຄ່າ ແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານ ສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະ ສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ທ່ານສາມາດຂໍອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ອຸປະກອນ ຕ່າງໆໃນສະຖານບໍລິການຂອງພວກເຮົາໄດ້. ພາບແຕ່ໂທ ຫາພວກເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

Mien: Mbenc nzoih liouh wang-henh tengx nzie faan waac bun muangx maiv zuqc cuotv zinh nyaanh meih, yietc hnoi mbenc maaiah 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaiah 7 hnoi. Meih se haih tov heuc tengx lorx faan waac mienh tengx faan waac bun muangx, dorh nyungc horng haa-sic mingh faan benx meih nyei waac, a'fai liouh ginv longc benx haaix hoc sou-guv daan yaac duqv. Meih corc haih tov longc benx wuotc ginc jaa-dorngx tengx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Kungx douc waac mingh lorx taux yie mbuo yiem njiec naaiv **1-800-464-4000**, yietc hnoi mbenc maaiah 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaiah 7 hnoi. (hnoi-gec se guon gorn zangc oc). TTY nyei mienh nor douc waac lorx **711**.

Navajo: Doo bik'é asíníłáágoó saad bee ata' hane' bee áká e'elyeed nich'í' áą'át'é, t'áá áłahjí' jį́igo dóó t'ée'go áádóó tsosts'į́í áą'át'é. Ata' hane' yídíikił, naaltsoos t'áá Diné bizaad bee bik'i' ashchíigo, éi doodago hane' bee didíits'ííłgíí yídíikił. Hane' bee bik'i' di'díítííłgíí dóó bee hane' didíits'ííłgíí bína'ídíłkidgo yídíikił. Kojí hodiilnih **1-800-464-4000**, t'áá áłahjí', jį́igo dóó t'ée'go áádóó tsosts'į́í áą'át'é. (Dahodilzingóne' doo nida'anish dago éi da'deelkaal). TTY chodayool'ínígíí kojí dhalne' **711**.

Punjabi: ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸੁਵਿਧਾਵਾਂ ਵਿੱਚ ਵੀ ਸਹਾਇਕ ਸਾਧਨਾਂ ਅਤੇ ਉਪਕਰਣਾਂ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹਾਂ। ਬਸ ਸਿਰਫ਼ ਸਾਨੂੰ **1-800-464-4000** ਤੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਫ਼ੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** 'ਤੇ ਫ਼ੋਨ ਕਰਨ।

Russian: Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Мы также можем помочь вам с вспомогательными средствами и альтернативными форматами. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

Spanish: Tenemos disponible asistencia en su idioma sin ningún costo para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. También puede solicitar recursos para discapacidades en nuestros centros de atención. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (excepto los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tagalog: May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Maaari ka ring humiling ng mga karagdagang tulong at device sa aming mga pasilidad. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

Thai: มีบริการช่วยเหลือด้านภาษาฟรีตลอด 24 ชั่วโมง
7 วันต่อสัปดาห์ คุณสามารถ ขอใช้บริการล่าม
แปลเอกสารเป็นภาษาของคุณ หรือในรูปแบบอื่นได้
คุณสามารถขออุปกรณ์และเครื่องมือช่วยเหลือได้ที่ศูนย์บริการ
ให้ความช่วยเหลือของเรา โดยโทรหา เราที่ **1-800-464-4000**
ตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์ (ยกเว้นวันหยุดราชการ)
ผู้ใช้ TTY ให้โทร **711**

Ukrainian: Послуги перекладача надаються
безкоштовно, цілодобово, 7 днів на тиждень. Ви
можете зробити запит на послуги усного
перекладача, отримання матеріалів у перекладі
мовою, якою володієте, або в альтернативних
форматах. Також ви можете зробити запит на
отримання допоміжних засобів і пристроїв у
зкладах нашої мережі компаній. Просто
зателефонуйте нам за номером **1-800-464-4000**.
Ми працюємо цілодобово, 7 днів на тиждень
(крім святкових днів). Номер для користувачів
телетайпа: **711**.

Vietnamese: Dịch vụ thông dịch được cung cấp miễn
phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý
vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch
ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình
thức khác. Quý vị cũng có thể yêu cầu các phương tiện
trợ giúp và thiết bị hỗ trợ tại các cơ sở của chúng tôi.
Quý vị chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**,
24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ).
Người dùng TTY xin gọi **711**.

Nondiscrimination Notice

Kaiser Permanente Insurance Company (KPIC) does not discriminate based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). We can provide no cost aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats; large print, audio, and accessible electronic formats. We also provide no cost language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. To request these services, please call **1-800-464-4000** (TTY users call **711**).

If you believe that KPIC failed to provide these services or there is a concern of discrimination based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability you can file a complaint by phone or mail with the KPIC Civil Rights Coordinator. If you need help filing a grievance, the KPIC Civil Rights Coordinator is able to help you.

**KPIC Civil Rights Coordinator
Grievance 1557
5855 Copley Drive, Suite 250
San Diego, CA 92111
1-888-251-7052**

You may also contact the California Department of Insurance regarding your complaint.

**By Phone:
California Department of Insurance
1-800-927-HELP
(1-800-927-4357)
TDD: 1-800-482-4TDD
(1-800-482-4833)**

**By Mail:
California Department of Insurance
Consumer Communications Bureau
300 S. Spring Street
Los Angeles, CA 90013**

**Electronically:
www.insurance.ca.gov**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file the complaint 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>.



KAISER PERMANENTE®

Kaiser Permanente Insurance Company Notice of Language Assistance

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Servicios en otros idiomas sin ningún costo. Puede conseguir un intérprete. Puede conseguir que le lean los documentos y que algunos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-464-4000. Para obtener más ayuda, llame al Departamento de Seguro de CA al 1-800-927-4357. Los usuarios de la línea TTY deben llamar al 711. Spanish

免費語言服務。 您可使用口譯員。您可請人將文件唸給您聽，且您可請我們將您語言版本的部分文件寄給您。如需協助，請致電列於會員卡上的電話號碼或致電1-800-464-4000與我們聯絡。如需進一步協助，請致電1-800-927-4357與加州保險局聯絡。聽障及語障電話專線使用者請致電711。Chinese

No Cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Doo bááhlínígóó há ata' hane. Ata' halne'i há shónáot'eeh dóo naaltsoos t'áa hazaad bee bik'i' ashchíigo hach'i' yídóoltah biniyé hach'i' anál'íih leh. Shíká i'doolwoł nínizingo nihich'i' hodiílnih koji' 1-800-464-4000 éi bee nééhózin biniyé neiyítánígíí bikáá'. Áká e'élyeed jínizingo CA Dept. of Insurance bich'i' hojilnih kwe'é 1-800-927-4357. TTY chojool'íigo éi íáá bíł azhdilchi'. Navajo

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên và được người đọc giấy tờ, tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi ở số điện thoại ghi trên thẻ ID hội viên hoặc số 1-800-464-4000. Để được giúp đỡ thêm, xin gọi Bộ Bảo hiểm CA ở số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

무료 언어 서비스. 한국어 통역 서비스 및 한국어로 서류를 낭독해 드리는 서비스를 제공하고 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는 1-800-464-4000번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357번으로 문의하십시오. TTY 사용자 번호 711. Korean

Mga Libreng Serbisyo kaugnay sa Wika. Maaari kayong kumuha ng tagasalin-wika at hingin na basahin sa inyo ang mga dokumento sa sarili ninyong wika. Para humingi ng tulong, tawagan kami sa numerong nakasulat sa inyong ID card o sa 1-800-464-4000. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Dapat tumawag ang mga gumagamit ng TTY sa 711. Tagalog

Անվճար լեզվական ծառայություններ: Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից և խնդրել, որ փաստաթղթերը Ձեր լեզվով կարդան Ձեզ համար: Օգնության համար զանգահարեք մեզ՝ Ձեր ID քարտի վրա նշված կամ 1-800-464-4000 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով: TTY-ից օգտվողները պետք է զանգահարեն 711: Armenian

Бесплатные переводческие услуги. Вы можете воспользоваться услугами переводчика, который переведет вам документы на ваш язык. Если вам нужна помощь, позвоните нам по номеру телефону, указанному в вашей идентификационной карточке или 1-800-464-4000. За дополнительной помощью обращайтесь в Департамент страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357. Пользователи TTY, звоните по номеру 711. Russian

無料の言語サービス。通訳に日本語で書類を読んでもらうことができます。通訳サービスが必要な際は、ID カードに記載の番号、または1-800-464-4000 にお電話ください。さらにヘルプが必要な場合は、カリフォルニア州保険庁 (1-800-927-4357) にお電話ください。TTY ユーザーの方は、711 をご使用ください。Japanese

خدمات زبان به صورت رایگان. می توانید از خدمات مترجم شفاهی بهره مند شوید و ترتیب خواندن متن ها برای شما به زبان خودتان را بدهید. برای دریافت کمک و راهنمایی، با ما به شماره ای که روی کارت شناسایی شما قید شده یا شماره 1-800-464-4000 تماس حاصل نمایید. برای دریافت کمک و راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY با شماره 711 تماس حاصل نمایند. Farsi

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਕਿਸੇ ਦੁਭਾਸ਼ੀਏ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹਵਾ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-464-4000 'ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ। ਵਧੇਰੀ ਮਦਦ ਲਈ CA ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 'ਤੇ ਕਾਲ ਕਰੋ। Punjabi

សេវាភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែ និងឲ្យគេអានឯកសារជូនអ្នក ជាភាសាខ្មែរ។ សំរាប់ជំនួយសូមទូរស័ព្ទមកយើង តាមលេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក ឬ 1-800-464-4000។ សំរាប់ជំនួយថែមទៀត ទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រង រដ្ឋកាលីហ្វ័រនីញ៉ា តាមលេខ 1 800-927-4357។ អ្នកប្រើ TTY ហៅលេខ 711។ Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-464-4000. للحصول على مزيد من المعلومات اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. لمستخدمي خدمة الهاتف النصي يرجى الاتصال على 711. Arabic

Cov Kev Pab Txhais Lus Tsis Raug Nqi Dab Tsi. Koj muaj tau ib tug neeg txhais lus thiab hais tau kom nyeem cov ntaub ntawv ua koj hom lus rau koj. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj teev muaj nyob rau ntawm koj daim yuaj ID los yog 1-800-464-4000. Yog xav tau kev pab ntxiv hu rau CA Tuam Tsev Tswj Kev Pov Hwm ntawm 1 800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

मुफ्त भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं और आपको दस्तावेज़ आपकी भाषा में पढ़ कर सुनाए जा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए नम्बर या 1-800-464-4000 पर हमें फोन करें। अधिक सहायता के लिए कैलिफ़ोर्निया डिपार्टमेंट ऑफ़ इन्शुरन्स को 1-800-927-4357। TTY प्रयोक्ता 711 पर फोन करें। Hindi

บริการด้านภาษาที่ไม่คิดค่าบริการ คุณสามารถขอรับบริการล่ามแปลภาษาและขอให้อ่านเอกสารให้คุณฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อหาเราตามหมายเลขที่ระบุอยู่บนบัตร ID ของคุณหรือหมายเลข 1-800-464-4000 หากต้องการความช่วยเหลือในเรื่องอื่นๆ เพิ่มเติม โปรดโทรติดต่อฝ่ายประกันโรคมะเร็งที่หมายเลข 1 800-927-4357 ผู้ใช้ TTY โปรดโทรไปที่หมายเลข 711. Thai

Notes

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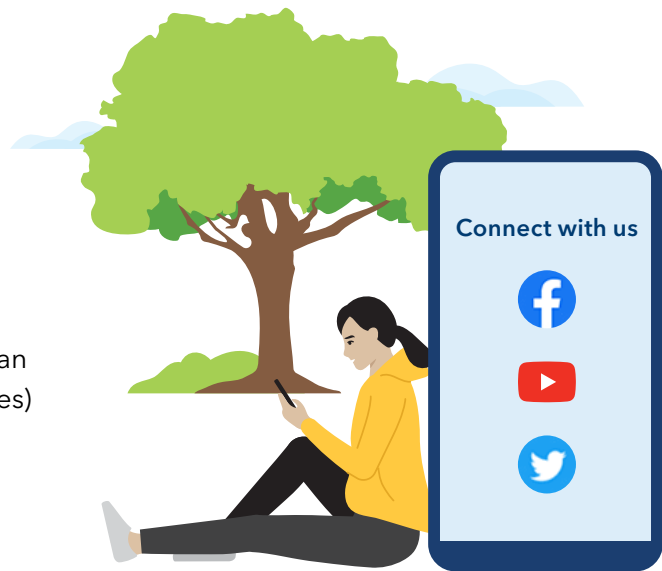
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- **711** (TTY)



In California, KFHP plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., One Kaiser Plaza, Oakland, CA 94612