

# 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 feels easier and faster, with the help of connected caregivers, more ways to get care, and support for the whole you. Welcome to care that fits your life.

## Important open enrollment dates for 2022

- The open enrollment period for 2022 coverage runs from November 1, 2021, through January 31, 2022.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Covered California.
- For coverage that starts on January 1, 2022, we must receive your Application for Health Coverage and first month's premium no later than December 15, 2021.

## Enrolling during a special enrollment period

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

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

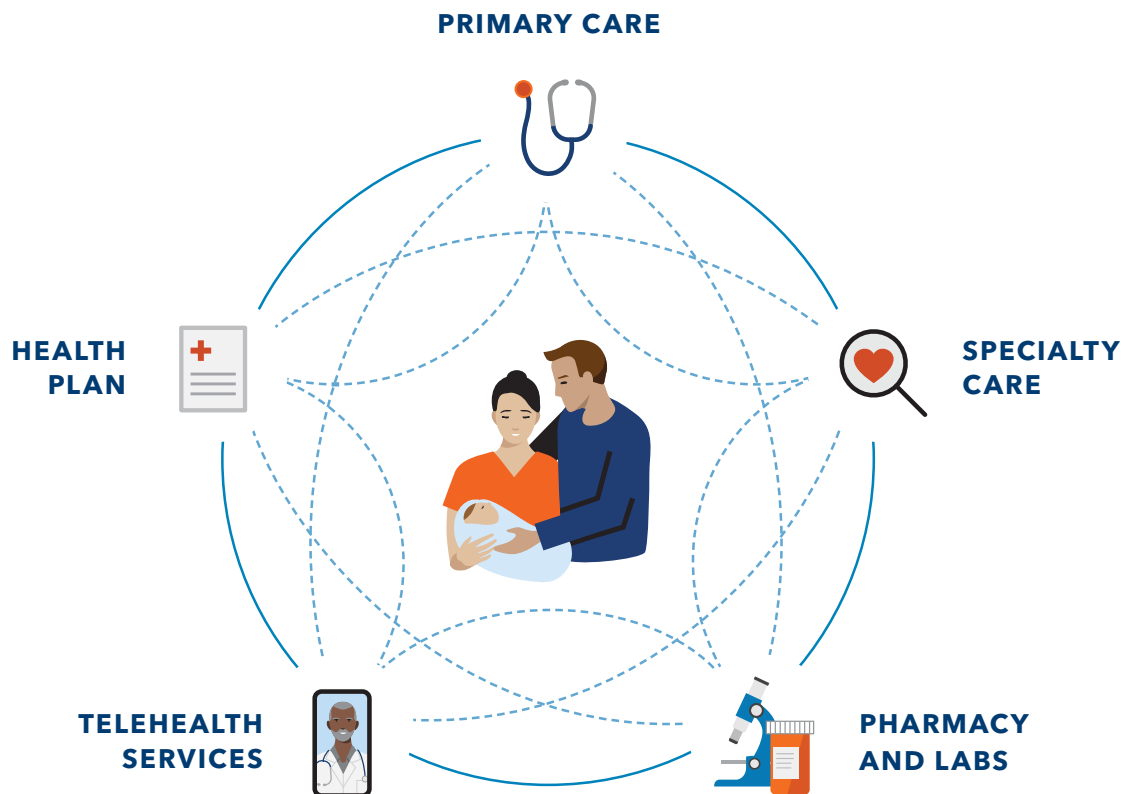
A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY 711).



# Built to make your life easier

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

To see what it's like to be a member, visit [kp.org/myhealthyplace](https://kp.org/myhealthyplace).



# Care centered around you

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

## Your healthy place should reflect 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<sup>1</sup>

## Get care with the help of your electronic health record



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



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



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



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

# Convenient ways to get what you need

You've got more ways to get quality care than ever before, so it's easier to stay on top of your health.



## Video or phone appointment

Schedule a face-to-face video visit or phone appointment with a Kaiser Permanente professional care team and any specialists you've been referred to.<sup>2,9</sup>



## In-person care

We offer same-day, next-day, after-hours, and weekend services at many of our locations.<sup>3</sup>



## 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 prescriptions for delivery or same-day pickup.<sup>4</sup>



## 24/7 advice

Get on-demand support with 24/7 care advice by phone.



## E-visit

Use our online symptom checker for certain conditions and get personalized care advice within a few hours.



## Care away from home

You're covered for emergency care anywhere in the world. When you're not in a Kaiser Permanente area, get urgent care from any provider, including MinuteClinic locations (in select CVS and Target stores) or Concentra urgent care centers.

## Telehealth is covered at no additional cost with most plans<sup>5</sup>

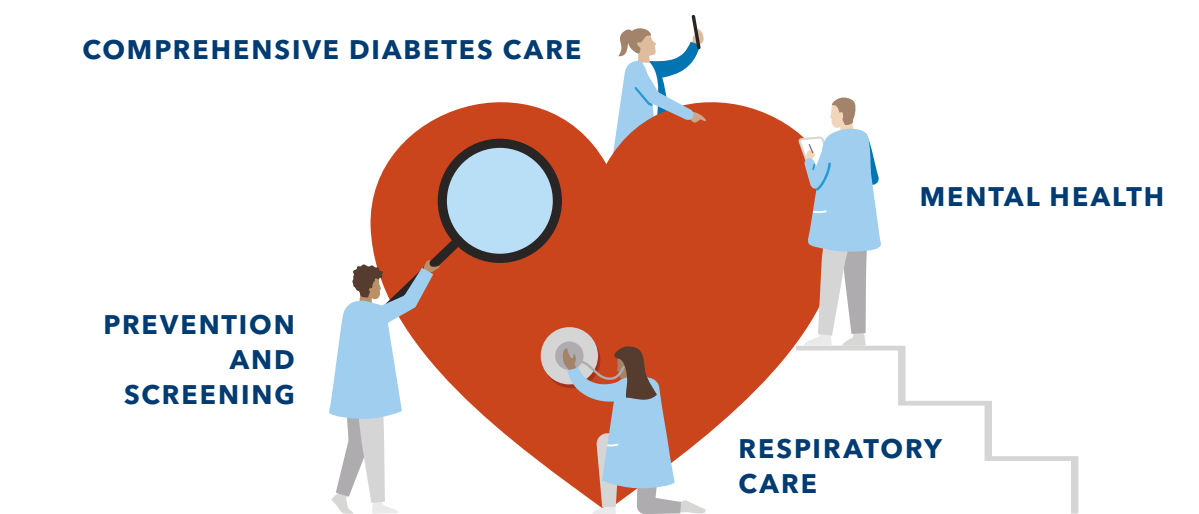
Telehealth has been part of how we deliver care for years, making it easier for our members to connect virtually to care during the pandemic. Our members had 15 million more care encounters in 2020 than in 2019.<sup>6</sup>



# Industry-leading clinical quality

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

In 2020, Kaiser Permanente led the nation as the top performer in 34 effectiveness-of-care measures. The closest national competitor led in only 17.<sup>7</sup>



## Specialty care when you need it

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

### A comprehensive approach to care

With one of the largest multispecialty medical groups in the country, we can help connect you with the right 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](https://kp.org/specialtycare).

### Support for ongoing conditions

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

# A better experience from the start

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



## Search profiles to find the right doctor

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



## Transition your care

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



## Connect to care online

After you enroll, create an account at **kp.org** and download the Kaiser Permanente app.<sup>9</sup> Then manage your health on your schedule – whenever, wherever.

## Health care doesn't have to be confusing

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





# Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.<sup>8</sup> 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, read your doctor's notes, and more.<sup>9</sup>



## Acupuncture, massage therapy, chiropractic care

Enjoy reduced rates on services to help you stay healthy.



## Healthy lifestyle programs

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



## Wellness coaching

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

## Extras for your total health



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



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

## CLASSPASS

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

# Care meets you where you are

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

95M

## VIRTUAL CONNECTIONS

between members and their care teams in 2020<sup>10</sup>



12.5M

## MEMBERS

covered for care needs in mind and body



23,597

## DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements



39M

## PRESCRIPTION DELIVERIES

to members' homes in 2020, usually within 3 to 5 days

763

## HOSPITALS AND MEDICAL OFFICES

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



9

## AREAS

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



## Your choice of doctors and locations

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



# Choosing your health plan

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

## Copay or coinsurance plans

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

## Deductible plans – silver, bronze, and minimum coverage

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

## HSA-qualified high deductible health plans – silver and bronze

HSA-qualified deductible plans are deductible plans with a special feature. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account. You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses or adult dental.<sup>11</sup> And if you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

# Example of your costs for care

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

Plan name	Office visit	X-ray	Generic drug
KP Gold 80 HMO Coinsurance (no deductible)	\$35	\$75	\$15*
KP Silver 70 HMO 2500/45 (\$2,500 deductible)	\$45	\$70	\$20*
KP Bronze 60 HDHP HMO (\$7,000 deductible)	No charge after deductible	No charge after deductible	No charge after deductible

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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

## Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit [buykp.org/apply](https://buykp.org/apply) for details.



# Understanding the plans: benefit highlights

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

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

Benefit highlights		<div>KP</div> <div>Kaiser Permanente - Silver 70 HMO</div> <div>Off Exchange</div>
Plan type	Deductible	
Annual medical deductible (individual/family)	\$3,700/\$7,400	
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	
Benefits		
Virtual care		
Chat, Email, E-visit, Phone, and Video visit	No charge	
Preventive care		
Routine physical exam, mammograms, etc.	No charge	
Outpatient services (per visit or procedure)		
Primary care office visit	\$35	
Specialty care office visit	\$70	
Most X-rays	\$85	
Most lab tests	\$40	
MRI, CT, PET	\$325	
Outpatient surgery	20%	
Mental health visit	\$35	
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	
Maternity		
Routine prenatal care visit, first postpartum visit	No charge	
Delivery and inpatient well-baby care	20% after deductible	
Emergency and urgent care		
Emergency Department visit	\$400	
Urgent care visit	\$35	
Prescription drugs (up to a 30-day supply)		
Generic	\$15 after \$10 pharmacy deductible*	
Preferred brand	\$55 after \$10 pharmacy deductible*	
Non-preferred brand	\$55 after \$10 pharmacy deductible*	
Specialty	20% after \$10 pharmacy deductible, up to \$250 per prescription	
Whole health		
Healthy services	Optical promotions† kp2020.org	

KP

Offered through Kaiser Permanente

E

Offered through the health benefit exchange

### Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$3,700 for yourself or \$7,400 for your family. Then you'd start paying copays or coinsurance.

### Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$8,200 for yourself and no more than \$16,400 for your family for your copays, coinsurance, and deductible in a calendar year.

### Preventive care at no additional charge

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

### Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$35 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

### Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. In this example, you'd pay 20% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

### Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd pay \$35 for a primary care office visit.

### Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$3,700 for yourself or \$7,400 for your family. Then you'd start paying copays or coinsurance.

### Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$8,200 for yourself and no more than \$16,400 for your family for your copays, coinsurance, and deductible in a calendar year.

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### Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 20% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

### Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$35 copay for urgent care visits, whether or not you have met your deductible.

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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



**KP** Offered through Kaiser Permanente

**E** Offered through the health benefit exchange,  
Covered California

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

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

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

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

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

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

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

\*\*\* The Kaiser Permanente Minimum Coverage HMO plan includes three office visits at no charge before you reach your deductible. Office visits include primary, urgent, or outpatient mental health care.

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

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

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Benefit highlights	<b>E</b> Kaiser Permanente - Silver 70 HMO	<b>KP</b> Kaiser Permanente - Silver 70 HMO Off Exchange	<b>KP</b> Kaiser Permanente - Silver 70 HMO 2500/45	<b>KP</b> Kaiser Permanente - Silver 70 HDHP HMO 3250/20%
Plan type	Deductible	Deductible	Deductible	HSA-qualified
Annual medical deductible (individual/family)	\$3,700/\$7,400	\$3,700/\$7,400	\$2,500/\$5,000	\$3,250/\$6,500
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	\$8,200/\$16,400	\$8,200/\$16,400	\$7,000/\$14,000
<b>Benefits</b>				
<b>Virtual care</b>				
Email, E-visit, Phone and Video visit	No charge	No charge	No charge	Email, E-visit: No charge. Phone and Video visit: No charge after deductible
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$35	\$35	\$45	20% after deductible
Specialty care office visit	\$70	\$70	\$75	20% after deductible
Most X-rays	\$85	\$85	\$70 after deductible	20% after deductible
Most lab tests	\$40	\$40	\$25 after deductible	20% after deductible
MRI, CT, PET	\$325	\$325	\$350 after deductible	20% after deductible
Outpatient surgery	20%	20%	35% after deductible	20% after deductible
Mental health visit	\$35	\$35	\$45	20% after deductible
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	20% after deductible	35% after deductible	20% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	20% after deductible	35% after deductible	20% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	\$400	\$400	\$350 after deductible	20% after deductible
Urgent care visit	\$35	\$35	\$45	20% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$15 after \$10 pharmacy deductible*	\$15 after \$10 pharmacy deductible*	\$20*	20% after deductible, up to \$250 per prescription
Preferred brand	\$55 after \$10 pharmacy deductible*	\$55 after \$10 pharmacy deductible*	\$65 after \$350 pharmacy deductible*	20% after deductible, up to \$250 per prescription
Non-preferred brand	\$55 after \$10 pharmacy deductible*	\$55 after \$10 pharmacy deductible*	\$65 after \$350 pharmacy deductible*	20% after deductible, up to \$250 per prescription
Specialty	20% after \$10 pharmacy deductible, up to \$250 per prescription	20% after \$10 pharmacy deductible, up to \$250 per prescription	35% after \$350 pharmacy deductible, up to \$250 per prescription	20% after deductible, up to \$250 per prescription
<b>Whole health</b>				
Healthy services	Optical promotions† kp2020.org	Optical promotions† kp2020.org	Optical promotions† kp2020.org	Optical promotions† kp2020.org

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

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

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

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\*\*\* The Kaiser Permanente Minimum Coverage HMO plan includes three office visits at no charge before you reach your deductible. Office visits include primary, urgent, or outpatient mental health care.

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Benefit highlights	<b>KP</b> <b>E</b> Kaiser Permanente - Gold 80 HMO Coinsurance	<b>KP</b> <b>E</b> Kaiser Permanente - Gold 80 HMO	<b>KP</b> <b>E</b> Kaiser Permanente - Platinum 90 HMO	<b>KP</b> <b>E</b> Kaiser Permanente - Minimum Coverage HMO <sup>††</sup>
Plan type	Copay	Copay	Copay	Deductible
Annual medical deductible (individual/family)	None/None	None/None	None/None	\$8,700/\$17,400
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	\$8,200/\$16,400	\$4,500/\$9,000	\$8,700/\$17,400
<b>Benefits</b>				
<b>Virtual care</b>				
Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$35	\$35	\$15	First 3 office visits no charge.*** Additional visits no charge after deductible
Specialty care office visit	\$65	\$65	\$30	No charge after deductible
Most X-rays	\$75	\$75	\$30	No charge after deductible
Most lab tests	\$40	\$40	\$15	No charge after deductible
MRI, CT, PET	20%	\$150	\$75	No charge after deductible
Outpatient surgery	20%	\$340	\$125	No charge after deductible
Mental health visit	\$35	\$35	\$15	First 3 office visits no charge.*** Additional visits no charge after deductible
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20%	\$600 per day up to 5 days**	\$250 per day up to 5 days**	No charge after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20%	\$600 per day up to 5 days**	\$250 per day up to 5 days**	No charge after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	\$350	\$350	\$150	No charge after deductible
Urgent care visit	\$35	\$35	\$15	First 3 office visits no charge.*** Additional visits no charge after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$15*	\$15*	\$5*	No charge after deductible
Preferred brand	\$55*	\$55*	\$15*	No charge after deductible
Non-preferred brand	\$55*	\$55*	\$15*	No charge after deductible
Specialty	20% up to \$250 per prescription	20% up to \$250 per prescription	10% up to \$250 per prescription	No charge after deductible
<b>Whole health</b>				
Healthy services	Optical promotions <sup>†</sup> kp2020.org	Optical promotions <sup>†</sup> kp2020.org	Optical promotions <sup>†</sup> kp2020.org	Optical promotions <sup>†</sup> kp2020.org

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

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

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

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

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

\*\*\* The Kaiser Permanente Minimum Coverage HMO plan includes three office visits at no charge before you reach your deductible. Office visits include primary, urgent, or outpatient mental health care.

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

**E** Offered through the health benefit exchange,  
Covered California

## Cost Share Reduction (CSR) Plans

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

Benefit highlights	<b>E</b> Kaiser Permanente - Silver 73 HMO	<b>E</b> Kaiser Permanente - Silver 87 HMO	<b>E</b> Kaiser Permanente - Silver 94 HMO
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$3,700/\$7,400	\$800/\$1,600	\$75/\$150
Annual out-of-pocket maximum (individual/family)	\$6,300/\$12,600	\$2,850/\$5,700	\$800/\$1,600
<b>Benefits</b>			
<b>Virtual care</b>			
Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$35	\$15	\$5
Specialty care office visit	\$70	\$25	\$8
Most X-rays	\$85	\$40	\$8
Most lab tests	\$40	\$20	\$8
MRI, CT, PET	\$325	\$100	\$50
Outpatient surgery	20%	15%	10%
Mental health visit	\$35	\$15	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	15% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	15% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	\$400	\$150	\$50
Urgent care visit	\$35	\$15	\$5
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15 after \$10 pharmacy deductible*	\$5*	\$3*
Preferred brand	\$55 after \$10 pharmacy deductible*	\$25 after \$100 pharmacy deductible*	\$10*
Non-preferred brand	\$55 after \$10 pharmacy deductible*	\$25 after \$100 pharmacy deductible*	\$10*
Specialty	20% after \$10 pharmacy deductible, up to \$250 per prescription	15% after \$100 pharmacy deductible, up to \$150 per prescription	10%, up to \$150 per prescription
<b>Whole health</b>			
Healthy services	Optical promotions <sup>†</sup> <b>kp2020.org</b>	Optical promotions <sup>†</sup> <b>kp2020.org</b>	Optical promotions <sup>†</sup> <b>kp2020.org</b>

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

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

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

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

\*\*\* The Kaiser Permanente Minimum Coverage HMO plan includes three office visits at no charge before you reach your deductible. Office visits include primary, urgent, or outpatient mental health care.

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# Optional Adult Dental Insurance Plan

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

## How the plan works

- **No deductible for preventive services.** The deductible is the amount you pay for covered services each year before Delta Dental starts paying. With this plan, there's no deductible for preventive or diagnostic services like cleanings and X-rays. For other services, there's a \$25 annual deductible per person, up to a maximum of \$75 for your whole family.
- **Coverage for the whole family.** If you enroll, every adult on your health plan must also be enrolled. In other words, you can't choose to enroll some members of your family in the dental plan and not others.
- **Annual maximum.** The plan will pay up to \$1,000 toward dental services for each covered member per year.
- **Waiting periods.** Some dental services are subject to a waiting period before the plan will cover the charges. See the Table of Allowances in your *Certificate of Insurance* for the specific dental services subject to waiting periods.

## How to enroll

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

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

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### 2022 monthly rate

\$30.76 per member

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## Have questions?

Call **1-800-933-9312**, 8 a.m. to 4 p.m., Monday through Friday. Visit **deltadentalins.com** for a list of PPO or Premier providers in your area. Once enrolled, you can contact Delta Dental's customer service line at **1-800-835-2244**, 5 a.m. to 5 p.m., Monday through Friday, for information on claims, eligibility, benefits, and to find a Delta Dental provider in your area.



# Dental benefit highlights

If you enroll in the dental plan, you'll get a *Certificate of Insurance*, which includes a Table of Allowances that lists all your covered services and the amount the plan pays for them.<sup>12</sup>

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

\*The waiting period is the period of time you and your covered dependents are required to be continuously covered under the dental insurance plan before a specific dental service becomes a covered benefit.

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

1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 2. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. In the case of a pandemic, some facilities may be closed or offer limited hours and services. 4. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. 5. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 6. Source: Kaiser Permanente Telehealth Insights Dashboard. 7. Kaiser Permanente 2020 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 2020 and is used with the permission of NCQA. Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 8. Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice. myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc. 9. These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on [kp.org](https://kp.org). 10. See note 6. 11. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://irs.gov). 12. The Table of Allowances lists the maximum amount, or allowance, that the plan will pay for each covered dental service. The plan will pay the lowest dollar amount among the following 3: the dentist's usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist's fee will be the responsibility of the patient.

## 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 Service Contact Center 24 hours a day, 7 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 at no cost to you. You 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 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.

You may submit a 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**

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:

### Northern California

Civil Rights/ADA Coordinator  
1800 Harrison St.  
16<sup>th</sup> Floor  
Oakland, CA 94612

### Southern California

Civil Rights/ADA Coordinator  
SCAL Compliance and Privacy  
393 East Walnut St.,  
Pasadena, CA 91188

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](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf) or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TTY). Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://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 7 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 sin costo para usted. 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** (TTY 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.

Puede presentar una queja de las siguientes maneras:

- **Por teléfono:** Llame a servicio a los miembros al **1-800-788-0616** (TTY 711) las 24 horas del día, los 7 días de la semana (excepto los días festivos).
- **Por correo postal:** Llámenos al **1-800-788-0616** (TTY 711) y pida que se le envíe un formulario.
- **En persona:** Llene un formulario de Queja Formal o Reclamo/Solicitud de Beneficios en una oficina de servicio a los miembros ubicada en un Centro de Atención del Plan (consulte su directorio de proveedores en **kp.org/facilities** [haga clic en “Español”] para obtener las direcciones).
- **En línea:** Use el formulario en línea 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:

### Northern California

Civil Rights/ADA Coordinator  
1800 Harrison St.  
16<sup>th</sup> Floor  
Oakland, CA 94612

### Southern California

Civil Rights/ADA Coordinator  
SCAL Compliance and Privacy  
393 East Walnut St.,  
Pasadena, CA 91188

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](https://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 Ave. SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TTY). Los formularios de queja formal están disponibles en [hhs.gov/ocr/office/file/index.html](https://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7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服務，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。您可免費索取翻譯成您的語言的資料。您還可免費索取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 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。

您可透過以下方式提出申訴：

- **透過電話：**請致電**1-800-757-7585**（TTY 711）與會員服務部聯絡，服務時間為每週7天，每天24小時（節假日除外）。
- **透過郵件：**請致電**1-800-757-7585**（TTY 711）與我們聯絡並請我們將表格寄給您。
- **親自遞交：**在計劃設施的會員服務辦事處填寫投訴或福利理索賠／申請表（請參閱 [kp.org/facilities](http://kp.org/facilities) 上的保健業者名錄以查看地址）
- **線上：**使用我們網站上的線上表格，網址為 [kp.org](http://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 (Civil Rights Coordinator)。您也可與Kaiser Permanente的民權事務協調員直接聯絡，地址：

**Northern California**  
Civil Rights/ADA Coordinator  
1800 Harrison St.  
16<sup>th</sup> Floor  
Oakland, CA 94612

**Southern California**  
Civil Rights/ADA Coordinator  
SCAL Compliance and Privacy  
393 East Walnut St.,  
Pasadena, CA 91188

您還可以電子方式透過民權辦公室的投訴入口網站 (Office for Civil Rights Complaint Portal) 向美國衛生與民眾服務部 (U.S. Department of Health and Human Services) 民權辦公室 (Office for Civil Rights) 提出民權投訴，網址是 [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://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 Ave. SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TTY)。投訴表可從網站 [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html) 下載。



## Thông Báo Không Kỳ Thị

Kaiser Permanente không phân biệt đối xử dựa trên tuổi tác, chủng tộc, sắc tộc, màu da, nguyên quán, hoàn cảnh văn hóa, tổ tiên, tôn giáo, giới tính, nhận dạng giới tính, cách thể hiện giới tính, khuynh hướng tính dục, gia cảnh, khuyết tật về thể chất hoặc tinh thần, nguồn tiền thanh toán, thông tin di truyền, quốc tịch, ngôn ngữ chính, hay tình trạng di trú.

Các dịch vụ trợ giúp ngôn ngữ hiện có từ Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi 24 giờ trong ngày, 7 ngày trong tuần (ngoại trừ ngày lễ). Dịch vụ thông dịch, kể cả ngôn ngữ ký hiệu, được cung cấp miễn phí cho quý vị trong giờ làm việc. Các phương tiện trợ giúp và dịch vụ bổ sung cho những người khuyết tật được cung cấp miễn phí cho quý vị trong giờ làm việc. Chúng tôi cũng có thể cung cấp cho quý vị, gia đình và bạn bè quý vị mọi hỗ trợ đặc biệt cần thiết để sử dụng cơ sở và dịch vụ của chúng tôi. Quý vị có thể yêu cầu miễn phí tài liệu được dịch ra ngôn ngữ của quý vị. Quý vị cũng có thể yêu cầu miễn phí các tài liệu này dưới dạng chữ lớn hoặc dưới các dạng khác để đáp ứng nhu cầu của quý vị. Để biết thêm thông tin, gọi **1-800-464-4000 (TTY 711)**.

Một phàn nàn là bất cứ thể hiện bất mãn nào được quý vị hay vị đại diện được ủy quyền của quý vị trình bày qua thủ tục phàn nàn. Ví dụ, nếu quý vị tin rằng chúng tôi đã kỳ phân biệt đối xử với vị, quý vị có thể đệ đơn phàn nàn. Vui lòng tham khảo *Chứng Từ Bảo Hiểm (Evidence of Insurance)* hay *Chứng Nhận Bảo Hiểm (Certificate of Insurance)*, hoặc nói chuyện với một nhân viên ban Dịch Vụ Hội Viên để biết các lựa chọn giải quyết tranh chấp có thể áp dụng cho quý vị.

Quý vị có thể nộp đơn phàn nàn bằng các hình thức sau đây:

- **Qua điện thoại:** Gọi cho ban dịch vụ hội viên theo số **1-800-464-4000 (TTY 711)** 24 giờ trong ngày, 7 ngày trong tuần (ngoại trừ đóng cửa ngày lễ).
- **Qua bưu điện:** Gọi cho chúng tôi theo số **1-800-464-4000 (TTY 711)** và yêu cầu được gửi một mẫu đơn.
- **Trực tiếp:** Điền một mẫu đơn Than Phiền hay Yêu Cầu Quyền Lợi/Yêu Cầu tại một văn phòng ban dịch vụ hội viên tại một Cơ Sở Thuộc Chương Trình (xem 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**

Xin gọi Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi nếu quý vị cần trợ giúp nộp đơn phàn nàn.

Điều Phối Viên Dân Quyền (Civil Rights Coordinator) Kaiser Permanente sẽ được thông báo về tất cả phàn nàn liên quan tới việc kỳ thị trên cơ sở chủng tộc, màu da, nguyên quán, giới tính, tuổi tác, hay tình trạng khuyết tật. Quý vị cũng có thể liên lạc trực tiếp với Điều Phối Viên Dân Quyền Kaiser Permanente tại:

**Northern California**  
Civil Rights/ADA Coordinator  
1800 Harrison St.  
16<sup>th</sup> Floor  
Oakland, CA 94612

**Southern California**  
Civil Rights/ADA Coordinator  
SCAL Compliance and Privacy  
393 East Walnut St.,  
Pasadena, CA 91188

Quý vị cũng có thể đệ đơn than phiền về dân quyền với Bộ Y Tế và Nhân Sinh Hoa Kỳ (U.S. Department of Health and Human Services), Phòng Dân Quyền (Office of Civil Rights) bằng đường điện tử thông qua Cổng Thông Tin Phòng Phụ Trách Khiếu Nại về Dân Quyền (Office for Civil Rights Complaint Portal), hiện có tại [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), hay bằng đường bưu điện hoặc điện thoại tại: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TTY).  
Mẫu đơn than phiền hiện có tại [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

## 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 թարգմանիչ 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 គឺមានឥតគិតថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ សំភារៈដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬធានារ៉ាប់រងផ្សេងទៀត។ 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:** ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໂດຍບໍ່ເສັງຄ່າ 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'ádleeheji. Atah halne'é áká'adoolwohígíí jókí, t'áadoo le'é t'áá hóhazaadji hadilyaa'go, éí doodaii' nááná lá al'aa ádaat'ehígíí bee hádadilyaa'go. Kojí hodiilnih **1-800-464-4000**, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleeheji (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 ਬੋਨਤੀ 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) ਫੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** 'ਤੇ ਫੋਨ 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 ชั่วโมงทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวข้องกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีการคิดค่าบริการเพียงโทรหาเราที่หมายเลข **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 Permanente Insurance Company (KPIC) does not discriminate based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

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

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

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

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

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

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

**Electronically:  
[www.insurance.ca.gov](http://www.insurance.ca.gov)**

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



**Kaiser Permanente 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 1-888-335-8227. 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 1-888-335-8227. 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1-888-335-8227與我們聯絡。如需進一步協助，請致電1-800-927-4357與加州保險局聯絡。聽障及語障電話專線使用者請致電711。Chinese

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**No Cost Language Services.** You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-888-335-8227. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Doo báhílinigóó há ata' hane.** Ata' halne'í há shónáot'eeh dóó naaltsoos t'áa hazaad bee bik'i' ashchíigo hach'i' yídóoltah biniiyé hach'i' ánal'íh leh. Shíká i'doolwoł ninizingo nihich'i' hodiilnih koji' 1-888-335-8227 éi bee nééhózin biniiyé neiyítanigíi bikáá'. Áká e'élyeed jinizingo CA Dept. of Insurance bich'i' hojilnih kwe'é 1-800-927-4357. TTY chojooł'ígo éi íáá bił 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 1-888-335-8227. 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 1-888-335-8227번으로 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 1-888-335-8227. 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 1-888-335-8227 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 1-888-335-8227. 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1-888-335-8227 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 1-888-335-8227 تماس حاصل نمایید. برای دریافت کمک و راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY با شماره 711 تماس حاصل نمایند. Persian

**ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ।** ਤੁਸੀਂ ਕਿਸੇ ਦੁਭਾਸ਼ੀਏ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹਵਾ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-888-335-8227 '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 និងឱ្យគេអានឯកសារជូនអ្នក ជាភាសាខ្មែរ។ សំរាប់ជំនួយសូមទូរស័ព្ទមកយើង តាមលេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក ឬ 1-888-335-8227។ 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 1-888-335-8227. 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 1-888-335-8227. 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

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## Notes



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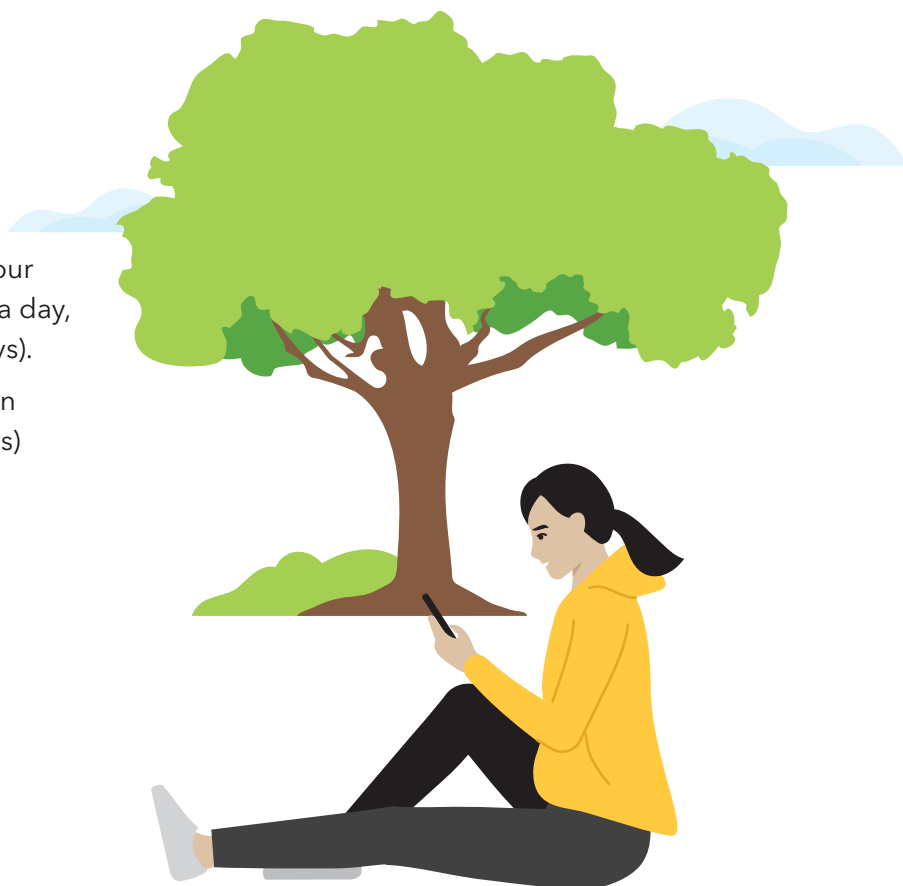
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