

# Find your healthy place

With care for all that is you



# Go where you feel like your best self

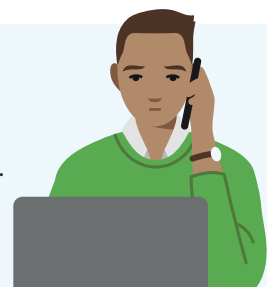
We can help you get to your healthy place – no matter where it is. Care at Kaiser Permanente feels easier and faster, with connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

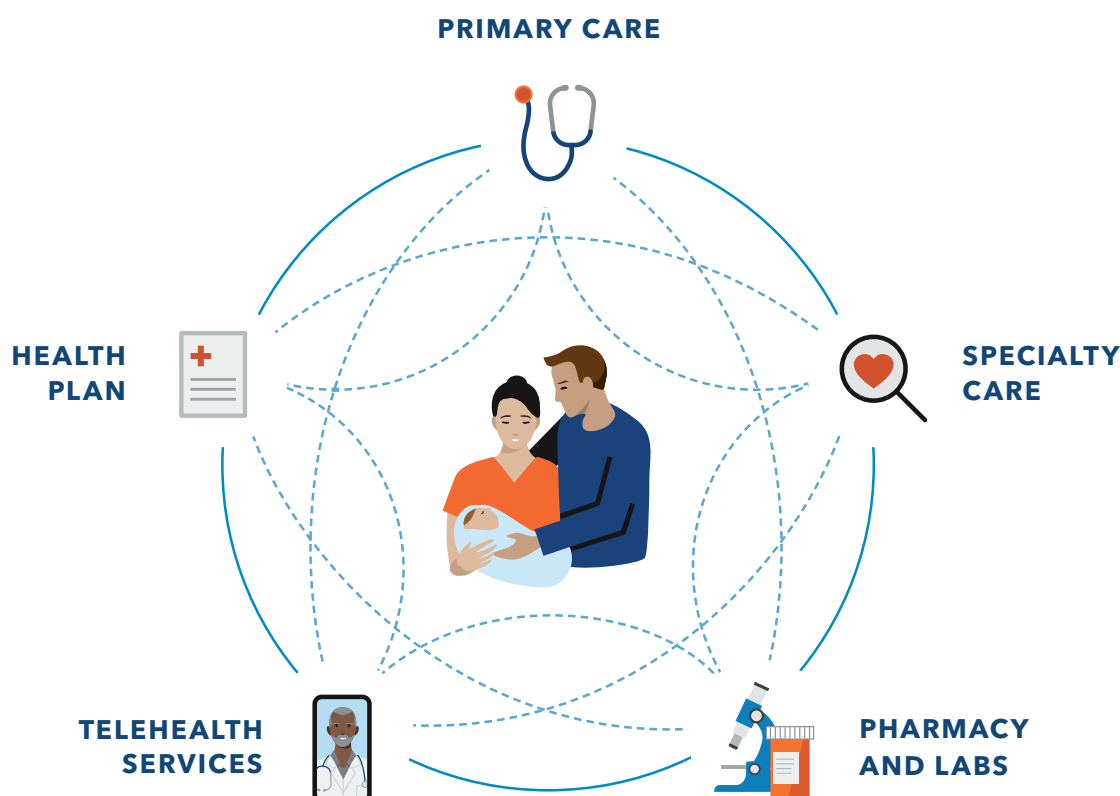
## LEARN MORE ABOUT:

|   |    |
|---|----|
| Personalized care that's easy to get..... | 3  |
| Industry-leading quality .....            | 6  |
| How we make joining easy .....            | 7  |
| Membership extras .....                   | 8  |
| Our doctors and locations .....           | 9  |
| PPO Plans .....                           | 16 |
| Your health is our cause .....            | 19 |
| Hospital stays .....                      | 20 |
| Precertification .....                    | 21 |

### Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what extra perks are included. Call **1-800-514-0985** (TTY **711**), Monday through Friday, 7 a.m. to 6 p.m. Pacific time.





## Kaiser Permanente HMO plans 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 help make exceptional health care easy to get. That means you'll have peace of mind knowing care for your total health is there whenever 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](https://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. And your care team is connected to your electronic health record, which makes it easy 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
- Helped improve health outcomes among our diverse member populations for conditions like high blood pressure, diabetes, and colon cancer<sup>1</sup>

## Get seamless 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 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.<sup>2</sup>



Visit us in person  
at a location near you.



Talk to a health care professional  
by phone or video.<sup>2</sup>



## 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.<sup>2</sup>
- 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.
- Chat online with a Kaiser Permanente clinician for advice.

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



## Prescription delivery

Fill prescriptions online or with the Kaiser Permanente app.<sup>4</sup>

- Have most delivered directly to your front door.
- Get same-day or next-day delivery for an additional fee.<sup>5</sup>
- 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.<sup>6</sup>

## Care away from home

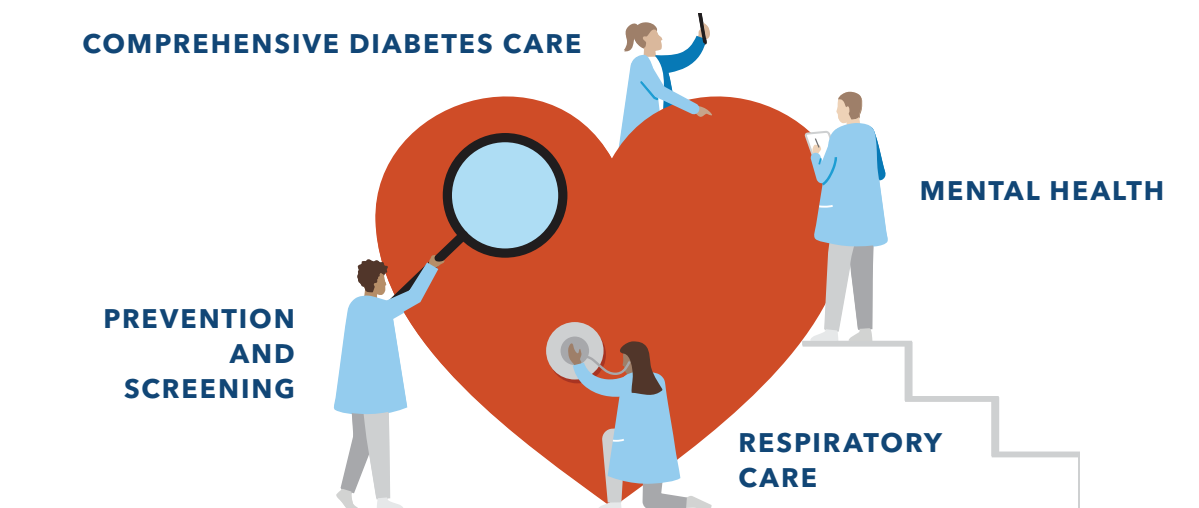
You're covered for urgent and emergency care anywhere in the world. And if you're planning to travel, we can help you stay on top of your health when you're away from home. We'll work with you to see if you need a vaccination, refill prescriptions, and more.



# Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs more complex attention, our world-class 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.<sup>7</sup>



## 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 comprehensive approach to care

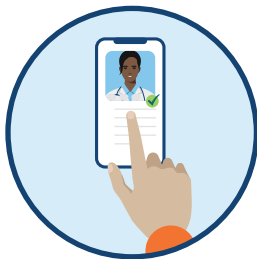
With one of the largest multispecialty medical groups in the country, we can connect you with a highly trained specialist who'll create a personalized plan for your care. To learn how our specialists work together in a connected system, visit [kp.org/specialtycare](https://kp.org/specialtycare).

### Support for ongoing conditions

If you have a condition like diabetes or heart disease, you're automatically enrolled 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 seamlessly

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](https://kp.org) or download the Kaiser Permanente app. 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](https://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.<sup>8</sup> 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.



## Reduced rates on gym memberships

Stay active by joining a local fitness center, plus enjoy thousands of digital workout videos.



## 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



Members can use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Members can 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 that 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 care virtually or have most prescriptions delivered to your home.

117.8M

## VIRTUAL CONNECTIONS

between members and their care teams in 2021<sup>9</sup>



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](https://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.



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.



## 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](http://kp.org/facilities) for addresses)
- **Online:** Use the online form on our website at [kp.org](http://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](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)
- **Online:** Send an email to [CivilRights@dhcs.ca.gov](mailto: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](http://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](http://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](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)** (en inglés).

- **En línea:** envíe un correo electrónico a [CivilRights@dhcs.ca.gov](mailto: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](http://kp.org/facilities) 網站的保健業者名錄上查詢地址）
- **線上：**使用 [kp.org](http://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](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 để 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 phàn nàn với Kaiser Permanente

Quý vị có thể đệ trình phàn 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 phàn nàn.

Quý vị có thể đệ trình phàn 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](http://kp.org/facilities) để biết địa chỉ)
- **Trực tuyến:** Sử dụng mẫu đơn trực tuyến trên trang mạng của chúng tôi tại [kp.org](http://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](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

- **Trực tuyến:** Gửi email đến [CivilRights@dhcs.ca.gov](mailto: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 للغتك 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 شبانهروز 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 کافیسست در 24 ساعت شبانهروز 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 kee 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 ntau 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។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែក្នុងភាសាដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទំរង់ជំនួសផ្សេងៗទៀត។ អ្នកក៏អាចស្នើសុំឧបករណ៍និងបរិក្ខារជំនួយទំនាក់ទំនងសម្រាប់អ្នកពិការនៅទីតាំងរបស់យើងផងដែរ។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ស្រាវលេខ 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:** ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໂດຍບໍ່ເສັຍຄ່າແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ທ່ານສາມາດຂໍອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ອຸປະກອນຕ່າງໆໃນສະຖານບໍລິການຂອງພວກເຮົາໄດ້. ພາຍໃຈຕໍ່ທ່ານ ຫາພວກເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໃຫ້ **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 horngx jaa-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 asiniláágóó saad bee ata' hane' bee áká e'elyeed nich'í' áá'át'é, t'áá álahjí' jiiigo dóó t'ée'go áádóó tsosts'íí' áá'át'é. Ata' hane' yidíikíł, naaltsoos t'áá Diné bizaad bee bik'í' ashchíigo, éi doodago hane' bee didííts'íí'ígíí yidíikíł. Hane' bee bik'í' di'díítíí'ígíí dóó bee hane' didííts'íí'ígíí bína'idíłkidgo yidíikíł. Kojí hodiilnih **1-800-464-4000**, t'áá álahjí', jiiigo dóó t'ée'go áádóó tsosts'íí' áá'át'é. (Dahodíłzingóne' doo nida'anish dago éi da'deelkaal). TTY chodayoof'ínígíí kojí dahalne' **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 ਸਿਰਫ 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 คุณสามารถขอใช้บริการสาม  
แปลเอกสารเป็นภาษาของคุณ หรือในรูปแบบอื่นได้  
คุณสามารถขออุปกรณ์และเครื่องมือช่วยเหลือได้ที่ศูนย์บริการ  
ให้ความช่วยเหลือของเรา โดยโทรหาเราที่ **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  
закладах 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**.



# PPO plans

A plan from our Kaiser Permanente Insurance Company makes it easier to feel your best, with care options that support your total health.

- Flexibility to see the doctor of your choice, where it works for you
- Convenience of getting care at home or on the go\*
- Freedom to control your care and costs

\*Services include scheduled phone and video visits, as well as email consultation, when appropriate and available.





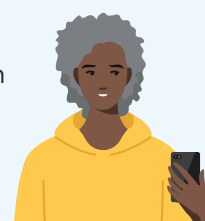
# The Kaiser Permanente Insurance Company (KPIC)<sup>1</sup>

## PPO Plan

With a PPO Plan, you get the flexibility you need and the choice of doctors you want. You can get care from any licensed provider in the country, and you're free to see specialists without a referral. This freedom lets you decide how best to manage your health care and your costs.

| Participating Provider Tier  | Nonparticipating Provider Tier  |
|--|---|
| <ul style="list-style-type: none"><li>• Your choice of any participating provider nationwide with the Private Health Care Systems (PHCS)<sup>2</sup> Network for KPIC in California and other Kaiser Permanente states (Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and the District of Columbia). In all other states, visit a Cigna PPO Network<sup>3</sup> provider.</li><li>• If you already have a doctor, there's a good chance you'll be able to continue to see them.</li><li>• Most doctor's office visits are covered at a copay.</li><li>• Ask your doctor if you can get care by phone, video, or email. You may need to pay more for those services.</li><li>• After reaching your annual deductible,<sup>4</sup> you'll pay a coinsurance for most other covered services, including hospitalization.</li><li>• Your doctor's office will file any claims and paperwork on your behalf.<sup>5</sup></li></ul> | <ul style="list-style-type: none"><li>• Your choice of any licensed provider in the country, including specialists. Just make an appointment directly with their office.</li><li>• Continue seeing the doctor you have or choose one near your home or work.</li><li>• Ask your doctor if you can get care by phone, video, or email. You may need to pay more for those services.</li><li>• After reaching your annual deductible,<sup>3</sup> you'll pay a coinsurance for most covered services.</li><li>• You may need to file your own claims and paperwork.</li></ul> |

For more information, call **800-788-0710**, Monday through Friday from 7 a.m. to 7 p.m. (TTY **711**). Or visit **[kp.org/kpic/ppo](https://kp.org/kpic/ppo)**, to find providers, obtain claim forms, and other materials to help manage your care.



## Convenient pharmacy options

Most prescription drugs are covered with a convenient copay. Fill your prescriptions at any MedImpact pharmacy.<sup>6</sup> To find a pharmacy near you, call **800-788-2949**, 24 hours a day, 7 days a week.

## Stay in control of your costs

Copays and coinsurance help keep your health care costs manageable. When you select a participating provider, you'll usually enjoy lower out-of-pocket costs – so you can get the most out of your health care dollars. You can have peace of mind knowing your out-of-pocket maximum limits, how much you'll be asked to pay for most covered services each year, no matter which provider you see.<sup>5</sup>

Preventive care helps you stay healthy – before you have symptoms. When you have symptoms, you may need diagnostic care to help find out what's wrong. If that happens, you might have extra costs.

## Getting precertification

When getting care with PHCS providers and non-participating providers, certain services require precertification – like outpatient surgery, scheduled hospitalization, and complex imaging. Check with your provider to see if recommended services require precertification.

Getting precertification is an important way to avoid paying more than you need to. You're responsible for assuring your PHCS participating provider in CA and other Kaiser Permanente states (Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and the District of Columbia) has obtained precertification when required. Refer to your *Certificate of Insurance* for details regarding precertification.

If you're using the Cigna PPO Network outside of the Kaiser Permanente states (California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and the District of Columbia), the Cigna providers will be responsible to obtain all member precertifications.

## Find details about your plan

After you enroll, you'll get important information to help you understand and manage your plan.

**Member Handbook –**  
how to access care

### ***Certificate of Insurance***

- What is and isn't covered
- What services require precertification
- Specific exclusions and limitations
- *Schedule of Coverage* – your plan benefits:
  - Deductible
  - Coinsurance amounts
  - Copay amounts

**ID card** – provides access to medical care nationwide and lists phone numbers for:

- Customer service (eligibility, benefits, claims)
- MedImpact pharmacy network
- Precertification/nurse advice

**Note:** This is a summary only. Your KPIC *Certificate of Insurance* contains a complete explanation of benefits, exclusions, and limitations. The information provided here isn't intended for use as a benefits summary, nor is it designed to serve as the KPIC *Certificate of Insurance*.

# Your health is our cause

At Kaiser Permanente, we believe everyone deserves to get high-quality care. That's why we're dedicated to helping our members thrive – whether you visit one of our facilities or another provider. Depending on your plan, you can choose where to go whenever you need care.

With our Preferred Provider Organization (PPO) Plan,<sup>7</sup> you get the flexibility to see any licensed provider in your community – participating providers or nonparticipating providers.



## Participating providers and nonparticipating providers

You have a range of convenient options for getting care, with the freedom to see any licensed provider in the country – including specialists.

With the participating providers, through the PHCS Network for KPIC in Kaiser Permanente states (California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and the District of Columbia) and the Cigna PPO Network in all other states, you have nationwide access to over 1 million providers.

Through the PHCS Network for KPIC in California, you can choose more than:

- 350 hospitals
- 7,100 ancillary facilities
- 78,000 healthcare professionals



## Pharmacy services from MedImpact

Fill your covered prescriptions at any MedImpact pharmacy near your home or office. You have access to more than 67,000 participating MedImpact pharmacies nationwide, including:<sup>8</sup>

- Costco
- CVS
- Kroger
- Rite Aid
- Safeway
- Walgreens

### Sign up today

If you have questions about our plans, call **800-788-0710** (TTY 711), Monday through Friday from 7 a.m. to 7 p.m.



# Getting admitted to the hospital



Whether it's an emergency admission or a scheduled hospitalization, the hospital that admits you determines your benefits and out-of-pocket costs.

## Participating Provider Tier

You can choose a hospital in the PHCS Network for KPIC in Kaiser Permanente states (California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and the District of Columbia) or the Cigna PPO Network in all other states. Upon meeting your PPO Plan deductible, you'll pay your inpatient hospitalization copay for each admission and coinsurance for services you received during your stay. Your share of the cost of any services you have received won't exceed your out-of-pocket maximum.

**Please note: Precertification is required for the Participating Provider Tier.**

## Nonparticipating Provider Tier

You can receive hospital care from any licensed nonparticipating provider. Upon meeting your PPO deductible, you'll pay your inpatient hospitalization copay, then coinsurance (up to the out-of-pocket maximum), plus any amounts billed by your provider that are in excess of the maximum allowable charge.

**Please note: Precertification is required for the Nonparticipating Provider Tier.**

## Transfers

If you're admitted to a hospital outside the PHCS Network for KPIC, you can be transferred to a hospital in the PHCS Network for KPIC once your condition is stable and you are well enough to be transferred. This will help maximize your benefits and limit your out-of-pocket costs. Call **888-251-7052** with questions or to help coordinate your move to a PHCS Network for KPIC hospital.

# Precertification

You may need approval before you get certain services from a participating or nonparticipating provider. This is called precertification. When getting care with a PHCS Network provider or nonparticipating provider, you may need to obtain precertification for certain services, or your claim may be denied. Services that need precertification include:

- Hospital admissions
- Outpatient surgeries
- Inpatient rehabilitation, hospice, or skilled nursing facility services
- MRI, CT, and PET scans

For a complete list of services that need precertification, see your *Certificate of Insurance*.

To request precertification when using the PHCS Network or nonparticipating providers, you or your physician should call **888-251-7052**, Monday through Friday from 6 a.m. to 6 p.m. You or your doctor should call to ask for precertification before you schedule these services. If you don't get precertification, your benefit may be reduced. Cigna PPO providers are responsible for obtaining precertification on your behalf when precertification is required. You won't be financially responsible if a Cigna PPO provider fails to obtain precertification for covered services.

# Types of care



## Urgent care

An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating. If you think you need urgent care, call an urgent care facility or participating provider, or any other licensed urgent care facility or provider. Urgent care is covered according to your plan benefits.



## Emergency care

You're covered for emergency care<sup>9</sup> anywhere in the world. If you have an emergency medical condition, call **911** or go to the nearest hospital. You'll be responsible for an emergency department copay, which will be waived if you're admitted to the hospital. If you're admitted, please call us (or have someone else do so) at **888-251-7052** as soon as possible. We'll help coordinate your care to reduce your risk of being billed for non-covered charges.

1. Kaiser Permanente Insurance Company (KPIC) underwrites the PPO plan. KPIC is a subsidiary of Kaiser Foundation Health Plan, Inc. 2. KPIC has contracted with Private Healthcare Systems, Inc. (PHCS) to provide access to hospitals and physicians with a commitment to keeping out-of-pocket costs low through contracted rates. An online directory of participating providers can be found by visiting [multiplan.com/kaiser](http://multiplan.com/kaiser). 3. The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. 4. Penalties and balance-billing charges do not apply toward your deductible or out-of-pocket maximum. 5. The participating provider is responsible for claims submissions. The provider can only collect against copays and deductibles at the time of the visit. Once the claim is processed, any additional member liability will be listed on the *Explanation of Benefits*. 6. KPIC contracts with MedImpact to provide prescription drug coverage through a national network of chain and independent pharmacies. Participating pharmacies are subject to change. 7. KPIC underwrites the PPO plan. KPIC is a subsidiary of Kaiser Foundation Health Plan, Inc. 8. You may pay a higher copay than you would at Kaiser Permanente pharmacies with this option. KPIC contracts with MedImpact to provide prescription drug coverage through a national network of chain and independent pharmacies. Participating pharmacies are subject to change. 9. "Emergency Medical Condition" means a medical condition, including psychiatric conditions, manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a reasonable person, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following: • Placing the person's health (or, with respect to a pregnant woman in active labor, the health of the woman or her unborn child) in serious jeopardy • Serious impairment to bodily functions • Serious dysfunction of any bodily organ or part.

Cigna is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna PPO Network is available through Cigna's contractual relationship with the Kaiser Permanente health plans. The Cigna PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

## **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](http://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

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**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 bik'é azláágo Saad Bee Áká Aná'álwo'.** Ata' halne'i ná shóidoot'eel. Nizaad bee naaltsoos nich'i' yidóoltah Shiká i'doolwoł ninizingo éi béesh bee hodiilnih, naaltsoos bee nééhózinigii bik'ehgo hane'i bikáá' éi doodago koji' hodiilnih 1-800-464-4000. Náaná lahgo aldó' shiká i'doolwoł ninizingo koji' hodiilnih CA Dept. of Insurance bik'ehgo hane'i éi 1-800-927-4357. TTY chodayool'igii éi díi 711. Navajo

**Dịch vụ về ngôn ngữ miễn phí.** Quý vị có thể được cấp thông dịch viên và được người đọc giấy tờ, tài liệu bằng ngôn ngữ quý vị dùng cho quý vị nghe. Để được giúp đỡ, xin gọi chúng tôi theo số điện thoại ghi trên thẻ ID hội viên hoặc số 1-800-464-4000. Để được giúp đỡ thêm, vui lòng gọi Bộ Bảo hiểm CA theo 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 1-800-464-4000 번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357 번으로 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 услуги языкового перевода.** Вы можете воспользоваться услугами переводчика, при этом документы могут быть зачитаны Вам на Вашем языке. Чтобы получить помощь, позвоните нам по телефону, указанному в Вашей идентификационной карточке участника, 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. Persian

**ਮੁਫ਼ਤ 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

[illegible]

[illegible]



# Let us help you find your healthy place

Having a good health plan is important for peace of mind. So is getting quality care. With Kaiser Permanente, you get both.

## Want to learn more?

Talk to an enrollment specialist today about specialty care, extra features, and more. Call **1-800-514-0985** (TTY **711**), Monday through Friday, 7 a.m. to 6 p.m. PT.

Visit **kp.org/myhealthyplace** to see how we can make your care experience better, no matter what stage of life you're in.

**Current members with questions** can call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays).

- **1-800-464-4000** (English and more than 150 languages using interpreter services)
- **1-800-788-0616** (Spanish)
- **1-800-757-7585** (Chinese dialects)
- **711** (TTY)

# The right choice for a healthier you

Having a good health plan is important. So is getting quality care. With the Kaiser Permanente Insurance Company PPO Plan, you get both.

## Want to learn more?

Visit **kp.org/kpic/ppo** or call Customer Service at **1-800-788-0710**, Monday through Friday from 7 a.m. to 7 p.m. For TTY, call **711**.

## Connect with us



facebook.com/kpthrive



youtube.com/kaiserpermanenteorg



@kpthrive



Use this form to enroll in Kaiser Permanente. (All fields with \* are required.)

**COMPANY & PLAN INFORMATION**

|  |                           |                        |   |  |
|--|---------------------------|------------------------|---|--|
| Company name*  |                           | Group ID (if assigned) | Effective date* (can only start the first of the month)<br>/ 01 / |  |
| Plan selection*  | Subgroup ID (if assigned) |                        | Employee classification (if applicable)                           |  |
| Enrollment reason (Please check one) <input type="checkbox"/> New group account <input type="checkbox"/> Open enrollment <input type="checkbox"/> Other: |                           |                        |   |  |
| If you have an <b>existing</b> account, please email completed form to <b>csc-sd-sba@kp.org</b> as a PDF attachment or fax to <b>855-355-5334</b> .      |                           |                        |   |  |

**EMPLOYEE INFORMATION**

|  |  |                    |                        |                               |
|--|--|--------------------|------------------------|-------------------------------|
| Have you ever been a member of, or received care from, Kaiser Permanente in California? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                    |                        |                               |
| Social Security number*  |  | Former/Maiden name |                        |                               |
| Last name*   |  | First name*        | MI                     | Preferred language (optional) |
| Home address*  |  |                    |                        | Apt. #                        |
| City*  | State*   | ZIP*               | County                 |                               |
| Mailing address (if different from home)   |  |                    |                        | Apt. #                        |
| City   | State  | ZIP                | County                 |                               |
| Date of birth (mm/dd/yyyy)*<br>/ /   | Gender*<br><input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undeclared | Day phone<br>( ) - | Evening phone<br>( ) - |                               |

If you decline coverage for yourself or an eligible dependent, you can only enroll during an annual open enrollment period established by your employer, or during a special enrollment period if you've experienced a qualifying event. You must request coverage within 60 days of a qualifying event. Special enrollment qualifying events include:

- Loss of health care (minimal essential) coverage, resulting from any of the following: loss of employer-sponsored coverage because you and/or your dependent no longer meet the eligibility requirements, or your employer no longer offers coverage or stops contributing premium payments; loss of eligibility for COBRA coverage (for a reason other than termination for cause or nonpayment of premium); your and/or your dependent's individual, Medi-Cal, Medicare, or other governmental coverage ends; or for any reason other than failure to pay premiums on a timely basis or situations allowing for a rescission (fraud or intentional misrepresentation of material fact); or loss of health care coverage including, but not limited to, loss of that coverage due to the circumstances described in Section 54.9801-6(a)(3)(i) to (iii), inclusive, of Title 26 of the Code of Federal Regulations and the circumstances described in Section 1163 of Title 29 of the United States Code;
- Gaining or becoming a dependent due to marriage, domestic partnership, birth, adoption, placement for adoption, or assumption of a parent-child relationship;
- A valid state or federal court order that you or your dependent be covered;
- Permanent relocation, such as moving to a new location and having a different choice of health plans, or being released from incarceration;
- The prior health coverage issuer substantially violated a material provision of the health coverage contract;
- A network provider's participation in your and/or your dependent's health plan ended when you and/or your dependent(s) were under active care for one of the following conditions: an acute condition (an acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration); a serious chronic condition (a serious chronic condition is a medical condition due to a disease, illness, or other medical problem or medical disorder that's serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration); pregnancy; terminal illness (a terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less); care of a newborn child between birth and age 36 months; or performance of a surgery or other procedure that's been recommended and documented by the provider to occur within 180 days of the contract's termination date or within 180 days of the effective date of coverage for a newly covered insured;
- A member of the reserve forces of the United States military returning from active duty or a member of the California National Guard returning from active duty service under Title 32 of the United States Code;
- An individual demonstrates to the Department of Managed Health Care or Department of Insurance, as applicable, with respect to health benefit plans offered outside the Exchange that the individual didn't enroll in a health benefit plan during the immediately preceding enrollment period available because the individual was misinformed that he or she was covered under minimum essential coverage.

(All fields with \* are required.)



**FAMILY INFORMATION (Please list only those family members to be enrolled.)**

|  |                             |   |                        |
|--|-----------------------------|---|------------------------|
| Check one<br><input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner | Date of birth (mm/dd/yyyy)* | Gender*<br><input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undeclared | Social Security number |
|--|-----------------------------|---|------------------------|

Name (Last, First, MI)\*

Former name (Last, First, MI)

|                                     |                             |   |                        |
|-------------------------------------|-----------------------------|---|------------------------|
| <input type="checkbox"/> Dependent* | Date of birth (mm/dd/yyyy)* | Gender*<br><input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undeclared | Social Security number |
|-------------------------------------|-----------------------------|---|------------------------|

Name (Last, First, MI)

|                                     |                             |   |                        |
|-------------------------------------|-----------------------------|---|------------------------|
| <input type="checkbox"/> Dependent* | Date of birth (mm/dd/yyyy)* | Gender*<br><input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undeclared | Social Security number |
|-------------------------------------|-----------------------------|---|------------------------|

Name (Last, First, MI)

|                                     |                             |   |                        |
|-------------------------------------|-----------------------------|---|------------------------|
| <input type="checkbox"/> Dependent* | Date of birth (mm/dd/yyyy)* | Gender*<br><input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undeclared | Social Security number |
|-------------------------------------|-----------------------------|---|------------------------|

Name (Last, First, MI)

|                                     |                             |   |                        |
|-------------------------------------|-----------------------------|---|------------------------|
| <input type="checkbox"/> Dependent* | Date of birth (mm/dd/yyyy)* | Gender*<br><input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undeclared | Social Security number |
|-------------------------------------|-----------------------------|---|------------------------|

Name (Last, First, MI)

|                                     |                             |   |                        |
|-------------------------------------|-----------------------------|---|------------------------|
| <input type="checkbox"/> Dependent* | Date of birth (mm/dd/yyyy)* | Gender*<br><input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undeclared | Social Security number |
|-------------------------------------|-----------------------------|---|------------------------|

Name (Last, First, MI)

If any dependent listed above lives at another address, complete the following:

|                        |         |
|------------------------|---------|
| Name (Last, First, MI) | Address |
|------------------------|---------|

|                        |         |
|------------------------|---------|
| Name (Last, First, MI) | Address |
|------------------------|---------|

**READ AND SIGN****KAISER FOUNDATION HEALTH PLAN, INC., ARBITRATION AGREEMENT\***

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that can't be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the *Evidence of Coverage*.

Employee name (please print)\*

|                     |      |
|---------------------|------|
| Employee signature* | Date |
|---------------------|------|

**X**

(All fields with \* are required.)

\*Disputes arising from fully insured Kaiser Permanente Insurance Company (KPIC) coverage aren't subject to binding arbitration: 1) Preferred Provider Organization (PPO) plans and 2) KPIC Dental plans.

Email completed form to **csc-sd-sba@kp.org** or fax to **855-355-5334**.

### IMPORTANT INFORMATION

1. The employer must complete Section 1.
2. The employer is responsible for confirming all information prior to submitting. Please make sure effective dates are correct as these affect health plan premiums.
3. The employee must complete Sections 2 through 5, if applicable.
4. **The employee must sign and date the bottom of the form.**
5. The employee must complete all applicable sections and keep a copy for his or her records and give the completed form to the employer.
6. The employer should give the completed form to his or her broker or the Small Business Services California Service Center (CSC) by email: **csc-sd-sba@kp.org\*** as a PDF attachment or by fax: **855-355-5334**.
7. If the employer would like to terminate an employee's coverage, please use the **Subscriber Termination/Transfer** form available in the "Terminating employee coverage" section at **kp.org/smallbusinessforms/ca**.

All changes to accounts, including effective dates and dependent status, will be made in accordance with the contractual agreement between the employer/customer and Kaiser Permanente.

\*This email address is for form submissions only, not inquiries.

### 1 COMPANY INFORMATION (to be completed by employer)

|                        |      |                      |       |          |  |
|------------------------|------|----------------------|-------|----------|--|
| Company name           |      |                      |       | Group ID |  |
| Phone<br>(     )     - | Ext. | Fax<br>(     )     - | Email |          |  |

### 2 REQUESTED CHANGES

Reasons to add dependent (list one only): adoption, loss of coverage, new spouse (marriage/domestic partner), moved into service area, newborn addition, open enrollment, or reinstatement. Plan changes are effective on the first of the month.

Is employee enrolled in Medicare (noncovered subscriber)? ☐ Yes ☐ No

A noncovered subscriber is an employee who isn't enrolled on the group plan, but allows for dependent(s) coverage.

☐ Add dependents (complete Sections 3, 4, and 5)

|         |                             |
|---------|-----------------------------|
| Reason: | Effective date:     /     / |
|---------|-----------------------------|

|   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Change plan.    New plan name: | Effective date:     /    01   / |
|---|---------------------------------|

|  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Delete dependents (complete Sections 3, 4, and 5) | Effective date:     /     / |
|--|-----------------------------|

☐ Employee name change (complete Sections 3 and 5)

|       |     |                             |
|-------|-----|-----------------------------|
| From: | To: | Effective date:     /     / |
|-------|-----|-----------------------------|

(Complete Sections 3 and 5 if any of the following are selected)

☐ Employee address  
 ☐ Employee phone  
 ☐ Employee Social Security number  
 ☐ Employee or dependent date of birth

### 3 EMPLOYEE INFORMATION (to be completed by employee)

|  |                                |  |                                       |                        |     |        |
|--|--------------------------------|--|---------------------------------------|------------------------|-----|--------|
| Name (first, MI, last)   |                                |  |                                       | Social Security number |     |        |
| Address <input type="checkbox"/> Home <input type="checkbox"/> Mailing |                                |  | City                                  | State                  | ZIP | County |
| Day phone<br>(     )     -   | Evening phone<br>(     )     - |  | Date of birth (mm/dd/yyyy)<br>/     / |                        |     |        |

Company name (please print): \_\_\_\_\_

Employee name (please print): \_\_\_\_\_

**4 DEPENDENTS AFFECTED**

|   |                                     |   |                        |
|---|-------------------------------------|---|------------------------|
| <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic partner | Date of birth (mm/dd/yyyy)<br>/   / | Gender <input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undeclared | Social Security number |
|---|-------------------------------------|---|------------------------|

Name (first, MI, last)

Former name

|                                    |                                     |   |                        |
|------------------------------------|-------------------------------------|---|------------------------|
| <input type="checkbox"/> Dependent | Date of birth (mm/dd/yyyy)<br>/   / | Gender <input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undeclared | Social Security number |
|------------------------------------|-------------------------------------|---|------------------------|

Name (first, MI, last)

|                                    |                                     |   |                        |
|------------------------------------|-------------------------------------|---|------------------------|
| <input type="checkbox"/> Dependent | Date of birth (mm/dd/yyyy)<br>/   / | Gender <input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undeclared | Social Security number |
|------------------------------------|-------------------------------------|---|------------------------|

Name (first, MI, last)

|                                    |                                     |   |                        |
|------------------------------------|-------------------------------------|---|------------------------|
| <input type="checkbox"/> Dependent | Date of birth (mm/dd/yyyy)<br>/   / | Gender <input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undeclared | Social Security number |
|------------------------------------|-------------------------------------|---|------------------------|

Name (first, MI, last)

If any dependent listed above lives at another address, complete the following:

|                        |         |
|------------------------|---------|
| Name (first, MI, last) | Address |
|------------------------|---------|

|                        |         |
|------------------------|---------|
| Name (first, MI, last) | Address |
|------------------------|---------|

**5 READ AND SIGN****KAISER FOUNDATION HEALTH PLAN, INC., ARBITRATION AGREEMENT**

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, or the ERISA claims procedure regulation, and any other claims that can't be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the *Evidence of Coverage*.

Employee name (please print)

Employee signature (required)

**X**

Date

*Note: Disputes arising from any of the following KPIC products aren't subject to binding arbitration: 1) Preferred Provider Organization (PPO) plans and 2) KPIC Dental plans.*

**6 CONTACT INFORMATION**Email completed form to **csc-sd-sba@kp.org** as a PDF attachment or fax to **855-355-5334**.For more information, please contact our Small Business Services California Service Center at **800-790-4661, option 1**.