

2023 Provision of Notice

Updates to our plan's Drug List that will affect drugs you take

Kaiser Permanente has a *List of Covered Drugs (Formulary)*—or “Drug List” for short. If you need a copy, the Drug List on our website (kp.org/seniorrx) is always the most current. Or call our plan at the number listed for your Kaiser Permanente region on page 11.

The Drug List tells which Part D prescription drugs are covered by the plan. It also tells which “cost-sharing tier” each drug is in and whether there are any restrictions on coverage for a drug.

During the year, with Medicare approval, we may make changes to our Drug List.

- We may add new drugs, remove drugs, and add or remove restrictions on coverage for drugs. We are also allowed to change drugs from one cost-sharing tier to another.
- Unless noted otherwise, you will have at least 30-day notice before any changes take effect unless a serious safety issue is involved (for example, a drug is taken off the market by the Food and Drug Administration (FDA) or the drug manufacturer removes it).

Updates that affect drugs you take

The list that follows tells *only* about updates to the Drug List that will change the coverage or cost of drugs you take.

(For purposes of this update list, “drugs you take” means any Plan-covered drugs for which you filled prescriptions in 2023 as a member of our plan.)

Brand-name drug Prezista Tabs 600 MG and 800 MG to be replaced with generic Darunavir Tabs 600 MG and 800 MG

- **Date and type of change:** Effective September 1, 2023, the brand-name drug Prezista Tabs 600 MG and 800 MG will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Darunavir Tabs 600 MG and 800 MG). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** This change can save you money because the generic drug is in a lower cost-sharing tier. If you want to keep using Prezista, see the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Iressa Tabs 250 MG to be replaced with generic Gefitinib Tabs 250 MG

- **Date and type of change:** Effective August 1, 2023, the brand-name drug Iressa Tabs 250 MG will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Gefitinib Tabs 250 MG). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** If you want to keep using Iressa, see the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Pylera Caps 140-125-125 MG to be replaced with generic Bismuth/Metronidaz/Tetracyclin Caps 140-125-125 MG

- **Date and type of change:** Effective July 1, 2023, the brand-name drug Pylera Caps 140-125-125 MG will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Bismuth/Metronidaz/Tetracyclin Caps 140-125-125 MG). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** This change can save you money because the generic drug is in a lower cost-sharing tier. If you want to keep using Pylera, see the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Noxafil Susp 40 MG/ML to be replaced with generic Posaconazole Susp 40 MG/ML

- **Date and type of change:** Effective July 1, 2023, the brand-name drug Noxafil Susp 40 MG/ML will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Posaconazole Susp 40 MG/ML). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** If you want to keep using Noxafil Susp, see the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Aubagio Tabs 7 MG and 14 MG to be replaced with generic Teriflunomide Tabs 7 MG and 14 MG

- **Date and type of change:** Effective June 1, 2023, the brand-name drug Aubagio Tabs 7 MG and 14 MG will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Teriflunomide Tabs 7 MG and 14 MG). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** This change can save you money because the generic drug is in a lower cost-sharing tier. If you want to keep using Aubagio, see the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Latuda Tabs 20 MG, 40 MG, 60 MG, 80 MG, and 120 MG to be replaced with generic Lurasidone HCL Tabs 20 MG, 40 MG, 60 MG, 80 MG, and 120 MG

- **Date and type of change:** Effective May 1, 2023, the brand-name drug Latuda Tabs 20 MG, 40 MG, 60 MG, 80 MG, and 120 MG will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Lurasidone HCL Tabs 20 MG, 40 MG, 60 MG, 80 MG, and 120 MG). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** This change can save you money because the generic drug is in a lower cost-sharing tier. If you want to keep using Latuda, see the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Hetlioz Caps 20 MG to be replaced with generic Tasimelteon Caps 20 MG

- **Date and type of change:** Effective May 1, 2023, the brand-name drug Hetlioz Caps 20 MG will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Tasimelteon Caps 20 MG). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** If you want to keep using Hetlioz, see the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Esbriet Caps 267 MG to be replaced with generic Pirfenidone Caps 267 MG

- **Date and type of change:** Effective April 1, 2023, the brand-name drug Esbriet Caps 267 MG will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Pirfenidone Caps 267 MG). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** If you want to keep using Esbriet, see the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Daliresp Tabs 250 MCG to be replaced with generic Roflumilast Tabs 250 MCG

- **Date and type of change:** Effective March 1, 2023, the brand-name drug Daliresp Tabs 250 MCG will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Roflumilast Tabs 250 MCG). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** If you want to keep using Daliresp, see the information later in this section that tells “What you and your doctor can do.”

Prior authorization: Ozempic (0.25 or 0.5 MG/dose) Sopl 2 MG/1.5ML, (0.25 or 0.5 MG/dose) Sopl 2 MG/3ML, (1 MG/dose) Sopl 2 MG/1.5ML, (1 MG/dose) Sopl 4 MG/3ML, and (2 MG/dose) Sopl 8 MG/3ML

- **Date and type of change:** Beginning March 1, 2023, “prior authorization” will be required for this drug. This means you or your doctor need to get approval from the plan before we will agree to cover the drug for you.

Some “prior authorization” drugs may be covered by Medicare Part D or Medicare Part B depending on how and where they are administered and for what medical condition. No action is needed on your part. Coverage and cost sharing under Part B or D will be determined when your prescription is filled. Prior authorization may also apply to drugs for which treatment for the medical condition will determine if the drug is non-Part D (excluded) or covered.

- **Note:** See the information later in this section that tells “What you and your doctor can do.”

Prior authorization: Victoza Sopl 18 MG/3ML

- **Date and type of change:** Beginning March 1, 2023, “prior authorization” will be required for this drug. This means you or your doctor need to get approval from the plan before we will agree to cover the drug for you.

Some “prior authorization” drugs may be covered by Medicare Part D or Medicare Part B depending on how and where they are administered and for what medical condition. No action is needed on your part. Coverage and cost sharing under Part B or D will be determined when your prescription is filled. Prior authorization may also apply to drugs for which treatment for the medical condition will determine if the drug is non-Part D (excluded) or covered.

- **Note:** See the information later in this section that tells “What you and your doctor can do.”

Prior authorization: Mounjaro Sopl 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML, 12.5 MG/0.5ML, and 15 MG/0.5ML

- **Date and type of change:** Beginning March 1, 2023, “prior authorization” will be required for this drug. This means you or your doctor need to get approval from the plan before we will agree to cover the drug for you.

Some “prior authorization” drugs may be covered by Medicare Part D or Medicare Part B depending on how and where they are administered and for what medical condition. No action is needed on your part. Coverage and cost sharing under Part B or D will be determined when your prescription is filled. Prior authorization may also apply to drugs for which treatment for the medical condition will determine if the drug is non-Part D (excluded) or covered.

- **Note:** See the information later in this section that tells “What you and your doctor can do.”

Prior authorization: Olumiant Tabs 1 MG and 2 MG

- **Date and type of change:** Beginning March 1, 2023, “prior authorization” will be required for this drug. This means you or your doctor need to get approval from the plan before we will agree to cover the drug for you.

Some “prior authorization” drugs may be covered by Medicare Part D or Medicare Part B depending on how and where they are administered and for what medical condition. No action is needed on your part. Coverage and cost sharing under Part B or D will be determined when your prescription is filled. Prior authorization may also apply to drugs for which treatment for the medical condition will determine if the drug is non-Part D (excluded) or covered.

- **Note:** See the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Pentasa Cpcr 500 MG to be replaced with generic Mesalamine ER Cpcr 500 MG

- **Date and type of change:** Effective February 1, 2023, the brand-name drug Pentasa Cpcr 500 MG will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Mesalamine ER Cpcr 500 MG). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** This change can save you money because the generic drug is in a lower cost-sharing tier. If you want to keep using Pentasa, see the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Gilenya Caps 0.5 MG to be replaced with generic Fingolimod HCL Caps 0.5 MG

- **Date and type of change:** Effective February 1, 2023, the brand-name drug Gilenya Caps 0.5 MG will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Fingolimod HCL Caps 0.5 MG). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** If you want to keep using Gilenya, see the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Tazorac Gel 0.05 % and 0.1 % to be replaced with generic Tazarotene Gel 0.05 % and 0.1 %

- **Date and type of change:** Effective February 1, 2023, the brand-name drug Tazorac Gel 0.05 % and 0.1 % will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Tazarotene Gel 0.05 % and 0.1 %). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** If you want to keep using Tazorac Gel, see the information later in this section that tells “What you and your doctor can do.”

Brand-name drug Daliresp Tabs 500 MCG to be replaced with generic Roflumilast Tabs 500 MCG

- **Date and type of change:** Effective February 1, 2023, the brand-name drug Daliresp Tabs 500 MCG will be removed from our Drug List. We will add a new generic version of the brand-name drug to the Drug List (it is called Roflumilast Tabs 500 MCG). We may immediately remove a brand-name drug on the Drug List if we have replaced it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions.
- **Note:** If you want to keep using Daliresp, see the information later in this section that tells “What you and your doctor can do.”

Reason for change	Drug Name/Description	Date and Type of Change:	Alternate Drug (Note: Over-the-counter (OTC) drugs are not covered under the Medicare Part D benefit)
Generic Available	PREZISTA TABS 600 MG, 800 MG	September 1, 2023 Brand drug to be replaced with generic	DARUNAVIR TABS 600 MG, 800 MG
Generic Available	IRESSA TABS 250 MG	August 1, 2023 Brand drug to be replaced with generic	GEFITINIB TABS 250 MG

Generic Available	PYLERA CAPS 140-125-125 MG	July 1, 2023 Brand drug to be replaced with generic	BISMUTH/METRONIDAZ/TETRACYCLIN CAPS 140-125-125 MG
Generic Available	NOXAFIL SUSP 40 MG/ML	July 1, 2023 Brand drug to be replaced with generic	POSACONAZOLE SUSP 40 MG/ML
Generic Available	AUBAGIO TABS 7 MG, 14 MG	June 1, 2023 Brand drug to be replaced with generic	TERIFLUNOMIDE TABS 7 MG, 14 MG
Generic Available	LATUDA TABS 20 MG, 40 MG, 60 MG, 80 MG, 120 MG	May 1, 2023 Brand drug to be replaced with generic	LURASIDONE HCL TABS 20 MG, 40 MG, 60 MG, 80 MG, 120 MG
Generic Available	HETLIOZ CAPS 20 MG	May 1, 2023 Brand drug to be replaced with generic	TASIMELTEON CAPS 20 MG
Generic Available	ESBRIET CAPS 267 MG	April 1, 2023 Brand drug to be replaced with generic	PIRFENIDONE CAPS 267 MG
Generic Available	DALIRESP TABS 250 MCG	March 1, 2023 Brand drug to be replaced with generic	ROFLUMILAST TABS 250 MCG
Review for appropriate Part D coverage	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/1.5ML, (0.25 OR 0.5 MG/DOSE) SOPN 2 MG/3ML, (1 MG/DOSE) SOPN 2 MG/1.5ML, (1 MG/DOSE) SOPN 4	March 1, 2023 Prior authorization added	

	MG/3ML, (2 MG/DOSE) SOPN 8 MG/3ML		
Review for appropriate Part D coverage	VICTOZA SOPN 18 MG/3ML	March 1, 2023 Prior authorization added	
Review for appropriate Part D coverage	MOUNJARO SOPN 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML, 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML	March 1, 2023 Prior authorization added	
Review for appropriate Part D coverage	OLUMIANT TABS 1 MG, 2 MG	March 1, 2023 Prior authorization added	
Generic Available	PENTASA CPCR 500 MG	February 1, 2023 Brand drug to be replaced with generic	MESALAMINE ER CPCR 500 MG
Generic Available	GILENYA CAPS 0.5 MG	February 1, 2023 Brand drug to be replaced with generic	FINGOLIMOD HCL CAPS 0.5 MG
Generic Available	TAZORAC GEL 0.05 %, 0.1 %	February 1, 2023 Brand drug to be replaced with generic	TAZAROTENE GEL 0.05 %, 0.1 %
Generic Available	DALIRESP TABS 500 MCG	February 1, 2023 Brand drug to be replaced with generic	ROFLUMILAST TABS 500 MCG

What you and your doctor can do

We are telling you about these changes now, so that you and your doctor will have time (at least 30 days) to decide what to do. Depending on the type of change, there may be different options to consider. For example:

- Perhaps you can find a different drug covered by the plan that might work just as well for you.
 - You can review the online Kaiser Permanente 2023 Comprehensive Formulary at [kp.org/seniorrx](https://www.kp.org/seniorrx) or call us at the number listed on page 11 to ask for a list of covered drugs that treat the same medical condition.
 - This list can help your doctor to find a covered drug that might work for you and have fewer restrictions or a lower cost.
- If necessary, you and your doctor may ask the plan to make an exception for you. This means asking us to agree that the upcoming change in coverage or cost-sharing tier of a drug does not apply to you.
 - Your doctor will need to tell us why making an exception is medically necessary for you.
 - To learn what you must do to ask for an exception, see the **Evidence of Coverage** that we sent to you. Look for Chapter 9, “What to do if you have a problem or complaint.”
 - To get a copy of the **Evidence of Coverage** if you need it, please contact us at the number for your Kaiser Permanente region listed on page 11.

Kaiser Permanente Regions

When you need assistance, please call your Kaiser Permanente Region, seven days a week, 8 a.m. to 8 p.m. You can also visit our Web site at kp.org/seniorrx.

California Regions

Kaiser Permanente Senior Advantage (HMO) and Senior Advantage Medicare Medi-Cal Plan North (HMO D-SNP) and Senior Advantage Medicare Medi-Cal Plan South (HMO D-SNP)

Member Service Contact Center

1-800-443-0815 TTY 711

Colorado Region

Kaiser Permanente Senior Advantage (HMO) and Senior Advantage Medicare Medicaid plan (HMO D-SNP)

Member Services

1-800-476-2167 TTY 711

Georgia Region

Kaiser Permanente Senior Advantage (HMO) and Senior Advantage Medicare Medicaid plan (HMO D-SNP)

Member Services

1-800-232-4404 TTY 711

Hawaii Region

Kaiser Permanente Senior Advantage (HMO) and Senior Advantage Medicare Medicaid plan (HMO D-SNP)

Member Services

1-800-805-2739 TTY 711

Mid-Atlantic States Region

(District of Columbia, Maryland, and Virginia)

Kaiser Permanente Medicare Advantage (HMO)

Member Services

1-888-777-5536 TTY 711

Northwest Region

Kaiser Permanente Senior Advantage (HMO)

Membership Services

1-877-221-8221 TTY 711

Washington Region

Kaiser Permanente Medicare Advantage (HMO)

Membership Services

1-888-901-4600 TTY 711

09/2023

Notice of Nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente 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 Member Services at **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

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, or sex, you can file a grievance with our Civil Rights Coordinator by writing to One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. 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**, **1-800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-443-0815** (TTY **711**). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-443-0815** (TTY **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-443-0815** (TTY **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-443-0815** (TTY **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-443-0815** (TTY **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-443-0815** (TTY **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-443-0815** (TTY **711**). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-443-0815** (TTY **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Notice of Nondiscrimination

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, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

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Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-805-2739 (TTY 711)**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Tongan: 'Oku 'i ai 'emau sēvesi fakatonu lea ta'etotongi ke ne ala tali ha'o ngaahi fehu'i fekau'aki mo 'emau palani mo'ui leleí pe faito'ó. Te ke ma'u ha tokotaha

fakatonulea 'i ha'o fetu'utaki ki he **1-800-805-2739** (TTY **711**). 'E 'i ai ha tokotaha 'oku lea Faka-Pilitānia ke ne tokoni'i koe. Ko e sēvesi ta'etotongi eni.

Ilocano: Addaankami kadagiti libre a serbisio ti mangitarus tapno sungbatan ti aniaman a saludsod nga addaan ka maipapan ti plano iti salun-at wenno agasmi. Tapno mangala ti mangitarus, maidawat a tawagannakam iti **1-800-805-2739** (TTY **711**). Maysa a tao nga agsasao iti Ilocano ti makatulong kenka. Daytoy ket libre a serbisio.

Pohnpeian: Mie sahpis ni soh isepe oang kawehwe peidek kan me komwi sohte wehwehki oang palien roson mwahu de wasa me pwain kohdahn wini. Komwi en kak iang alehdi sawas wet, komw telepwohndo reht ni **1-800-805-2739** (TTY **711**). Mie me kak Lokaiahn Pohnpei me pahn seweseiuk. Sawas wet sohte isepe.

Samoaan: E iai a matou auaunaga faaliliuupu e tali i soo sau fesili e uiga i lou soifua maloloina poo fuafuaga o vailaau. A fia maua se faaliliuupu, na'ou lou valaau mai lava ia matou i le **1-800-805-2739** (TTY **711**). O le fesoasoani atu se tasi e tautala Gagana Samoa. E le totogia lea auaunaga.

Laotian:

ພວກເຮົາມີບໍລິການລ່າມແປພາສາຟຣີເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ **1-800-805-2739** (TTY **711**). ຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນບໍລິການຟຣີ.

Bisayan: Duna mi'y libreng serbisyo sa tig-interpret aron motubag sa bisan unsa nimong mga pangutana mahitungod sa imong panglawas o plan sa tambal. Aron mokuha og tig-interpret, tawagi lang mi sa **1-800-805-2739** (TTY **711**). Ang usa ka tawo nga nagsulti og Pinulongan makatabang kanimo. Kini usa ka libreng serbisyo.

Marshalllese: Ewor ad jermal in ukok ko ñan uak jabdewōt kajitok emaroñ in wōt am ikijen bŭlāān in ājmour ako uno ko rekajur. Ñan bukot juon riukok, kurtok kij ilo **1-800-805-2739** (TTY **711**). Juon armij ej kajiton Kajin eo ñan jibañ eok. Ejelok onean jermal in.

Hawaiian: Inā kekahi mau nīnau nāu e pili ana i kā mākou papahana ‘inikua mālama olakino a i ‘ole ka ‘inikua lā‘au kuhikuhi, loa‘a ia pū ke kōkua unuhi manuahi i ka ‘ōlelo Hawai‘i. Inā makemake ‘oe i kēia kōkua, e ‘olu‘olu ke kelepona mai iā mākou i ka helu **1-800-805-2739** (TTY **711**). no ka wala‘au ‘ana e pili ana i kēia mau papahana i ka ‘ōlelo Hawai‘i. Eia la ke kōkua manuahi.

Chuukese: Mi kawor aninisin chiaku ika awewen kapas ika epwe wor omw kapas eis fan iten ach kei okot ren pekin manaw me sefei. Ika ke mochen nōunōu emon chon chiaku, kopwe kori kich ren en namba **1-800-805-2739** (TTY **711**). Emon aramas mi sine Chuuk mi tongeni anisuk. Ei aninis ese kamo.

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente 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 Member Services at **1-888-777-5536 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

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, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 2101 East Jefferson Street, Rockville, MD 20852 or calling Member Services at the number listed above. You can file a grievance by mail or phone. 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, 1-800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-777-5536 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-888-777-5536 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-888-777-5536 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-888-777-5536 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-888-777-5536 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-888-777-5536 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-888-777-5536 (TTY 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-888-777-5536 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-888-777-5536 (TTY 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-888-777-5536 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث (TTY 711) **1-888-777-5536** على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية العربية

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Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-888-777-5536 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-888-777-5536 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-888-777-5536 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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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:
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 - 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 20201, 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>.



Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-221-8221 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-221-8221 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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