

2025 Summary of Benefits

Kaiser Permanente Dual Complete North P4 Plan (HMO D-SNP) and
Kaiser Permanente Dual Complete South P5 Plan (HMO D-SNP)

About this Summary of Benefits

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

- Premiums
- Benefits and costs
- Part D prescription drugs
- Additional benefits
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan
- Summary of Medicaid-covered benefits

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 of 2 Kaiser Permanente Dual Complete plans. 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.

Because you are eligible for Medicare cost-sharing assistance under Medi-Cal, **you pay \$0.

Benefits and premiums	You pay
Monthly plan premium	\$0
Deductible	\$0
<p>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.</p>	<ul style="list-style-type: none"> • \$9,350 for Dual Complete North P4 plan members • \$3,400 for Dual Complete South P5 plan members
<p>Inpatient hospital services*† There's no limit to the number of medically necessary inpatient hospital days. Note: Prior authorization only applies to Dual Complete North P4 plan members.</p>	\$0
Outpatient hospital services	\$0
Ambulatory Surgical Center (ASC)	\$0
<p>Doctor's visits Primary care providers and specialists*</p>	\$0
<p>Preventive care* See the EOC for details.</p>	\$0
<p>Emergency care We cover emergency care anywhere in the world.</p>	<ul style="list-style-type: none"> • \$110** for Dual Complete North P4 plan members • \$0 for Dual Complete South P5 plan members
<p>Urgently needed services We cover urgent care anywhere in the world.</p>	\$0
Diagnostic services, lab, and imaging*	\$0
<p>Hearing services Evaluations to diagnose medical conditions</p>	\$0

Benefits and premiums	You pay
Dental services	Not covered. You have dental services covered through your Medi-Cal dental plan. For information on Medi-Cal dental coverage, call Smile California at 1-800-322-6384 (TTY 1-800-735-2922). You may also visit the Denti-Cal website at smilecalifornia.org.
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.
<ul style="list-style-type: none"> • Other eyewear (allowance every 12 months)* 	\$350 allowance. If your eyewear costs more than \$350, you pay the difference.
Mental health services Inpatient mental health*	\$0
Outpatient group and individual therapy	\$0
Skilled nursing facility*† We cover up to 100 days per benefit period.	\$0
Physical therapy*	\$0
Ambulance	<ul style="list-style-type: none"> • \$50** per one-way trip for Dual Complete South P5 plan members • \$325 ** per one-way trip for Dual Complete North P4 plan members
Transportation	Not covered
Medicare Part B drugs† 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 copayments 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.**

If you aren't entitled to Extra Help, the amount you pay for drugs will be different depending on:

- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at kp.org/seniorrx or call Member Services to ask for a copy at **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 100-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- When you get a 31- to 100-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial coverage or catastrophic coverage stages).

Deductible stage

For **Dual Complete North P4** plan members, because we have no deductible, this payment stage does not apply to you and you start the year in the initial coverage stage.

For **Dual Complete South P5** plan members for drugs in Tiers 1, 2, and 6, there's no drug deductible and you start the year in the initial coverage stage. If you aren't entitled to Extra Help, for drugs in Tiers 3, 4, and 5, there is a deductible stage. For drugs in Tiers 3, 4, and 5, you must pay the full cost of the drugs until you have spent **\$590** for them in 2025. After you have met the deductible, you move on to the initial coverage stage for Tiers 3, 4, and 5 drugs. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.

Initial coverage stage

If you aren't entitled to Extra Help, you pay the coinsurance shown in the chart below until your out-of-pocket costs reach **\$2,000**. If you reach the \$2,000 limit in 2025, you move on to the catastrophic stage and your coverage changes.

Drug tier	Retail plan pharmacy		
	Up to a 30-day supply	31- to 60-day supply	61- to 100-day supply
Tier 1 (Preferred generic)	\$0		
Tier 2 (Generic)	\$0		
• North P4 plan members	\$0		
• South P5 plan members	3%		
Tier 3* (Preferred brand-name)	23%		
• North P4 plan members	23%		
• South P5 plan members	24%		
Tier 4* (Non-preferred drugs)	25%		
Tier 5* (Specialty)	25%		

Drug tier	Retail plan pharmacy		
	Up to a 30–day supply	31– to 60–day supply	61– to 100–day supply
Tier 6** (Vaccines)	\$0	N/A	

*For each insulin product covered by our plan in Tiers 3 through 5, you pay nothing.

**Our plan covers most Part D vaccines at no cost to you.

Drug tier	Mail-order plan pharmacy		
	Up to a 30–day supply	31– to 60–day supply	61– to 100–day supply
Tier 1 (Preferred generic)	\$0		
Tier 2 (Generic)	\$0		
Tier 3* (Preferred brand-name)			
• North P4 plan members	23%		
• South P5 plan members	22%		
Tier 4* (Non-preferred drugs)	25%		
Tier 5* (Specialty)	25%		

Note: Tier 6 (vaccines) are not available through mail order.

*For each insulin product covered by our plan in Tiers 3 through 5, you pay nothing.

Catastrophic coverage stage

If you or others on your behalf spend **\$2,000** on your Part D prescription drugs in 2025, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2025.

Long-term care, plan home-infusion, and non-plan pharmacies

- If you live in a long-term care facility and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31–day supply.
- Covered Part D home infusion drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a non-plan pharmacy, you pay the same as at a retail plan pharmacy and 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.

Additional benefits

These benefits are available to you as a plan member:	You pay
<p>Fitness benefit – One Pass™</p> <p>You have access to the One Pass complete fitness program for the body and mind. One Pass includes:</p> <ul style="list-style-type: none"> • A large core and premium gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location. • Live, on-demand, and digital fitness programs at home. • Social clubs and activities available on the One Pass member website and mobile app. • One home fitness kit annually for strength, yoga, or dance. • Online brain health cognitive training programs. <p>For more information about participating gyms and fitness locations, the program's benefits, or to set up your online account, visit YourOnePass.com or call 1-877-614-0618 (TTY 711), Monday through Friday, 6 a.m. to 7 p.m.</p>	<p>\$0</p>
<p>Over-the-counter (OTC) Health and Wellness</p> <p>We cover OTC items listed in our OTC catalog for free home delivery. You may order OTC items up to the quarterly benefit limit described on the right. Each order must be at least \$25. Your order may not exceed your quarterly benefit limit. Any unused portion of the quarterly benefit limit doesn't carry forward to the next quarter. (Your benefit limit resets on January 1, April 1, July 1, and October 1).</p> <p>To view our catalog and place an order online, please visit kp.org/otc/ca. You may place an order over the phone or request a printed catalog be mailed to you by calling 1-833-569-2360 (TTY 711), 7 a.m. to 5 p.m. PST, Monday through Friday.</p>	<p>No charge up to the quarterly benefit limit below, depending upon the plan in which you are enrolled:</p> <ul style="list-style-type: none"> • \$140 quarterly benefit limit for Dual Complete North plan members. • \$200 quarterly benefit limit for Dual Complete South plan members.

Member discounts for products and services

Kaiser Permanente partners with leading companies to support your health, safety, and well-being — and offer substantial savings and discounts.

Lively™ Mobile Plus

Get a personal emergency response system that provides 24/7 help with the push of a button. Receive a reduced one-time device fee and choice of two monthly service plans (coverage limits may apply). Visit [greatcall.com/KP](https://www.greatcall.com/KP) or call **1-800-205-6548** (TTY **711**) for more information.

CareLinx

Kaiser Permanente has partnered with CareLinx to provide you with a discount for purchasing non-medical, in-home help with daily activities. Your caregiver can help you live an independent lifestyle in your own home by assisting with light housekeeping, meal preparation, companionship and more.

Visit [carelinx.com/kp-affinity](https://www.carelinx.com/kp-affinity) or call toll-free **1-844-636-4592** Monday-Friday, 7 a.m. – 6 p.m. MST, and on weekends, 9 a.m. – 5 p.m. MST.

Comfort Keepers® in-home care and assistance

In-home care services to help you maintain independence at home with everything from 24-hour care, respite and personal care, meal preparation, and light housekeeping. Receive a discount on all services and get a free in-home safety assessment. Visit [comfortkeepers.com/kaiser-permanente](https://www.comfortkeepers.com/kaiser-permanente) or call **1-800-611-9689** (TTY **711**) for more information.

Mom's Meals® healthy meal delivery

Getting the right nutrition is essential to achieving and maintaining good health. Receive delivery of refrigerated ready-to-heat-and-eat meals to homes nationwide. Crafted by chefs and registered dietitians, meals are medically tailored to support most major chronic conditions and overall wellness. Kaiser Permanente members enjoy discounted pricing and free shipping from Mom's Meals.

Visit www.momsmealsnc.com/kp/home.aspx or call **1-866-224-9483** (TTY **711**) for more information.

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Dual Complete grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.

Who can enroll

You can sign up for this plan if:

- You have both Medicare Part A and Part B. (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 have full Medicaid benefits.
- You're a citizen or lawfully present in the United States.
- You live in the service area for the Dual Complete North P4 plan, which includes these counties: **Alameda, Contra Costa, Marin, Napa, San Francisco, San Joaquin, Santa Cruz, Solano, and Stanislaus**, and these parts of counties, in the **following ZIP codes only**:
 - **Amador County**: 95640 and 95669.
 - **El Dorado County**: 95613-14, 95619, 95623, 95633-35, 95651, 95664, 95667, 95672, 95682, and 95762.
 - **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.
 - **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.
 - **Tulare County**: 93238, 93261, 93618, 93631, 93646, 93654, 93666, and 93673.
 - **Yolo County**: 95605, 95607, 95612, 95615-18, 95620, 95645, 95691, 95694-95, 95697-98, 95776, and 95798-99.
 - **Yuba County**: 95692, 95903, and 95961.
- You live in the service area for the Dual Complete South P5 plan, which includes these parts of counties, **in the following ZIP codes only**:
 - **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.
 - **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.

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/finddoctors.

Help managing conditions

If you have more than one 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.

Medicare prescription payment plan

The Medicare Prescription Payment Plan is a new payment option for 2025 that can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available to anyone with Medicare Part D and works with your drug coverage. It can be especially helpful to people with high drug cost sharing earlier in the plan year and help manage out-of-pocket drug costs, but it

doesn't save you money or lower your drug costs. Contact us or visit **Medicare.gov** to learn more about this program.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time period that includes the date you received the item or service. 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 and Southern California Regions, a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Dual Complete.

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	Kaiser Permanente Dual Complete Plans
Inpatient hospital services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Outpatient hospital services	\$0 copay for Medicaid-covered services.	<p>If you are eligible for Medicare cost-sharing assistance under Medi-Cal, you pay \$0. Otherwise, you pay the following per stay when admitted directly to the hospital for observation as an outpatient, depending upon the plan in which you are enrolled:</p> <ul style="list-style-type: none"> • \$110 for North P4 plan members. • \$0 for South P5 plan members.
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.
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.

Benefit	Medicaid State Plan	Kaiser Permanente Dual Complete Plans
Medical & surgical dental services	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
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.
Optician and optical fabricating lab services	\$0 copay for Medicaid-covered services.	\$0 copay for Optician.
Medical supplies (Does not include incontinence creams and washes)	\$0 copay for Medicaid-covered services.	\$0 copay for covered supplies.
Incontinence creams and washes	\$0 copay for Medicaid-covered services.	Not covered unless it is listed in our OTC catalog for home delivery.
Durable medical equipment	\$0 copay for Medicaid-covered services.	If you are eligible for Medicare cost-sharing assistance under Medi-Cal, you pay \$0. Otherwise, you pay 0% or 20% coinsurance for covered items.
Hearing aids	\$0 copay for Medicaid-covered services.	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 covered services.
Licensed midwife services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services provided by plan providers.

Benefit	Medicaid State Plan	Kaiser Permanente Dual Complete Plans
<p>Home health services through a home health agency</p> <p>(Including home health nursing and aide services, physical and occupational therapy, speech pathology and audiology services, intermittent nursing, home health aide care, medical supplies, equipment and appliances)</p>	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services.
<p>Physical therapy and related services</p>	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
<p>Rehabilitation facilities</p>	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
<p>Private duty nursing</p> <p>(waiver only for ages 21 and up)</p>	\$0 copay for Medicaid-covered services.	Not covered.
<p>Clinic</p> <p>(Organized outpatient clinic, Indian Health Services, alternate birthing centers, ambulatory surgical centers)</p>	\$0 copay for Medicaid-covered services.	\$0 copay for covered services provided by a network provider.
<p>Dental services</p>	<p>\$0 copay for Medicaid-covered services provided by your assigned Medicaid dental program dentist.</p> <p>For information on Medi-Cal dental coverage, call 1-800-322-6384 (TTY 1-800-735-2922). You may also visit the website at https://smilecalifornia.org.</p>	Not covered.
<p>Occupational therapy</p>	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
<p>Speech pathology</p>	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
<p>Speech therapy</p>	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.

Benefit	Medicaid State Plan	Kaiser Permanente Dual Complete Plans
Audiology services	\$0 copay for Medicaid-covered services.	\$0 copay for covered services.
Dentures	\$0 copay for Medicaid-covered services provided by your assigned Medicaid dental program dentist. For information on Medi-Cal dental coverage, call 1-800-322-6384 (TTY 1-800-735-2922). You may also visit the website at https://smilecalifornia.org/ .	Not covered.
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 copay up to a \$350 limit for eyewear every year. \$0 copay for one pair of eyeglasses or contact lenses after cataract surgery, up to Medicare's limit.
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.	If you are eligible for Medicare cost-sharing assistance under Medi-Cal, you pay a \$0. Otherwise, you pay 20% coinsurance for covered dialysis treatment.
Rehabilitation services (Chronic dialysis, outpatient heroin detoxification, rehabilitative mental health, drug Medi-Cal,	\$0 copay for Medicaid-covered services.	\$0 copay for covered substance abuse services.

Benefit	Medicaid State Plan	Kaiser Permanente Dual Complete Plans
independent rehabilitation centers)		
Institutes for Mental Diseases (For under 21 years of age and over 65 years of age, including inpatient psychiatric care)	\$0 copay for Medicaid-covered services.	\$0 copay for Medicare-covered services (no age limits).
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.	Covered by Original Medicare.
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.
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.	If you are eligible for Medicare cost-sharing assistance under

Benefit	Medicaid State Plan	Kaiser Permanente Dual Complete Plans
		<p>Medi-Cal, you pay \$0. Otherwise, you pay the following per Emergency Department visit, depending upon the plan in which you are enrolled:</p> <ul style="list-style-type: none"> • \$110 for North P4 plan members. • \$0 for South P5 plan members.
<p>Transportation (State provides emergency and non-emergency medical transportation. Meets federal requirement for assurance of transportation to medically necessary services)</p>	<p>\$0 copay for Medicaid-covered services.</p>	<p>If you are eligible for Medicare cost-sharing assistance under Medi-Cal, you pay \$0. Otherwise, you pay the following per one-way trip for Medicare-covered ambulance services depending upon the plan in which you are enrolled:</p> <ul style="list-style-type: none"> • \$325 copay for North P4 plan • \$50 copay for South P5 plan
<p>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)</p>	<p>\$0 copay for Medicaid-covered services.</p>	<p>\$0 copay for covered medically necessary services.</p>
<p>Marriage and family counselor services</p>	<p>\$0 copay for Medicaid-covered services.</p>	<p>\$0 copay for Medicare-covered services.</p>
<p>Licensed clinical social worker services</p>	<p>\$0 copay for Medicaid-covered services.</p>	<p>\$0 copay for Medicare-covered services.</p>
<p>Case management</p>	<p>\$0 copay for Medicaid-covered services.</p>	<p>\$0 copay for Medicare-covered services.</p>
<p>Individual nurse provider services</p>	<p>\$0 copay for Medicaid-covered services.</p>	<p>\$0 copay for Medicare-covered services.</p>
<p>Nonmedical services (Waiver only)</p>	<p>\$0 copay for Medicaid-covered services.</p>	<p>Not covered.</p>

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.

Deductible

It's the amount you must pay for Medicare Part D drugs before you will enter the initial coverage stage.

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 Dual Complete.

Plan premium

The amount you pay for your Dual Complete 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 Kaiser Permanente Dual Complete plans. To enroll and remain a member of our plan, you must live in one of our Kaiser Permanente Dual Complete 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. 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**.

Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente¹ 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, 24 hours a day, 7 days a week (closed holidays). The call is free:

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- All others: **1-800-464-4000 (TTY 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. 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:** Medi-Cal members may call **1-855-839-7613 (TTY 711)**. All other members may call **1-800-464-4000 (TTY 711)**. Help is available 24 hours a day, 7 days a week (closed holidays)
- **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.

¹ Kaiser Permanente is inclusive of Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, and the Southern California Medical Group

- **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 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:

<https://www.hhs.gov/ocr/complaints/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 panggamot. 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.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-443-0815 (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 **1-800-443-0815 (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 على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-443-0815 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-443-0815 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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 **1-800-443-0815 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: 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 **1-800-443-0815 (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 **1-800-443-0815 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-443-0815 (TTY 711)**. Ta usługa jest bezpłatna.

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、**1-800-443-0815 (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。

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, or materials translated into your language or alternative formats. You can also request auxiliary aids and devices at our facilities. Call our Member Service Contact Center for help, 24 hours a day, 7 days a week (closed holidays).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- All others: **1-800-464-4000 (TTY 711)**

Arabic: خدمات الترجمة الفورية متوفرة لك مجاناً على مدار الساعة كافة أيام الأسبوع. بإمكانك طلب خدمة الترجمة الفورية أو ترجمة وثائق اللغتك أو لصيغ أخرى. يمكنك أيضاً طلب مساعدات إضافية وأجهزة في مرافقتنا. اتصل مع مركز اتصال خدمة الأعضاء لدينا، على مدار 24 ساعة في اليوم و 7 أيام في الأسبوع (العطلات مغلق).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- جميع الآخرين: **1-800-464-4000 (TTY 711)**

Armenian: Ձեզ կարող է անվճար լեզվական աջակցություն տրամադրվել օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Դուք նաև կարող եք խնդրել օժանդակ օգնություններ և սարքեր մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման կապի կենտրոն օրը 24 ժամ, շաբաթը 7 օր (տոն օրերին փակ է):

- Medi-Cal` **1-855-839-7613 (TTY 711)**
- Այլ` **1-800-464-4000 (TTY 711)**

Chinese: 我们每周 7 天，每天 24 小时免费提供语言帮助。您可以要求提供口译员、或将材料翻译为您所用语言或其他格式。您还可以在我们的设施中要求使用辅助工具和设备。请打电话给我们的会员服务联络中心，服务时间为每周 7 天，每天 24 小时（节假日除外）。

- 所有会员: **1-800-757-7585 (TTY 711)**

Farsi: خدمات زبانی در 24 ساعت شبانهروز و 7 روز هفته بهصورت رایگان در اختیار شماست. می‌توانید خدمات مترجم شفاهی، یا ترجمه مدارک به زبان خود یا به فرمت‌های دیگر را درخواست کنید. همچنین می‌توانید دستگاه‌ها و کمک‌های دیگر را در مراکز ما درخواست نمایید. برای دریافت کمک، در 24 ساعت شبانهروز و 7 روز هفته (بهجز تعطیلات) با مرکز تماس خدمات اعضای ما تماس بگیرید.

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- سایر: **1-800-464-4000 (TTY 711)**

Hindi: बिना किसी लागत के भाषा सहायता, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप दुभाषिये की सेवाओं के लिए, या बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों का अनुरोध कर सकते हैं। आप हमारे सुविधा-स्थलों में सहायक साधनों और उपकरणों के लिए भी अनुरोध कर सकते हैं। सहायता के लिए हमारी सदस्य सेवाओं के सम्पर्क केंद्र को, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें।

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- बाकी दूसरे: **1-800-464-4000 (TTY 711)**

Hmong: Muaj kev pab txhais lus pub dawb rau koj, 24 teev tuaj ib hnuv twg, 7 hnuv tuaj 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. Koj kuj thov tau lwm yam kev pab thiab khoom siv hauv peb tej tsev hauj lwm. Hu rau peb Qhov Chaw Pab Cov Tswv Cuab 24 teev tuaj ib hnuv twg, 7 hnuv tuaj ib lim tiam twg (cov hnuv caiv kaw).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- Dua lwm cov: **1-800-464-4000 (TTY 711)**

Japanese: 多言語による情報支援を無料で24時間年中無休で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、あるいは別の形式による資料もご所望いただけます。また、当施設における補助的な支援や機器についてもご所望いただけます。お気軽にご連絡ください（祝祭日を除き24時間週7日）。

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- その他のご連絡先: **1-800-464-4000 (TTY 711)**

Khmer (Cambodian): ជំនួយភាសា គឺឥតគិតថ្លៃដល់អ្នកឡើយ 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ ឬឯកសារដែលបានបកប្រែ ជាភាសាខ្មែរ ឬទម្រង់ជំនួសផ្សេងទៀត។ អ្នកក៏អាចស្នើសុំឧបករណ៍និងបរិក្ខារជំនួយ ទំនាក់ទំនងសម្រាប់អ្នកពិការនៅទីតាំងរបស់យើងផងដែរ។ ទូរស័ព្ទទៅមជ្ឈមណ្ឌល ទំនាក់ទំនងសេវាកម្មសមាជិករបស់យើងសម្រាប់ជំនួយ 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ (ថ្ងៃឈប់សម្រាកបិទ)។

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- ផ្សេងទៀតទាំងអស់: **1-800-464-4000 (TTY 711)**

Korean: 요일 및 시간에 관계없이 언어지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스 또는 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 또한 저희 시설에서 보조기구 및 기기를 요청하실 수 있습니다. 저희 가입자 서비스 연락 센터에 주 7일, 하루 24시간(공휴일 휴무) 전화하셔서 도움을 받으십시오.

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- 기타 모든 경우: **1-800-464-4000 (TTY 711)**

Laotian: ມີການຊ່ວຍເຫຼືອດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ, 24 ຊົ່ວໂມງຕໍ່ວັນ, 7 ວັນຕໍ່ອາທິດ. ທ່ານຍັງສາມາດຂໍບໍລິການຜູ້ແປພາສາ ຫຼື ເອກະສານທີ່ແປເປັນພາສາຂອງທ່ານ ຫຼື ໃບຮູບແບບອື່ນໄດ້. ທ່ານຍັງສາມາດຂໍອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ເຄື່ອງມືຢູ່ສະຖານບໍລິການຂອງພວກເຮົາໄດ້. ໂທຫາສູນຕິດຕໍ່ບໍລິການສະມາຊິກຂອງພວກເຮົາເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, 24 ຊົ່ວໂມງຕໍ່ວັນ, 7 ວັນຕໍ່ອາທິດ (ເປີດໃນວັນພັກ).

- Medi-Cal: **1-855-839-7613** (TTY 711)
- ອື່ນໆທັງໝົດ: **1-800-464-4000** (TTY 711)

Mien: Mbenc nzoih liouh wangv-henh tengx nzie faan waac bun muangx meih maiv cingv, yietc hnoi mbenc maaih 24 norm ziangh hoc, yietc norm leiz baaix mbenc maaih 7 hnoi. Meih se haih tov heuc tengx faan benx meih nyei waac bun muangx, a'fai zoux benx nyungc horngh jaa-sic zoux benx meih nyei waac. Meih corc haih tov tengx nyungc horngh jaa-dorngx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Beiv hnavgv qiexm zuqc longc mienh nzie weih nor douc waac lorx taux yie mbuo ziux goux baengc mienh nyei gorn zangc, yietc hnoi tengx duqv 24 norm ziangh hoc, yietc norm leiz baaix tengx duqv 7 hnoi (simv cuotv gingc nyei hnoi se guon oc).

- Medi-Cal: **1-855-839-7613** (TTY 711)
- Yietc zungv da'nyeic deix: **1-800-464-4000** (TTY 711)

Navajo: Díí hózhó nízhoóní bee hane' dóó jík'ah jóóní dooníwo'. Ndik'é yádi naaltsoos bee haz'áanii bee hane' dóó yádi nihookaa dóó nádaáhágíí yádi nihookaa. Shí éí bee háidíníí bíbee' haz'áanii dóó bee t'ah kodí bízikíníí wo'da'gi doolyé. Ahéhee' bik'ehgo nohólqon'ígíí, 24 t'áádawo'íí, 7 t'áádawo'íigo (t'áadoo t'áálwo').

- Medi-Cal: **1-855-839-7613** (TTY 711)
- Yadilzingo bík'ehgo bee: **1-800-464-4000** (TTY 711)

Punjabi: ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਲਈ, ਜਾਂ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸੁਵਿਧਾਵਾਂ ਵਿੱਚ ਵੀ ਸਹਾਇਕ ਸਾਧਨਾਂ ਅਤੇ ਉਪਕਰਣਾਂ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹਾਂ। ਮਦਦ ਲਈ ਸਾਡੀ ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਦੇ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਕਾਲ ਕਰੋ।

- Medi-Cal: **1-855-839-7613** (TTY 711)
- ਹੋਰ ਸਾਰੇ: **1-800-464-4000** (TTY 711)

Russian: Языковая помощь доступна для вас бесплатно круглосуточно, ежедневно. Вы можете запросить услуги переводчика или материалы, переведенные на ваш язык или в альтернативные форматы. Вы также можете заказать вспомогательные средства и приспособления. Для получения помощи позвоните в наш центр обслуживания участников ежедневно, круглосуточно (кроме праздничных дней).

- Medi-Cal: **1-855-839-7613** (линия ТТУ 711)
- Все остальные: **1-800-464-4000** (линия ТТУ 711)

Spanish: Tenemos disponible asistencia en su idioma sin ningún costo para usted 24 horas al día, 7 días a la semana. Usted puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o formatos alternativos. También puede solicitar recursos para discapacidades en nuestros centros de atención. Llame a nuestra Central de Llamadas de Servicio a los Miembros para recibir ayuda 24 horas al día, 7 días a la semana (excepto los días festivos).

- Para todos los demás: **1-800-788-0616 (TTY 711)**

Tagalog: May magagamit na tulong sa wika nang wala kayong babayaran, 24 na oras sa isang araw, 7 araw sa isang linggo. Maaari kayong humiling ng mga serbisyo ng interpreter, o mga babasahin na isinalin sa inyong wika o sa mga alternatibong format. Maaari rin kayong humiling ng mga pantulong na gamit at device sa aming mga pasilidad. Tawagan ang aming Center sa Pakikipag-ugnayan ng Serbisyo sa Miyembro para sa tulong, 24 na oras sa isang araw, 7 araw sa isang linggo (sarado sa mga pista opisyal).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- Lahat ng iba pa: **1-800-464-4000 (TTY 711)**

Thai: มีบริการช่วยเหลือด้านภาษาตลอด 24 ชั่วโมงทุกวันโดยไม่มีค่าใช้จ่าย โดยคุณสามารถขอใช้บริการล่าม บริการแปลเอกสารเป็นภาษาของคุณหรือในรูปแบบอื่นๆ ได้ คุณสามารถขออุปกรณ์และเครื่องมือช่วยเหลือได้ที่ศูนย์บริการของเราโดยโทรหาเราที่ศูนย์ติดต่อฝ่ายบริการสมาชิกของเราเพื่อขอความช่วยเหลือตลอด 24 ชั่วโมงทุกวัน (ปิดทำการในช่วงวันหยุด)

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- ที่อื่นๆทั้งหมด: **1-800-464-4000 (TTY 711)**

Ukrainian: Послуги перекладача надаються безкоштовно, цілодобово, 7 днів на тиждень. Ви можете зробити запит на послуги усного перекладача або отримання матеріалів у перекладі мовою, якою володієте, чи в альтернативних форматах. Також ви можете зробити запит на отримання допоміжних засобів і пристроїв у закладах нашої мережі компаній. Телефонуйте в наш контактний центр для обслуговування клієнтів цілодобово, 7 днів на тиждень (крім святкових днів).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- Усі інші: **1-800-464-4000 (TTY 711)**

Vietnamese: Dịch vụ hỗ trợ ngôn ngữ 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, hoặc tài liệu được dịch ra ngôn ngữ của quý vị hoặc nhiều hình thức khác. Quý vị cũng có thể yêu cầu các phương tiện trợ giúp và thiết bị hỗ trợ tại các cơ sở của chúng tôi. Gọi cho Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi để được trợ giúp, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- Mọi chương trình khác: **1-800-464-4000 (TTY 711)**

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