KAISER PERMANENTE®

2026 Member Handbook Addendum

This is important information about changes to your 2026 Kaiser Foundation Health Plan, Inc. Medi-Cal Member Handbook

Your Member Handbook is also called the Combined Evidence of Coverage and Disclosure Form ("EOC/DF"). This Addendum shares a change to your 2026 Member Handbook due to a new federal law. Please keep this document with your 2026 Member Handbook.

In this Member Handbook Errata, Kaiser Foundation Health Plan, Inc. is sometimes referred to as "we", "our," or "us." Members are sometimes called "you". Some capitalized words have special meaning in this Member Handbook. See Chapter 8, "Important numbers and words to know", of the Member Handbook for terms you should know.

Certain Gender-Affirming Care

Starting on October 13, 2026, Medi-Cal cannot use federal funds to cover certain gender-affirming care when it is used to treat gender dysphoria for Medi-Cal members under age 18 and for
CHIP members under age 19. This change is because of a new federal law.

Services affected:

- Surgery, such as mastectomy or breast augmentation
- Puberty blockers
- Hormone therapy, such as estrogen or testosterone

This does not mean you cannot get care. California supports access to medically necessary care. The state will use state funds to pay for medically necessary gender-affirming care for Medi-Cal and CHIP members when it is clinically appropriate

and recommended by a qualified provider.

The California Department of Health Care Access and Information (HCAI) will help pay for the affected services. This program is separate from Medi-Cal, which is overseen by the Department of Health Care Services (DHCS). More details will be posted on the HCAI and DHCS websites when they are available.

Medi-Cal will continue to pay for other medically necessary gender-affirming care services for Medi-Cal members under age 18 and for CHIP members under age 19. These include office visits, lab tests, speech therapy, and psychotherapy, when medically necessary. Medi-Cal will also continue to cover medically necessary services, including the services listed above, when they treat another medical condition other than gender dysphoria or when they treat a complication, infection, injury, disease, or disorder caused or worsened by a previous procedure. Medi-Cal will continue to pay for the services listed above for members age 18 and older.

If you are now getting one of the affected services:

Your Medi-Cal managed care plan will contact you if this change affects an approval for a service on or after October 13, 2026.

- If your plan ends or reduces a previously approved service, you will get a written Notice of Action. It will explain the reason and your rights to appeal and to ask for a State Hearing.
- You may have rights to continue benefits while an appeal or State Hearing is pending, depending on your situation.

Questions or help:

- Call our Member Services at **1-855-839-7613** (TTY **711**). We are here 24 hours a day, 7 days a week (except closed holidays). The call is free.
- You can also talk with your health care provider about your treatment and options.
- More information about the HCAI program will be posted as it becomes available.

Please keep this notice with your 2026 Member Handbook/Evidence of Coverage. It updates the section on gender-affirming care services starting October 13, 2026.

Nondiscrimination Notice

In this document, “we”, “us”, or “our” means Kaiser Permanente (Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Medical Group). This notice is available on our website at **kp.org**.

Discrimination is against the law. We follow state and federal civil rights laws.

We do not 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 in a timely manner:

- 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 Services department at the numbers below. The call is free. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 hours a day, 7 days a week.
- All others: **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week.

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

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with us if you believe we have failed to provide these services or unlawfully discriminated in another way. You can file a grievance by phone, by mail, in person, or online. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You can call Member Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Call our Member Services department. Phone numbers are listed above.
- **By mail:** Download a form at **kp.org** or call Member Services and ask them to send you a form that you can send back.
- **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 Coordinator 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 for Civil Rights *(For Medi-Cal Beneficiaries Only)*

You can also file a civil rights complaint with the California Department of Health Care Services Office for 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:

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

  California Department of Health Care Services Office for Civil Rights 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 for 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

  U.S. Department of Health and Human Services Office for Civil Rights Complaint forms are available at: https://www.hhs.gov/ocr/office/file/index.html

- **Online:** Visit the **Office for Civil Rights Complaint Portal at: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**

English: Attention: If you need help in your language, call **1-855-839-7613** (TTY **711**). Aids and services for people with disabilities, like documents in braille and large print, are also available. You can also ask for materials translated into your language, or in alternative formats. Call **1-855-839-7613** (TTY **711**). These services are free.

Arabic: تنبيه: إذا كنت بحاجة إلى مساعدة بلغتك، فاتصل على الرقم **1-855-839-7613** (TTY **711**). كما وتتوفر مساعدات وخدمات للأشخاص الذين يعانون من إعاقات مثل وثائق بلغة برايل والطباعة بخط كبير. يمكنك أيضاً طلب وثائق مترجمة بلغتك أو بصيغ بديلة. اتصل على الرقم **1-855-839-7613** (TTY **711**). هذه الخدمات مجانية.

Armenian: Ուշադրություն. եթե ձեր լեզվով օգնության կարիք ունեք, զանգահարեք **1-855-839-7613** (TTY **711**): Մատչելի են նաև աջակցություններ և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպես օրինակ՝ փաստաթղթեր բրեյլով կամ մեծ տառատեսակով: Կարող եք նաև հայցել ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափերով նյութեր: Զանգահարեք **1-855-839-7613** (TTY **711**): Այս ծառայություններն անվճար են:

Chinese：请注意：如果您需要语言协助，请致电 **1-800-757-7585** (TTY **711**)。我们也为残障人士提供援助和服务，例如盲文和大字版文件。您还可以索要翻译为您所用语言或其他格式的材料。请致电 **1-800-757-7585** (TTY **711**)。这些服务免费。

Farsi: توجه: اگر نیاز به کمک به زبان خودتان دارید با شماره **1-855-839-7613** (TTY **711**) تماس بگیرید. کمک‌ها و خدمات برای افراد دچار معلولیت، مانند اسناد با خط بریل و چاپ بزرگ نیز در دسترس است. همچنین می‌توانید مطالب ترجمه‌شده به زبان خودتان یا در قالب‌های جایگزین درخواست کنید. با شماره **1-855-839-7613** (TTY **711**) تماس بگیرید. این خدمات رایگان است.

Hindi: ध्यान दें: अगर आपको अपनी भाषा में सहायता चाहिए, तो **1-855-839-7613** (TTY **711**) पर कॉल करें। विकलांग व्यक्तियों के लिए सहायताएँ और सेवाएँ, जैसे कि ब्रेल और बड़े प्रिंट में दस्तावेज़, उपलब्ध हैं। आप सामग्रियों को अपनी भाषा, या वैकल्पिक प्रारूप में अनुवाद करवाने के लिए भी कह सकते हैं। **1-855-839-7613** (TTY **711**) पर कॉल करें। ये सेवाएँ मुफ़्त होती हैं।

Hmong: Ceeb toom: Yog koj yuav tau muaj kev pab ua koj yam lus, hu rau **1-855-839-7613** (TTY **711**). Kuj muaj cov kev pab cuam rau cov neeg uas muaj qhov kev tsis ua taus, xws li cov ntaub ntawv ua pob su rau cov dig muag thiab cov tsiaj ntawv loj. Koj kuj thov kom tau ntaub ntawv txhais ua koj yam lus, lossis ua lwm yam los tau. Hu **1-855-839-7613** (TTY **711**). Cov kev pab no muab pub dawb.

Japanese: 注意：言語でサポートが必要な場合は、 **1-855-839-7613** (TTY **711**) までお電話ください。点字や大きな活字で書かれたなど、障害者のための補助やサービスも用意されている。また、あなたの言語に翻訳された資料や別のフォーマットの資料を求めることもできます。 **1-855-839-7613** (TTY **711**) までお電話ください。これらのサービスは無料です。

Khmer: **យកចិត្តទុកដាក់៖**
ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក
សូមទូរស័ព្ទទៅ **1-855-839-7613** (TTY **711**)។ ជំនួយ
និងសេវាកម្មសម្រាប់ជនពិការ
ដូចជាឯកសារជាអក្សរស្ទាប និងអក្សរធំៗក៏មានផងដែរ។
អ្នកក៏អាចស្នើសុំឯកសារដែលបានបកប្រែជាភាសារបស់
អ្នក ឬក្នុងទម្រង់ផ្សេង។ សូមទូរស័ព្ទទៅ **1-855-839-7613**
(TTY **711**)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

Korean: 주의: 귀하의 언어로 도움이 필요하시면
1-855-839-7613 (TTY **711**)번으로 전화하십시오.
점자 및 큰 활자로 된 문서 등 장애인을 위한 지원 및
서비스도 제공됩니다. 또한 귀하의 언어로 번역된
자료 또는 대체 형식의 자료를 요청할 수
있습니다. **1-855-839-7613** (TTY **711**)번으로
전화하십시오. 이러한 서비스는 무료입니다.

Laotian: ຊຶ່ນຊາບ:
ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ໂທຫາເບີ **1-855-839-7613** (TTY **711**). ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສໍາລັບຄົນພິການແມ່ນມີໃຫ້ຊຶ່ນ: ເອກະສານເປັນຕົວໜັງສືນູນ ແລະ ສື່ສິ່ງພິມໃຫຍ່. ທ່ານຍັງສາມາດຂໍເອກະສານທີ່ແປເປັນພາສາຂອງທ່ານ ຫຼື ໃນຮູບແບບອື່ນໆໄດ້. ໂທຫາເບີ **1-855-839-7613** (TTY **711**). ການບໍລິການນີ້ແມ່ນບໍ່ເສຍຄ່າ.

Mien: Cau fim jangx longx oc: Beiv hnangv meih qiemx zuqc longc mienh tengx faan benx meih nyei waac bun muangx nor, douc waac lorx **1-855-839-7613** (TTY **711**). Maaih jaa-sic tengx aengx caux tengx nzie weih bun wuaaic fangx mienh, liepc duqv maaih nzangc-pokc bun hluo aengx caux aamx cuotv domh zeiv daan bun longc. Meih corc haih tov heuc dorh naaiv deix jaa-sic mingh zoux benx meih nyei waac, a'fai zoux benx da'nyeic nyungc guv bun. Douc waac lorx **1-855-839-7613** (TTY **711**). Naaiv deix gong-bou jauv-louc se wangv henh tengx hnangv oc.

Navajo: Ńt'éé': Hadiilnéhgo shizaad k'ehjí shíká ahił halne'go, bił hane' **1-855-839-7613** (TTY **711**) Ałch'į' ádaats'íísígíí dóó ał'ąą ał'ąą ak'e'edzáhígíí baa hane'go, naaltsoos Braille dóó ch'įįh naaltsoos, éí kódahat'e'. Níigo éí yiká azhígíí shí bizaad bee yit'éého éí díí bidáhálne'go, doodago léechąąí bíla'ashdla'ii bíká'go éí dabikáá'go, yeidooleeł. Bił hane' **1-855-839-7613** (TTY **711**). Éí ał'ąą ał'ąą ak'éadzáhígíí díí bílaashdladi bee hahoodzo da.

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ **1-855-839-7613** (TTY **711**) 'ਤੇ ਕਾੱਲ ਕਰੋ। ਵਿਕਲਾਂਗ ਵਿਅਕਤੀਆਂ ਲਈ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਵੀ ਉਪਲਬਧ ਹਨ। ਤੁਸੀਂ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ, ਜਾਂ ਕਿਸੇ ਵੈਕਲਪਿਕ ਫਾਰਮੈਟ ਵਿੱਚ ਅਨੁਵਾਦਿਤ ਕਰਨ ਲਈ ਵੀ ਕਹਿ ਸਕਦੇ ਹੋ। **1-855-839-7613** (TTY **711**) 'ਤੇ ਕਾੱਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫ਼ਤ ਹਨ।

Russian: Внимание: Если вам нужна помощь на вашем языке, позвоните **1-855-839-7613** (kbybz TTY **711**). Также доступны вспомогательные средства и услуги для людей с инвалидностью, такие как документы, напечатанные шрифтом Брайля и крупным шрифтом. Вы также можете запросить материалы, переведенные на ваш язык или в альтернативных форматах. Звоните **1-855-839-7613** (линия TTY **711**). Эти услуги бесплатны.

Spanish: Atención: Si necesita ayuda en su idioma, llame al **1-800-788-0616** (TTY **711**). Se encuentran disponibles ayudas y servicios para personas con discapacidad, como documentos en braille y letra grande. También puede solicitar materiales traducidos a su idioma o en formatos alternativos. Llame al **1-800-788-0616** (TTY **711**). Estos servicios no tienen costo.

Tagalog: Paunawa: Kung kailangan mo ng tulong sa iyong wika, tumawag sa **1-855-839-7613** (TTY **711**). Available din ang mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumento sa braille at malaking letra. Maaari ka ring humiling ng mga babasahin na isinalin sa iyong wika, o sa mga alternatibong format. Tumawag sa **1-855-839-7613** (TTY **711**). Libre ang mga serbisyong ito.

Thai: ข้อควรพิจารณา:
หากคุณต้องการความช่วยเหลือในด้านภาษา กรุณาโทร **1-855-839-7613** (TTY **711**) นอกจากนี้ ยังมีการให้ความช่วยเหลือและบริการแก่คนพิการ เช่น เอกสารอักษรเบรลล์และตัวพิมพ์ขนาดใหญ่อีกด้วย คุณยังสามารถขอเอกสารที่แปลเป็นภาษาของคุณหรือในรูปแบบอื่นได้ โทร **1-855-839-7613** (TTY **711**) บริการเหล่านี้ไม่มีค่าใช้จ่าย

Ukrainian: Увага! Якщо вам потрібна допомога вашою мовою, телефонуйте за номером **1-855-839-7613** (телетайп **711**). Також доступні допоміжні засоби й послуги для людей з інвалідністю, наприклад документи, надруковані шрифтом Брайля чи великим шрифтом.
Ви можете зробити запит на отримання матеріалів, перекладених вашою мовою, або в альтернативних форматах. Телефонуйте за номером **1-855-839-7613** (телетайп **711**).
Ці послуги безплатні.

Vietnamese: Chú ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, hãy gọi số **1-855-839-7613** (TTY **711**). Cũng có hỗ trợ và dịch vụ cho người khuyết tật, như tài liệu bằng chữ nổi và chữ in lớn. Quý vị cũng có thể yêu cầu các tài liệu được dịch sang ngôn ngữ của quý vị hoặc ở các định dạng khác. Hãy gọi **1-855-839-7613** (TTY **711**). Các dịch vụ này miễn phí.