2024 California Enrollment Guide

Care for all that is you

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kp.org/allthatisyou



Experience health care designed with you in mind

Care for ...

Routine checkups, complex treatments, and late-night questions

Building strength, reducing stress, and raising a family

New goals, old habits, and ongoing mental wellness

No matter what your priority is, ours is providing excellent care – for the you who's feeling great, the you who needs support, and every you in between.





Kaiser Permanente HMO plans built to make your life easier

Combined care and coverage means your Kaiser Permanente doctors, hospitals, and health plan benefits are all connected and committed to providing you with exceptional care tailored to your needs.

It's easier access to top specialists and the latest treatments.

It's predictable costs and less paperwork.

It's the right care, when you need it.



Find out how we can help you stay healthy and keep doing what you love. **kp.org/allthatisyou**

Care that's **personalized**

For the you who deserves to be understood

Kaiser Permanente doctors have one priority: your health. Your electronic health record connects your care team with your health history, so your doctor can plan the right care for your needs. They learn your lifestyle, risks, and goals to understand what matters most to you and be your best health advocate.



Explore care that fits your life. kp.org/connectedtocare

We guide you through every step of your care



Your health history lives on your electronic health record.









Your doctor guides you through appointments and referrals.

is available to you and your care team 24/7.

Your health record Your care team lets you know when to schedule checkups and tests.

Care that's convenient

For the you with a busy schedule

Visit kp.org or use our app to make a routine same-day or next-day appointment in person, or talk to a clinician 24/7 by phone or video.¹ No matter how you connect, you'll always talk with a medical professional who can see your health history and pick up where you left off.

Do more in one visit

Many of our facilities have pharmacies and labs in the same building, so you can see your doctor, get your tests, and pick up your prescriptions all in one stop.

Your health at your fingertips

- Get 24/7 virtual care
- Email your care team
- View most lab results and doctor's notes
- Refill most prescriptions
- Check in for appointments
- Pay bills and view statements



See how the Kaiser Permanente app puts you in control. **kp.org/mobile**



FAST@MPANY



Our mobile app won Fast Company's 2022 Design Company of the Year and the 2022 People's Voice Webby award for Health and Fitness Apps.

You're covered while traveling



If you're planning to travel, we can help you manage your vaccinations, refill prescriptions, and more. And once you're on the go, you're covered for urgent and emergency care anywhere in the world – even at non-Kaiser Permanente facilities.

Care that's world class

For the you who expects the best

No matter your needs – mental health, maternity, cancer care, heart health, and beyond – you have access to expert doctors, cutting-edge technology, and the latest evidence-based care.



Learn how our doctors and specialists work for you. **kp.org/specialtycare**



We're a national leader in screening rates and research, and we're among the top-rated health plans in every state we serve.^{2,3,4}

Kaiser Permanente members are:



33[%] more likely to survive heart disease⁵ 52%

more likely to survive colorectal cancer⁶

20%

less likely to experience premature death due to cancer⁷



All 39 of our hospitals have been recognized by U.S. News & World Report as high performing in one or more types of care.

Care that's all encompassing

For the you who wants to explore all your health options

Kaiser Permanente members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral. You also have access to self-care apps to help your overall mental wellness.^{8,9}





Calm The number one app for sleep and meditation¹⁰ Headspace Care Text one-on-one with an emotional support coach anytime, anywhere¹¹



myStrength Build a personalized plan to strengthen your emotional health



Find out more about mental health care. **kp.org/mentalhealth**

Resources for everyday wellness

Take advantage of classes, services, and programs to help you achieve your health and fitness goals.¹²

- Acupuncture, massage therapy, and chiropractic care
- Reduced rates on gym memberships
- Healthy lifestyle programs

- Wellness coaching
- Online fitness with the ClassPass app

Care that's dependable

For the you who wants a doctor you trust

Your health is a lifelong journey, and we want you to have the right doctor to go the distance. We hire doctors and staff who speak more than one language and deliver care that's sensitive to your culture, ethnicity, and lifestyle. And you can choose or change your doctor anytime.



From finding the right doctor to transitioning care, we'll help you with every step. **kp.org/newmember**



Dr. Weniger was relatable, kind, and thorough. By the end of my visit, I knew I made the right choice in Kaiser Permanente.

- Aimee, new member

Complete care to help you live a fuller, healthier life

With Kaiser Permanente, you have a trusted partner who considers your health a priority and makes it easier to get the care you need. That's why members stay with Kaiser Permanente nearly 3 times as long as other health plans.¹³

Want to learn more?



Visit **kp.org/allthatisyou** to shop plans and get help with your health care questions.

Call **1-800-514-0985** (TTY **711**), Monday through Friday, 7 a.m. to 6 p.m. Pacific time. to talk to an enrollment specialist.

Current members with questions can call Member Services, 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)



1. When appropriate and available. 2. Kaiser Permanente 2022 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 2022 and is used with the permission of NCQA. Quality Compass 2022 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. 3. 2021 Annual Report, Kaiser Permanente, about.kaiserpermanente.org/who-we-are/annual-reports/2021-annual-report. 4. NCQA's Private Health Insurance Plan Ratings 2022-2023, National Committee for Quality Assurance, 2022: Kaiser Foundation Health Plan of Colorado – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of Georgia, Inc. - HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Hawaii – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. – HMO (rated 5 out of 5); Kaiser Foundation Health Plan, Inc., of Northern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of the Northwest – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Southern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of Washington - HMO (rated 4 out of 5). 5. See note 7. 6. Theodore R. Levin, MD, et al., "Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large, Community-Based Population," Gastroenterology, November 2018. 7. Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," July 20, 2022. 8. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your Evidence of Coverage or other plan documents. The apps and services may be discontinued at any time. 9. Calm and myStrength can be used by members 13 and over. The Headspace Care app and services are not available to any members under 18 years old. 10. Calm is the #1 app for sleep, meditation, and relaxation, with over 100 million downloads and over 1.5M+ 5-star reviews. Learn more at calm.com/blog/about. 11. Eligible Kaiser Permanente members can text with a coach using the Headspace Care app for 90 days per year. After the 90 days, members can continue to access the other services available on the Headspace Care app for the remainder of the year at no cost. 12. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your Evidence of Coverage or other plan documents. These services may be discontinued at any time without notice. 13. Kaiser Permanente internal data, 2019; "12 Trends Influencing the Future of Workplace Benefits," Aflac, 2018; U.S. Bureau of Labor Statistics, 2018.

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 مجانًا 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 4000-464-800 على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجي الاتصال على الرقم (711).

Armenian: Ձեզ կարող է անվձար օգնություն տրամադրվել լեզվի հարցում` օրը 24 ժամ, ջաբաթը 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 شبانروز 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 کافیست در 24 ساعت شبانروز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به 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 kec 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។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែឯកសារដែលបានបក ប្រេទៅជាភាសាខ្មែរ ឬជាទំរង់ជំនួសផ្សេងៗទៀត។ អ្នកក៍អាចស្នើសុំឧបករណ៍និងបរិក្ខារជំនួយទំនាក់ទំនង សម្រាប់អ្នកពិការនៅទីតាំងរបស់យើងផងដែរ។ 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 (공휴일휴무). TTY 사용자번호 711.

Laotian: ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໂດຍບໍ່ເສັງຄ່າ ແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານ ສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະ ສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ທ່ານສາມາດຂໍອຸປະກອນຊ່ວຍເສີມ ແລະ ອຸປະກອນ ຕ່າງໆໃນສະຖານບໍລິການຂອງພວກເຮົາໄດ້.ພຽງແຕ່ໂທ ຫາພວກເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ**້**ສາຍ TTY ໂທ 711.

Mien: Mbenc nzoih liouh wang-henh tengx nzie faan waac bun muangx maiv zuqc cuotv zinh nyaanh meih, yietc hnoi mbenc maaih 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaih 7 hnoi. Meih se haih tov heuc tengx lorx faan waac mienh tengx faan waac bun muangx, dorh nyungc horngh 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 maaih 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaih 7 hnoi. (hnoi-gec se guon gorn zangc oc). TTY nyei mienh nor douc waac lorx **711**.

Navajo: Doo bik'é asíníláágóó saad bee ata' hane' bee áká e'elyeed nich'i 'aa'át'é, t'áá álahji' jíigo dóó tl'ée'go áádóó tsosts'íjí aa'át'é. Ata' hane' yídííkil, naaltsoos t'áá Diné bizaad bee bik'i' ashchíigo, éí doodago hane' bee didííts'íílígíí yídííkil. Hane' bee bik'i' di'díítíílígíí dóó bee hane' didííts'íílígíí bína'ídílkidgo yídííkil. Kojí hodiilnih 1-800-464-4000, t'áá álahji', jíigo dóó tl'ée'go áádóó tsosts'íjí aa'át'é. (Dahodílzingóne' doo nida'anish dago éí da'deelkaal). TTY chodayool'ínígíí kojí dahalne' 711.

Punjabi: ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫਤੇ 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 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 bổ 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

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.



2024 California Enrollment Guide

Care for all that is you

kp.org/kpic/ppo

KAISER PERMANENTE®

The Kaiser Permanente Insurance Company (KPIC)¹ 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
 Your choice of any participating provider nationwide with the Private Health Care Systems (PHCS)² 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 HealthcareSM PPO Network³ provider. If you already have a doctor, there's a good chance you'll be able to continue to see them. Most doctor's office visits are covered at a copay. Ask your doctor if you can get care by phone, video, or email. You may need to pay more for those services. After reaching your annual deductible,⁴ you'll pay a coinsurance for most other covered services, including hospitalization. Your doctor's office will file any claims and paperwork on your behalf.⁵ 	 Your choice of any licensed provider in the country, including specialists. Just make an appointment directly with their office. Continue seeing the doctor you have or choose one near your home or work. Ask your doctor if you can get care by phone, video, or email. You may need to pay more for those services. After reaching your annual deductible,⁴ you'll pay a coinsurance for most covered services. You may need to file your own claims and paperwork.

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**, 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.⁶ 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.⁵

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 HealthcareSM PPO Network outside of the Kaiser Permanente states (California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and the District of Columbia), the Cigna Healthcare 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, you get the flexibility to see any licensed provider in your community – participating providers or nonparticipating providers.

ပုံ

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 Healthcare 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:⁸

- 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-ofpocket 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 Healthcare 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 Healthcare PPO providers are responsible for obtaining precertification on your behalf when precertification is required. You won't be financially responsible if a Cigna Healthcare 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 care⁹ 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. The Kaiser Permanente PPO Plan is underwritten by Kaiser Permanente Insurance Company (KPIC), 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. 3. The Cigna Healthcare^{5M} PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. 4. Penalties and balance-billing charges do not apply toward your deductible or outof-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. 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 HealthcareSM is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Healthcare 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 **1-800-788-0710** (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 P.O. Box 1809 Pleasanton, CA 94566 Phone: 1-800-788-0710

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: 1-800-482-4 TDD (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 Phone: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 1-800-788-0710 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 1-800-788-0710. 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,並且您可請我們將您的語言版本文件寄給您。如需協助, 請致電列於您會員卡上的電話號碼或致電1-800-788-0710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 1-800-788-0710. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Doo bááhílínigóó há ata' hane. Ata' halne'í há shónáot'eeh dóó naaltsoos táá hazaad bee bik'i' aschíigo hach'i' yídóoltah biniiyé hach'i ánál'iih łeh. Shíká i'doolwoł nínízingo nihich'i hodíílnih koji' 1-800-788-0710 éí bee nééhózin biniiyé neiyítánígíí bikáá'. Áká e'élyeed jinízingo CA Dept. of Insurance bich'i' hojilnih kwe'é 1-800-927-4357. TTY chojool'íigo éí íáá bił azhdilchi'. Navajo

Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể được cấp thông dịch viên và được người đọc tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi theo số điện thoại ghi trên thẻ ID của quý vị hoặc số 1-800-788-0710. Để được giúp đỡ thêm, xin 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 1-800-788-0710번으로 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 1-800-788-0710. 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 1-800-788-0710 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 устного переводчика. Вам могут зачитать документы, а некоторые могут выть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке или 1-800-788-0710. За дополнительной помощью обращайтесь в Департамент страхования штата Калифорния (СА Dept. of Insurance) по телефону 1-800-927-4357. Пользователи TTY, звоните по номеру 711. Russian

言語サービス(無料)。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1-800-788-0710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までお電話にてご連絡ください。Japanese

خدمات تسهیلات زبانی رایگان. شما میتوانید مترجم شفاهی بگیرید. میتوانید درخواست کنید که اسناد بر ایتان خوانده و بعضی از آنها به زبان خودتان به شما ارسال شود. بر ای دریافت راهنمایی، با ما به شماره مندرج در زیر یا شماره روی کارت شناساییتان یا 070-788-800-11 تماس بگیرید. بر ای کسب راهنمایی بیشتر، با اداره بیمه کالیفرنیا به شماره 4357-292-1800 تماس بگیرید. کاربر ان TTT میتوانند با 711 تماس بگیرند. Farsi

ਬਿਨਾ ਲਾਗਤ ਦੀ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਲੈ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਕਿਸੇ ਤੋਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜਾ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਤੁਹਾਡੇ

ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੁਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-788-0710 'ਤੇ ਕਾਲ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ।

TTY ਵਰਤੋਂਕਾਰ 711 'ਤੇ ਕਾਲ ਕਰਨ। Punjabi

សេវាភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រប និងឲ្យគេអានឯកសារជូនអ្នក ជាភាសាប្មែរ។ សំរាប់ជំនួយ សូមទូរស័ព្ទមកគយើង តាមគលមលេខដែលមានគៅគលើប័ណ្ណ ID របស់អ្នក ឬ 1-800-788-0710។ សំរាប់ជំនួយថែមគទៀត ទូរស័ព្ទគៅរកសួងជានារ៉ាប់រង រែឋកាលីហ្វ័រនីញ៉ា តាមគលម 1-800-927-4357។ អ្នកគរបើ TTY គៅគលខ 711។ Khmer

خدمات اللغة بدون تكلفة. يمكنك الحصول على مترجم شفوي وخدمة قراءة المستندات لك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج في بطاقة الهوية الخاصة بك أو برقم 0710-788-800-1. لمزيد من المساعدة، اتصل بقسم التأمين بولاية كاليفورنيا على الرقم 4357-920-800-1. مستخدمو TTY يمكنهم الاتصال برقم 111. Arabic

Cov Kev Pab Cuam Txhais Lus Dawb. Koj tuaj yeem tau txais ib tus neeg txhais lus thiab txais tau cov ntaub ntawv uas nyeem tag ntawd xa tuaj rau koj muab sau ua koj hom lus xa tuaj Yog xav tau kev pab, hu rau peb ntawm tus xov tooj teev muaj nyob rau ntawm koj daim yuaj ID los yog 1-800-788-0710 Yog xav tau kev pab ntxiv hu rau CA Chaw Ua Hauj Lwm Tswj Kev Tuav Pov Hwm ntawm 1 800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

निःशुल्क भाषा सेवाएं। आप एक दुभाषिया को ले सकते हैं और दस्तावेज़ों को अपनी भाषा में पढ़वा सकते हैं। सहायता के लिए, हमें अपने आईडी कार्ड पर दर्ज नंबर या 1-800-788-0710 पर कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें। टीटीवाई उपयोगकर्ता 711 पर कॉल करें। Hindi

บริการด้านภาษาโดยไม่มีค่าใช้จ่าย คุณสามารถรับล่ามและรับการอ่านเอกสารให้คุณฟังในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรหาเราตามหมายเลขที่ระบุในบัตรประจำตัวประชาชน หรือ 1-800-788-0710 หากต้องการความช่วยเหลือเพิ่มเติม โปรดติดต่อฝ่ายประกันภัยของ CA ที่หมายเลข 1-800-927-4357 ผู้ใช้ TTY โทร 711 ภาษาอังกฤษ Thai

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)		
				/ 01 /		
Plan selection*	Subgroup ID (if assigned)		Employee classification (if applicable)			
Enrollment reason (Please check one)	New group account	🗆 Open er	nrollment 🗆	Other:		
If you have an existing account, please email completed form to csc-sd-sba@kp.org as a PDF attachment or fax to 855-355-5334.						

EMPLOYEE INFORMATION

Have you ever been a member of	of, or received care	from, Kaiser F	Permane	ente in Ca	lifornia?] Yes 🗆 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	n home)									Apt. #
City		State				ZIP		County		
Date of birth (mm/dd/yyyy)*	Gender*			Day phor	ie			Evening	phone	
/ /		Undeclared		()	_		()	_

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.)



Small Business EMPLOYEE ENROLLMENT

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

Check one	Date of birth (mm/dd/yyyy)*	Gender*	□ M □ F □ Undeclared	Social Security number	
Name (Last, First, MI)*	I	1		·	
Former name (Last, First, MI)					
Dependent*	Date of birth (mm/dd/yyyy)*	Gender*	□ M □ F □ Undeclared	Social Security number	
Name (Last, First, MI)	I	1			
- □ Dependent*	Date of birth (mm/dd/yyyy)*	Gender*	□ M □ F □ Undeclared	Social Security number	
Name (Last, First, MI)					
□ Dependent*	Date of birth (mm/dd/yyyy)*	Gender*	□ M □ F □ Undeclared	Social Security number	
Name (Last, First, MI)		1		·	
Dependent*	Date of birth (mm/dd/yyyy)*	Gender* □ M □ F □ Undeclared		Social Security number	
Name (Last, First, MI)	I	1		<u> </u>	
Dependent*	Date of birth (mm/dd/yyyy)*	Gender*	□ M □ F □ Undeclared	Social Security number	
Name (Last, First, MI)		1		<u> </u>	
If any dependent listed above lives at another addr	ess, complete the following:				
Name (Last, First, MI)	ast, 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

Х

(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

EMPLOYEE/EMPLOYER USE ONLY - DO NOT RETURN THIS FORM TO YOUR KAISER PERMANENTE REPRESENTATIVE.

Employees: Please use this form only to decline group health coverage and return to your employer.

Employers: Keep this form for your records. If you'd like to terminate a subscriber, please use the Subscriber Termination, Transfer, and Reinstatement Form.

1 COMPANY INFORMATION

Company name

Group ID (if assigned)

Date

2 REASON FOR DECLINING

I've been offered Kaiser Permanente group health coverage by my employer. I voluntarily choose not to enroll myself in a Kaiser Permanente plan at this time. I understand that the next opportunity to enroll will be during the annual open enrollment period or after a qualifying event.

Declination reason and carrier name impact the participation requirement.

Reason for declining (check one):

- □ I'm covered by another employer's health plan through my spouse/domestic partner/parent.
- □ I'm covered by another health plan offered by this employer.
- □ I'm covered by another employer I work for.
- □ I'm covered by group coverage through COBRA or Cal-COBRA.
- □ I'm covered by Medicare, Medi-Cal, or Tricare (military or VA benefits).
- □ I'm covered by an individual health plan.
- □ Not interested in enrolling at this time.

3 READ AND SIGN

If you decline coverage for yourself, you're also declining coverage for your eligible dependent(s). You can only enroll or change your coverage during 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:

- Increase in your hours so that you meet your employer's requirement for medical plan eligibility
- Return from a leave of absence
- Involuntary termination or loss of other group coverage
- A dependent loses coverage elsewhere
- Marriage or addition of a domestic partner
- Birth, adoption of a child, or placement for adoption
- Court order
- Death of a spouse, domestic partner, or dependent

Employee name (please print)

Signature

Х



Questions about Kaiser Permanente?

Talk to a licensed specialist. We're here to help.

Choosing a health plan is a big decision, but you don't have to make it alone. Our licensed specialists are here to help you make an informed decision and choose a plan that's right for you.

Ask about the essentials and additional services including:

- Where you can get care
- Video visits¹ and other convenient ways to get care remotely
- How our integrated care model benefits you
- Specialty care services
- Convenient pharmacy options
- Wellness classes, podcasts, self-care resources, and more²

Scan the QR code to text a licensed specialist.



Get in touch

Call us at 1-855-925-2991, Monday through Friday, 7 a.m. to 6 p.m. Pacific time.

1. When appropriate and available. 2. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may require a fee and may be discontinued at any time without notice. • Kaiser Permanente health plans around the country: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057

