

January 1–December 31, 2022

2022 Summary of Benefits

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

About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior Advantage. You can use this **Summary of Benefits** to learn more about our plan. It includes information about:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Additional benefits
- Who can enroll
- Coverage rules
- Getting care

For definitions of some of the terms used in this booklet, see the glossary at the end.

For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at kp.org/eocncal or kp.org/eocscal or ask for a copy from Member Services by calling **1-800-443-0815** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

For a summary of Medicaid benefits and copayments, refer to the "Summary of Medicaid-Covered Benefits" in the **EOC** (Chapter 4).

Have questions?

- If you're not a member, please call **1-800-777-1238** (TTY 711).
- If you're a member, please call Member Services at **1-800-443-0815** (TTY 711).
- 7 days a week, 8 a.m. to 8 p.m.

What's covered and what it costs

*Your plan provider may need to provide a referral

†Prior authorization may be required.

Benefits and premiums	You pay
Monthly plan premium	\$0 if you qualify for Extra Help or \$31.40 if you don't
Deductible	None
Your maximum out-of-pocket responsibility You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Doesn't include Medicare Part D drugs.	\$3,400
Inpatient hospital coverage*† There's no limit to the number of medically necessary inpatient hospital days.	\$0
Outpatient hospital coverage	\$0
Ambulatory Surgery Center	\$0
Doctor's visits Primary care providers and specialists*	\$0
Preventive care* See the EOC for details.	\$0
Emergency care We cover emergency care anywhere in the world.	\$0
Urgently needed services We cover urgent care anywhere in the world.	\$0
Diagnostic services, lab, and imaging*	\$0
Hearing services* Evaluations to diagnose medical conditions.	\$0
Dental services*† Preventive and comprehensive dental coverage	\$0
Vision services* <ul style="list-style-type: none"> • Visits to diagnose and treat eye diseases and conditions • Routine eye exams • Preventive glaucoma screening • Diabetic retinopathy services 	\$0
<ul style="list-style-type: none"> • Eyeglasses or contact lenses after cataract surgery 	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.

Benefits and premiums	You pay
<ul style="list-style-type: none"> Other eyewear (\$350 allowance every 12 months) 	If your eyewear costs more than \$350, you pay the difference.
Mental health services Outpatient group and individual therapy	\$0
Skilled nursing facility*† We cover up to 100 days per benefit period.	\$0
Physical therapy*	\$0
Ambulance	\$0 or \$200 per one-way trip
Transportation	Not covered
Medicare Part B drugs† A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details.	\$0

Medicare Part D prescription drug coverage†

Most persons who are entitled to Medicaid benefits also get Extra Help from Medicare to pay for their prescription drug plan costs. Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, the deductible and coinsurance discussed below do not apply to you; instead please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

You may get up to a 100-day supply from a plan pharmacy, including our mail-order pharmacy except as noted:

- A supply greater than a 30-day supply isn't available for all drugs
- Not all drugs can be mailed
- If you live in a long-term care facility and get your drugs from their pharmacy, you can get up to a 31-day supply
- If you get covered Part D drugs from a non-plan pharmacy, you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the **Evidence of Coverage** for details

Deductible stage

You must pay the full cost for your Part D drugs until you have spent **\$480** on your drugs in 2022. Then you move on to the initial coverage stage.

Initial and catastrophic coverage stages

During the initial coverage stage, you pay **25%** coinsurance for your Part D drugs during 2022 unless you reach the catastrophic coverage stage.

If you spend **\$7,050** on your Part D prescription drugs in 2022, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay the following per prescription during the catastrophic coverage stage:

Drug	You pay
Generic drugs	5% coinsurance or \$3.95 , whichever is greater
Brand-name drugs	5% coinsurance or \$9.85 , whichever is greater

Additional benefits

Home-delivered meals	You pay
Meals delivered to your home following discharge from a hospital as an inpatient due to congestive heart failure, up to two meals per day in a consecutive four-week period, once per calendar year. Referral required.	\$0

Who can enroll

You can sign up for this plan if:

- You have both Medicare Part A and Part B and full Medicaid benefits. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- You're a citizen or lawfully present in the United States.
- You live in the service area for this plan, which includes all of **Alameda, Contra Costa, Los Angeles County except Catalina Island, Marin, Napa, Orange County, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Cruz, Solano, and Stanislaus**. It also **includes** and **parts of these counties** in these ZIP codes only:
 - **Amador County:** 95640 and 95669
 - **El Dorado County:** 95613–14, 95619, 95623, 95633–35, 95651, 95664, 95667, 95672, 95682, and 95762
 - **Fresno County:** 93242, 93602, 93606–07, 93609, 93611–13, 93616, 93618–19, 93624–27, 93630–31, 93646, 93648–52, 93654, 93656–57, 93660, 93662, 93667–68, 93675, 93701–12, 93714–18, 93720–30, 93737, 93740–41, 93744–45, 93747, 93750, 93755, 93760–61, 93764–65, 93771–79, 93786, 93790–94, 93844, and 93888
 - **Kern County:** 93203, 93205–06, 93215–16, 93220, 93222, 93224–26, 93238, 93240–41, 93243, 93249–52, 93263, 93268, 93276, 93280, 93285, 93287, 93301–09, 93311–14, 93380, 93383–90, 93501–02, 93504–05, 93518–19, 93531, 93536, 93560–61, and 93581
 - **Kings County:** 93230, 93232, 93242, 93631, and 93656

- **Madera County:** 93601–02, 93604, 93614, 93623, 93626, 93636–39, 93643–45, 93653, 93669, and 93720
- **Mariposa County:** 93601, 93623, and 93653
- **Placer County:** 95602–04, 95610, 95626, 95648, 95650, 95658, 95661, 95663, 95668, 95677–78, 95681, 95703, 95722, 95736, 95746–47, and 95765
- **Riverside County:** 91752, 92201–03, 92210–11, 92220, 92223, 92230, 92234–36, 92240–41, 92247–48, 92253, 92255, 92258, 92260–64, 92270, 92276, 92282, 92320, 92324, 92373, 92399, 92501–09, 92513–14, 92516–19, 92521–22, 92530–32, 92543–46, 92548, 92551–57, 92562–64, 92567, 92570–72, 92581–87, 92589–93, 92595–96, 92599, 92860, and 92877–83
- **San Bernardino County:** 91701, 91708–10, 91729–30, 91737, 91739, 91743, 91758–59, 91761–64, 91766, 91784–86, 92305, 92307–08, 92313–18, 92321–22, 92324–25, 92329, 92331, 92333–37, 92339–41, 92344–46, 92350, 92352, 92354, 92357–59, 92369, 92371–78, 92382, 92385–86, 92391–95, 92397, 92399, 92401–08, 92410–11, 92413, 92415, 92418, 92423, 92427, and 92880
- **San Diego County:** 91901–03, 91908–17, 91921, 91931–33, 91935, 91941–46, 91950–51, 91962–63, 91976–80, 91987, 92003, 92007–11, 92013–14, 92018–30, 92033, 92037–40, 92046, 92049, 92051–52, 92054–61, 92064–65, 92067–69, 92071–72, 92074–75, 92078–79, 92081–86, 92088, 92091–93, 92096, 92101–24, 92126–32, 92134–40, 92142–43, 92145, 92147, 92149–50, 92152–55, 92158–61, 92163, 92165–79, 92182, 92186–87, 92191–93, and 92195–99
- **Santa Clara County:** 94022–24, 94035, 94039–43, 94085–89, 94301–06, 94309, 94550, 95002, 95008–09, 95011, 95013–15, 95020–21, 95026, 95030–33, 95035–38, 95042, 95044, 95046, 95050–56, 95070–71, 95076, 95101, 95103, 95106, 95108–13, 95115–36, 95138–41, 95148, 95150–61, 95164, 95170, 95172–73, 95190–94, and 95196
- **Sonoma County:** 94515, 94922–23, 94926–28, 94931, 94951–55, 94972, 94975, 94999, 95401–07, 95409, 95416, 95419, 95421, 95425, 95430–31, 95433, 95436, 95439, 95441–42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471–73, 95476, 95486–87, and 95492
- **Sutter County:** 95626, 95645, 95659, 95668, 95674, 95676, 95692, and 95837
- **Tulare County:** 93238, 93261, 93618, 93631, 93646, 93654, 93666, and 93673
- **Ventura County:** 90265, 91304, 91307, 91311, 91319–20, 91358–62, 91377, 93001–07, 93009–12, 93015–16, 93020–22, 93030–36, 93040–44, 93060–66, 93094, 93099, and 93252
- **Yolo County:** 95605, 95607, 95612, 95615–18, 95645, 95691, 95694–95, 95697–98, 95776, and 95798–99
- **Yuba County:** 95692, 95903, and 95961

Coverage rules

We cover the services and items listed in this document and the **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider Directory** and **Pharmacy Directory**. But there are exceptions to this rule. We also cover:
 - Care from plan providers in another Kaiser Permanente Region
 - Emergency care
 - Out-of-area dialysis care
 - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
 - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. If you receive non-covered care or services, you must pay the full cost.

For details about coverage rules, including non-covered services (exclusions), see the **Evidence of Coverage**.

Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you. To find our provider locations, see our **Provider Directory** or **Pharmacy Directory** at kp.org/directory or ask us to mail you a copy by calling Member Services at **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You may choose any available plan provider to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services or at **kp.org**.

Help managing conditions

If you have more than 1 ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** for details about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan, Inc., Northern California Region is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Senior Advantage.

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** on kp.org/privacy to learn more.

Summary of Medicaid-Covered Benefits

The benefits described below are covered by Medi-Cal (Medicaid). For each benefit listed below, you can see what Medi-Cal (Medicaid) covers and what our plan covers. What you pay for covered services may depend on your level of Medi-Cal (Medicaid) eligibility. For more information about Medi-Cal benefits, please refer to your Medi-Cal manual.

Benefit	Medicaid State Plan	Senior Advantage Medicare Medi-Cal Plan
Inpatient hospital services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Outpatient hospital services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Rural health clinic services	\$0 copay for Medicaid-covered services.	Not covered unless covered emergency or out of area urgent care.
Federally qualified health center services	\$0 copay for Medicaid-covered services.	Not covered unless covered emergency or out of area urgent care.
Laboratory services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.

Benefit	Medicaid State Plan	Senior Advantage Medicare Medi-Cal Plan
Imaging	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Skilled nursing facility care	\$0 copay for Medicaid-covered services.	\$0 copay for covered services (no age limit). Plan covers up to 100 days each benefit period.
Early & periodic screening, diagnosis, and treatment supplemental services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Family planning services & supplies	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Physician services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Medical & surgical dental services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services (see "Dental services" for comprehensive dental benefits).
Ophthalmologist services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Podiatry services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Optometry services	\$0 copay for Medicaid-covered services	\$0 copay for covered services.
Chiropractic services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Psychology services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Nurse anesthetist services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.

Benefit	Medicaid State Plan	Senior Advantage Medicare Medi-Cal Plan
Optician and optical fabricating lab services	\$0 copay for Medicaid-covered services.	\$0 copay for Optician (see "Eyeglasses, other eye appliances" for lab services).
Medical supplies (Does not include incontinence creams and washes)	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered supplies.
Incontinence creams and washes	\$0 copay for Medicaid-covered services.	Not covered.
Durable medical equipment	\$0 copay for Medicaid-covered services.	20% coinsurance for covered items. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
Hearing aids	\$0 copay for Medicaid-covered services. (Benefit limit of \$1510 per year.)	Not covered.
Enteral formula	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Acupuncture services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Licensed midwife services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services provided by plan providers.
Acupuncture services	\$0 copay for Medicaid-covered services.	\$0 copay when determined medically necessary by a plan provider.
Home health services through a home health agency (Including home health nursing and aide services, physical and occupational	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.

Benefit	Medicaid State Plan	Senior Advantage Medicare Medi-Cal Plan
therapy, speech pathology and audiology services, intermittent nursing, home health aide care, medical supplies, equipment and appliances)		
Physical therapy and related services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Rehabilitation facilities	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Private duty nursing (waiver only for ages 21 and up)	\$0 copay for Medicaid-covered services.	Not covered.
Clinic (Organized outpatient clinic, Indian Health Services, alternate birthing centers, ambulatory surgical centers)	\$0 copay for Medicaid-covered services.	\$0 copay for covered services provided by a network provider.
Dental services	\$0 copay for Medicaid-covered services provided by your assigned Medicaid dental program dentist	\$0 copay for covered services provided by your assigned DeltaCare® dentist.
Occupational therapy	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Speech pathology/	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Speech therapy	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Audiology services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.

Benefit	Medicaid State Plan	Senior Advantage Medicare Medi-Cal Plan
Dentures	\$0 copay for services covered by your Medicaid dental program	\$0 for covered services.
Prosthetic appliances (Orthotic appliances) prosthetic eyes	\$0 copay for Medicaid-covered services.	0% of the cost for Medicare-covered services.
Eyeglasses, other eye appliances	\$0 copay for Medicaid-covered services.	\$0 up to a \$350 limit for eyewear every year. \$0 copay for one pair of eyeglasses or contact lenses covered by Medicare after cataract surgery.
Comprehensive Perinatal Services Program (Preventive services)	\$0 copay for Medicaid-covered services.	\$0 copay for covered prenatal care.
Community-Based Adult Services (CBAS) (Waiver only)	\$0 copay for Medicaid-covered services.	Not covered.
Chronic dialysis services	\$0 copay for Medicaid-covered services.	20% coinsurance for covered dialysis treatment. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay a \$0.
Rehabilitation services (Chronic dialysis, outpatient heroin detoxification, rehabilitative mental health, drug Medi-Cal, independent rehabilitation centers)	\$0 copay for Medicaid-covered services.	\$0 copay for covered substance abuse services.
Institutes for Mental Diseases	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services (no age limits).

Benefit	Medicaid State Plan	Senior Advantage Medicare Medi-Cal Plan
(For under 21 years of age and over 65 years of age, including inpatient psychiatric care)		
Intermediate Care Facility	\$0 copay for Medicaid-covered services.	Not covered.
Nurse midwife	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services provided by plan providers.
Hospice	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
TB-related services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Respiratory care for ventilator-dependent patients	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Family nurse practitioner	\$0 copay for Medicaid-covered services.	\$0 copay for covered services provided by plan providers.
Home and community care for functionally disabled elderly (Waiver only)	\$0 copay for Medicaid-covered services.	Not covered.
Community-supported living arrangements (Waiver only)	\$0 copay for Medicaid-covered services.	Not covered.
Personal care services	\$0 copay for Medicaid-covered services.	Not covered.
Rural primary care hospital	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered emergency care.

Benefit	Medicaid State Plan	Senior Advantage Medicare Medi-Cal Plan
Nonmedical health facilities	\$0 copay for Medicaid-covered services.	Not covered except for services of a religious nonmedical health care institution covered by Medicare.
Emergency hospital services	\$0 copay for Medicaid-covered services.	\$0 copay for covered emergency care.
Transportation (State provides emergency and non-emergency medical transportation. Meets federal requirement for assurance of transportation to medically necessary services)	\$0 copay for Medicaid-covered services.	\$200 copay per one-way trip for Medicare-covered ambulance services. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
Services for pregnant women that treat a condition that may impact the woman and/or the fetus (Not specifically stated as a benefit but is a mandated provision under federal regulations)	\$0 copay for Medicaid-covered services.	\$0 copay for covered medically necessary services.
Marriage and family counselor services	\$0 copay for Medicaid-covered services.	\$0 copay only when part of Medicare-covered mental health services benefit.
Licensed clinical social worker services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Case management	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
Individual nurse provider services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.

Benefit	Medicaid State Plan	Senior Advantage Medicare Medi-Cal Plan
Nonmedical services (Waiver only)	\$0 copay for Medicaid-covered services.	Not covered.

Helpful definitions (glossary)

Allowance

A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the difference.

Benefit period

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

Calendar year

The year that starts on January 1 and ends on December 31.

Coinsurance

A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a 20% coinsurance for a \$200 item means you pay \$40.

Copay

The set amount you pay for covered services — for example, a \$20 copay for an office visit.

Evidence of Coverage

A document that explains in detail your plan benefits and how your plan works.

Maximum out-of-pocket responsibility

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

Medically necessary

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

Non-plan provider

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

Plan

Kaiser Permanente Senior Advantage.

Plan premium

The amount you pay for your Senior Advantage health care and prescription drug coverage.

Plan provider

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

Prior authorization

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.

Region

A Kaiser Foundation Health Plan organization. We have Kaiser Permanente Regions located in Northern California, Southern California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

Retail plan pharmacy

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

Service area

The geographic area where we offer Senior Advantage plans. To enroll and remain a member of our plan, you must live in our Senior Advantage plan's service area.

Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the Medi-Cal program. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your “**Medicare & You**” handbook. You can view it online at medicare.gov or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

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, 800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-443-0815** (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-443-0815** (TTY: 711).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-443-0815** (TTY: 711)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-443-0815** (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-443-0815** (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-800-443-0815 (TTY: 711)번으로 전화해 주십시오.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք **1-800-443-0815** (TTY (հեռատիպ) 711):

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-443-0815** (телетайп: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-443-0815** (TTY:711) まで、お電話にてご連絡ください。

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1-800-443-0815 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ
ក៏អាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-800-443-0815** (TTY: 711)។

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.
Hu rau **1-800-443-0815** (TTY: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-800-443-0815 (TTY: 711) पर कॉल करें।

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-443-0815**
(TTY: 711).

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می
باشد. با **1-800-443-0815** (TTY: 711) تماس بگیرید.

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم -
1-800-443-0815 (رقم هاتف الصم والبكم: -711).

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