

Summary of Medical Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Member Services: 1-800-813-2000

Oregon EE33

1/1/2023 - 12/31/2023

North Clackamas School District

Group Number: 1595-038

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

| Deductible | |
|--|--|
| Self-only Deductible per Year (for a Family of one Member) | \$3,000 |
| Individual Family Member Deductible per Year (for each Member in a Family of two or more Members) | \$3,000 |
| Family Deductible per Year (for an entire Family) | \$6,000 |
| Out-of-Pocket Maximum ¹ | |
| Self-only Out-of-Pocket Maximum per Year (for a Family of one Member) | \$5,400 |
| Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members) | \$5,400 |
| Family Out-of-Pocket Maximum per Year (for an entire Family) | \$10,800 |
| Office Visits | You pay |
| Routine preventive physical exam | \$0 |
| Telehealth (phone/video) | \$0 after Deductible |
| Primary Care | 30% Coinsurance after Deductible |
| Specialty Care | 30% Coinsurance after Deductible |
| Urgent Care | 30% Coinsurance after Deductible |
| Tests (outpatient) | You pay |
| Preventive Tests | \$0 |
| Laboratory | 30% Coinsurance after Deductible |
| X-ray, imaging, and special diagnostic procedures | 30% Coinsurance after Deductible |
| CT, MRI, PET scans | 30% Coinsurance after Deductible |
| Medications (outpatient) | You pay |
| Prescription drugs (up to a 30 day supply) | After Deductible: \$20 generic/\$40 preferred brand / \$60 non-preferred brand / \$150 specialty |
| Mail Order Prescription drugs (up to a 90 day supply) | After Deductible: \$40 generic / \$80 preferred brand / \$120 non-preferred brand |
| Administered medications, including injections (all outpatient settings) | 30% Coinsurance after Deductible |
| Nurse treatment room visits to receive injections | 30% Coinsurance after Deductible |
| Maternity Care | You pay |
| Scheduled prenatal care visits and postpartum visits | \$0 |
| Laboratory | 30% Coinsurance after Deductible |
| X-ray, imaging, and special diagnostic procedures | 30% Coinsurance after Deductible |

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| | |
|--|----------------------------------|
| Inpatient Hospital Services | 30% Coinsurance after Deductible |
| Hospital Services | You pay |
| Ambulance Services (per transport) | 30% Coinsurance after Deductible |
| Emergency services | 30% Coinsurance after Deductible |
| Inpatient Hospital Services | 30% Coinsurance after Deductible |
| Outpatient Services (other) | You pay |
| Outpatient surgery visit | 30% Coinsurance after Deductible |
| Chemotherapy/radiation therapy visit | 30% Coinsurance after Deductible |
| Durable medical equipment | 20% Coinsurance after Deductible |
| Physical, speech, and occupational therapies (20 visits per therapy per Year) | 30% Coinsurance after Deductible |
| Skilled Nursing Facility Services | You pay |
| Inpatient skilled nursing Services (up to 100 days per Year) | 30% Coinsurance after Deductible |
| Mental Health and Substance Use Disorder Services | You pay |
| Outpatient Services | 30% Coinsurance after Deductible |
| Inpatient hospital & residential Services | 30% Coinsurance after Deductible |
| Alternative Care (self-referred) | You pay |
| Acupuncture Services | Not covered |
| Chiropractic Services | Not covered |
| Massage Therapy | Not covered |
| Naturopathic Medicine | 30% Coinsurance after Deductible |
| Vision Services | You pay |
| Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.) | 30% Coinsurance after Deductible |
| Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.) | Not covered |
| Routine eye exam (For members 19 years and older.) | 30% Coinsurance after Deductible |
| Vision hardware and optical Services (For members 19 years and older.) | Not covered |

¹ Refer to your Evidence of Coverage (EOC) for benefits that may not apply to Out-of-Pocket Maximum.

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to kp.org/plandocuments.

Non-participating providers may bill you for any charges in excess of the Allowed Amount (balance billing), except where balance billing is prohibited by law. You are protected from balance billing in connection with emergency services and certain services provided at a participating hospital or ambulatory surgical center. For additional information, visit <https://healthy.kaiserpermanente.org/oregon-washington/support/pay-bills/medical-bills/no-surprises-act>.

Questions? Call Member Services (M-F, 8 am-6 pm) or visit kp.org. Portland area: 503-813-2000

All other areas: 1-800-813-2000. TTY, all areas: 711. Language Interpretation Services, all areas: 1-800-324-8010

This is not a contract. This condensed summary of benefits does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.

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Summary of Medical Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Member Services: 1-800-813-2000

Oregon C23B

1/1/2023 - 12/31/2023

North Clackamas School District

Group Number: 1595-030

Calendar year is the time period (Year) in which dollar, day, and visit limits, Deductibles and Out-of-Pocket Maximums accumulate.

| Deductible | |
|--|--|
| Self-only Deductible per Year (for a Family of one Member) | None |
| Individual Family Member Deductible per Year (for each Member in a Family of two or more Members) | None |
| Family Deductible per Year (for an entire Family) | None |
| Out-of-Pocket Maximum ¹ | |
| Self-only Out-of-Pocket Maximum per Year (for a Family of one Member) | \$600 |
| Individual Family Member Out-of-Pocket Maximum per Year (for each Member in a Family of two or more Members) | \$600 |
| Family Out-of-Pocket Maximum per Year (for an entire Family) | \$1,200 |
| Office Visits | You pay |
| Routine preventive physical exam | \$0 |
| Telehealth (phone/video) | \$0 |
| Primary Care | \$10 |
| Specialty Care | \$10 |
| Urgent Care | \$30 |
| Tests (outpatient) | You pay |
| Preventive Tests | \$0 |
| Laboratory | \$0 |
| X-ray, imaging, and special diagnostic procedures | \$0 |
| CT, MRI, PET scans | \$0 |
| Medications (outpatient) | You pay |
| Prescription drugs (up to a 30 day supply) | \$10 generic / \$20 preferred brand / \$40 non-preferred brand |
| Mail Order Prescription drugs (up to a 90 day supply) | \$20 generic / \$40 preferred brand / \$80 non-preferred brand |
| Administered medications, including injections (all outpatient settings) | \$0 |
| Nurse treatment room visits to receive injections | \$5 |
| Maternity Care | You pay |
| Scheduled prenatal care visits and postpartum visits | \$0 |
| Laboratory | \$0 |
| X-ray, imaging, and special diagnostic procedures | \$0 |

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| | |
|--|--|
| Inpatient Hospital Services | \$0 |
| Hospital Services | You pay |
| Ambulance Services (per transport) | \$100 |
| Emergency services | \$100 (Waived if admitted) |
| Inpatient Hospital Services | \$0 |
| Outpatient Services (other) | You pay |
| Outpatient surgery visit | \$10 |
| Chemotherapy/radiation therapy visit | \$10 |
| Durable medical equipment | 20% Coinsurance |
| Physical, speech, and occupational therapies (20 visits per therapy per Year) | \$10 |
| Skilled Nursing Facility Services | You pay |
| Inpatient skilled nursing Services (up to 100 days per Year) | \$0 |
| Mental Health and Substance Use Disorder Services | You pay |
| Outpatient Services | \$10 per visit |
| Inpatient hospital & residential Services | \$0 |
| Alternative Care (self-referred) | You pay |
| Acupuncture Services | Not covered |
| Chiropractic Services (up to 20 visits per Year) | \$10 per visit |
| Massage Therapy | Not covered |
| Naturopathic Medicine | \$10 |
| Vision Services | You pay |
| Routine eye exam (Covered until the end of the month in which Member turns 19 years of age.) | \$0 |
| Vision hardware and optical Services (Covered until the end of the month in which Member turns 19 years of age.) | No charge for one pair standard frames and lenses or 12-month supply contact lenses per year. |
| Routine eye exam (For members 19 years and older.) | \$10 |
| Vision hardware and optical Services (For members 19 years and older.) | Initial allowance of up to \$150 for prescription eyeglasses or conventional or disposable prescription contact lenses, including Medically Necessary contact lenses, not more than once in a two-Year period. |

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Non-participating providers may bill you for any charges in excess of the Allowed Amount (balance billing), except where balance billing is prohibited by law. You are protected from balance billing in connection with emergency services and certain services provided at a participating hospital or ambulatory surgical center. For additional information, visit <https://healthy.kaiserpermanente.org/oregon-washington/support/pay-bills/medical-bills/no-surprises-act>.

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Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2023-12/31/2023



KAISER PERMANENTE® : North Clackamas School District – HDHP

Coverage for: Individual / Family | Plan Type: HDHP

All [plans](#) offered and underwritten by Kaiser Foundation Health Plan of the Northwest



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage see www.kp.org/plandocuments or call 1-800-813-2000 (TTY: 711). For definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <http://www.healthcare.gov/sbc-glossary> or call 1-800-813-2000 (TTY: 711) to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|--|
| What is the overall deductible ? | \$3,000 Individual / \$6,000 Family | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible . |
| Are there services covered before you meet your deductible ? | Yes. Preventive care and services indicated in chart starting on page 2. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan ? | \$5,400 Individual / \$10,800 Family | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the out-of-pocket limit ? | Premiums , health care this plan doesn't cover, and services indicated in chart starting on page 2. | Even though you pay these expenses, they don't count toward the out-of-pocket limit . |
| Will you pay less if you use a network provider ? | Yes. See www.kp.org or call 1-800-813-2000 (TTY: 711) for a list of Participating Providers. | This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |

| | | |
|--|--|--|
| Do you need a referral to see a specialist ? | Yes, but you may self-refer to certain specialists . | This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist . |
|--|--|--|



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---|--|---|---|
| | | Participating Provider (You will pay the least) | Non-Participating Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | 30% coinsurance | Not covered | None |
| | Specialist visit | 30% coinsurance | Not covered | None |
| | Preventive care/screening /immunization | No charge, deductible does not apply. | Not covered | You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. |
| If you have a test | Diagnostic test (x-ray, blood work) | X-ray: 30% coinsurance Lab tests: 30% coinsurance | Not covered | None |
| | Imaging (CT/PET scans, MRIs) | 30% coinsurance | Not covered | Some services may require prior authorization. |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.kp.org/formulary | Generic drugs | \$20 (retail); \$40 (mail order) / prescription | Not covered | Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines. |
| | Preferred brand drugs | \$40 (retail); \$80 (mail order) / prescription | Not covered | Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines. |
| | Non-preferred brand drugs | \$60 (retail); \$120 (mail order) / prescription | Not covered | Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines, when approved through exception process. |
| | Specialty drugs | \$150 (retail) / prescription | Not covered | Up to a 30-day supply (retail). Subject to formulary guidelines, when approved through exception process. |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | 30% coinsurance | Not covered | Prior authorization required. |

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|--|---|---|--|
| | | Participating Provider (You will pay the least) | Non-Participating Provider (You will pay the most) | |
| | Physician/surgeon fees | 30% coinsurance | Not covered | Prior authorization required. |
| If you need immediate medical attention | Emergency room care | 30% coinsurance | 30% coinsurance | None |
| | Emergency medical transportation | 30% coinsurance | 30% coinsurance | None |
| | Urgent care | 30% coinsurance | Not covered | Non-Participating Providers covered when temporarily outside the service area: 30% coinsurance |
| If you have a hospital stay | Facility fee (e.g., hospital room) | 30% coinsurance | Not covered | Prior authorization required. |
| | Physician/surgeon fees | 30% coinsurance | Not covered | Prior authorization required. |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | 30% coinsurance | Not covered | None |
| | Inpatient services | 30% coinsurance | Not covered | Prior authorization required. |
| If you are pregnant | Office visits | No charge, deductible does not apply. | Not covered | Depending on the type of services, a copayment , coinsurance , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). |
| | Childbirth/delivery professional services | 30% coinsurance | Not covered | None |
| | Childbirth/delivery facility services | 30% coinsurance | Not covered | None |
| If you need help recovering or have other special needs | Home health care | 30% coinsurance | Not covered | 130 visit limit / year. Prior authorization required. |
| | Rehabilitation services | Outpatient: 30% coinsurance Inpatient: 30% coinsurance | Not covered | Outpatient: 20 visit limit / therapy / year. Prior authorization required. Inpatient: Prior authorization required. |
| | Habilitation services | 30% coinsurance | Not covered | 20 visit limit / therapy / year. Prior authorization required. |

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|---|---|---|--|
| | | Participating Provider (You will pay the least) | Non-Participating Provider (You will pay the most) | |
| | Skilled nursing care | 30% coinsurance | Not covered | 100 day limit / year. Prior authorization required. |
| | Durable medical equipment | 20% coinsurance | Not covered | Subject to formulary guidelines. Prior authorization required. |
| | Hospice services | No charge | Not covered | Prior authorization required. |
| If your child needs dental or eye care | Children's eye exam | 30% coinsurance for refractive exam | Not covered | None |
| | Children's glasses | Not covered | Not covered | None |
| | Children's dental checkups | Not covered | Not covered | None |

Excluded Services & Other Covered Services

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Acupuncture • Children's glasses • Chiropractic care • Cosmetic surgery | <ul style="list-style-type: none"> • Dental care (Adult and Child) • Long-term care • Non-emergency care when traveling outside the U.S | <ul style="list-style-type: none"> • Private-duty nursing • Routine foot care • Weight loss programs |
|--|--|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> • Bariatric surgery • Hearing aids (dependents under age 26: 1 aid / ear, every 36 months) | <ul style="list-style-type: none"> • Infertility treatment | <ul style="list-style-type: none"> • Routine eye care (Adult) |
|---|---|--|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is shown in the chart below. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the agencies in the chart below.

| | |
|--|---|
| Kaiser Permanente Member Services | 1-800-813-2000 (TTY: 711) or www.kp.org/memberservices |
| Department of Labor's Employee Benefits Security Administration | 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform |
| Department of Health & Human Services, Center for Consumer Information & Insurance Oversight | 1-877-267-2323 x61565 or www.cciio.cms.gov |
| Oregon Division of Financial Regulation | 1-888-877-4894 or www.dfr.oregon.gov |
| Washington Department of Insurance | 1-800- 562- 6900 or www.insurance.wa.gov |

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

Does this [plan](#) provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#) you may not be eligible for the [premium tax credit](#).

Does this [plan](#) meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-813-2000 (TTY: 711).

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-813-2000 (TTY: 711).

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-813-2000 (TTY: 711).

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-813-2000 (TTY: 711).

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

| | |
|---|---------|
| ■ The plan's overall deductible | \$3,000 |
| ■ Specialist coinsurance | 30% |
| ■ Hospital (facility) coinsurance | 30% |
| ■ Other (blood work) coinsurance | 30% |

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

| | |
|---------------------------|-----------------|
| Total Example Cost | \$12,700 |
|---------------------------|-----------------|

In this example, Peg would pay:

| Cost Sharing | |
|-----------------------------------|----------------|
| Deductibles | \$3,000 |
| Copayments | \$10 |
| Coinsurance | \$2,000 |
| What isn't covered | |
| Limits or exclusions | \$60 |
| The total Peg would pay is | \$5,070 |

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

| | |
|---|---------|
| ■ The plan's overall deductible | \$3,000 |
| ■ Specialist coinsurance | 30% |
| ■ Hospital (facility) coinsurance | 30% |
| ■ Other (blood work) coinsurance | 30% |

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

| | |
|---------------------------|----------------|
| Total Example Cost | \$5,600 |
|---------------------------|----------------|

In this example, Joe would pay:

| Cost Sharing | |
|-----------------------------------|----------------|
| Deductibles | \$3,000 |
| Copayments | \$500 |
| Coinsurance | \$100 |
| What isn't covered | |
| Limits or exclusions | \$0 |
| The total Joe would pay is | \$3,600 |

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

| | |
|---|---------|
| ■ The plan's overall deductible | \$3,000 |
| ■ Specialist coinsurance | 30% |
| ■ Hospital (facility) coinsurance | 30% |
| ■ Other (x-ray) coinsurance | 30% |

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

| | |
|---------------------------|----------------|
| Total Example Cost | \$2,800 |
|---------------------------|----------------|

In this example, Mia would pay:

| Cost Sharing | |
|-----------------------------------|----------------|
| Deductibles | \$2,800 |
| Copayments | \$0 |
| Coinsurance | \$0 |
| What isn't covered | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$2,800 |

Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide 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 Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 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 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

For Washington Members

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.
Call 1-800-813-2000 (TTY: 711).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ
1-800-813-2000 (TTY: 711).

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-813-2000 (TTY: 711).

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ខ្មែរ (Khmer) ប្រយោជន៍: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំណប់ផ្នែក។ ចូរទូរស័ព្ទ 1-800-813-2000 (TTY: 711)។

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-813-2000 (TTY: 711) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດລາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໄທ້ທ່ານ.
ໂທ 1-800-813-2000 (TTY: 711).

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-813-2000 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-800-813-2000 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit.
Sunați la 1-800-813-2000 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-813-2000 (TTY: 711).

Español (Spanish) ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-800-813-2000 (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa 1-800-813-2000 (TTY: 711).

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-813-2000 (TTY: 711).

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-813-2000 (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-813-2000 (TTY: 711).

Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

Coverage Period: 01/01/2023-12/31/2023



KAISER PERMANENTE® : North Clackamas School District – Traditional

Coverage for: Individual / Family | Plan Type: EPO

All [plans](#) offered and underwritten by Kaiser Foundation Health Plan of the Northwest



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage see www.kp.org/plandocuments or call 1-800-813-2000 (TTY: 711). For definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <http://www.healthcare.gov/sbc-glossary> or call 1-800-813-2000 (TTY: 711) to request a copy.

| Important Questions | Answers | Why This Matters: |
|---|---|--|
| What is the overall deductible ? | \$0 | See the Common Medical Events chart below for your costs for services this plan covers. |
| Are there services covered before you meet your deductible ? | Not applicable. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other deductibles for specific services? | No. | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan ? | \$600 Individual / \$1,200 Family | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the out-of-pocket limit ? | Premiums , health care this plan doesn't cover, and services indicated in chart starting on page 2. | Even though you pay these expenses, they don't count toward the out-of-pocket limit . |
| Will you pay less if you use a network provider ? | Yes. See www.kp.org or call 1-800-813-2000 (TTY: 711) for a list of participating providers . | This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services. |

| | | |
|--|--|--|
| Do you need a referral to see a specialist ? | Yes, but you may self-refer to certain specialists . | This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist . |
|--|--|--|



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|--|---|---|
| | | Participating Provider (You will pay the least) | Non-Participating Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$10 / visit | Not covered | None |
| | Specialist visit | \$10 / visit | Not covered | None |
| | Preventive care/screening/immunization | No charge | Not covered | You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. |
| If you have a test | Diagnostic test (x-ray, blood work) | X-ray: No charge Lab tests: No charge | Not covered | None |
| | Imaging (CT/PET scans, MRIs) | No charge | Not covered | Some services may require prior authorization. |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.kp.org/formulary | Generic drugs | \$10 (retail); \$20 (mail order) / prescription | Not covered | Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines. |
| | Preferred brand drugs | \$20 (retail); \$40 (mail order) / prescription | Not covered | Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines. |
| | Non-preferred brand drugs | \$40 (retail); \$80 (mail order) / prescription | Not covered | Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to formulary guidelines, when approved through exception process. |
| | Specialty drugs | Applicable Generic, Preferred brand, Non-Preferred brand drug cost shares apply. | Not covered | Up to a 30-day supply (retail). Subject to formulary guidelines, when approved through exception process. |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | \$10 / visit | Not covered | Prior authorization required. |

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|--|--|---|--|
| | | Participating Provider (You will pay the least) | Non-Participating Provider (You will pay the most) | |
| | Physician/surgeon fees | No charge | Not covered | Physician/surgeon fees are included in the Facility fee. |
| If you need immediate medical attention | Emergency room care | \$100 / visit | \$100 / visit | Copayment waived if admitted directly to the hospital as an inpatient. |
| | Emergency medical transportation | \$100 / trip | \$100 / trip | None |
| | Urgent care | \$30 / visit | Not covered | Non-Participating Providers covered when temporarily outside the service area: \$30 / visit |
| If you have a hospital stay | Facility fee (e.g., hospital room) | No charge | Not covered | Prior authorization required. |
| | Physician/surgeon fees | No charge | Not covered | Prior authorization required. |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | \$10 / visit | Not covered | None |
| | Inpatient services | No charge | Not covered | Prior authorization required. |
| If you are pregnant | Office visits | No charge | Not covered | Depending on the type of services, a copayment , coinsurance , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). |
| | Childbirth/delivery professional services | No charge | Not covered | None |
| | Childbirth/delivery facility services | No charge | Not covered | None |
| If you need help recovering or have other special needs | Home health care | No charge | Not covered | 130 visit limit / year. Prior authorization required. |
| | Rehabilitation services | Outpatient: \$10 / visit Inpatient: No charge | Not covered | Outpatient: 20 visit limit / therapy / year. Prior authorization required. Inpatient: Prior authorization required. |

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|---|--|---|--|
| | | Participating Provider (You will pay the least) | Non-Participating Provider (You will pay the most) | |
| | Habilitation services | \$10 / visit | Not covered | 20 visit limit / therapy / year. Prior authorization required. |
| | Skilled nursing care | No charge | Not covered | 100 day limit / year. Prior authorization required. |
| | Durable medical equipment | 20% coinsurance | Not covered | Subject to formulary guidelines. Prior authorization required. |
| | Hospice services | No charge | Not covered | Prior authorization required. |
| If your child needs dental or eye care | Children's eye exam | No charge for refractive exam | Not covered | None |
| | Children's glasses | No charge | Not covered | Limited to one pair of select frames and lenses or contact lenses / 12 months. |
| | Children's dental checkups | Not covered | Not covered | None |

Excluded Services & Other Covered Services

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult and Child)
- Long-term care
- Non-emergency care when traveling outside the U.S
- Private-duty nursing
- Routine foot care
- Weight loss programs

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Bariatric surgery
- Chiropractic care (20 visit limit / year)
- Hearing aids (dependents under age 26: 1 aid / ear, every 36 months)
- Infertility treatment
- Routine eye care (Adult)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is shown in the chart below. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact the agencies in the chart below.

| | |
|--|---|
| Kaiser Permanente Member Services | 1-800-813-2000 (TTY: 711) or www.kp.org/memberservices |
| Department of Labor's Employee Benefits Security Administration | 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform |
| Department of Health & Human Services, Center for Consumer Information & Insurance Oversight | 1-877-267-2323 x61565 or www.cciio.cms.gov |
| Oregon Division of Financial Regulation | 1-888-877-4894 or www.dfr.oregon.gov |
| Washington Department of Insurance | 1-800- 562- 6900 or www.insurance.wa.gov |

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

Does this [plan](#) provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#) you may not be eligible for the [premium tax credit](#).

Does this [plan](#) meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al 1-800-813-2000 (TTY: 711).

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-813-2000 (TTY: 711).

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-813-2000 (TTY: 711).

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-813-2000 (TTY: 711).

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

| | |
|---|------|
| ■ The plan's overall deductible | \$0 |
| ■ Specialist copayment | \$10 |
| ■ Hospital (facility) copayment | \$0 |
| ■ Other (blood work) copayment | \$0 |

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

| | |
|---------------------------|-----------------|
| Total Example Cost | \$12,700 |
|---------------------------|-----------------|

In this example, Peg would pay:

| Cost Sharing | |
|-----------------------------------|-------------|
| Deductibles | \$0 |
| Copayments | \$10 |
| Coinsurance | \$0 |
| What isn't covered | |
| Limits or exclusions | \$60 |
| The total Peg would pay is | \$70 |

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

| | |
|---|------|
| ■ The plan's overall deductible | \$0 |
| ■ Specialist copayment | \$10 |
| ■ Hospital (facility) copayment | \$0 |
| ■ Other (blood work) copayment | \$0 |

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

| | |
|---------------------------|----------------|
| Total Example Cost | \$5,600 |
|---------------------------|----------------|

In this example, Joe would pay:

| Cost Sharing | |
|-----------------------------------|--------------|
| Deductibles | \$0 |
| Copayments | \$600 |
| Coinsurance | \$10 |
| What isn't covered | |
| Limits or exclusions | \$0 |
| The total Joe would pay is | \$610 |

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

| | |
|---|------|
| ■ The plan's overall deductible | \$0 |
| ■ Specialist copayment | \$10 |
| ■ Hospital (facility) copayment | \$0 |
| ■ Other (x-ray) copayment | \$0 |

This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

| | |
|---------------------------|----------------|
| Total Example Cost | \$2,800 |
|---------------------------|----------------|

In this example, Mia would pay:

| Cost Sharing | |
|-----------------------------------|--------------|
| Deductibles | \$0 |
| Copayments | \$300 |
| Coinsurance | \$50 |
| What isn't covered | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$350 |

Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide 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 Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 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 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

For Washington Members

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you.
Call 1-800-813-2000 (TTY: 711).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ
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한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-813-2000 (TTY: 711) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດລາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໄທ້ທ່ານ.
ໂທ 1-800-813-2000 (TTY: 711).

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-813-2000 (TTY: 711).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-800-813-2000 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit.
Sunați la 1-800-813-2000 (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-813-2000 (TTY: 711).

Español (Spanish) ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Llame al 1-800-813-2000 (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa 1-800-813-2000 (TTY: 711).

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-813-2000 (TTY: 711).

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-813-2000 (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-813-2000 (TTY: 711).

Find your healthy place

With care designed to help you thrive



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 can feel easier and faster, with the help of connected caregivers, more ways to get care, and support for the whole you. Welcome to care that helps fit your life.

LEARN MORE ABOUT:

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New member care transition 5

Convenient ways to get care 6

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Specialty care, when you need it 8

Making the most of your membership 9

Save on wellness services and products..... 10

Where to find care 11-12

Community is at our core..... 13

Want to talk? We’re here to help.

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



Care centered around you

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

Your healthy place should reflect who you are

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

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

Get coordinated care with the help of your electronic health record



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



Your doctor helps coordinate your care, so you spend less time worrying 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.

*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 Kaiser Permanente HealthConnect®, and HEDIS® measures are updated quarterly in the interregional CORE Datamart.

A great experience from the start

Switching plans can seem like a lot of work, but at Kaiser Permanente, we help guide new members through each step. So you can get the care you need without missing a beat.



Search profiles to find your preferred 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 helps fit your needs.



Transition your care

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. We strive to provide the support you need to help you reach your health goals.

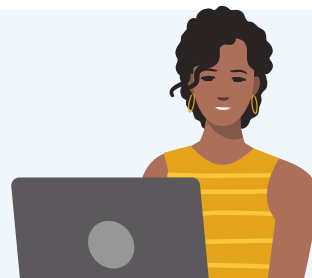


Connect to care online

After you enroll, create an account at **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 help make health care easier to understand. Get help learning the basics at **healthy.kaiserpermanente.org/learn**.



*To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

New member care transition

Our goal is to help determine your unique needs and connect you with the doctors, specialists, and prescription medications to help effectively manage your care transition.

Types of medical needs our New Member Welcome Desk can help with:



Common needs

- Choose a doctor.
- Schedule a routine appointment.
- Transfer prescriptions.

Also available 24/7 for self-service at kp.org.



Parent and child needs

- Select a pediatrician or family practice doctor.
- Transfer records and health history.
- Transfer prescriptions.
- Schedule vaccinations.



Specialty care needs

- Connect with specialists such as oncologists, neurologists, and dermatologists.
- Connect with mental health professionals.
- Choose an ob-gyn and pediatrician.
- Determine durable medical equipment needs.



Complex medical needs

- Connect with specialty care for conditions such as cancer, renal disease, pre-/post-surgery, and transplants.
- Connect with a pharmacy for specialty prescriptions.

Visit kp.org/newmember for more information. To get started, contact the New Member Welcome Desk at **1-888-491-1124** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m.



Convenient ways to get care

You've got more ways to get quality care than ever before, so it can be easier to stay on top of your health. Telehealth is covered at no additional cost with most plans.¹



NEW: 24/7 virtual care

Kaiser Permanente clinicians are available day or night, 24/7, for urgent care needs via on-demand video and phone, no appointment necessary.^{2,3,4}



Scheduled video or phone appointment

Schedule a face-to-face video visit or phone appointment with a Kaiser Permanente clinician or any specialists you've been referred to.^{2,3,4}



In-person care

We offer same-day, next-day, after-hours, and weekend services at many of our locations, including our Care Essentials by Kaiser Permanente retail clinics.^{4,5}



Email

Message your Kaiser Permanente doctor's office with nonurgent questions and get a reply usually within 2 business days.



Prescription delivery

Use the Kaiser Permanente app to fill most prescriptions for delivery or same-day pickup. Most members get a 3-month supply of medication for the price of 2, and shipping is free.⁶



24/7 advice

Get support with 24/7 care advice by phone.



E-visits

Complete an online questionnaire and receive a treatment plan, including prescriptions, if needed, within a few hours.^{7,8}



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. Visit kp.org/travel to learn more.

¹For high deductible health plan members, e-visits, phone visits, and video visits are subject to your plan's annual deductible.

²When appropriate and available.

³To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device. If you travel out of state, phone 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.

⁴These features are available when you get care at Kaiser Permanente facilities.

⁵In the case of a pandemic, some facilities may be closed or offer limited hours and services.

⁶Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

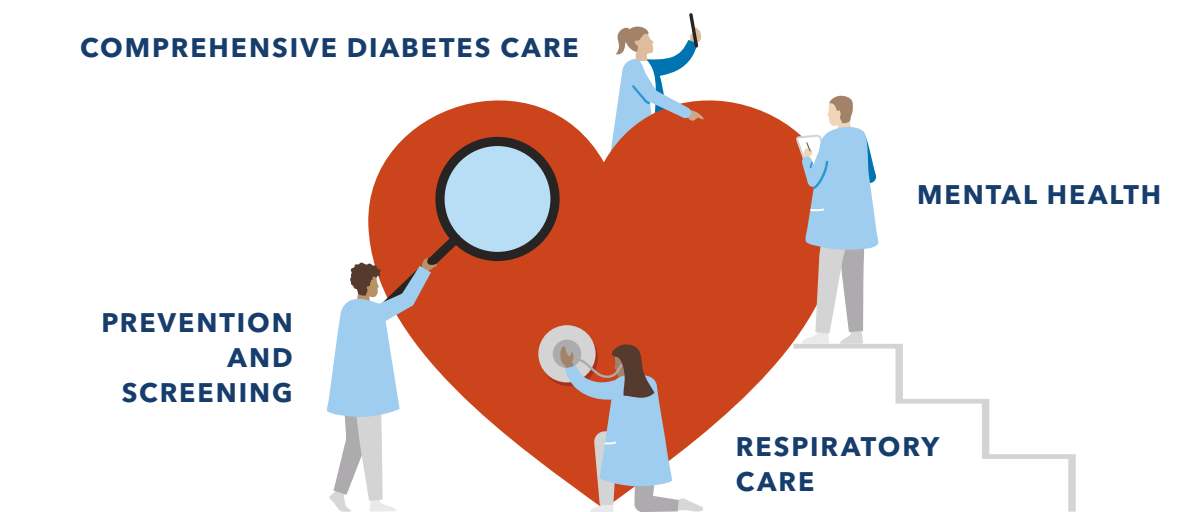
⁷Applicable cost shares will apply for services or items ordered during an e-visit.

⁸See note 1.

High-quality clinical care

When your health needs serious attention, our team of specialty care doctors 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.*



A comprehensive approach to care

With our large and diverse multispecialty medical group, we help connect you with a specialist who will create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/specialtycare.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you'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.

*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.

Specialty care, when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you'll have access to skilled doctors, the latest technology, and evidence-based care to help you on your journey to recovery.



Highest ratings for cardiac care

Since 2009, our Heart and Vascular Care team at Kaiser Permanente Sunnyside Medical Center has achieved the highest rating by the Society of Thoracic Surgeons, based on performance data for adult cardiac surgery. Visit kp.org/cardiac/nw to learn more.



Multidisciplinary approach to cancer care

Our patients get care from some of the brightest minds in medicine, with compassionate doctors educated and trained at top medical schools and universities. So it's no wonder that the Thoracic Surgery Program at Kaiser Permanente Sunnyside Medical Center is the nation's highest rated for lung cancer resection outcomes and patient care, according to the Society of Thoracic Surgeons.* Visit kp.org/cancer/nw to learn more.



Connected care for growing families

Having your baby at Kaiser Permanent means being supported by entire team of doctors, midwives, nurses, lactation consultants, and pediatricians – each of them working together, all for you. So, whether it's your first prenatal visit, a follow-up pediatric appointment, or beyond, our care follows you every step of the way. Visit kp.org/maternity/nw to learn more.



Support for mental health and addiction

Because mind and body are connected, your thoughts and feelings have a big impact on your overall well-being – that's why we're committed to helping you stay mentally, physically, and emotionally healthy. Visit kp.org/selfcare to explore no-cost self-care tools, discover tips for your emotional well-being, take a self-assessment, or connect directly to care. Learn more about our robust addiction medicine program at kp.org/addiction/nw.

*Society of Thoracic Surgeons: publicreporting.sts.org/gtsd?title=&field_state_value=All&order=field_overall_composite_score&sort=desc

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.¹ Many of these resources are available at no additional cost.



Kaiser Permanente app

Manage your health 24/7 – schedule appointments, email your doctor's office with nonurgent questions, order most prescription refills, see most test results, pay bills, read your doctor's notes, and more.²



Reduced rates on gym memberships

Stay active by joining a local fitness center, plus enjoy thousands of digital workout videos. Learn more at kp.org/choosehealthy.



Healthy lifestyle programs

Connect to better health with programs to help you lose weight, quit smoking, reduce stress, and more – all at no additional cost. Learn more at kp.org/healthylifestyles.



Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone. Learn more at kp.org/wellnesscoach.

Extras for your total health³

As a Kaiser Permanente member, you have access to a wide range of tools to help you manage your total health. Visit kp.org/mentalhealth to learn more.



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



Members can set mental health goals, track progress, and get support managing depression, anxiety, and more.



This preventive, on-demand approach to mental health provides support anywhere, anytime.

¹These services aren't covered under your health plan benefits and aren't 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.

²These features apply to care you get at Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

³Only available to Kaiser Permanente members with medical coverage; myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc.

Save on wellness services and products

At Kaiser Permanente, you can enjoy discounted online tools, classes, programs, and activities that can help keep you happy and healthy. Visit kp.org/memberdiscounts for more information.

CHP Active and Healthy

This program can help you and your family save money on your favorite healthy, fun, and stress-relieving activities.

Explore the below options and more at chpactiveandhealthy.com.

Outdoor and adventure

Save on rock-climbing gyms, outdoor schools, guided fishing trips, ski rentals, and other activities that will get you out and about.

Arts and culture

Get discounts that will help you explore local museums, gardens, art galleries, and performing arts centers. You can also save on music lessons and get discounted movie tickets.

Exercise

From boot camps, martial arts classes, and health and fitness clubs, to aquatic centers, dance studios, and personal training lessons, you can save on a host of exercise-related memberships and services.

Eating well

You'll find deals on cooking classes, nutritional supplements, weight management services, gardening supplies, and more.

Alternative care and chiropractic

Get discounts on naturopathic medicine, acupuncture, chiropractic care, massage, and other alternative therapies from providers belonging to The CHP Group network. Visit chpgroup.com to learn more and select your provider.

ChooseHealthy®

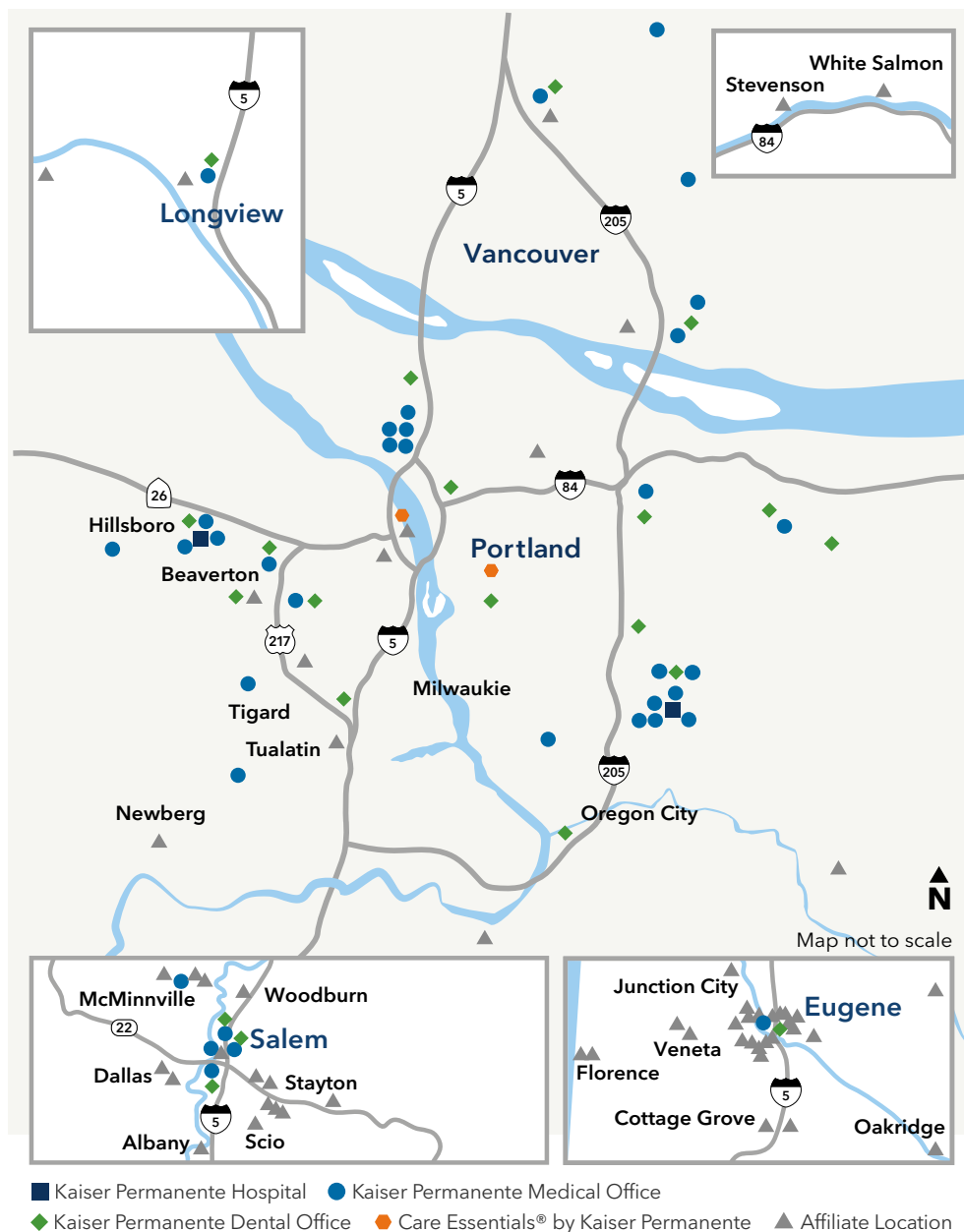
With the ChooseHealthy program, you can continue on the road to wellness. ChooseHealthy is an online resource for health information, health and fitness tools, and discounts on health products. This program is available at no additional cost to you. Learn more at kp.org/choosehealthy.

- Plan your meals for the month with meal plans that are suited to your tastes, fitness level, and weight goals.
- Get personalized cardio and strength training plans based on your fitness goals.
- Get savings like membership discounts and initiation fee discounts at more than 100 fitness clubs, yoga studios, and exercise centers from Longview, Washington, to Eugene, Oregon.

These products and services are provided by entities other than Kaiser Foundation Health Plan of the Northwest (KFHPNW). Certain KFHPNW benefit plans include coverage for some of these discounted services. Check your *Evidence of Coverage* for details. KFHPNW disclaims any liability for these discounted products and services. Should a problem arise, you may take advantage of our grievance process by calling Member Services at 1-800-813-2000 (TTY 711).

Where to find care in Oregon and Southwest Washington

Our service area extends from Eugene, Oregon, to Longview, Washington, and includes medical offices, dental offices, Vision Essentials by Kaiser Permanente optical retail locations, urgent care clinics, hospitals, and Care Essentials clinics. We also have a network of affiliated providers for routine, urgent, or emergency care.



Where to find care in Oregon and Southwest Washington



Dental

With Kaiser Permanente's coordinated medical and dental care and coverage, it can be simpler to take care of your total health. Our skilled dentists, convenient dental locations, and quality services will help make you smile. Learn more at kp.org/dental/nw.



Pharmacy

Most of our Kaiser Permanente medical offices include pharmacy services. You also have the option of using our mail-order pharmacy service to fill and refill most prescriptions.



Vision Essentials by Kaiser Permanente

Our optometrists, ophthalmologists, and opticians work together within our integrated care delivery system and are able to connect to our larger team of medical professionals and services.

Learn more at kp2020.org/pacnw.



Care Essentials by Kaiser Permanente

Care Essentials by Kaiser Permanente are convenient care clinics that provide nonemergency and preventive health services to both Kaiser Permanente members and nonmembers.

- Treatment for minor illnesses and injuries
- Preventive services, including checkups, vaccinations, and some lab and diagnostic testing

Learn more at careessentials.org.



Affiliate Providers

Kaiser Permanente health plans include access to affiliate providers for primary and specialty care, including The Portland Clinic.*

*Not available as an in-network provider to members on Medicaid, receiving full Medical Financial Assistance from Kaiser Permanente, or visiting from another Kaiser Permanente region.

Community is at our core

Kaiser Permanente furthers our mission with initiatives that help people address the clinical, social, economic, and environmental factors that affect their health. This work enlists our entire organization and region: doctors, dentists, nurses, technicians, navigators, employees, and our community partners from Longview, Washington, to Eugene, Oregon.

In 2021, Kaiser Permanente dedicated **more than \$144 million** to initiatives that help improve the total health of our members and the communities we serve.*

19,393

medically tailored meals delivered as part of a pilot program with Meals on Wheels People to study health care utilization and other health outcomes related to chronic diseases

365

medically vulnerable houseless seniors placed in permanent housing

988

students engaged in Kaiser Permanente's Educational Theatre Program

8,172

people who accessed services through Connect Oregon and Unite Washington to get help with social health needs

25,680

hours of community service by Kaiser Permanente Northwest employees

\$144,470,353

invested in community health initiatives across the Northwest

*Kaiser Permanente Community Health Snapshot 2021, about.kaiserpermanente.org/content/dam/internet/kp/comms/community-health/northwest/KPNW-CH-Snapshot.pdf.

Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide 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 Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 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 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

For Washington Members

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>.

Help in Your Language

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-813-2000** (TTY: **711**).

አማርኛ (Amharic) ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000** (TTY: **711**).

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-813-2000** (TTY: **711**).

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-800-813-2000** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-813-2000** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-813-2000** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-813-2000** (TTY: **711**) まで、お電話にてご連絡ください。

ខ្មែរ (Khmer) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-800-813-2000** (TTY: **711**)។

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-813-2000** (TTY: **711**) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-813-2000 (TTY: **711**).

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-813-2000** (TTY: **711**).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-800-813-2000** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-800-813-2000** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-813-2000** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-813-2000** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-813-2000** (TTY: **711**).

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-813-2000** (TTY: **711**).

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-800-813-2000** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-813-2000** (TTY: **711**).

Let us help you find your healthy place

A good health plan and access to quality care can be important for peace of mind. With Kaiser Permanente, you can 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 easier, no matter what stage of life you're in.

Member Services

1-800-813-2000 (English)

1-800-324-8010 (language interpretation services)
711 (TTY)

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

New Member Welcome Desk

1-888-491-1124

Monday through Friday, 8 a.m. to 5 p.m.

New Member Pharmacy Services

1-888-572-7231

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



Find a facility near you: **kp.org/locations**

Kaiser Foundation Health Plan of the Northwest
500 NE Multnomah St., Suite 100
Portland, OR 97232

For more information about Kaiser Permanente benefits, availability, and restrictions, go to **kp.org/disclosures**. (Click on "Forms" and then "Related links.")

It's easy to get started as a Kaiser Permanente member



Visit kp.org/newmember to get started on the path to great health. We'll guide you through each step, so you get the care you need without missing a beat.



Create your online account

To register, follow the simple steps online or download the Kaiser Permanente app. You'll need your health/medical record number, which you'll find on your member ID card. If you don't have your card yet, you'll get it in the mail soon.

Once you create your account, you can manage your care at kp.org or with our app – anytime, anywhere. View most lab results, schedule routine appointments, refill most prescriptions, email your doctor's office with nonurgent questions, and more.*



Choose your doctor

Find a doctor who's right for you. Start by selecting a convenient facility, then browse our online doctor profiles. You can search by gender, languages spoken, education, and more. Each covered family member can choose their own personal doctor. You can also change your doctor at any time.



Transition your prescriptions

It's easy to move your prescriptions to Kaiser Permanente or discuss them with a doctor, so you'll have what you need to reach your health goals. Once your coverage starts, follow the steps online to transition your prescriptions, and we'll guide you through the process.



Get care

You've got many ways to connect to quality care, when and where it's convenient for you. You can schedule routine appointments online, with our app, or by phone. You can also call us 24/7 for medical advice. For details on getting care when you're away from home, visit kp.org/travel.

*These features are available when you get care from Kaiser Permanente facilities.

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 the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057

Get started at kp.org/newmember



Your care, your way

Connect to care anytime, anywhere



Get the care you need the way you want it. No matter which option you choose, your providers can see your health history, update your medical record, and give you personalized care that fits your life.

Choose where, when, and how you get care

Call us anytime at **1-800-813-2000 (TTY 711)** to make an appointment or to speak to an advice nurse.



24/7 care advice

Get medical advice and care guidance in the moment from a Kaiser Permanente provider.



In-person visit

Same-day appointments are often available. Sign on to **kp.org** anytime, or call us to schedule a visit.



Email

Message your doctor's office with nonurgent questions anytime. Sign on to **kp.org** or use our mobile app.²



Phone appointment

Save yourself a trip to the doctor's office for minor conditions or follow-up care.²



Video visit

Meet face-to-face online with a doctor on your computer, smartphone, or tablet for minor conditions or follow-up care.²



E-visit

Fill out an online questionnaire and a registered nurse at Kaiser Permanente will call or email you to provide helpful guidance, recommend a doctor visit, or help order any necessary prescriptions. Learn more at **kp.org/appointments**.

Need care now? Know before you go.

Urgent care

An illness or injury that isn't a serious danger to your health but cannot wait for routine (nonurgent) visits.

- Fevers
- Earaches
- Minor sprains or wounds

Visit **kp.org/getcare** to find the urgent care location nearest you.

Emergency care

A medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health. Examples include:¹

- Chest pain or pressure
- Severe stomach pain that comes on suddenly
- Decrease in or loss of consciousness
- Severe shortness of breath

If you think you have a medical or psychiatric emergency, call **911** or go to the nearest hospital.

Not sure where to go?

We're here 24/7 to guide you. Call us at **1-800-813-2000 (TTY 711)**.

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232.

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(continued from front)

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

²Phone appointments, video visits, and email are available for members who receive care at Kaiser Permanente medical offices. You must be 13 or older to schedule phone appointments and video visits. If you have a health savings account (HSA)-qualified deductible plan, you'll need to pay the full charges for scheduled phone and video visits until you reach your deductible. Once you reach your deductible, you won't pay anything for scheduled phone and video visits.

Travel Coverage

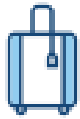
Getting care away from home

For domestic and international travel



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Preparing for a trip

Whether you're going to be gone for 3 months or 3 days, a little planning makes a big difference. Plan now for a healthy trip.

Things to do

- ☐ **Consult your doctor** if you need to manage a condition during your trip.
- ☐ **Refill your eligible prescriptions** to have enough while you're away.
- ☐ **Print a summary of your online medical record** in case you don't have internet access.*
- ☐ **Make sure your immunizations are up to date**, including your yearly flu shot and COVID-19 vaccine.
- ☐ **Register on kp.org** and email your Kaiser Permanente care team anytime, anywhere. You'll get a response usually within 2 business days.
- ☐ **Get our Kaiser Permanente mobile app** to stay connected when you're on the go.

Don't forget

- **If you travel by plane**, keep your medications in your carry-on baggage, in case your checked bag goes missing.
- **Take along your digital or physical Kaiser Permanente ID card.** Your digital membership card can be found on the Kaiser Permanente mobile app. You'll find important phone numbers on the back on both the digital card and in the app.
- **Take this brochure on your trip, or bookmark it on kp.org/travel.** It explains what to do if you need care.
- **Away from Home 24/7 Travel Line: 951-268-3900 (TTY 711) or kp.org/travel.** Save the Travel Line phone number to your phone as a contact so you have it when you need it.

*These features are available when you register on kp.org and seek care from Kaiser Permanente providers.

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 the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057



Does this brochure cover my plan?

Yes.

If you're in one of the following plans, this brochure may apply to you.

1. Commercial Health Maintenance Organization (HMO) / Deductible Health Maintenance Organization (DHMO) / High Deductible Health Plan (HDHP) plans
2. Self-funded exclusive provider (EPO) plans administered by Kaiser Permanente Insurance Company¹
3. Point-of-service (POS) HMO tier plans (see your Certificate of Insurance for additional details)
4. Kaiser Permanente Northwest PPO plans
5. Kaiser Permanente Washington Options PPO and POS members. Call Kaiser Permanente Washington Member Services before seeking care outside of the Washington service area at **1-888-901-4636** or visit **kp.org/wa/travel** for more information.

For more information, see page 8.

No.

If you have one of the plans below, this brochure may not apply to you.

- **Medicare:** This brochure doesn't apply to you. Please refer to the *On the Go* brochure or call Member Services in your home service area for details.
- **Medigap (offered by Kaiser Permanente Washington):** This brochure doesn't apply to you. Please call Member Services in your home service area for details.
- **Medicaid:**^{2,3} This brochure doesn't apply to you. Please call Member Services in your home service area for details. Hawaii QUEST Integration members, see note below.
- **Kaiser Permanente Insurance Company (KPIC) PPO.** This brochure doesn't apply to you. Plan members can get care from participating providers or any licensed provider in the United States. Plan members who receive care in a Kaiser Permanente facility will have the service processed as an out-of-network provider.

Indemnity Out-of-Area (OOA) plan members can get care from any licensed provider, regardless of where they live or travel.

If you aren't sure if you have one of these plans, check your *Evidence of Coverage*, *Certificate of Insurance*, or *Summary Plan Description*, or call Member Services in your home area.

¹Your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under this Plan.

²Otherwise known as Medi-Cal in California and Med-QUEST Integration in Hawaii.

³Hawaii QUEST Integration members under the age of 21 are eligible to receive routine, urgent care, and emergency services in the continental United States.

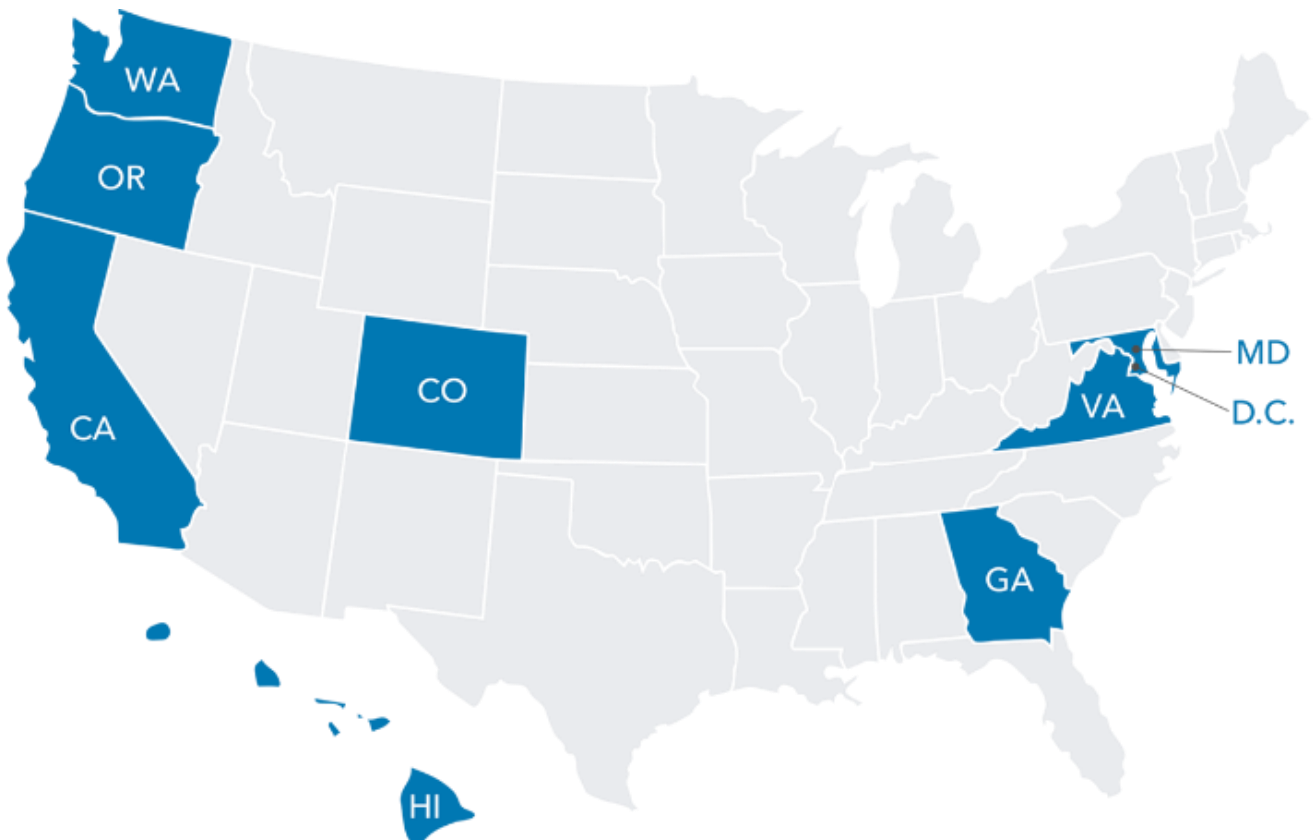


What is a Kaiser Permanente service area?

A Kaiser Permanente service area is a geographical area where there are Kaiser Permanente medical offices. Kaiser Permanente service areas include all or parts of:

- California
- Colorado
- Georgia
- Hawaii
- Maryland
- Oregon
- Virginia
- Washington
- Washington, D.C.

Find our locations at [kp.org/facilities](https://www.kp.org/facilities)





Rest assured, you're covered when travelling

As a Kaiser Permanente member, you're covered for emergency and urgent care anywhere in the world.

It's important to remember that how you get care can vary depending on where you are. So, plan ahead and find out what emergency and other medical services are available where you'll be traveling.

Anything can come up when you travel, and different health needs require different types of care. Here are some common examples, which don't include all possible symptoms and conditions.

What is emergency care?

Emergency care is care for an emergency medical condition.* If you have a medical emergency, call **911** or go to the nearest hospital.

It's important to remember that how you get care can vary depending on where you are. So plan ahead and find out what emergency and other medical services are available where you'll be traveling.

Examples of emergency care include:

- Chest pain or pressure
- Severe stomach pain that comes on suddenly
- Severe shortness of breath
- Decrease in or loss of consciousness

What is urgent care?

Urgent care is for a condition that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition.

Examples of urgent care include:

- Minor injuries
- Backaches
- Earaches
- Sore throats
- Coughs
- Upper-respiratory symptoms
- Frequent urination or a burning sensation when urinating

What is routine care?

Routine care is for an expected care need, like a scheduled visit to your doctor or a recommended preventive screening.

Examples of routine care include:

- Physical exams
- Adult and well-child checkups
- Immunizations (shots)
- Pap tests
- Follow-up visits

Routine services aren't covered outside Kaiser Permanente areas, so make sure to get them before your trip (see page 5 for a list of Kaiser Permanente areas).

*If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.

What if I'm not sure what kind of care I need?

If you have a medical emergency, call **911** or go to the nearest hospital. If you're not sure what kind of care you need, visit us as **kp.org/getcare**, or call your regional 24/7 advice line phone number located on the back of your Member ID card.

You can also log into your **kp.org** account to send a nonurgent message to your doctor's office. You'll get a response usually within 2 business days.

Additional information

You'll find more information about getting emergency and urgent care in the document below that applies to your health coverage:

- **Evidence of Coverage (EOC)**, if your coverage is directly with Kaiser Foundation Health Plan or its regional health plans
- **Summary Plan Description (SPD)**, if your coverage is with your employer's self-funded plan
- **Certificate of Insurance (COI)**, if your coverage is directly through Kaiser Permanente Insurance Company

For a complete description of your coverage, you should read your *EOC*, *SPD*, or other coverage document, since the information in this brochure may change at any time. Contact our Member Service Contact Center to request a copy of your *EOC* or other coverage document. To request a copy of your *SPD*, contact your employer.



How to get care in another Kaiser Permanente service area

This section will help you get a wide range of care¹ in Kaiser Permanente service areas, which include all or parts of:

- California
- Colorado
- Georgia
- Hawaii
- Maryland
- Oregon
- Virginia
- Washington
- Washington, D.C.

You can get care in these areas and find Kaiser Permanente locations at **kp.org/kpfacilities**.

Before getting care in another Kaiser Permanente area, you'll need a medical record number (MRN) or health record number (HRN) for the other Kaiser Permanente region you're visiting. You can get an MRN by visiting **kp.org/travel**, or by calling the Away from Home Travel Line at **951-268-3900 (TTY 711)**.

Emergency care

All who experience a medical emergency should get care right away.² You don't have to let Kaiser Permanente know or get approval first. Here's what to do:

- Call **911** or go to the nearest hospital. Always use the emergency services available where you are.
- Once your condition is stable, notify your Kaiser Permanente care team back at home that you've received emergency care or been admitted to a hospital.

Urgent care

If you need urgent care while in a Kaiser Permanente service area, you can visit a Kaiser Permanente urgent care clinic location. Find urgent care locations by visiting **kp.org/locations** or calling the Away from Home Travel Line at **951-268-3900 (TTY 711)**.³

If you go to an urgent care facility other than Kaiser Permanente, you may be asked to pay upfront for services you receive. In this case you will need to file a claim for reimbursement.

¹Subject to requirements and limitations in your *Evidence of Coverage* or other coverage documents.

²If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.

³This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

How do I get routine, urgent and emergency care in other Kaiser Permanente service areas?¹

If you're traveling and want to receive care in a new or different Kaiser Permanente service area, you'll need to create a new medical record number (MRN) for the service area you are visiting.

- Log into your **kp.org** account on a desktop computer. Select 'add an area of care' and follow the prompts to create an MRN for a new region and add the new area of care to your account.^{2,3}
- If you do not have a **kp.org** account, or need additional assistance, please call the Travel Line at **951-268-3900** (TTY **711**).

What types of care can I get in other Kaiser Permanente service areas?

As a member, you can get most of the same services you would get in your home service area when visiting another Kaiser Permanente service area. These services are covered as long as they're provided or referred by a Kaiser Permanente doctor in the service area you're visiting. These services are subject to the terms and conditions, including prior authorization, approval, and copay, coinsurance, or deductible requirements of your plan coverage issued in your home service area.

What costs should I expect?

If your plan covers your care when you visit another Kaiser Permanente service area, you'll pay what you normally would in your home region — for example, a copay, coinsurance, or deductible payment. If what you pay doesn't cover all that you owe for the care you received, you'll get a bill for the difference later.

For more specific information on your coverage, please check your plan details.² Holders of WEX financial accounts may have a different point-of-service payment experience in the region you are visiting than at home. Any costs incurred in the region you are visiting will need to be manually submitted to your financial account for reimbursement.

What services are available?^{4,5}

Inpatient services

- Hospitalization, including inpatient surgery and other services you may get while you're admitted

Outpatient services

- Office visits
- Outpatient surgery (with certain exceptions)
- Allergy tests and allergy injections
- Physical, occupational, and speech therapy⁶
- Prenatal and postnatal care
- Chemotherapy
- Vision exams

¹When you get care in other Kaiser Permanente service areas, your home-area claims and appeals, or grievance processes, still apply. Members can file a grievance with or without a denial letter. See your *Evidence of Coverage*, *Certificate of Insurance*, or *Summary Plan Description* for details.

²You can add an area of care to your own account only. You won't be able to add an area of care for someone else if you're acting as their caregiver.

³Washington isn't available to add as an area of care at this time. If you're traveling in Washington outside of the Vancouver / Longview area and are looking to get care, call the Away from Home Travel Line at 951-268-3900 (TTY 711) for assistance.

⁴This brochure does not include a complete list of available services or exclusions. Services may vary by service area. For more specific information about visiting member services, call the Away from Home Travel Line at 951-268-3900 (TTY 711).

⁵When visiting areas with smaller Kaiser Permanente service areas, you can still receive in-person medical treatment, but it will likely be through an affiliated provider. Call the Away from Home Travel Line for more details.

⁶For members in Maryland, coverage for physical, occupational, and speech therapy is different. Call Member Services to learn more.

X-ray and laboratory services

- In or out of the hospital

Prescription drugs

- If the drug is covered in your home service area

Mental health/chemical dependency services

- Same coverage as in your home service area

Skilled nursing facility services

- Home health care services:¹ Part-time or intermittent home health care services inside a Kaiser Permanente service area
- Hospice services: Home-based hospice services inside a Kaiser Permanente service area

Do I need approval first?

Certain types of care require approval by Kaiser Permanente. Call the Away from Home Travel Line at **951-268-3900 (TTY 711)** for more information (closed major holidays).²

What services may be available with prior approval from my home service area?

If these services are included in your plan as described in your *Evidence of Coverage*, *Certificate of Insurance*, and *Summary Plan Description*, and are available in the region you are visiting, they're available to you but require prior approval from your home service area:

- Fertility, artificial conception, and related services
- Gender-affirming surgery and related services

- Bariatric surgery, treatment, and related services
- Organ and blood/marrow transplants and related services
- Durable medical equipment
- Chronic dialysis
- Orthotics and prosthetics

What services aren't available?

The following services, equipment, and supplies aren't available to you in other Kaiser Permanente service areas:

- Services not covered under your plan as described in your *Evidence of Coverage*, *Certificate of Insurance*, and *Summary Plan Description*
- Dental and orthodontic services (such as dental X-rays and braces) that are unrelated to covered medical treatment of mouth or jaw
- Alternative medicine and complementary care
- Hearing aids, unless you have a self-funded EPO plan. Hearing aids are available to self-funded EPO plan members when in other Kaiser Permanente service areas.

¹Certain limitations apply to home health care.

²When visiting areas with smaller Kaiser Permanente service areas, you can still receive in-person medical treatment, but it will likely be through an affiliated provider. Call the Away from Home Travel Line for more details.

Extra resources

For more information about getting care in another Kaiser Permanente service area:

- Refer to your *Evidence of Coverage*, *Certificate of Insurance*, or *Summary Plan Description*.
- Contact Member Services in your home service area.
- If you're in a self-funded EPO plan or a POS, PPO, or out-of-area plan, call the number on your Kaiser Permanente ID card.

You'll find more detailed, up-to-date information about getting care in the following document(s) that apply to your health coverage:

- ***Evidence of Coverage (EOC)***, if your coverage is directly through Kaiser Foundation Health Plan
- ***Certificate of Insurance (COI)***, if your coverage is directly through Kaiser Permanente Insurance Company
- ***Summary Plan Description (SPD)***, if your coverage is through your employer's self-funded plan

Contact Member Services in your home service area to request a copy of your *EOC* or *COI*. To request a copy of your *SPD*, contact your employer.

Terms of visiting member services are subject to change: Kaiser Permanente may change the terms, conditions, and eligible service areas of visiting member services at any time.

Services covered under your health plan are provided and/or arranged by Kaiser Permanente health plans: 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 the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 1300 SW 27th St., Renton, WA 98057 • Services for self-insured plans are administered by Kaiser Permanente Insurance Company, One Kaiser Plaza, Oakland, CA 94612. Services for fully insured PPO plans are arranged by Kaiser Permanente Insurance Company, One Kaiser Plaza Oakland, California 94612



How to get care outside of a Kaiser Permanente service area in the U.S.

You're covered for urgent and emergency care anywhere in the world.¹ Routine services aren't covered, so make sure to get them before your trip if you're traveling elsewhere. Routine services include prevention, exams, checkups, follow-up care, and services for ongoing medical conditions such as dialysis.

For a list of Kaiser Permanente service areas, see page 5.

Emergency care

If you or a family member who is enrolled in Kaiser Permanente coverage has a medical emergency, get care right away. You don't have to let Kaiser Permanente know or get approval first. Here's what to do:

- Call **911** or go to the nearest hospital. Always use the emergency services available where you are.
- Once your condition is stable, call Kaiser Permanente to let us know you've received emergency care or been admitted to a hospital. See page 17 for phone numbers for reporting an emergency (or post-stabilization care).² If appropriate, the doctor treating you can call instead.

- When you call Kaiser Permanente, we'll talk to the doctor treating you to discuss your condition, health plan coverage information, and help decide what to do next.

What if I still need care after my emergency condition has been stabilized?

If you've been hospitalized, the doctor treating you may decide you still need care after your condition has been stabilized.

This is called post-stabilization care. You'll need to get approval from Kaiser Permanente for this kind of care to be covered under your Kaiser Permanente plan.

- Call us as soon as you can, preferably before you get post-stabilization care.² See page 17 for phone numbers for reporting an emergency (or post-stabilization care). Getting approval helps protect you from financial responsibility because we may not cover services we don't approve first.
- If we agree you need post-stabilization care, we may authorize the doctor treating you to give you this care. Or we may choose a different provider who can provide the right care for your condition.

¹Please refer to your *Evidence of Coverage* or other coverage documents for details.

²For specific timing considerations, please refer to your *Evidence of Coverage* or other coverage documents.

- Ask the doctor treating you if Kaiser Permanente has approved your care, including any transportation. In addition to post-stabilization care, you'll need to get any related transportation approved. When medically necessary transportation is needed for your care (as determined by Kaiser Permanente), we will arrange these services for you.¹

Post-stabilization follow-up care is generally not covered, unless we authorize it or it's considered urgent. This includes any follow-up care you need after an emergency or urgent care visit, like removing stitches or a cast. Call us before you get follow-up care to check whether it's covered.

Urgent care

If you are in a state that Kaiser Permanente operates in, but outside of a Kaiser Permanente service area:

- Go to the nearest urgent care facility. Call the Away from Home Travel Line at **951-268-3900** (TTY **711**) if you have questions.
- You may be asked to pay upfront for services you receive and will need to file a claim for reimbursement.
- If you go to a MinuteClinic® or Concentra for care, you will need to pay out of pocket and file a claim for reimbursement.

If you are in a state where Kaiser Permanente does not operate:

- Go to the nearest MinuteClinic®, Concentra, or other urgent care facility.² Find a the nearest MinuteClinic® at **[cvs.com/minuteclinic/clinic-locator](https://www.cvs.com/minuteclinic/clinic-locator)** and Concentra location at **[concentra.com/urgent-care-centers](https://www.concentra.com/urgent-care-centers)**
- For care at MinuteClinic® or Concentra, you'll be charged your standard cost share. Be sure to bring your Kaiser Permanente ID card and method of payment. Walk-ins are welcome; no appointment is needed.
- For care at an urgent care or retail clinic location other than a MinuteClinic® or Concentra, you may be asked to pay upfront for services you receive and will need to file a claim for reimbursement.²

¹Kaiser Permanente Georgia health plan does not cover transportation services for nonurgent, nonemergency care from outside the service area; and any request for transportation is subject to review.

²Some Kaiser Permanente Insurance Company PPO and POS plans include MinuteClinic® and Concentra as in-network while others do not. Please check your Certificate of Insurance to see if MinuteClinic® and Concentra is included as an in-network provider.



How to get care internationally

How do I get emergency or urgent care outside the U.S.?

If you or a family member who is enrolled in Kaiser Permanente coverage has an emergency or urgent medical situation,¹ get care right away. You don't have to let Kaiser Permanente know or get approval first. Here's what to do:

- Immediately go to the nearest hospital or any facility that can give you the care you need. Kaiser Permanente won't be able to help manage your care until your emergency or urgent care need is under control or is being managed by a doctor.
- If you get emergency care, call **888-859-0880**² when your condition is stable to let us know you've been treated for an emergency or admitted to a hospital. If you are a member in Southern California, please instead call **800-225-8883**. If appropriate, the doctor treating you can call instead.
- When you call Kaiser Permanente, we'll talk to the doctor treating you to discuss your condition, health plan coverage, and help you decide what to do next. We have interpreter services that allow us to talk to doctors who don't speak English.

What if I still need care after my emergency condition has been stabilized?

If you've been hospitalized, the doctor treating you may decide you still need care after your condition has been stabilized. This is called post-stabilization care. You'll need to get approval from Kaiser Permanente for this kind of care to be covered under your Kaiser Permanente plan.

- Call us at **888-859-0880** as soon as you can,³ preferably before you get care. If you are a member in Southern California, please instead call **800-225-8883**. Getting approval helps protect you from financial responsibility, since we may not cover services we don't approve first. If we agree you need post-stabilization care, we may authorize the doctor treating you to give you this care. Or we may choose a different provider who can provide the right care for your condition.
- Ask the doctor treating you if Kaiser Permanente has approved your care, including any transportation. In addition to post-stabilization care, you'll need to get any related transportation approved. When medically necessary transportation is needed for your care (as determined by Kaiser Permanente), we will arrange these services for you.⁴

¹Kaiser Permanente may cover medically necessary urgent care you get when you're temporarily outside the country — if it can't be delayed until you get back home. Please refer to your *Evidence of Coverage* or other coverage documents for any restrictions.

²This number can be dialed from both inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply and we can't accept collect calls.

³For specific timing considerations, please refer to your *Evidence of Coverage* or other coverage documents.

⁴Kaiser Permanente Georgia health plan does not cover transportation services for nonurgent, nonemergency care from outside the service area; and any request for transportation is subject to review.

Outpatient follow-up care is generally not covered, unless we authorize it or it's considered urgent. This includes any follow-up care you need after an emergency or urgent care visit, like removing stitches or a cast. Call us before you get follow-up care to check whether it's covered. Should you need significant medical care, like hospitalization and treatment, while traveling internationally, we have a vendor that will work with your Kaiser Permanente regional care team and claims to help you get the care you need. See page 17 for phone numbers for reporting an emergency (or post-stabilization care).

How do I report emergency care if I'm outside the U.S.?

Call **888-859-0880** to let Kaiser Permanente know you've been admitted to a hospital with an emergency condition. If you are a member in Southern California, please instead call **800-225-8883**.

Check with the local telephone service provider where you are if you need help calling internationally. International calls to this number aren't toll-free, and you'll be charged at local international rates.

You should always have a plan for calling Kaiser Permanente. Get ready before you leave. Find out if your cell phone service includes international calling, or get an international calling card.

Upon return from your international trip, notify your primary care physician of hospitalization or urgent care services you received during your visit. Your medical care team can help you monitor any conditions that arose when you were traveling.

Is transportation covered?

Kaiser Permanente covers emergency medical transportation to get you to the nearest hospital, or another facility if we decide it's necessary. However, we can't arrange this transportation for you during an emergency. You'll need to work with emergency transportation providers wherever you are.

We generally don't cover or arrange other transportation, unless we decide it's needed to manage your care. In order to lessen your potential financial liability for noncovered travel-related services, you may want to consider getting extra travel insurance to cover services that aren't covered by your Kaiser Permanente plan.



How do I get reimbursed for medical expenses?

If you paid for emergency or urgent care while away from home, you'll need to file a claim for reimbursement.

In many countries, providers require payment before giving care.¹ Costs can be high, so be ready to cover any unexpected costs. You may want to get extra travel insurance for your trip.

How do I submit a claim?

Log into your **kp.org** account and navigate to 'My Coverage and Costs' to submit a claim through the online portal. If you do not have a **kp.org** account, or need assistance, call the Away from Home Travel Line at **951-268-3900** (TTY **711**).

The following information is required for all claims:

- Itemized bills (should include date of service, services received, and cost of each item)
- Medical records (copies of original medical reports, admission notes, emergency room records, and/or consultation reports)
- Proof of payment (receipts or bank or credit card statements)

If you received emergency care outside of the United States, you'll also need to provide:

- Proof of travel (copy of itinerary and/or airline tickets)

¹If a member receives emergency services in a country where the U.S. government has imposed sanctions, the member may have to pay for services and then submit a claim to Kaiser Permanente for reimbursement.



Emergency care reporting phone numbers

Phone numbers to report emergency (or post-stabilization) care

If you need emergency care, call **911** or go to the nearest hospital that can give you care.

- Call **1-888-859-0880** if you are traveling internationally to let us know you've been admitted to a hospital. If you are a member in Southern California, please instead call **800-225-8883**.
- For reporting an emergency that requires hospitalization while traveling outside a Kaiser Permanente service area but in the U.S., please notify your regional medical team listed below.

California

1-800-225-8883

Hours: Open 7 days a week, 24 hours a day

Colorado

1-800-218-1059

Hours: Open 7 days a week, 24 hours a day

Hawaii

1-800-227-0482

Hours: Open Monday through Friday from 8 a.m. to 4:30 p.m.

Georgia

1-800-611-1811

Hours: Open 7 days a week, 24 hours a day

Maryland, DC, and Virginia

Advice line

1-800-777-7904

Hours: Open 7 days a week, 24 hours a day

Oregon/SW Washington

1-877-813-5993

Hours: Open 7 days, 24 hours a day

Washington

Emergency notification

1-888-457-9516

Local

206-901-4609

Hours: Open 7 days a week, 24 hours a day

Nondiscrimination Notice

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

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

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
 - ◆ Qualified sign language interpreters
 - ◆ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters
 - ◆ Information written in other languages

If you need these services, call our Member Service Contact Center at **1-800-464-4000 (TTY 711)**, 24 hours a day, 7 days a week (except closed holidays). If you cannot hear or speak well, please call **711**.

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

How to file a grievance with Kaiser Permanente

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

You may submit a discrimination grievance in the following ways:

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

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

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

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

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

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)
- **By mail:** Fill out a complaint form or send a letter to:
Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx
- **Online:** Send an email to CivilRights@dhcs.ca.gov

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

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

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)
- **By mail:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>
- **Online:** Visit the Office of Civil Rights Complaint Portal at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Aviso de no discriminación

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

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

Kaiser Permanente ofrece los siguientes servicios:

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

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

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

Cómo presentar una queja ante Kaiser Permanente

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

Puede presentar una queja por discriminación de las siguientes maneras:

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

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

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

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

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

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

- **Por teléfono:** llame a la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS) al **916-440-7370 (TTY 711)**.
- **Por correo postal:** llene un formulario de queja o envíe una carta a:

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

Los formularios de queja están disponibles en:

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

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

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

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

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

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

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

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

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

反歧視聲明

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

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

Kaiser Permanente提供下列服務：

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

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

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

如何向Kaiser Permanente投訴

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

您可透過下列方式投訴歧視：

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

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

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

如何向加州保健服務部民權辦公室投訴（僅限*Medi-Cal*受益人）

您也可透過書面方式、電話或電子郵件向加州保健服務部民權辦公室提出民權投訴：

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

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

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

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

如何向美國健康與民眾服務部民權辦公室投訴

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

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

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

您可在網站上取得投訴表：

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

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

Thông Báo Không Phân Biệt Đối Xử

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

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

Kaiser Permanente cung cấp các dịch vụ sau:

- Phương tiện hỗ trợ và dịch vụ miễn phí cho người khuyết tật để giúp họ giao tiếp hiệu quả hơn với chúng tôi, chẳng hạn như:
 - ◆ Thông dịch viên ngôn ngữ ký hiệu đủ trình độ
 - ◆ Thông tin bằng văn bản theo các định dạng khác (chữ nổi braille, bản in khổ chữ lớn, âm thanh, định dạng điện tử 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 để biết địa chỉ)
- **Trực tuyến:** Sử dụng mẫu đơn trực tuyến trên trang mạng của chúng tôi tại kp.org

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

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

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

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

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

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

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

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

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

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

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

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

Mẫu đơn than phiền hiện có tại

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

- **Trực tuyến:** Truy cập Công 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 کافیست 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 kev pab txhais lus pub dawb rau koj, 24 teev ib hnub twg, 7 hnub ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov 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។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែឯកសារដែលបានបកប្រែទៅជាភាសាខ្មែរ 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. ພາບແຕ່ໃຫ້ຫາພວກເຮົາທີ່ **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 asinílaágóó saad bee ata' hane' bee áká e'elyeed nich'í' áá'át'é, t'áá álahjì' jíggo dóó t'ée'go áádóó tsosts'íjì áá'át'é. Ata' hane' yídííkił, naaltsoos t'áá Diné bizaad bee bik'í' ashchíigo, éi doodago hane' bee didííts'ííligíí yídííkił. Hane' bee bik'í' di'díítííligíí dóó bee hane' didííts'ííligíí bína'idíłkidgo yídííkił. Kojí hodiilnih **1-800-464-4000**, t'áá álahjì', jíggo dóó t'ée'go áádóó tsosts'íjì 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**.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide 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 **1-800-632-9700** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY: **711**)፡

Bàsɔ̀ò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: Ɔ jũ ké m̀ Bàsɔ̀ò-wùdù-po-nyò jũ ní, níí, à wudù kà kò dò po-poò béin m̀ gbo kpáa. Đá **1-800-632-9700** (TTY: **711**)

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-632-9700** (TTY: **711**).

Igbo (Igbo) NRUBAMA: O buru na i na asu Igbo, oru enyemaka asusu, n'efu, diiri gi. Kpoo **1-800-632-9700** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-632-9700** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódílnih **1-800-632-9700** (TTY: **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: **711**) फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-632-9700** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: **711**).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: **711**).

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide 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 **1-888-865-5813** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-888-865-5813** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-888-865-5813** (TTY: **711**).

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-865-5813** (TTY: **711**).

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-865-5813** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-888-865-5813** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-865-5813** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-888-865-5813** (TTY: **711**).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-865-5813** (TTY: **711**).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-865-5813** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-865-5813** (TTY: **711**) पर कॉल करें।

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-888-865-5813** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-865-5813** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-888-865-5813** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-865-5813** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-865-5813** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-865-5813** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-888-865-5813** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-865-5813** (TTY: **711**).

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide free 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 **1-800-966-5955** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at:

Membership Services

Attn: Kaiser Civil Rights Coordinator
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-966-5955** (TTY: **711**).

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-966-5955** (TTY: **711**)。

Chuuk (Chukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-966-5955** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-966-5955** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-966-5955** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-966-5955** (TTY: **711**) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-966-5955 (TTY: 711).

Kajin Majōl (Marshallese) LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjelōk wōñāñ. Kaalōk **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti’go Diné Bizaad, saad bee áká’ánída’awo’déé’, t’áá jiik’eh, éí ná hóló, koji’ hódíílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoani, e fai fua e leai se totogi, mo oe, Telefoni mai: **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA'I: Kapau 'oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-966-5955** (TTY: **711**).

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide 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 **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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>.

In the event of dispute, the provisions of the approved English version of the form will control.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**)፡

Bàsòò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̀ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò d̀ò po-poò béín m̀ gbo kpáa. Dá **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

中文 (Chinese) 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-800-777-7902** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-777-7902 (TTY: 711)** تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902 (TTY: 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-777-7902 (TTY: 711)**.

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902 (TTY: 711)**.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902 (TTY: 711)**.

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902 (TTY: 711)** पर कॉल करें।

Igbo (Igbo) NRUBAMA: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijirị gị. Kpọọ **1-800-777-7902 (TTY: 711)**.

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902 (TTY: 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-777-7902 (TTY: 711)** まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-777-7902 (TTY: 711)** 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódílnih **1-800-777-7902 (TTY: 711)**.

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902 (TTY: 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902 (TTY: 711)**.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902 (TTY: 711)**.

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-777-7902 (TTY: 711)**.

ไทย (Thai) หมายเหตุ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902 (TTY: 711)**.

اُردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902 (TTY: 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902 (TTY: 711)**.

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902 (TTY: 711)**.

Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide 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 Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 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 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

For Washington Members

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>.

Help in Your Language

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-813-2000 (TTY: 711)**.

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000 (TTY: 711)**.

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-813-2000 (TTY: 711)**.

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-800-813-2000 (TTY: 711)**。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-813-2000 (TTY: 711)** تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000 (TTY: 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-813-2000 (TTY: 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-813-2000 (TTY: 711)** まで、お電話にてご連絡ください。

ខ្មែរ (Khmer) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-800-813-2000 (TTY: 711)**។

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-813-2000 (TTY: 711)** 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ **1-800-813-2000 (TTY: 711)**.

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-813-2000 (TTY: 711)**.

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-800-813-2000 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-800-813-2000 (TTY: 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-813-2000 (TTY: 711)**.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-813-2000 (TTY: 711)**.

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-813-2000 (TTY: 711)**.

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-813-2000 (TTY: 711)**.

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-800-813-2000 (TTY: 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-813-2000 (TTY: 711)**.

Notice of Nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable Federal and Washington state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
 - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at 1-888-901-4636 (TTY 711).

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03,

Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance

by mail, phone, or online at kp.org/wa/feedback. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights 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, 800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>

Multi-language Interpreter Services

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-888-901-4636 (TTY 711)**.

Español (Spanish): ATENCIÓN: si habla otro idioma que no sea español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Llame al **1-888-901-4636 (TTY 711)**.

中文 (Chinese): 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-901-4636 (TTY 711)**。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, hiện có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-888-901-4636 (TTY 711)**.

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-901-4636 (TTY 711)** 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ! Если вы говорите на русском языке, вам доступны бесплатные услуги перевода. Звоните **1-888-901-4636 (TTY 711)**.

Tagalog: PAUNAWA: Kung nagsasalita ka ng wika maliban sa Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-901-4636 (TTY 711)**.

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-888-901-4636 (TTY 711)**.

ភាសាខ្មែរ (Khmer): សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃគឺមានសម្រាប់អ្នក។ ទូរស័ព្ទទៅលេខ **1-888-901-4636 (TTY 711)**។

日本語 (Japanese): 注意事項: 英語以外の言語を話される場合、無料の言語サポートをご利用いただけます。 **1-888-901-4636 (TTY 711)** まで、お電話にてご連絡ください。

አማርኛ (Amharic): ማሳሰቢያ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እገዛ አገልግሎቶች በነጻ ለእርስዎ ይቀርባሉ፡፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-888-901-4636 (መስማት ለተሳናቸው 711)**፡፡

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa yoo ta'e, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. **1-888-901-4636 (TTY 711)** irraatti bilbilaa.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-888-901-4636 (TTY 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic): انتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً.
اتصل بالرقم **1-888-901-4636 (TTY 711)**

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-901-4636 (TTY 711)**.

ພາສາລາວ (Lao): ໃບດອກບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY 711).

NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide 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: **1-866-213-3062** (TTY: **711**)

If you believe that KPIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: KPIC Civil Rights Coordinator, 3701 Boardman-Canfield Rd, Canfield OH 44406, telephone number 1-866-213-3062.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-866-213-3062** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-866-213-3062** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-866-213-3062** (TTY: **711**)፡

Հայերեն (Armenian): ՈւժեղագուրդիթՅՈՒՆ. Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք **1-866-213-3062** (TTY **711**):

Bàsóò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̀ Bàsóò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béín m̀ gbo kpáa. **Đá 1-866-213-3062 (TTY: 711)**

বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-866-213-3062 (TTY: 711)**।

中文 (Chinese) 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-866-213-3062 (TTY: 711)**。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید, تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-866-213-3062 (TTY: 711)** تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-866-213-3062 (TTY: 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-866-213-3062 (TTY: 711)**.

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-866-213-3062 (TTY: 711)**.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-866-213-3062 (TTY: 711)**.

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-866-213-3062 (TTY: 711)** पर कॉल करें।

Hmoob (Hmong) CEEB TOOM: Yog tias koj hais lus Hmoob, muaj cov kev pab txhais lus, uas pab dawb rau koj. Hu rau **1-866-213-3062 (TTY: 711)**.

Igbo (Igbo) NRUBAMA: O buru na i na asu Igbo, oru enyemaka asusu, n'efu, diiri gi. Kpoo **1-866-213-3062 (TTY: 711)**.

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-866-213-3062 (TTY: 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-866-213-3062 (TTY: 711)** まで、お電話にてご連絡ください。

ខ្មែរ (Khmer) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-866-213-3062 (TTY: 711)**។

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-866-213-3062 (TTY: 711)** 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-213-3062 (TTY: 711).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih **1-866-213-3062** (TTY: **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-866-213-3062** (TTY: **711**) फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-866-213-3062** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-866-213-3062** (TTY: **711**).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-866-213-3062** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-866-213-3062** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-866-213-3062** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-213-3062** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-213-3062** (TTY: **711**).

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-866-213-3062** (TTY: **711**).

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-866-213-3062** (TTY: **711**).

اُردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-866-213-3062** (TTY: **711**)۔

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-866-213-3062** (TTY: **711**).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-866-213-3062** (TTY: **711**).

Nondiscrimination Notice

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

Language assistance services are available. 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 **1-866-213-3062** (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
3701 Boardman-Canfield Road
Canfield, OH 44406
1-866-213-3062**

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

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file the complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



KAISER PERMANENTE.

Kaiser Permanente Insurance Company Notice of Language Assistance

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-213-3062. 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 1-866-213-3062. 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1-866-213-3062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 1-866-213-3062. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Doo bááhlínígóó há ata' hane. Ata' halne'í há shónáot'eeh dóo naaltsoos t'áá hazaad bee bik'i' ashchíígo hach'i' yídóoltah biniiyé hach'i' ánal'íh leh. Shíká i'doolwoł nínizingo nihich'i' hodílnih koji' 1-866-2143-3062 éi bee nééhózin biniiyé neiyítánígíí bikáá'. Áká e'élyeed jinízingo CA Dept. of Insurance bich'i' hojilnih kwe'é 1-800-927-4357. TTY chojool'íígo éi íáá bíł azhdilchi'. Navajo

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên và được người đọc giấy tờ, tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi ở số điện thoại ghi trên thẻ ID hội viên hoặc số 1-866-213-3062. Để được giúp đỡ thêm, xin gọi Bộ Bảo hiểm CA ở số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

무료 언어 서비스. 한국어 통역 서비스 및 한국어로 서류를 낭독해 드리는 서비스를 제공하고 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는 1-866-213-3062번으로 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 1-866-213-3062. 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 1-866-213-3062 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով: TTY-ից օգտվողները պետք է զանգահարեն 711: Armenian

Бесплатные переводческие услуги. Вы можете воспользоваться услугами переводчика, который переведет вам документы на ваш язык. Если вам нужна помощь, позвоните нам по номеру телефону, указанному в вашей идентификационной карточке или 1-866-213-3062. 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1-866-213-3062 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 1-866-213-3062 تماس حاصل نمایند. 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 ਦੁਆਰੀਏ 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 1-866-213-3062 '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។ សំរាប់ជំនួយ សូមទូរស័ព្ទមក យើង តាមលេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក ឬ 1-866-213-3062។ សំរាប់ជំនួយថែមទៀត ទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រង រដ្ឋកាណ្ឌីដូរីនីញ៉ា 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 1-866-213-3062. 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 1-866-213-3062. 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 1-866-213-3062 पर हमें फोन करें। अधिक सहायता के लिए कैलिफोर्निया डिपार्टमेंट ऑफ़ इन्शुरन्स को 1-800-927-4357। TTY प्रयोक्ता 711 पर फोन करें। Hindi

บริการด้านภาษาที่ไม่คิดค่าบริการ คุณสามารถขอรับบริการล่ามแปลภาษาและขอให้อ่านเอกสารให้คุณฟังเป็นภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรติดต่อหาเราตามหมายเลขที่ระบุอยู่บนบัตร ID ของคุณหรือหมายเลข 1-866-213-3062 หากต้องการความช่วยเหลือในเรื่องอื่นๆ เพิ่มเติม โปรดโทรติดต่อฝ่ายประกันโรคมะเร็งที่หมายเลข 1 800-927-4357 ผู้ใช้ TTY โปรดโทรไปที่หมายเลข 711. Thai

Nondiscrimination Notice

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

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

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

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

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

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file the complaint electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



KAISER PERMANENTE.

Kaiser Permanente Insurance Company Notice of Language Assistance

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

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

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

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

Doo bááhlínígóó há ata' hane. Ata' halne'í há shónáot'eeh dóó naaltsoos t'áa hazaad bee bik'i' ashchíígo hach'i' yídóoltah biniyé hach'i' ánal'íh leh. Shíká i'doolwoł nínizingo nihich'i' hodílnih koji' 1-800-464-4000 éi bee nééhózin biniyé neiyítánígí bikáá'. Áká e'élyeed jinízingo CA Dept. of Insurance bich'i' hojilnih kwe'é 1-800-927-4357. TTY chojool'íígo éi íáá bíł azhdilchi'. Navajo

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

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

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

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

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

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

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

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਕਿਸੇ ਦੁਆਰੀਏ 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។ សំរាប់ជំនួយ សូមទូរស័ព្ទមកយើង តាមលេខដែលមាននៅលើកាត 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 कैलिफोर्निया 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

NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide 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 **1-800-632-9700** (TTY: **711**)

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: KPIC Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY: **711**).

አማርኛ (Amharic) ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY: **711**)፡

Bàsɔ̀̀ Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: Ɔ jũ ké m̀ Bàsɔ̀̀-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò bɛ̀in m̀ gbo kpáa. Đá **1-800-632-9700** (TTY: **711**)

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-632-9700** (TTY: **711**).

Igbo (Igbo) NRUBAMA: O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-632-9700** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-632-9700** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-632-9700** (TTY: **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: **711**) फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-632-9700** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: **711**).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: **711**).

NONDISCRIMINATION NOTICE

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 - Information written in other languages

If you need these services, call **1-888-865-5813** (TTY: **711**)

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: KPIC Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE, Atlanta, GA 30305-1736, or by phone at Member Services: 1-888-865-5813.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-888-865-5813** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-888-865-5813** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-865-5813** (TTY: **711**)፡

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-888-865-5813** (TTY: **711**)፡

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Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-865-5813** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-888-865-5813** (TTY: **711**).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-865-5813** (TTY: **711**).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-865-5813** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-865-5813** (TTY: **711**) पर कॉल करें।

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-888-865-5813** (TTY: **711**) まで、お電話にてご連絡ください。

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Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-865-5813** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-865-5813** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-865-5813** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-888-865-5813** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-865-5813** (TTY: **711**).

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 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-966-5955** (TTY: **711**)

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: KPIC Civil Rights Coordinator, Grievance 1557, 5855 Copley Drive, Suite 250, San Diego, CA 92111, telephone number 1-888-251-7052.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-966-5955** (TTY: **711**).

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-966-5955** (TTY: **711**)。

Chuuk (Chukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-966-5955** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-966-5955** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-966-5955** (TTY: **711**) まで、お電話にてご連絡ください。

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ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-966-5955 (TTY: 711).

Kajin Majōl (Marshallese) LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjelōk wōñāñ. Kaalōk **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, t’áá jiik’eh, éí ná hóló, kojí’ hódííłnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auunaga fesoasoani, e fai fua e leai se totogi, mo oe, Telefoni mai: **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA'I: Kapau 'oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-966-5955** (TTY: **711**).

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አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**)፡

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Bàsɔ̀̀ Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: Ɔ jũ ké ò Bàsɔ̀̀-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò bɛ́in ò gbo kpáa. Đá **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-777-7902** (TTY: **711**)。

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Igbo (Igbo) NRUBAMA: O bụrụ na i na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-777-7902 (TTY: 711)**.

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902 (TTY: 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-777-7902 (TTY: 711)** まで、お電話にてご連絡ください。

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Tumawag sa **1-800-777-7902 (TTY: 711)**.

ไทย (Thai) เรียน: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902 (TTY: 711)**.

اردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902 (TTY: 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902 (TTY: 711)**.

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902 (TTY: 711)**.

Emergency and urgent care away from home

For travel outside Kaiser Permanente areas



Emergencies can happen anywhere

As a Kaiser Permanente member, you're covered for emergency and urgent care anywhere in the world. Whether you're traveling in the United States or internationally, this brochure will explain what to do if you need emergency or urgent care while away from home.

It's important to remember that how you get care can vary depending on where you are. So plan ahead and find out what emergency and other medical services are available where you'll be traveling.

Before you go ...

A little planning makes a big difference. Plan now for a healthy trip.

Things to do

- ☐ **Register on kp.org** and email your Kaiser Permanente doctor anytime, anywhere.
- ☐ **Get our Kaiser Permanente mobile app** to stay connected when you're on the go.
- ☐ **Consult your doctor** if you need to manage a condition during your trip.
- ☐ **Refill your eligible prescriptions** to have enough while you're away.
- ☐ **Print a summary of your online medical record** in case you don't have internet access.*
- ☐ **Make sure your immunizations are up to date**, including your yearly flu shot.

Don't forget

- ☐ **Take along your Kaiser Permanente ID card.** It has important phone numbers on the back.
- ☐ **Take this brochure on your trip.** It explains what to do if you need care.
- ☐ **If you travel by plane**, keep your medications with you in your carry-on baggage.
- ☐ **Away from Home 24/7 Travel Line: 951-268-3900 (TTY 711) or kp.org/travel**

*These features are available when you register on kp.org and seek care from Kaiser Permanente providers.

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 the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 601 Union St., Suite 3100, Seattle, WA 98101

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This brochure is not intended to be used by Medicare, Medicaid, or Kaiser Permanente Washington Options PPO, EPO, or POS members. Medicare members should refer to the On the Go brochure or call Member Services in their home area for details. Medicaid members should refer to their *Evidence of Coverage*. Washington Options PPO, EPO, or POS members should refer to kp.org/wa/travel or call Washington Member Services at 1-888-901-4636.



Types of care

Anything can come up when you travel, and different health needs require different types of care. Here are some common examples, which don't include all possible symptoms and conditions.

What is emergency care?

Emergency care is care for an emergency medical condition.*

Examples include:

- Chest pain or pressure
- Severe stomach pain that comes on suddenly
- Severe shortness of breath
- Decrease in or loss of consciousness

What is urgent care?

Urgent care is for a condition that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition.

Examples include:

- Minor injuries and cuts
- Backaches and earaches
- Upper-respiratory symptoms
- Sore throats
- Frequent or severe coughs
- Frequent urination or a burning sensation when urinating

What is routine care?

Routine care is for an expected care need, like a scheduled visit to your doctor or a recommended preventive screening or immunizations.

Examples include:

- Physical exams
- Adult and well-child checkups
- Pap tests
- Follow-up visits

Routine services aren't covered outside Kaiser Permanente areas, so make sure to get them before your trip.

Kaiser Permanente service areas include all or parts of:

- California
- Colorado
- Georgia
- Hawaii
- Maryland
- Oregon
- Virginia
- Washington
- Washington, D.C.

Find our locations at **[kp.org/facilities](https://www.kp.org/facilities)**

*If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.



U.S. travel

Outside Kaiser Permanente areas

How do I get emergency care in the U.S.?

If you or a family member who is enrolled in Kaiser Permanente coverage has a medical emergency, get care right away. You don't have to let Kaiser Permanente know or get approval first. Here's what to do:

- Call **911** or go to the nearest hospital. Always use the emergency services available where you are.
- Once your condition is stable, call Kaiser Permanente to let us know you've received emergency care or been admitted to a hospital. See page 9 for phone numbers for reporting an emergency (or post-stabilization care).¹ If appropriate, the doctor treating you can call instead.
- When you call Kaiser Permanente, we'll talk to the doctor treating you to discuss your condition, health plan coverage information, and help decide what to do next.

What if I still need care after my emergency condition has been stabilized?

If you've been hospitalized, the doctor treating you may decide you still need care after your condition has been stabilized.

This is called post-stabilization care. You'll need to get approval from Kaiser Permanente for this kind of care to be covered under your Kaiser Permanente plan.

- Call us as soon as you can, preferably before you get care.¹ See page 9 for phone numbers for reporting an emergency (or post-stabilization care). Getting approval helps protect you from financial responsibility because we may not cover services we don't approve first.
- If we agree you need post-stabilization care, we may authorize the doctor treating you to give you this care. Or we may choose a different provider who can provide the right care for your condition.
- Ask the doctor treating you if Kaiser Permanente has approved your care, including any transportation. In addition to post-stabilization care, you'll need to get any related transportation approved. When medically necessary transportation is needed for your care (as determined by Kaiser Permanente), we will arrange these services for you.²

Post-stabilization follow-up care is generally not covered, unless we authorize it or it's considered urgent. This includes any follow-up care you need after an emergency or urgent care visit, like removing stitches or a cast. Call us before you get follow-up care to check whether it's covered.

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¹For specific timing considerations, please refer to your *Evidence of Coverage* or other coverage documents.

²Kaiser Permanente Georgia health plan does not cover transportation services for nonurgent, nonemergency care from outside the service area; and any request for transportation is subject to review.

U.S. travel *(continued)*

How do I report emergency care?

Call to let Kaiser Permanente know you've been admitted to a hospital with an emergency condition, or to ask for approval for post-stabilization care.¹ See page 9 for phone numbers for reporting an emergency (or post-stabilization care).

How do I get urgent care in the U.S.?

If you need urgent care while in a Kaiser Permanente service area, you can visit a Kaiser Permanente urgent care clinic location. Find urgent care locations by visiting **kp.org/locations** or calling the Away from Home Travel Line at **951-268-3900 (TTY 711)**.²

If you need urgent care in a state without Kaiser Permanente providers, go to the nearest MinuteClinic® or urgent care facility.³

For care at a MinuteClinic, you'll be charged your standard cost share. Be sure to bring your Kaiser Permanente ID card and method of payment. Walk-ins welcome, no appointment needed.

For care at an urgent care or retail clinic location other than a MinuteClinic, you'll be asked to pay upfront for services you receive and will need to file a claim for reimbursement.

Note: If you get urgent care at a MinuteClinic within a state with Kaiser Permanente providers, you'll be asked to pay upfront for services you receive and will need to file a claim for reimbursement.³

What if I'm not sure what kind of care I need?

If you're not sure what kind of care you need, and you have a secure login and password, you can use kp.org to send a nonurgent message to your primary care physician. You'll get a response usually within 2 business days.

How do I submit a claim?

If you paid for emergency or urgent care while away from home, you'll need to file a claim for reimbursement.

The following information is required for all requests for reimbursement:

- Itemized bills (should include date of service, services received, and cost of each item)
- Medical records (copies of original medical reports, admission notes, emergency room records, and/or consultation reports)
- Proof of payment (receipts or bank or credit card statements)

For help with filing a claim for reimbursement, visit **kp.org/travel** or call the Away from Home Travel Line at **951-268-3900**.

¹For specific timing considerations, please refer to your *Evidence of Coverage* or other coverage documents.

²This number can be dialed from both inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

³Some Kaiser Permanente Insurance Company PPO and POS plans include MinuteClinic as in-network while others do not. Please check your *Certificate of Insurance* to see if MinuteClinic is included as an in-network provider.



International travel

How do I get emergency or urgent care outside the U.S.?

If you or a family member who is enrolled in Kaiser Permanente coverage has an emergency or urgent medical situation,¹ get care right away. You don't have to let Kaiser Permanente know or get approval first. Here's what to do:

- Immediately go to the nearest hospital or any facility that can give you the care you need. Kaiser Permanente won't be able to help manage your care until your emergency or urgent care need is under control or is being managed by a doctor.
- If you get emergency care, call Kaiser Permanente when your condition is stable to let us know you've been treated for an emergency or admitted to a hospital. See page 9 for phone numbers for reporting an emergency (or post-stabilization care). If appropriate, the doctor treating you can call instead.
- When you call Kaiser Permanente, we'll talk to the doctor treating you to discuss your condition, health plan coverage, and help you decide what to do next. We have interpreter services that allow us to talk to doctors who don't speak English.

What if I still need care after my emergency condition has been stabilized?

If you've been hospitalized, the doctor treating you may decide you still need care after your condition has been stabilized. This is called post-stabilization care. You'll need to get approval from Kaiser Permanente for this kind of care to be covered under your Kaiser Permanente plan.

- Call us as soon as you can,² preferably before you get care. See page 9 for phone numbers for reporting an emergency (or post-stabilization care). Getting approval helps protect you from financial responsibility, since we may not cover services we don't approve first.
- If we agree you need post-stabilization care, we may authorize the doctor treating you to give you this care. Or we may choose a different provider who can provide the right care for your condition.
- Ask the doctor treating you if Kaiser Permanente has approved your care, including any transportation. In addition to post-stabilization care, you'll need to get any related transportation approved. When medically necessary transportation is needed for your care (as determined by Kaiser Permanente), we will arrange these services for you.³

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¹Kaiser Permanente may cover medically necessary urgent care you get when you're temporarily outside the country – if it can't be delayed until you get back home. Please refer to your *Evidence of Coverage* or other coverage documents for any restrictions.

²For specific timing considerations, please refer to your *Evidence of Coverage* or other coverage documents.

³Kaiser Permanente Georgia health plan does not cover transportation services for nonurgent, nonemergency care from outside the service area; and any request for transportation is subject to review.

International travel *(continued)*

Outpatient follow-up care is generally not covered, unless we authorize it or it's considered urgent. This includes any follow-up care you need after an emergency or urgent care visit, like removing stitches or a cast. Call us before you get follow-up care to check whether it's covered. See page 9 for phone numbers for reporting an emergency (or post-stabilization care).

How do I report emergency care if I'm outside the U.S.?

Call to let Kaiser Permanente know you've been admitted to a hospital with an emergency condition, or to ask for approval for post-stabilization care. See page 9 for phone numbers for reporting an emergency (or post-stabilization care).

Check with the local telephone service provider where you are if you need help calling internationally. International calls to this number aren't toll-free, and you'll be charged at local international rates.

You should always have a plan for calling Kaiser Permanente. Get ready before you leave. Find out if your cell phone service includes international calling, or get an international calling card.

Is transportation covered?

Kaiser Permanente covers emergency medical transportation to get you to the nearest hospital, or another facility if we decide it's necessary. However, we can't arrange this transportation for you during an emergency. You'll need to work with emergency transportation providers wherever you are.

We generally don't cover or arrange other transportation, unless we decide it's needed to manage your care. In order to lessen your potential financial liability for noncovered travel-related services, you may want to consider getting extra travel insurance to cover services that aren't covered by your Kaiser Permanente plan.

How do I submit a claim?

If you paid for emergency or urgent care while away from home, you'll need to file a claim for reimbursement.¹

In many countries, providers require payment before giving care. Costs can be high, so be ready to cover any unexpected costs. You may want to get extra travel insurance for your trip.

The following information is required for all international claims:

- Itemized bills (should include date of service, services received, and cost of each item)
- Medical records (copies of original medical reports, admission notes, emergency room records, and/or consultation reports)
- Proof of payment (receipts or bank or credit card statements)
- Proof of travel (copy of itinerary and/or airline tickets)

Visit **kp.org/travel** to download a claim form. For help with filing a claim for reimbursement, call the Away from Home Travel Line at **951-268-3900**.

¹If a member receives emergency services in a country where the U.S. government has imposed sanctions, the member may have to pay for services and then submit a claim to Kaiser Permanente for reimbursement.



For more information

You'll find more information about getting emergency and urgent care in the document below that applies to your health coverage:

- **Evidence of Coverage (EOC)**, if your coverage is directly with Kaiser Foundation Health Plan or its regional health plans
- **Summary Plan Description (SPD)**, if your coverage is with your employer's self-funded plan

For a complete description of your coverage, you should read your *EOC*, *SPD*, or other coverage document, since the information in this brochure may change at any time. Contact our Member Service Contact Center to request a copy of your *EOC* or other coverage document. To request a copy of your *SPD*, contact your employer.

Member Services phone numbers

California

1-800-464-4000 (English and more than 150 languages using interpreter services)

1-800-788-0616 (Spanish)

1-800-757-7585 (Chinese dialects)

TTY 711

Hours: Open 7 days a week, 24 hours a day; closed holidays

Medicare members

1-800-443-0815 or **TTY 711**

Hours: Open 7 days a week from 7 a.m. to 8 p.m.

Colorado Denver/Boulder

303-338-3800 or **TTY 711**

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

Medicare members

1-800-476-2167 or **TTY 711**

Hours: Open 7 days a week from 8 a.m. to 8 p.m.

Mountain Colorado

1-844-837-6884 or **TTY 711**

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

Medicare members

Medicare Advantage plans are not currently available in Mountain Colorado.

Northern Colorado

1-844-201-5824 or **TTY 711**

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

Medicare members

1-800-476-2167 or **TTY 711**

Hours: Open 7 days a week from 8 a.m. to 8 p.m.

Away from Home Travel Line

When traveling internationally, call the travel line at **951-268-3900*** to avoid challenges associated with toll-free numbers.

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*This number can be dialed from both inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

For more information (*continued*)

Southern Colorado

1-888-681-7878 or TTY **711**

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

Medicare members

1-800-476-2167 or TTY **711**

Hours: Open 7 days a week from 8 a.m. to 8 p.m.

District of Columbia

Metro area

301-468-6000 or TTY **711**

Hours: Open Monday through Friday from 7:30 a.m. to 9 p.m. (except holidays)

Outside metro area

1-800-777-7902 or TTY **711**

Hours: Open Monday through Friday from 7:30 a.m. to 9 p.m.

Medicare members

1-888-777-5536 or TTY **711**

Hours: Open 7 days a week from 8 a.m. to 8 p.m.

Georgia

1-888-865-5813 or TTY **711**

404-261-2590

Hours: Open Monday through Friday from 7 a.m. to 7 p.m.

Medicare members

1-800-232-4404 or TTY **711**

Hours: Open 7 days a week from 8 a.m. to 8 p.m.

Hawaii

1-800-966-5955 or TTY **711**

Hours: Open Monday through Friday from 8 a.m. to 5 p.m.; Saturday from 8 a.m. to noon

Medicare members

1-800-805-2739 or TTY **711**

Hours: Open 7 days a week from 8 a.m. to 8 p.m.

Maryland

D.C. metro area

301-468-6000 or TTY **711**

Hours: Open Monday through Friday from 7:30 a.m. to 9 p.m.

Outside D.C. metro area

1-800-777-7902 or TTY **711**

Hours: Open Monday through Friday from 7:30 a.m. to 9 p.m.

Medicare members

1-888-777-5536 or TTY **711**

Hours: Open 7 days a week from 8 a.m. to 8 p.m.

Oregon

Portland

503-813-2000 or TTY **711**

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

Outside Portland

1-800-813-2000 or TTY **711**

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

Medicare members

1-877-221-8221 or TTY **711**

Hours: Open 7 days a week from 8 a.m. to 8 p.m.

Virginia

D.C. metro area

301-468-6000 or TTY **711**

Hours: Open Monday through Friday from 7:30 a.m. to 9 p.m. (except holidays)

Outside D.C. metro area

1-800-777-7902 or TTY **711**

Hours: Open Monday through Friday from 7:30 a.m. to 9 p.m.

Medicare members

1-888-777-5536 or TTY **711**

Hours: Open 7 days a week from 8 a.m. to 8 p.m.

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Washington

Outside Vancouver/Longview area
206-630-4636

1-888-901-4636 or TTY 711

Hours: Open Monday through Friday
from 8 a.m. to 5 p.m.

Medicare members

1-888-901-4600 or TTY 711

Hours: Open 7 days a week from
8 a.m. to 8 p.m.

Southwest Washington

Vancouver/Longview area

1-800-813-2000 or TTY 711

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

Medicare members

1-877-221-8221 or TTY 711

Hours: Open 7 days a week from
8 a.m. to 8 p.m.

If you're enrolled in an employer's self-funded EPO, POS,
or PPO plan administered by Kaiser Permanente Insurance
Company, please call the Customer Service number on the
back of your Kaiser Permanente ID card.

Emergency care reporting phone numbers

**Phone numbers to report emergency
(or post-stabilization) care**

If you need emergency care, call **911** or go
to the nearest hospital that can give you care.

California

1-800-225-8883

Hours: Open 7 days a week, 24 hours a day

Colorado

(Denver/Boulder)

303-338-3800

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

Colorado

(Sr. Advantage Members)

1-800-476-2167

Hours: Open 7 days a week from
8 a.m. to 8 p.m.

Mountain Colorado

1-844-201-5824

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

Northern Colorado

1-800-632-9700

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

Southern Colorado

1-888-681-7878

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

Hawaii

1-800-227-0482

Hours: Open Monday through Friday
from 8 a.m. to 4:30 p.m.

Georgia

1-800-611-1811

Hours: Open 7 days a week, 24 hours a day

Maryland

(Baltimore and suburban D.C. area),

Virginia, District of Columbia

1-800-777-7904 Advice line

Hours: Open 7 days a week, 24 hours a day

1-800-777-7902 Member Services

Hours: Open Monday through Friday
from 7:30 a.m. to 9 p.m. (except holidays)

Oregon and Washington (Vancouver/Longview area)

1-877-813-5993

Hours: Open 7 days, 24 hours a day

Washington

1-888-457-9516 Emergency notification

206-901-4609 Local

Hours: Open 7 days a week, 24 hours a day

TTY 711

Nondiscrimination Notice

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. Auxiliary aids and services for individuals with disabilities are available at no cost to you during all hours of operation. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. You may request materials translated in your language, and may also request these materials in large text or in other formats to accommodate your needs at no cost to you. For more information, call **1-800-464-4000** (TTY users call **711**).

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your *Evidence of Coverage or Certificate of Insurance* or speak with a Member Services representative for the dispute-resolution options that apply to you. This is especially important if you are a Medicare, Medi-Cal, MRMIP, Medi-Cal Access, FEHBP, or CalPERS member because you have different dispute-resolution options available.

You may submit a grievance in the following ways:

- By completing a Complaint or Benefit Claim/Request form at a Member Services office located at a Plan Facility (please refer to *Your Guidebook* or the facility directory on our website at **kp.org** for addresses)
- By mailing your written grievance to a Member Services office at a Plan Facility (please refer to *Your Guidebook* or the facility directory on our website at **kp.org** for addresses)
- By calling our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **711**)
- By completing the grievance form on our website at **kp.org**

Please call our Member Service Contact Center if you need help submitting a grievance.

The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, sex, age, or disability. You may also contact the Kaiser Permanente Civil Rights Coordinator directly at One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at 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, 800-537-7697 (TDD). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Aviso de no discriminación

Kaiser Permanente no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

La Central de Llamadas de Servicio a los Miembros brinda servicios de asistencia con el idioma las 24 horas del día, los siete días de la semana (excepto los días festivos). Se ofrecen servicios de interpretación sin costo alguno para usted durante el horario de atención, incluido el lenguaje de señas. Se ofrecen aparatos y servicios auxiliares para personas con discapacidades sin costo alguno durante el horario de atención. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Puede solicitar los materiales traducidos a su idioma, y también los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades sin costo para usted. Para obtener más información, llame al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**).

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. Por ejemplo, si usted cree que ha sufrido discriminación de nuestra parte, puede presentar una queja. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)*, o comuníquese con un representante de Servicio a los Miembros para conocer las opciones de resolución de disputas que le corresponden. Esto tiene especial importancia si es miembro de Medicare, Medi-Cal, el Programa de Seguro Médico para Riesgos Mayores (Major Risk Medical Insurance Program MRMIP), Medi-Cal Access, el Programa de Beneficios Médicos para los Empleados Federales (Federal Employees Health Benefits Program, FEHBP) o CalPERS, ya que dispone de otras opciones para resolver disputas.

Puede presentar una queja de las siguientes maneras:

- Completando un formulario de queja o de reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte las direcciones en *Su Guía* o en el directorio de centros de atención en nuestro sitio web en **kp.org/espanol**)
- Enviando por correo su queja por escrito a una oficina de Servicio a los Miembros en un centro del plan (consulte las direcciones en *Su Guía* o en el directorio de centros de atención en nuestro sitio web en **kp.org/espanol**)
- Llamando a la línea telefónica gratuita de la Central de Llamadas de Servicio a los Miembros al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**)
- Completando el formulario de queja en nuestro sitio web en **kp.org/espanol**

Llame a nuestra Central de Llamadas de Servicio a los Miembros si necesita ayuda para presentar una queja.

Se le informará al coordinador de derechos civiles de Kaiser Permanente (Civil Rights Coordinator) de todas las quejas relacionadas con la discriminación por motivos de raza, color, país de origen, género, edad o discapacidad. También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente en One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

También puede presentar una queja formal de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles (Office for Civil Rights) en el Departamento de Salud y Servicios Humanos de los Estados Unidos (U.S. Department of Health and Human Services) mediante el portal de quejas formales de la Oficina de Derechos Civiles (Office for Civil Rights Complaint Portal), en ocrportal.hhs.gov/ocr/portal/lobby.jsf (en inglés) o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (línea TDD). Los formularios de queja formal están disponibles en hhs.gov/ocr/office/file/index.html (en inglés).

無歧視公告

Kaiser Permanente禁止以年齡、人種、族裔、膚色、原國籍、文化背景、血統、宗教、性別、性別認同、性別表達、性取向、婚姻狀況、生理或心理殘障、付款來源、遺傳資訊、公民身份、主要語言或移民身份為由而歧視任何人。

會員服務聯絡中心每週七天每天24小時提供語言協助服務（節假日除外）。本機構在全部營業時間內免費為您提供口譯，包括手語服務，以及殘障人士輔助器材和服務。我們還可為您和您的親友提供使用本機構設施與服務所需要的任何特別協助。您還可免費索取翻譯成您的語言的資料，以及符合您需求的大號字體或其他格式的版本。若需更多資訊，請致電 **1-800-757-7585**（TTY專線使用者請撥**711**）。

申訴指任何您或您的授權代表透過申訴程序來表達不滿的做法。例如，如果您認為自己受到歧視，即可提出申訴。若需瞭解適用於自己的爭議解決選項，請參閱《承保範圍說明書》(*Evidence of Coverage*)或《保險證明書》(*Certificate of Insurance*)，或諮詢會員服務代表。如果您是 Medicare、Medi-Cal、高風險醫療保險計劃 (Major Risk Medical Insurance Program, MRMIP)、Medi-Cal Access、聯邦僱員健康保險計劃 (Federal Employees Health Benefits Program, FEHBP) 或 CalPERS 會員，採取上述行動尤其重要，因為您可能有不同的爭議解決選項。

您可透過以下方式提出申訴：

- 在健康保險計劃服務設施的會員服務處填寫《投訴或福利索賠/申請表》（地址見《健康服務指南》(Your Guidebook) 或我們網站**kp.org**上的服務設施名錄）
- 將書面申訴信郵寄到健康保險計劃服務設施的會員服務處（地址見《健康服務指南》或我們網站**kp.org**上的服務設施名錄）
- 致電我們的會員服務聯絡中心，免費電話號碼是**1-800-757-7585**（TTY專線請撥**711**）
- 在我們的網站上填寫申訴表，網址是**kp.org**

如果您在提交申訴時需要協助，請致電我們的會員服務聯絡中心。

涉及人種、膚色、原國籍、性別、年齡或殘障歧視的一切申訴都將通知Kaiser Permanente的民權事務協調員。您也可與Kaiser Permanente的民權事務協調員直接聯絡，地址：
One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612。

您還可以電子方式透過民權辦公室的投訴入口網站向美國健康與公共服務部民權辦公室提出民權投訴，網址是 ocrportal.hhs.gov/ocr/portal/lobby.jsf 或者按照如下資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697（TDD）。投訴表可從網站 hhs.gov/ocr/office/file/index.html 下載。

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. 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 وثائقك أو لصيغ أخرى. 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: 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。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

Farsi: خدمات زبانی در 24 ساعت شبانه روز و 7 روز هفته بدون اخذ هزینه در اختیار شما است. شما می توانید برای خدمات مترجم شفاهی، ترجمه جزوات به زبان شما و یا به صورتهای دیگر درخواست کنید. کفایت در 24 ساعت شبانه روز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران 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। 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: Muajkwc 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 ntauv txhais ua koj hom lus, los yog ua lwm hom. 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。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 គឺមានឥតអស់ថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែសំភារៈដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទំរង់ផ្សេងទៀត។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711**។

Korean: 요일 및 시간에 관계없이 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자 번호 **711**.

Laotian: ການຊ່ວຍເຫຼືອດ້ານພາສາມີໄວ້ໂດຍບໍ່ເສັຽຄ່າ ແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານ ສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະ ສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ພຽງ ແຕ່ໂທຫາພວກເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

Navajo: Saad bee áká'a'ayeed náhóló t'áá jiik'é, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji. Atah halne'é áká'adoolwołígíí jókí, t'áadoo le'é t'áá hóhazaadjí hadilyaa'go, éí doodaii' nááná lá ał'aa'ádaat'ehígíí bee hádadilyaa'go. Kojí hodiilnih **1-800-464-4000**, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji (Dahodiyin biniyé e'e'aahgo éí da'deelkaal). TTY chodeeyoolínígíí kojí hodiilnih **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। 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. 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: Contamos con asistencia de idiomas sin costo alguno 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. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (cerrado 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. 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: เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมง ทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวข้องกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีการคิดค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ **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 chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide 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 **1-800-813-2000** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Member Relations, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232, telephone number: 1-800-813-2000.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights 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>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-813-2000** (TTY: **711**).

አማርኛ (Amharic) ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-813-2000** (TTY: **711**)፡

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-813-2000** (TTY: **711**)፡

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-813-2000** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-813-2000** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-813-2000** (TTY: **711**) まで、お電話にてご連絡ください。

ខ្មែរ (Khmer) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-800-813-2000** (TTY: **711**)។

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-813-2000** (TTY: **711**) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ **1-800-813-2000** (TTY: **711**).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-800-813-2000** (TTY: **711**).

Afaan Oromoo (Oromo) XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-813-2000** (TTY: **711**).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-800-813-2000** (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-800-813-2000** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-813-2000** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-813-2000** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-813-2000** (TTY: **711**).

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-813-2000** (TTY: **711**).

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-800-813-2000** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-813-2000** (TTY: **711**).



Getting started with your self-referred Alternative care benefit

Convenient care for chiropractic, naturopathic, massage therapy, and acupuncture treatment

We want to help you thrive – in mind, body, and spirit. To help you achieve total health, some of our medical plans include a self-referred alternative care benefit. Depending on your plan, **chiropractic, naturopathic, and massage therapy services and/or acupuncture treatments** may be covered without a referral.

See your Benefit Summary and *Evidence of Coverage (EOC)* for details. If your plan includes an alternative care benefit, your cost share, any applicable visit and/or dollar maximums, and exclusions and limitations are available in your Benefit Summary and *EOC*.

5 steps to get started

1. **When no referral is required, choose your alternative care provider at chpgroup.com or by calling 1-800-449-9479.**

For your convenience, no referral is required, and you can choose from more than 1,400 qualified and credentialed complementary and alternative medicine providers throughout our service area.* To be covered by your benefit, you must receive care from a provider in our service area who is part of the CHP Group network.* Please note that the provider list is subject to change. If you do not have internet access, please call Member Services at **1-800-813-2000 (TTY 711)** for a printed copy of alternative care providers.

2. **Schedule your appointment.** Call the provider you select to schedule an appointment. When you schedule your appointment, make sure to confirm your provider's participation before receiving care.*
3. **Determine the amount you will pay.** We want to help you be informed of any out-of-pocket costs. Please see your Benefit Summary and *EOC* for details. The amount you pay for visits to alternative care providers varies by plan and type of service.

4. **Some services are not covered even if ordered by the provider.** We review procedures for safety and effectiveness. Exclusions and limitations apply even if your plan covers the service when it is ordered by a participating provider. See your *EOC* for details.

5. **If you have questions, we are here to help.** Member Services is your one-stop resource for answers. Call us at **1-800-813-2000**, Monday through Friday, 8 a.m. to 6 p.m. For TTY, call **711**. For language interpretation services, call **1-800-324-8010**.

*If you are on an Added Choice® plan with a self-referred alternative care benefit, you may use your benefits at The CHP Group (located in our service area), First Choice Health and First Health Network, or any licensed nonparticipating providers and facilities. The amount an Added Choice member pays is based on the provider. If you are on a PPO Plus® plan with an alternative care benefit, you may use your benefits at First Choice Health and First Health Network or any licensed nonparticipating providers and facilities. The amount a PPO Plus member pays is based on the provider. If you are on a Dual Choice PPO™ plan with an alternative care benefit, you may use your benefits at The CHP Group (located in our service area), First Choice Health and First Health Network, or any licensed out-of-network providers and facilities. The amount a Dual Choice PPO member pays is based on the provider.



Learn about your out-of-area benefit for dependent children

FOR MEMBERS ON LARGE GROUP PLANS (51+ EMPLOYEES)¹

Your dependent children have access to care beyond urgent and emergency care outside the Kaiser Permanente network. Your out-of-area benefit covers routine, continuing, and follow-up care for dependent children residing outside the service area.

SERVICES

With this benefit, you will pay 20% of the charges for the service received.²
This benefit includes the following services:³

- 10 office visits per year, including preventive care, primary care, naturopathic care, specialty care, outpatient mental health and substance use disorder services, allergy injections, and outpatient physical therapy
- 10 diagnostic X-rays and lab tests per year (covers diagnostic X-rays but excludes CT, MRI, PET, and other specialty scans)
- 10 prescription drug fills per year

PAYMENT

You have 2 payment options for services you receive using the out-of-area benefit for dependent children:

- The health care provider can bill Kaiser Permanente directly, and no claim needs to be submitted.
- You can pay out of pocket and submit a Claim Reimbursement form for reimbursement. This form can be found at kp.org/disclosures.

Payments for these services count toward your plan's out-of-pocket maximum.

¹The dependent out-of-area benefit does not apply to Added Choice® plans, PPO Plus® plans, Standard plans, Cascade plans, Senior Advantage plans, or WA Conversion plans.

²The cost share is subject to deductible on HSA-qualified high deductible health plans.

³Any other services not specifically listed as covered are excluded under this out-of-area benefit.



**Customer Service
contact information:**

Oregon and Washington

1-800-813-2000

711 (TTY)

1-800-324-8010

(Interpreter-Assisted Appointing
and Advice)

Monday through Friday,
8 a.m. to 6 p.m. PT



KAISER PERMANENTE®

ELIGIBILITY

The following requirements apply:

- Dependent children must meet eligibility requirements and be under the age limit specified in the *Evidence of Coverage*.
- Dependent children must be living outside the service area. Dependent children who reside in another Kaiser Foundation Health Plan service area may use their visiting member benefit.

PRESCRIPTION DRUG COVERAGE

Out-of-area dependent children may buy prescription drugs from:

- **Mail-order pharmacy.** Dependent children residing outside the service area but within Oregon and Washington may use our mail-order pharmacy. Members will pay their normal copay or coinsurance.
- **Nonparticipating pharmacies.** Dependent children residing outside the service area may also use a nonparticipating pharmacy. Members will pay 20% and Kaiser Permanente will pay 80% for up to 10 prescription fills per year. We will reimburse only when the drugs are medically necessary.

EXCLUSIONS AND LIMITATIONS

The following services are not covered under the dependent out-of-area benefit but may be covered under another benefit, with applicable copays or coinsurance:

- Emergency services, post-stabilization, and urgent care*
- Transplant services
- Visiting member services (care received when in another Kaiser Foundation Health Plan); go to kp.org/travel for more information on other service areas

WHAT SERVICES DOES THIS BENEFIT COVER?

We will cover limited services for dependent children outside our service area but within the United States (which for the purpose of this benefit means the 50 states, the District of Columbia, and the U.S. territories).

*Emergency and urgent care is separate from the dependent out-of-area benefit. If you reasonably believe you have an emergency medical condition, which is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health, call 911 or go to the nearest emergency department. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage*.

This form is available on kp.org/disclosures.



Get the emotional support you need – whenever you need it.

Text with a coach using the Ginger app

We're collaborating with Ginger to help you cope with some of life's most common challenges – from stress and low mood to issues with work, relationships, and sleep.

Ginger's highly trained emotional support coaches are accessible 24/7, so you can get the guidance you need when you need it most.

Kaiser Permanente members can use Ginger for 90 days per year at no cost, no referral needed.^{1,2,3}



What can you do with Ginger?

- Text with your coach on the Ginger app now or schedule a time to connect later.
- Discuss goals, share challenges, and create an action plan with your coach.
- Get personalized, interactive skill-building tools from your coach and a library of more than 200 activities on the app.
- View recaps from each texting session and track your progress.
- Work with your coach to adjust your action plan if needed to better help you reach your goals.

1. The Ginger coaching services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, are not a Medicaid-covered benefit, 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. The coaching services are not available to any member under 18 years old. 2. The coaching services are neither offered nor guaranteed under contract with the FEHB Program, but are made available to enrollees and family members, aged 18 and older, who become members of Kaiser Permanente. 3. Only available to Kaiser Permanente members with medical coverage.

Download Ginger now at kp.org/coachingapps/nw

Feeling overwhelmed? Tap into the power of self-care.

Adult members can download 2 popular apps at kp.org/selfcareapps

These apps can help you build resilience, set goals, and take meaningful steps toward becoming healthier and happier. Choose the areas you want to focus on – including managing depression, reducing stress, improving sleep, and more.

- ☒ Evidence-based and proven effective
- ☒ Hand-picked by Kaiser Permanente physicians
- ☒ Confidential and easy to use



Calm

Calm is an app for daily use that uses meditation and mindfulness to help lower stress, reduce anxiety, and improve sleep quality. With guided meditations, programs taught by world-renowned experts, sleep stories narrated by celebrities, mindful movement videos, and more, Calm offers something for everyone.

The Calm app is not available to KP Washington members at this time.



myStrength

myStrength offers personalized programs with interactive activities, daily health trackers to monitor and maintain your progress, in-the-moment coping tools, and more. It's designed to help you set goals and work towards them in ways that work for you – by making positive changes that support your mental, emotional, and overall well-being.

myStrength® is a wholly owned subsidiary of Livongo Health, Inc.

Get the apps at kp.org/selfcareapps.

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 the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 601 Union St., Suite 3100, Seattle, WA 98101



THE FUTURE OF DENTAL HEALTH IS TAKING SHAPE

SUMMARY OF **DENTAL SERVICES**



kp.org/dental/nw



All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232.

WELCOME TO KAISER PERMANENTE

Your mouth is home to your smile, and that's just the start. It shapes your words and expresses the real you. And when your mouth is healthy, you have more reasons to smile.

GOOD DENTAL HEALTH IS WORTH CELEBRATING

WHY KAISER PERMANENTE?

We believe dental and oral care is a vital part of your total health. That's why preventive care is at the core of our philosophy. And it's why every member gets a personalized prevention and treatment plan.

KNOW WHAT'S IMPORTANT

Freedom to choose

Having a dentist you click with can go a long way toward maintaining your overall dental health. So right from your first appointment, you can pick which dentist and hygienist you want to see. And if you aren't satisfied, you can make a change at any time.

Convenience

We have more than 160 top-notch general and specialty dentists, whom you'll find throughout our 21 dental offices located in Oregon and Southwest Washington. For added convenience, you can also take advantage of our no-cost virtual dentistry options, including email, phone visits, and video visits. And our connected providers can make referrals to Kaiser Permanente specialty dentists, creating a seamless experience – without any additional paperwork or hassle.

Teamwork

Our dentists know that dental care is an important part of your overall health. Our dentists and dental staff can easily work together with our doctors and medical staff. That's because they're all part of the same system working together for and with you. In fact, did you know that members who receive both their medical and dental care through Kaiser Permanente's integrated model tend to be healthier overall?² That means lower rates of tobacco use, lower numbers on the scale, and fewer trips to the hospital. Also, when Kaiser Permanente medical members visit our dental offices, we remind them of preventive and chronic condition care they need.

Our philosophy of care

We follow a research-based approach in providing dental care. We emphasize preventive care to help keep your teeth and gums healthy. You'll receive a personalized prevention and treatment plan after we assess your risk for dental disease. We might suggest other steps to improve your overall health because they may improve your dental health, too.

¹When appropriate and available. These features are available when you get care at Kaiser Permanente facilities. 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. To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device.

²Kaiser Permanente Center for Health Research, *Comparison of HEDIS Outcomes Among Dental/Medical vs. Medical Only Population* (2013).



TOP-NOTCH DENTISTS

Higher standards

We set high standards for our dental program. For more than 30 years, we've been independently recognized as a leader in providing high-quality, patient-centered, comprehensive care¹ – and we're the only dental practice in the Pacific Northwest to meet this rigorous standard.

PATIENT SATISFACTION

95% of our members would recommend us to family and friends.² Our coverage options and high-quality care allow us to deliver you an outstanding service experience.

Hiring top dentists

Recruitment focuses on dentists with advanced education and training and/or dentists who have experience in group or private practice. We encourage our dentists to grow professionally through continuing education.

We are always looking for ways to integrate medical and dental care, such as hypertension screening and tobacco cessation support. We also focus on hiring dentists with communication skills as well as clinical and diagnostic abilities.

We are proud to have a high retention rate among our dentists.³ Quality of care and quality of patient experience help maintain the dentist-patient relationship.

Dental Directory

You can learn more about our dentists and the quality of care we provide through our online Dental Directory. You can view photos and learn about the educational backgrounds of more than 160 dentists and specialists. Visit kp.org/dental/nw/directory to search by area, location, provider, or specialty.

¹Continuously accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) since 1990. Kaiser Permanente Dental is the only AAAHC-accredited dental home in the Northwest, and the third in the nation to achieve dental home accreditation. <https://www.aaahc.org/>

²According to the Press Ganey survey for January 2021–December 2021.

³Calculated by average service years across all dentists.

HERE'S TO YOUR DENTAL HEALTH

INTEGRATED CARE

TOTAL HEALTH

We believe that dental health is an important part of your overall health because poor dental health can cause serious problems in other parts of your body. That's why we focus on your total health, with prevention in mind at all times.

It all starts with a personalized risk assessment. This allows our dentists to create a treatment plan that addresses your dental health needs. It also may help identify other health issues that are affected by your oral health.

If you are a Kaiser Foundation Health Plan of the Northwest member with medical and dental coverage, you are part of our integrated health care network. We can help identify potential physical conditions before they become serious health issues. And we can help you prevent tooth decay and gum disease, which can contribute to physical illness.

Our comprehensive electronic medical and dental record system gives Kaiser Permanente Dental providers access to your relevant health history. This helps them safely treat you, whether for dental care or referral to another Kaiser Permanente provider.

Our dentists can also communicate with your Kaiser Permanente medical clinicians, helping provide coordinated care. This helps save you time and money and helps you rest easy, knowing we are looking out for your total health.

This access extends beyond the dental office. Several of our dentists provide pre-surgery oral health evaluations and treatment for patients preparing for certain medical procedures or surgeries. It's through our fully integrated health care network that we are able to help provide you with the right care at the right time.

Plus, with many of our dental offices located in or near our medical offices, it's faster and easier to take care of your total health in one stop. You can save a trip by taking care of minor medical needs, like flu shots or vaccinations, during your dental appointment.*

We've got you covered

Our integrated dental, medical, and insurance services help make health care management easier for you. They provide you with a long-term approach to total health and well-being, which ultimately can translate to cost savings for you.

QUALITY WITH A PREVENTIVE FOCUS

QUALITY ASSURANCE

Kaiser Permanente dentists personalize your care using peer-reviewed literature to guide clinical decisions.

Our dentists value the daily interactions, camaraderie, and professional growth that a group practice offers, with the goal of higher quality of care from the sharing of ideas.

Kaiser Permanente Dental also has a Quality Assurance/Improvement Committee that reviews all processes to assure that you receive high-quality care.

Evidence-based dentistry

Evidence-based dentistry uses scientific research to guide treatment decisions, resulting in better outcomes for our members. The goal is to shift dental services from treating the effects of disease toward preventing, monitoring, and reversing disease.

*When you have both Kaiser Permanente medical and dental coverage. Medical services are available at select dental locations.

OTHER CONVENIENT SERVICES

Orthodontics

We offer a variety of orthodontic options, including traditional metal braces and Invisalign®.

Dental implants

When restoration isn't possible, dental implants are a base for individual replacement teeth, bridges, or dentures. We offer implant services at select dental offices.

Dental care products

Each of our dental offices carries a complete line of quality dental care products. You can buy these items at or below normal retail prices. Your dentist or dental hygienist can tell you which products are best for your needs.

Prescription drugs

You may use the pharmacies in our medical offices or our mail-order pharmacy to fill prescriptions written by our dentists and doctors whether or not you have a prescription drug benefit with us. There's always a pharmacist available to answer questions.

A wealth of health services

As a member of our dental plan, you have access to the wide range of health services Kaiser Permanente offers, including:

- Talk with a wellness coach at no additional cost
- Health education classes
- Health services and tools at kp.org/healthengagement

Virtual dentistry

A virtual visit with a dentist may cover your dental history, assess the severity of the concern, and provide recommendations and next steps. Services include:

- Telephone advice 24 hours a day, 7 days a week
- Telephone visits¹
- Video visits^{1,2}
- Dental advice email on kp.org and the Kaiser Permanente app³
- The ability to email photos through kp.org and Kaiser Permanente app³

Our integrated dental, medical, pharmacy, and insurance services help make health care management easier for you.

The Comfort Menu

To ensure you're as comfortable as possible during your visit, our Comfort Menu offers a list of items to help you relax:

- Pillow
- Earplugs
- Headphones/earbuds
- Squeeze ball
- Blanket (heated based on your preferences)
- Lip moisturizer
- Moist towelette

¹When appropriate and available. These features are available when you get care at Kaiser Permanente facilities. 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.

²To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device.

³Available to members with both Kaiser Permanente medical and dental coverage. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

HOW TO MAKE APPOINTMENTS

VISIT US ONLINE

For more information visit kp.org/dental/nw.
Most of our dental offices are open Monday through Friday. We also offer Saturday hours for hygienist services. Go to kp.org/facilities for the latest hours. To make an appointment, please call our Appointment Center at **1-800-813-2000 (TTY 711)**.
When you call, let the member assistant know what type of appointment you need, and please have your Kaiser Permanente ID card handy.

Your first appointment

As a new patient, your first visit will include:

- Diagnostic X-rays
- Gum disease test and tooth decay assessment
- Head and neck cancer screening and blood pressure check
- Assessment of tobacco use

After your exam, your dentist will discuss the findings with you and ask about your medical and dental history. He or she will talk with you about any treatment you may need and plan a routine cleaning schedule.

For children, we recommend a visit within 6 months of when their first tooth comes in or by age 1.

When you call to make your first appointment, please let us know if you would like to share dental X-rays from your previous dentist with us.

Depending on factors such as image quality and how recently the X-rays were taken, we may be able to use them. Dental X-rays are proven safe and are necessary for us to do a comprehensive assessment of your oral health.

URGENT AND EMERGENCY CARE

Emergency and urgent dental care is available 24 hours a day, 7 days a week.

Urgent conditions include toothaches, broken fillings, chipped teeth, and swelling around a tooth. If you need urgent care, please call the Appointment Center.

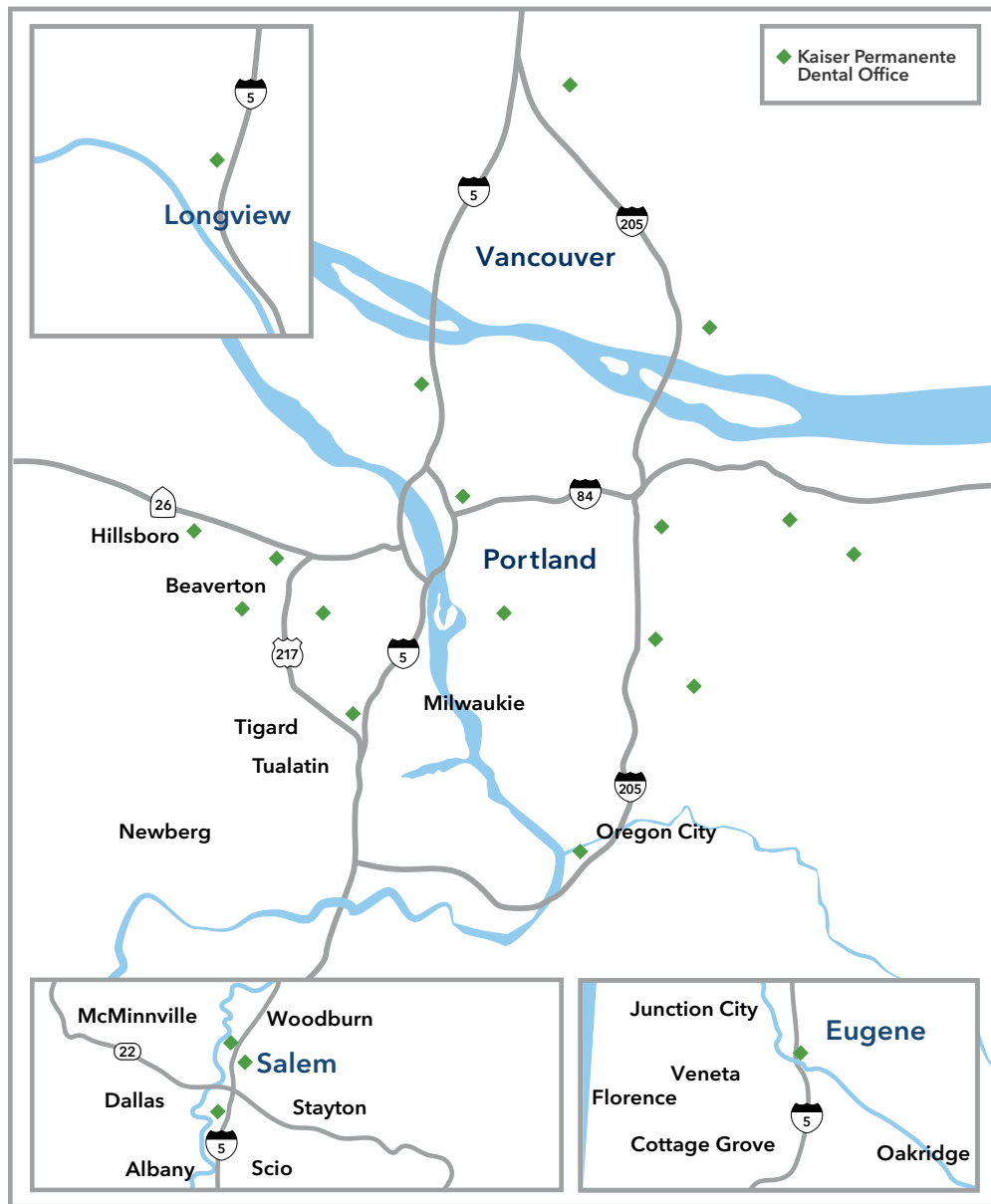
Emergency dental conditions include severe swelling or infection, severe traumatic injury to teeth, bleeding that doesn't stop, and extreme pain. If you need emergency care, please call the Appointment Center any time, any day.

WHEN YOU'RE AWAY FROM HOME

If you have a dental emergency outside our service area, you may go to the nearest dental office. You have limited coverage for out-of-area emergency care if your condition meets the emergency criteria above.

| Our Appointment Center | |
|--|--|
| Call the Appointment Center to: Make appointments. Verify or cancel appointments.* Ask about eligibility. Get advice or arrange to be seen for a dental emergency. Ask about benefits. Get information about dental offices, including directions. | Hours are 6:30 a.m. to 6 p.m. Monday through Friday and 7:30 a.m. to 4 p.m. Saturday. Appointments..... 1-800-813-2000 TTY 711 <small>*If you need to cancel your appointment, we ask that you do so at least 24 hours in advance. If you do not cancel prior to your appointment time, you may be charged a \$25 fee by your provider.</small> |

WHERE TO GET DENTAL CARE



Go to kp.org/locations to see all our current locations and to find the facility closest to you. Or call Member Services at **1-800-813-2000 (TTY 711)**.

HERE'S TO **YOUR DENTAL HEALTH**

WHERE TO GET DENTAL CARE

Dental facilities

Portland-area dental offices

- ◆ Aloha Dental Office
17675 SW Tualatin Valley Hwy.
Beaverton, OR 97003
- ◆ Beaverton Dental Office^{1,2}
4855 SW Western Ave.
Beaverton, OR 97005
- ◆ Cedar Hills Dental Office^{1,2}
12450 SW Walker Rd.
Beaverton, OR 97005
- ◆ Clackamas Dental Office
10209 SE Sunnyside Road
Clackamas, OR 97015
- ◆ Eastmoreland Dental Office
5025 SE 28th Ave.
Portland, OR 97202
- ◆ Glisan Dental Office²
10102 NE Glisan St.
Portland, OR 97220
- ◆ Grand Avenue Dental Office
1314 NE Grand Ave.
Portland, OR 97232
- ◆ Gresham Dental Office
360 NW Burnside St.
Gresham, OR 97030
- ◆ Kaiser Permanente Dental
at Johnson Creek
9300 SE 91st Ave., Ste. 310
Happy Valley, OR 97086
- ◆ North Interstate Dental Office
7201 N. Interstate Ave.
Portland, OR 97217
- ◆ Oregon City Dental Office
1900 McLoughlin Blvd., Suite 68
Oregon City, OR 97045
- ◆ Rockwood Dental Office
822 NE 181st Ave.
Portland, OR 97230

- ◆ Tanasbourne Dental Office^{1,2}
10315 NE Tanasbourne Drive
Hillsboro, OR 97124
- ◆ Tigard Dental Office
7105 SW Hampton St.
Tigard, OR 97223

Vancouver-area dental offices

- ◆ Cascade Park Dental Office¹
12711 SE Mill Plain Blvd.
Vancouver, WA 98684
- ◆ Salmon Creek Dental Office¹
14406 NE 20th Ave.
Vancouver, WA 98686

Salem-area dental offices

- ◆ Kaiser Permanente Dental
at Keizer Station
5910 Ulali Dr.
Keizer, OR 97303
- ◆ North Lancaster Dental Office¹
2300 Lancaster Drive NE
Salem, OR 97305
- ◆ Skyline Dental Office¹
5135 Skyline Road S.
Salem, OR 97306

Longview-area dental office

- ◆ Longview-Kelso Dental Office¹
1230 Seventh Ave.
Longview, WA 98632

Lane County dental office

- ◆ Valley River Dental Office
1011 Valley River Way
Eugene, OR 97401

¹These facilities are co-located with a medical facility.

²These offices have a nurse on staff for added convenience.

Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide 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 Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at: Member Relations Department, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232-2099, Phone: **1-800-813-2000** (TTY: **711**), Fax: **1-855-347-7239**.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 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 2020, Phone: 1-800-368-1019, TDD: 1-800-537-7697. Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

For Washington Members

You can also file a complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal, available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 1-800-562-6900, or 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>.

Help in Your Language

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-813-2000 (TTY: 711)**.

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-813-2000 (TTY: 711)**.

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-813-2000 (TTY: 711)**.

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電**1-800-813-2000 (TTY: 711)**。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-813-2000 (TTY: 711)** تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-813-2000 (TTY: 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-813-2000 (TTY: 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-813-2000 (TTY: 711)** まで、お電話にてご連絡ください。

ខ្មែរ (Khmer) ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ **1-800-813-2000 (TTY: 711)**។

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-813-2000 (TTY: 711)** 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ **1-800-813-2000 (TTY: 711)**.

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-813-2000 (TTY: 711)**.

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। **1-800-813-2000 (TTY: 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la **1-800-813-2000 (TTY: 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-813-2000 (TTY: 711)**.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-813-2000 (TTY: 711)**.

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-813-2000 (TTY: 711)**.

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-813-2000 (TTY: 711)**.

Українська (Ukrainian) УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером **1-800-813-2000 (TTY: 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-813-2000 (TTY: 711)**.

NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The information in this brochure applies when you use the Kaiser Permanente dental care system. The information in this brochure does not apply to Dental Choice members when they obtain services from PPO providers and facilities and nonparticipating providers and facilities. This brochure is not a contract. Read your *Evidence of Coverage (EOC)* carefully to make sure you understand your coverage.

kp.org/dental/nw



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KAISER PERMANENTE®

Summary of Dental Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest. 500 NE Multnomah St., Suite 100, Portland, OR 97232

Membership Services: 1-800-813-2000

Oregon R198

1/1/2023 - 12/31/2023

North Clackamas School District

Group Number: 1595-024

| | |
|--|----------------|
| Benefit Maximum per Calendar Year | None |
| | You pay |
| Dental Office Visit Charge – Per visit | \$5 |
| Deductible (Per Calendar Year; applies to all services unless otherwise indicated) | |
| For one Member | \$0 |
| For an entire Family | \$0 |
| Preventive and Diagnostic Services (Not subject to or counted toward the Deductible) | |
| Oral exam | \$0 |
| X-rays | \$0 |
| Teeth cleaning | \$0 |
| Fluoride | \$0 |
| Minor Restoration Services | |
| Routine fillings | \$0 |
| Plastic and steel crowns | \$0 |
| Simple extractions | \$0 |
| Oral Surgery Services | |
| Surgical tooth extractions | \$0 |
| Periodontics | |
| Treatment of gum disease | \$0 |
| Scaling and root planing | \$0 |
| Endodontics | |
| Root canal therapy | \$0 |
| Major Restoration Services | |
| Gold or porcelain crowns | \$45 |
| Bridges | \$45 |
| Removable Prosthetic Services | |
| Full upper and lower dentures | \$65 |
| Partial dentures | \$95 |
| Relines | \$25 |
| Rebases | \$25 |
| Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum) | |
| Adults and children age 13 years and older | \$25 |
| Children age 12 years and younger | \$0 |
| Orthodontics | Not covered |

ORLGDental0122

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request or you may go to **kp.org/plandocuments**.

Questions? Call Member Services (M-F, 8 am-6 pm) or visit **kp.org** Portland area: 503-813-2000

All other areas: 1-800-813-2000. TTY, all areas: 711. Language Interpretation Services, all areas: 1-800-324-8010

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.