

# Care for all that is you



# Experience health care designed with you in mind

You deserve high-quality care for your total health, whatever you need – from routine checkups to complex treatments to mental wellness support.

No matter what your priority is, ours is providing excellent care – for the you who's feeling great, the you who needs support, and every you in between.



Discover how we can help you stay healthy and doing what you love at [kp.org/learnthebasics](https://kp.org/learnthebasics).



# Go where you feel like your best self

Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

## Important open enrollment dates for 2025

- The open enrollment period for 2025 coverage runs from **November 1, 2024**, through **January 31, 2025**.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Covered California.
- For coverage that starts on **January 1, 2025**, we must receive your Application for health coverage and first month's premium no later than **December 31, 2024**.

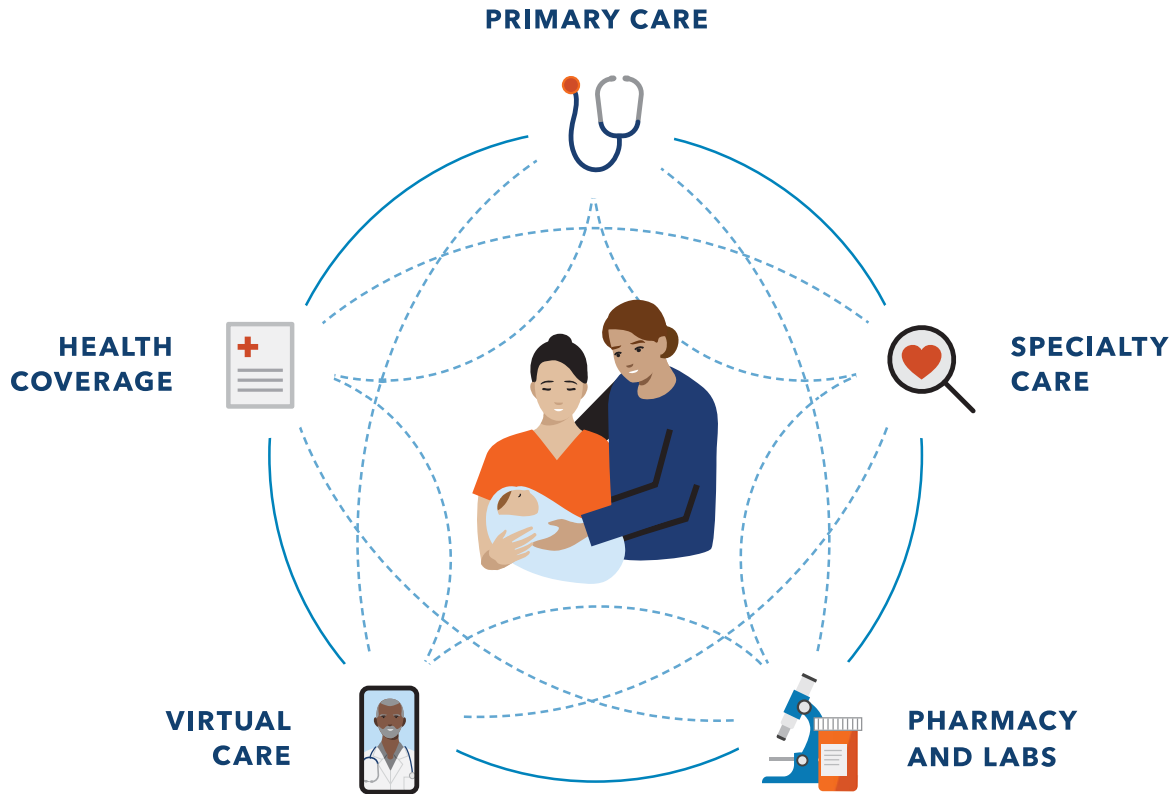
## Enrolling during a special enrollment period

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

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

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





## A different kind of care

Your health care should make your life easier – with doctors, hospitals, and health plan benefits that are all connected and focused on providing you with exceptional care.

### With Kaiser Permanente, you get

Personalized care from  
high-quality specialists

24/7 access to care  
wherever you are

Predictable costs and  
less paperwork

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**Members stay with Kaiser Permanente nearly 3 times as long as other health plans.<sup>1</sup>**

# Care that's **personalized**

**For the you who deserves to be seen and heard**

You need a doctor who understands you. Someone who'll learn your lifestyle, health risks, and goals. At Kaiser Permanente, you typically don't have to repeat yourself every time you visit the doctor. Your care team has access to your entire Kaiser Permanente medical history through your electronic health record, so they know you and your story.

You can also change your doctor anytime and choose from many clinicians who speak more than one language, so it's easy to find the perfect match for you.

“ From seeing the doctor to getting lab work, I knew exactly where to go and the flow was seamless. ”

– Kaiser Permanente member

We guide you through every step of your care



**Your Kaiser Permanente health history lives in your electronic health record.**



**Your care team helps guide you through appointments and referrals.**



**Your health record is available to you and your care team 24/7.**



**Your care team lets you know when to schedule checkups and tests.**

# Care that's world class

## For the you who expects high quality

No matter your needs – mental health, maternity, cancer care, heart health, and beyond – you have access to highly skilled doctors, cutting-edge technology, and advanced evidence-based care.



Explore high-quality care options for every health need at [buykp.org](https://buykp.org).

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## We're a national leader in outcomes

We are one of the national leaders in outcomes for conditions like cancer and heart disease, and we're among the top-rated health plans in every state we serve.<sup>2,3,4,5,6</sup>



## Kaiser Permanente members are

33% more likely to **survive heart disease**<sup>5</sup>

52% more likely to **survive colorectal cancer**<sup>6</sup>

20% **less likely to die early** of cancer<sup>5</sup>

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## Recognized excellence in stroke and heart disease care<sup>7</sup>

The American Heart Association and American Stroke Association's Get With The Guidelines® program has recognized **38 of our medical centers** for commitment to excellence in the treatment of stroke or heart disease.

# Care that's convenient

## For the you with a busy schedule

Visit [kp.org](https://kp.org) or use our app to make a routine same-day or next-day appointment, or talk to a clinician 24/7 by phone or video.<sup>8</sup> No matter how you connect, you'll always speak with a medical professional who can see your Kaiser Permanente health history and pick up where you left off.



### Your health at your fingertips

- Get 24/7 virtual care.
- Email your care team.
- View most lab results and doctor's notes.
- Refill most prescriptions.
- Check in for appointments.
- Pay bills and view statements.

### Do more in one visit

Many of our facilities have pharmacies and labs in the same building, so you can see your doctor, get your tests, and pick up your prescriptions all in one stop.



More than half of members **avoided a trip to the ER** or urgent care by meeting a clinician for a video visit.<sup>9</sup>

# Care you can **count on**

## For the you who wants dependable service

You should always have the right care – when and where you need it. Choose the Kaiser Permanente doctors and locations that work best for you, and know your care team is connected to a national network of specialists and services.

**At Kaiser Permanente, most members say they get primary care appointments as soon as they expect – or sooner.<sup>10</sup>**

You can get timely, convenient service with:

- ✓ More primary care appointments
- ✓ Quick lab results
- ✓ 24/7 virtual care
- ✓ A large clinician network



See how to get care that meets you where you are at [kp.org/connectedtocare](https://kp.org/connectedtocare).



### Mail-order pharmacy

- Easy refills online, in person, or over the phone
- Most are same-day pickup
- Most prescriptions delivered to your front door<sup>11</sup>
- Same-day or next-day home delivery available for an additional fee<sup>11</sup>



### Care while traveling

- Help with vaccinations, prescription refills, and more
- Urgent and emergency care worldwide – not just at Kaiser Permanente facilities<sup>12</sup>

# Care that's **all-encompassing**

## For the you who wants to explore all your health options

Kaiser Permanente members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral for mental health care within Kaiser Permanente. Share your concerns with anyone on your care team at any time, and they can connect you to the support you need.

- Individual or group therapy
- Health classes<sup>13</sup>
- Medication
- Self-care resources
- Mental wellness apps<sup>14</sup>

Not sure where to start? Talk to your personal doctor about your concerns or call us to talk with our mental health team.



### Resources for your everyday wellness

Take advantage of classes, services, and programs to help you achieve your health goals.<sup>15</sup>

- Acupuncture, massage therapy, and chiropractic care
- Healthy lifestyle programs<sup>15</sup>
- Wellness coaching<sup>15</sup>



### Enjoy special deals

on fitness programs, gym memberships, and online resources.

# Choosing your health plan

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

## Copay or coinsurance plans

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

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

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

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

HSA-qualified deductible plans are deductible plans with a special feature. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account. You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses or adult dental.<sup>16</sup> And if you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

### Want coverage that includes Vision, Chiropractic, and Acupuncture care?

Check our newest plan, Kaiser Permanente - Gold 80 HMO 0/30 PCP. Plan coverage includes one eye exam with allowance for hardware, 20 combined visits per year to participating chiropractors or acupuncturists with a copay, and durable medical equipment (such as oxygen equipment, wheelchairs, walkers, and hospital beds) with coinsurance. Cost-sharing information can be found in the following pages.

## Example of your costs for care

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

Plan name	Office visit	X-ray	Generic drug
KP Gold 80 HMO Coinsurance (no deductible)	\$35	\$75	\$15*
KP Silver 70 HMO 2850/50 PCP (\$2,850 deductible)	\$50	\$70 after deductible	\$20*
KP Bronze 60 HDHP HMO (\$6,650 deductible)	No charge after deductible	No charge after deductible	No charge after deductible

## You may qualify for federal or state financial assistance

Under health care reform, the federal or state government may provide financial assistance for many people, depending on their income.

- Financial assistance is available for premiums and out-of-pocket expenses.
- Assistance is available based on income and family size.



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



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

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

# Understanding the plans: benefit highlights

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

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

Benefit highlights		<div>KP</div> <div>Kaiser Permanente - Silver 70 HMO Off Exchange</div>	<div>KP</div> <div>Offered through Kaiser Permanente</div>	<div>E</div> <div>Offered through the health benefit exchange</div>
Plan type	Deductible			
Annual medical deductible (individual/family)	\$5,400/\$10,800			
Annual out-of-pocket maximum (individual/family)	\$8,700/\$17,400			
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	No charge			
Preventive care				
Routine physical exam, mammograms, etc.	No charge			
Outpatient services (per visit or procedure)				
Primary care office visit	\$50			
Specialty care office visit	\$90			
Most X-rays	\$95			
Most lab tests	\$50			
MRI, CT, PET	\$325			
Outpatient surgery	30%			
Mental health visit	\$50			
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible			
Maternity				
Routine prenatal care visit, first postpartum visit	No charge			
Delivery and inpatient well-baby care	30% after deductible			
Emergency and urgent care				
Emergency Department visit	\$400			
Urgent care visit	\$50			
Prescription drugs (up to a 30-day supply)				
Generic (Tier 1)	\$18*			
Preferred brand (Tier 2)	\$60 after \$50 pharmacy deductible*			
Non-preferred brand (Tier 2)	\$60 after \$50 pharmacy deductible*			
Specialty (Tier 4)	20% after \$50 pharmacy deductible, up to \$250 per prescription			
Whole health				
Healthy services	Coverage includes Wellness Coaching for one-on-one guidance and support from a dedicated wellness coach who can help you set goals, stick to them, and, most importantly, see results. And you can do it all from the comfort of home. Wellness Coaching by Phone is available at no cost to Kaiser Permanente members – and no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a>			

### Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$5,400 for yourself or \$10,800 for your family. Then you'd start paying copays or coinsurance.

### Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$8,700 for yourself and no more than \$17,400 for your family for your copays, coinsurance, and deductible in a calendar year.

### Preventive care at no charge

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

### Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$50 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

### Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

### Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$50 copay for urgent care visits, whether or not you have met your deductible.

### Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$5,400 for yourself or \$10,800 for your family. Then you'd start paying copays or coinsurance.

### Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$8,700 for yourself and no more than \$17,400 for your family for your copays, coinsurance, and deductible in a calendar year.

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With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$50 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

### Copay

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

### Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$50 copay for urgent care visits, whether or not you have met your deductible.

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

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

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

Benefit highlights	<b>KP</b> Kaiser Permanente - Bronze 60 HMO 7500/0% PCP	<b>KP</b> <b>E</b> Kaiser Permanente - Bronze 60 HDHP HMO	<b>KP</b> <b>E</b> Kaiser Permanente - Bronze 60 HMO	<b>KP</b> Kaiser Permanente - Silver 70 HDHP HMO 3600/25% PCP
Plan type	<b>Deductible</b>	<b>HSA-qualified</b>	<b>Deductible</b>	<b>HSA-qualified</b>
Annual medical deductible (individual/family)	\$7,500/\$15,000	\$6,650/\$13,300	\$5,800/\$11,600	\$3,600/\$7,200
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$6,650/\$13,300	\$8,850/\$17,700	\$7,200/\$14,400
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone, and Video visit	No charge	Email, E-visit: No charge. Phone and Video visit: No charge after deductible	No charge	Email, E-visit: No charge. Phone and Video visit: No charge after deductible
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	No charge after deductible	No charge after deductible	\$60	25% after deductible
Specialty care office visit	No charge after deductible	No charge after deductible	First 3 visits \$95; then \$95 after deductible <sup>‡</sup>	25% after deductible
Most X-rays	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Most lab tests	No charge after deductible	No charge after deductible	\$40	25% after deductible
MRI, CT, PET	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Mental health visit	No charge after deductible	No charge after deductible	No charge	25% after deductible
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Urgent care visit	No charge after deductible	No charge after deductible	\$60	25% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic (Tier 1)	\$20*	No charge after deductible	\$19*	25% after deductible, up to \$250 per prescription
Preferred brand (Tier 2)	No charge after deductible	No charge after deductible	40% after \$450 pharmacy deductible up to \$500 per prescription	25% after deductible, up to \$250 per prescription
Non-preferred brand (Tier 2)	No charge after deductible	No charge after deductible	40% after \$450 pharmacy deductible up to \$500 per prescription	25% after deductible, up to \$250 per prescription
Specialty (Tier 4)	No charge after deductible	No charge after deductible	40% after \$450 pharmacy deductible up to \$500 per prescription	25% after deductible, up to \$250 per prescription
<b>Whole health</b>				
Healthy services	Coverage includes Wellness Coaching for one-on-one guidance and support from a dedicated wellness coach who can help you set goals, stick to them, and, most importantly, see results. And you can do it all from the comfort of home. Wellness Coaching by Phone is available at no cost to Kaiser Permanente members – and no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a>			

<sup>‡</sup> The Kaiser Permanente Bronze 60 HMO plan includes three Specialty care office visits for the benefit copay before you reach your deductible.

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Combined Membership Agreement, Evidence of Coverage, and Disclosure Form (EOC)* for complete details on your plan or for specific limitations and exclusions. To request a copy of the EOC, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-464-4000 (TTY 711), or contact your broker.

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Benefit highlights	<b>KP</b> Kaiser Permanente - Silver 70 HMO Off Exchange	<b>E</b> Kaiser Permanente - Silver 70 HMO	<b>KP</b> Kaiser Permanente - Silver 70 HMO 2850/50 PCP	<b>KP</b> <b>E</b> Kaiser Permanente - Gold 80 HMO
Plan type	Deductible	Deductible	Deductible	Copayment
Annual medical deductible (individual/family)	\$5,400/\$10,800	\$5,400/\$10,800	\$2,850/\$5,700	None/None
Annual out-of-pocket maximum (individual/family)	\$8,700/\$17,400	\$8,700/\$17,400	\$8,750/\$17,500	\$8,700/\$17,400
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$50	\$50	\$50	\$35
Specialty care office visit	\$90	\$90	\$80	\$65
Most X-rays	\$95	\$95	\$70 after deductible	\$75
Most lab tests	\$50	\$50	\$30 after deductible	\$40
MRI, CT, PET	\$325	\$325	\$350 after deductible	\$75
Outpatient surgery	30%	30%	35% after deductible	\$190
Mental health visit	\$50	\$50	\$50	\$35
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	35% after deductible	\$350 per day up to 5 days**
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	35% after deductible	\$350 per day up to 5 days**
<b>Emergency and urgent care</b>				
Emergency Department visit	\$400	\$400	\$350 after deductible	\$330
Urgent care visit	\$50	\$50	\$50	\$35
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic (Tier 1)	\$18*	\$18*	\$20*	\$15*
Preferred brand (Tier 2)	\$60 after \$50 pharmacy deductible*	\$60 after \$50 pharmacy deductible*	\$75 after \$450 pharmacy deductible*	\$60*
Non-preferred brand (Tier 2)	\$60 after \$50 pharmacy deductible*	\$60 after \$50 pharmacy deductible*	\$75 after \$450 pharmacy deductible*	\$60*
Specialty (Tier 4)	20% after \$50 pharmacy deductible, up to \$250 per prescription	20% after \$50 pharmacy deductible, up to \$250 per prescription	35% after \$450 pharmacy deductible, up to \$250 per prescription	20% up to \$250 per prescription
<b>Whole health</b>				
Healthy services	Coverage includes Wellness Coaching for one-on-one guidance and support from a dedicated wellness coach who can help you set goals, stick to them, and, most importantly, see results. And you can do it all from the comfort of home. Wellness Coaching by Phone is available at no cost to Kaiser Permanente members – and no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a>			

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Benefit highlights	<span>KP</span> <span>E</span> Kaiser Permanente - Gold 80 HMO Coinsurance	<span>KP</span> Kaiser Permanente - Gold 80 HMO 0/30 PCP	<span>KP</span> <span>E</span> Kaiser Permanente - Platinum 90 HMO	<span>KP</span> <span>E</span> Kaiser Permanente - Minimum Coverage HMO††
Plan type	Copayment	Copayment	Copayment	Deductible
Annual medical deductible (individual/family)	None/None	None/None	None/None	\$9,200/\$18,400
Annual out-of-pocket maximum (individual/family)	\$8,700/\$17,400	\$7,800/\$15,600	\$4,500/\$9,000	\$9,200/\$18,400
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$35	\$30	\$15	First 3 office visits no charge.*** Additional visits no charge after deductible
Specialty care office visit	\$65	\$60	\$30	No charge after deductible
Most X-rays	\$75	\$60	\$30	No charge after deductible
Most lab tests	\$40	\$40	\$15	No charge after deductible
MRI, CT, PET	25%	\$250	\$75	No charge after deductible
Outpatient surgery	30%	\$335	\$95	No charge after deductible
Mental health visit	\$35	\$30	\$15	No charge
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30%	\$600 per day up to 5 days**	\$225 per day up to 5 days**	No charge after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30%	\$600 per day up to 5 days**	\$225 per day up to 5 days**	No charge after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	\$330	\$250	\$150	No charge after deductible
Urgent care visit	\$35	\$30	\$15	First 3 office visits no charge.*** Additional visits no charge after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic (Tier 1)	\$15*	\$15*	\$7*	No charge after deductible
Preferred brand (Tier 2)	\$60*	\$40*	\$16*	No charge after deductible
Non-preferred brand (Tier 2)	\$60*	\$40*	\$16*	No charge after deductible
Specialty (Tier 4)	20% up to \$250 per prescription	20% up to \$250 per prescription	10% up to \$250 per prescription	No charge after deductible
<b>Whole health</b>				
Healthy services	Coverage includes Wellness Coaching for one-on-one guidance and support from a dedicated wellness coach who can help you set goals, stick to them, and, most importantly, see results. And you can do it all from the comfort of home. Wellness Coaching by Phone is available at no cost to Kaiser Permanente members – and no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a>	Adult vision benefit includes an annual eye exam with a \$175 glasses credit which can be used every 24 months; 20 combined visits of chiropractic or acupuncture per year at \$15 per visit; Coverage of supplemental Durable Medical Equipment items for a 20% cost share up to \$2000 annually. Coverage also includes Wellness Coaching for one-on-one guidance with support from a dedicated wellness coach. Wellness Coaching by Phone is available at no cost to Kaiser Permanente members – no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a>	Coverage includes Wellness Coaching for one-on-one guidance and support from a dedicated wellness coach who can help you set goals, stick to them, and, most importantly, see results. And you can do it all from the comfort of home. Wellness Coaching by Phone is available at no cost to Kaiser Permanente members – and no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a>	Coverage includes Wellness Coaching for one-on-one guidance and support from a dedicated wellness coach who can help you set goals, stick to them, and, most importantly, see results. And you can do it all from the comfort of home. Wellness Coaching by Phone is available at no cost to Kaiser Permanente members – and no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a>

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

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

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Combined Membership Agreement, Evidence of Coverage, and Disclosure Form (EOC)* for complete details on your plan or for specific limitations and exclusions. To request a copy of the EOC, please visit [kp.org/plandocuments](https://tinyurl.com/Kaiser-Shorr), call us at 1-800-464-4000 (TTY 711), or contact your broker.

<https://tinyurl.com/Kaiser-Shorr>  
 Steve Shorr Insurance

1482166792 California 2025

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

## Cost Share Reduction (CSR) Plans

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

Benefit highlights	<b>E</b> Kaiser Permanente - Silver 73 HMO	<b>E</b> Kaiser Permanente - Silver 87 HMO	<b>E</b> Kaiser Permanente - Silver 94 HMO
Plan type	Copayment	Copayment	Copayment
Annual medical deductible (individual/family)	None/None	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$6,100/\$12,200	\$3,000/\$6,000	\$1,150/\$2,300
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$35	\$15	\$5
Specialty care office visit	\$85	\$25	\$8
Most X-rays	\$95	\$40	\$8
Most lab tests	\$50	\$20	\$8
MRI, CT, PET	\$325	\$100	\$50
Outpatient surgery	30%	20%	10%
Mental health visit	\$35	\$15	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30%	20%	10%
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30%	20%	10%
<b>Emergency and urgent care</b>			
Emergency Department visit	\$350	\$150	\$50
Urgent care visit	\$35	\$15	\$5
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic (Tier 1)	\$15*	\$5*	\$3*
Preferred brand (Tier 2)	\$55*	\$25*	\$10*
Non-preferred brand (Tier 2)	\$55*	\$25*	\$10*
Specialty (Tier 4)	20% up to \$250 per prescription	15% up to \$150 per prescription	10% up to \$150 per prescription
<b>Whole health</b>			
Healthy services	Coverage includes Wellness Coaching for one-on-one guidance and support from a dedicated wellness coach who can help you set goals, stick to them, and, most importantly, see results. And you can do it all from the comfort of home. Wellness Coaching by Phone is available at no cost to Kaiser Permanente members – and no referral is required. To learn more, visit <a href="https://kp.org/WellnessCoaching">kp.org/WellnessCoaching</a>		

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Combined Membership Agreement, Evidence of Coverage, and Disclosure Form* (EOC) for complete details on your plan or for specific limitations and exclusions. To request a copy of the EOC, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-464-4000 (TTY 711), or contact your broker.

# Find your rate



Apply on [buykp.org](https://tinyurl.com/Kaiser-Shorr) to have your rate calculated automatically.

## How is your rate determined?

### Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- If you add the optional dental insurance plan for adult family members, including those whose eligibility for pediatric dental services has ended
- If you qualify for federal financial assistance. Visit [buykp.org](https://tinyurl.com/Kaiser-Shorr) or call us at **1-800-494-5314** (TTY **711**) to see if you may qualify.

## Interested in a family plan?

Find the rate for each family member, based on their age on the start date.

Family members include:

- You
- Your spouse/domestic partner
- Your parents/stepparents
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge.

# Optional adult dental insurance plan

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

## How the plan works

- **No deductible for preventive services.** The deductible is the amount you pay for covered services each year before Delta Dental starts paying. With this plan, there's no deductible for preventive or diagnostic services like cleanings and X-rays. For other services, there's a \$25 annual deductible per person, up to a maximum of \$75 for your whole family.
- **Cost savings.** You'll usually pay the least when visiting a Delta Dental PPO provider, so take advantage of the over 12,000 Delta Dental PPO dentists in California. If you don't visit a Delta Dental PPO dentist, remember that you also have access to dentists in the Delta Dental Premier network. You'll usually pay more to see a Delta Dental Premier dentist than a Delta Dental PPO dentist but less than if visiting a non-Delta Dental dentist.
- **Coverage for the whole family.** If you enroll, every adult on your health plan must also be enrolled. In other words, you can't choose to enroll some members of your family in the dental plan and not others.
- **Annual maximum.** The plan will pay up to \$1,500 toward dental services for each covered member per year.

- **Waiting periods.** Some dental services are subject to a waiting period before the plan will cover the charges. See the Table of Allowances in your *Certificate of Insurance* for the specific dental services subject to waiting periods.

## How to enroll

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

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

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### 2025 monthly rate

\$32.01 per member

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A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION



**KAISER PERMANENTE®**

Kaiser Permanente Insurance Company

## Have questions?

Call **1-800-933-9312**, 8 a.m. to 4 p.m., Monday through Friday. Please reference the group number when calling: #50146 for NCAL, 50147 for SCAL.

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

# Dental benefit highlights

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

Procedure	What the plan pays
<b>Diagnostic procedures</b>	
Oral exam	\$50.00
X-rays – complete series including bitewings	\$100.00
<b>Preventive procedures</b>	
Cleaning	\$80.00
<b>Restorative procedures</b>	
Fillings <sup>†</sup> (Note: Fillings are subject to a 6-month waiting period.)	
Amalgam – one surface, primary or permanent	\$35.00
Resin-based composite – one surface, anterior	\$46.00
Crowns <sup>†</sup> (Note: Crowns are subject to a 6-month waiting period.)	
Resin with high noble metal	\$182.00
<b>Endodontic procedures</b>	
Root canal <sup>†</sup> (Note: Root canals are subject to a 6-month waiting period.)	
Anterior (excluding final restoration)	\$193.00
Bicuspid (excluding final restoration)	\$227.00
Molar (excluding final restoration)	\$306.00
<b>Oral and maxillofacial surgical procedures<sup>†</sup></b> (Note: Oral and maxillofacial surgical procedures are subject to a 6-month waiting period.)	
Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	\$39.00
Surgical removal of erupted tooth requiring removal of bone and/or section of tooth	\$74.00

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

\*The Table of Allowances lists the maximum amount, or allowance, that the plan will pay for each covered dental service. The plan will pay the lowest dollar amount among the following 3: the dentist's usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist's fee will be the responsibility of the patient.

<sup>†</sup> The waiting period is the period of time you and your covered dependents are required to be continuously covered under the Dental Insurance Plan before a specific dental service becomes a covered benefit. Some covered dental services are subject to a waiting period. See the Table of Allowances in your *Certificate of Insurance* for the specific dental services subject to waiting periods.

# Complete care to help you live a fuller, healthier life

With Kaiser Permanente, our trusted care teams coordinate and personalize your care – so you can spend more time doing what you love.

## Have questions about your plan options?



Visit [buykp.org](https://buykp.org)  
to get started.

Call **1-800-494-5314** (TTY **711**)  
to talk to an enrollment specialist.

Current members with questions can call  
Member Services 24 hours a day,  
7 days a week (closed holidays).

- **1-800-464-4000** (English and more than 150 languages using interpreter services)
- **1-800-788-0616** (Spanish)
- **1-800-757-7585** (Chinese dialects)
- **711** (TTY)



1. Kaiser Permanente internal data, 2020; Hanming Fang, PhD, et al., "Trends in Disenrollment and Reenrollment Within US Commercial Health Insurance Plans, 2006-2018," *JAMA Network*, February 24, 2022. 2. Kaiser Permanente 2023 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2023 and is used with the permission of NCQA. Quality Compass 2023 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 3. 2022 Annual Report, Kaiser Permanente, [about.kaiserpermanente.org/who-we-are/annual-reports/2022-annual-report](https://www.kaiserpermanente.org/who-we-are/annual-reports/2022-annual-report). 4. NCQA's Private Health Insurance Plan Ratings 2023-2024, National Committee for Quality Assurance, 2023: Kaiser Foundation Health Plan of Colorado – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of Georgia, Inc. – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Hawaii – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. – HMO (rated 5 out of 5); Kaiser Foundation Health Plan, Inc., of Northern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of the Northwest – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Southern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of Washington – HMO (rated 4 out of 5). 5. Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," Kaiser Permanente, July 20, 2022. 6. Theodore R. Levin, MD, et al., "Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large, Community-Based Population," *Gastroenterology*, November 2018. 7. American Heart Association and American Stroke Association, July 11, 2024. 8. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 9. Kaiser Permanente GCN Post-Visit Survey of 60,945 members, 2023. 10. Kaiser Permanente National Market Research, November 2023. 11. Not all prescriptions can be mailed, restrictions may apply. Please check with your local pharmacy. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescription delivery. 12. An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. 13. Some classes may require a fee. 14. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. 15. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. 16. For a complete list of services you can use your HSA to pay for, see *Publication 502, Medical and Dental Expenses*, at [irs.gov](https://www.irs.gov).

## Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente<sup>1</sup> 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.

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<sup>1</sup> 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](http://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](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)
- **Online:** Send an email to [CivilRights@dhcs.ca.gov](mailto: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>.

## Aviso de no discriminación

La discriminación es ilegal. Kaiser Permanente<sup>1</sup> cumple con las leyes de derechos civiles federales y estatales.

Kaiser Permanente no discrimina ilícitamente, excluye ni trata a ninguna persona de forma distinta por motivos de edad, raza, identificación de grupo étnico, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, género, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, condición médica, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

Kaiser Permanente ofrece los siguientes servicios:

- Ayuda y servicios sin costo a personas con discapacidades para que puedan comunicarse mejor con nosotros, tales como:
  - ◆ intérpretes calificados de lengua de señas,
  - ◆ información escrita en otros formatos (braille, impresión en letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Servicios de idiomas sin costo para las personas cuya lengua materna no sea el inglés, como:
  - ◆ intérpretes calificados,
  - ◆ información escrita en otros idiomas.

Si necesita estos servicios, llame a nuestra Central de Llamadas de Servicio a los Miembros las 24 horas del día, los 7 días de la semana (excepto los días festivos). La llamada es gratuita.

- Todos los miembros: **1-800-788-0616 (TTY 711)**

Al presentar una solicitud, este documento estará disponible en braille, letra grande, casete de audio o en formato electrónico. Para obtener una copia en uno de estos formatos alternativos o en otro formato, llame a nuestra Central de Llamadas de Servicio a los Miembros y solicite el formato que necesita.

### Cómo presentar una queja ante Kaiser Permanente

Usted puede presentar una queja por discriminación ante Kaiser Permanente si siente que no le hemos proporcionado estos servicios o lo hemos discriminado ilícitamente de otra forma. Puede presentar una queja por teléfono, correo postal, en persona o en línea. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)* para obtener más información. También puede llamar a Servicio a los Miembros para informarse sobre las opciones que se apliquen a su caso o si necesita ayuda para presentar una queja. Puede presentar una queja por discriminación de las siguientes maneras:

- **Por teléfono:** todos los miembros pueden llamar al **1 800-788-0616 (TTY 711)**. La ayuda está disponible las 24 horas del día, los 7 días de la semana (excepto los días festivos).
- **Por correo postal:** descargue un formulario en **kp.org** o llame a Servicio a los Miembros y pida que se le envíe un formulario para que lo devuelva.
- **En persona:** llene un formulario de Queja o reclamación/solicitud de beneficios (Complaint or Benefit Claim/Request form) en una oficina de Servicio a los Miembros ubicada en un

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<sup>1</sup> Kaiser Permanente incluye Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, y el Southern California Medical Group

centro del plan (consulte su directorio de proveedores en [kp.org/facilities](http://kp.org/facilities) [cambie el idioma a español] para obtener las direcciones).

- **En línea:** utilice el formulario en línea en nuestro sitio web en **kp.org**.

También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente a la siguiente dirección:

**Attn: Kaiser Permanente Civil Rights Coordinator**  
Member Relations Grievance Operations  
P.O. Box 939001  
San Diego CA 92193

### **Cómo presentar una queja ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California** *(Solo para beneficiarios de Medi-Cal)*

También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California por escrito, por teléfono o por correo electrónico:

- **Por teléfono:** llame a la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS) al **916-440-7370 (TTY 711)**.
- **Por correo postal:** llene un formulario de queja o envíe una carta a:  
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  
  
Los formularios de queja están disponibles en:  
**[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)**.
- **En línea:** envíe un correo electrónico a [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

### **Cómo presentar una queja ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU.**

Puede presentar una queja por discriminación ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. Puede presentar su queja por escrito, por teléfono o en línea:

- **Por teléfono:** llame al **1-800-368-1019 (TTY 711 o al 1-800-537-7697)**.
- **Por correo postal:** llene un formulario de queja o envíe una carta a:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
  
Los formularios de quejas están disponibles en  
**<https://www.hhs.gov/ocr/complaints/index.html>**
- **En línea:** visite el Portal de quejas de la Oficina de Derechos Civiles en:  
**<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**.

## 反歧视声明

歧视属于违法行为。Kaiser Permanente<sup>1</sup>遵守州和联邦的民权法律。

Kaiser Permanente不会因年龄、人种、族群认同、肤色、国籍、文化背景、血统、宗教、性别、性别认同、性别表现、性取向、婚姻状况、身体或精神残疾、医疗状况、付款来源、遗传信息、公民身份、主要语言或移民身份而非法歧视、排斥或区别对待任何人。

Kaiser Permanente 提供以下服务：

- 为残障人士提供免费援助和服务，帮助他们更有效地与我们沟通，例如：
  - ◆ 合格的手语翻译员
  - ◆ 其他格式的书面信息，例如盲文、大字体版本、音频、通用电子格式和其它格式
- 为母语非英语的人士提供免费语言服务，例如：
  - ◆ 合格的口译员
  - ◆ 其他语言的文字信息

如果您需要这些服务，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）。此电话不收取任何费用：

- 所有会员：**1-800-757-7585 (TTY 711)**

根据您的要求，我们可以为您提供本文件的盲文版、大字版、卡式录音带或电子版。如需获取这些替代格式或其他格式的副本，请打电话给我们的会员服务联络中心，索取您需要的格式。

### 如何向Kaiser Permanente递交申诉

如果您认为我们未能提供这些服务或有其他形式的

非法歧视，您可以向Kaiser Permanente 提出歧视申诉。您可以通过电话、邮件、面谈或在线提出申诉。详情请见《承保范围说明书》或《保险证明》。您可以打电话给会员服务部，进一步了解适用于您的选项，或寻求帮助提交申诉。您可以通过以下方式提出歧视申诉：

- **电话：**所有会员均可拨打**1-800-757-7585 (TTY 711)**。每周7天、每天24小时提供帮助（节假日除外）
- **邮寄：**从 **kp.org** 下载表格，或打电话给会员服务部，请他们给您寄一份表格，以供填写后寄回。
- **亲自提交：**在计划设施内的会员服务办公室填写投诉表或福利索赔表格（请在**kp.org/facilities**上的保健业者目录中查询地址）
- **在线提交：**请在我们的网站**kp.org**上使用线上表格

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<sup>1</sup> Kaiser Permanente包括Kaiser Foundation Health Plan, Inc、Kaiser Foundation Hospitals、Permanente Medical Group和Southern California Medical Group

您也可以直接联系Kaiser Permanente民权事务协调员，地址为：

**Attn: Kaiser Permanente Civil Rights Coordinator**  
Member Relations Grievance Operations  
P.O. Box 939001  
San Diego CA 92193

如何向加州医疗保健服务部民权办公室提出申诉（仅适用于*Medi-Cal*受益人）

您可以通过书面、电话或电子邮件向加州医疗保健服务部民权办公室提出民权投诉：

- **电话：**拨打**916-440-7370 (TTY 711)** 联系加州医疗保健服务部 (California Department of Health Care Services, DHCS) 民权办公室
- **邮寄：**填写投诉表或寄信到以下地址：

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

投诉表可在此网址下载：[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

- **线上：**发送电子邮件至[CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

如何向美国卫生和民众服务部民权办公室提出申诉

您可以向美国卫生和民众服务部民权办公室提出歧视投诉。您可以通过书面、电话或在线方式投诉：

- **电话：**拨打**1-800-368-1019 (TTY 711 或1-800-537-7697)**
- **邮寄：**填写投诉表或寄信到以下地址：

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

投诉表可在此网址下载：

<https://www.hhs.gov/ocr/complaints/index.html>

- **在线：**访问民权办公室投诉门户网站：  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>。

## Thông Báo Không Phân Biệt Đối Xử

Phân biệt đối xử là trái với pháp luật. Kaiser Permanente<sup>1</sup> tuân thủ các luật dân quyền của Tiểu Bang và Liên Bang.

Kaiser Permanente không phân biệt đối xử trái pháp luật, loại trừ hay đối xử khác biệt với người nào đó vì lý do tuổi tác, chủng tộc, nhận dạng nhóm sắc tộc, màu da, nguồn gốc quốc gia, nền tảng văn hóa, tổ tiên, tôn giáo, giới tính, nhận dạng giới tính, cách thể hiện giới tính, khuynh hướng giới tính, tình trạng hôn nhân, tình trạng khuyết tật về thể chất hoặc tinh thần, bệnh trạng, nguồn thanh toán, thông tin di truyền, quyền công dân, ngôn ngữ mẹ đẻ hoặc tình trạng nhập cư.

Kaiser Permanente cung cấp các dịch vụ sau:

- Phương tiện hỗ trợ và dịch vụ miễn phí cho người khuyết tật để giúp họ giao tiếp hiệu quả hơn với chúng tôi, chẳng hạn như:
  - ◆ Thông dịch viên ngôn ngữ ký hiệu đủ trình độ
  - ◆ Thông tin bằng văn bản theo các định dạng khác (chữ nổi braille, bản in khổ chữ lớn, âm thanh, định dạng điện tử dễ truy cập và các định dạng khác)
- Dịch vụ ngôn ngữ miễn phí cho những người có ngôn ngữ chính không phải là tiếng Anh, chẳng hạn như:
  - ◆ Thông dịch viên đủ trình độ
  - ◆ Thông tin được trình bày bằng các ngôn ngữ khác

Nếu quý vị cần những dịch vụ này, xin gọi đến Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi 24 giờ trong ngày, 7 ngày trong tuần (đóng cửa ngày lễ). Cuộc gọi này được miễn cước:

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

Theo yêu cầu, tài liệu này có thể được cung cấp cho quý vị dưới dạng chữ nổi braille, bản in khổ chữ lớn, băng thu âm hay dạng điện tử. Để lấy một bản sao theo một trong những định dạng thay thế này hay định dạng khác, xin gọi đến Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi và yêu cầu định dạng mà quý vị cần.

### Cách đệ trình phản nàn với Kaiser Permanente

Quý vị có thể đệ trình phản nàn về phân biệt đối xử với Kaiser Permanente nếu quý vị tin rằng chúng tôi đã không cung cấp những dịch vụ này hay phân biệt đối xử trái pháp luật theo cách khác. Quý vị có thể đệ trình phản nàn qua điện thoại, thư tín, trực tiếp hay trực tuyến. Vui lòng tham khảo *Chứng Từ Bảo Hiểm (Evidence of Coverage)* hay *Chứng Nhận Bảo Hiểm (Certificate of Insurance)* của quý vị để biết thêm chi tiết. Quý vị có thể gọi cho ban Dịch Vụ Hội Viên để biết thêm thông tin về những lựa chọn áp dụng cho quý vị, hay để được trợ giúp đệ trình phản nàn. Quý vị có thể đệ trình phản nàn về phân biệt đối xử bằng các cách sau đây:

- **Qua điện thoại:** Hội viên Medi-Cal có thể gọi **1-855-839-7613 (TTY 711)**. Mọi hội viên khác có thể gọi **1-800-464-4000 (TTY 711)**. Sự trợ giúp được miễn phí, 24 giờ trong ngày, 7 ngày trong tuần (đóng cửa ngày lễ)

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<sup>1</sup> Kaiser Permanente bao gồm Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, và Southern California Medical Group

- **Qua thư tín:** Tải xuống một mẫu đơn tại **kp.org** hay gọi ban Dịch Vụ Hội Viên và yêu cầu họ gửi cho quý vị một mẫu đơn mà quý vị có thể gửi lại.
- **Trực tiếp:** Hoàn tất mẫu đơn Than Phiền hay Yêu Cầu Thanh Toán/Yêu Cầu Quyền Lợi tại văn phòng dịch vụ hội viên ở một Cơ Sở Thuộc Chương Trình (truy cập danh mục nhà cung cấp của quý vị tại [kp.org/facilities](http://kp.org/facilities) để biết địa chỉ)
- **Trực tuyến:** Sử dụng mẫu đơn trực tuyến trên trang mạng của chúng tôi tại **kp.org**

Quý vị cũng có thể liên hệ trực tiếp với Điều Phối Viên Dân Quyền của Kaiser Permanente theo địa chỉ dưới đây:

**Attn: Kaiser Permanente Civil Rights Coordinator**  
Member Relations Grievance Operations  
P.O. Box 939001  
San Diego CA 92193

**Cách đệ trình phàn nàn với Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế California (Dành Riêng Cho Người Thụ Hưởng Medi-Cal)**

Quý vị cũng có thể đệ trình than phiền về dân quyền với Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế California bằng văn bản, qua điện thoại hay qua email:

- **Qua điện thoại:** Gọi đến Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế (Department of Health Care Services, DHCS) theo số **916-440-7370 (TTY 711)**
- **Qua thư tín:** Điền mẫu đơn than phiền và hay gửi thư đến:  
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  
Mẫu đơn than phiền hiện có tại: [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)
- **Trực tuyến:** Gửi email đến [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

**Cách đệ trình phàn nàn với Văn Phòng Dân Quyền của Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ.**

Quý vị cũng có quyền đệ trình than phiền về phân biệt đối xử với Văn Phòng Dân Quyền của Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ. Quý vị có thể đệ trình than phiền bằng văn bản, qua điện thoại hoặc trực tuyến:

- **Qua điện thoại:** Gọi **1-800-368-1019 (TTY 711 hay 1-800-537-7697)**
- **Qua thư tín:** Điền mẫu đơn than phiền và hay gửi thư đến:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Mẫu đơn than phiền hiện có tại  
<https://www.hhs.gov/ocr/complaints/index.html>
- **Trực tuyến:** Truy cập Cổng Thông Tin Than Phiền của Văn Phòng Dân Quyền tại:  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

## 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 للغتك أو لصيغ أخرى. يمكنك أيضاً طلب مساعدات إضافية وأجهزة في مرافقنا. 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 hnub twg, 7 hnub tuaj ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntawv 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 hnub twg, 7 hnub tuaj ib lim tiam twg (cov hnub 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希望いただけます。また、当施設における補助的な支援や機器についてもご希望いただけます。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 ឬទម្រង់ជំនួសផ្សេងៗទៀត។ អ្នកក៏អាចស្នើសុំឧបករណ៍និងបរិក្ខារជំនួយ ទំនាក់ទំនងសម្រាប់អ្នកពិការនៅទីតាំងរបស់យើងផងដែរ។ នូវស័ព្ទទៅមជ្ឈមណ្ឌល 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 7 일, 하루 24 시간(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 ໃນຮູບແບບອື່ນໄດ້. ທ່ານຍັງສາມາດຂໍອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ເຄື່ອງມືຢູ່ສະຖານບໍລິການຂອງພວກເຮົາໄດ້. ໂທຫາສູນຕິດຕໍ່ບໍລິການສະມາຊິກຂອງພວກເຮົາເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, 24 ຊົ່ວໂມງຕໍ່ວັນ, 7 ວັນຕໍ່ອາທິດ (ປິດໃນວັນພັກ).

- 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 hnangv 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 nízhoní bee hane' dóó jíik'ah jóóní dooníłwo'. 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'áadawohíí, 7 t'áadawohíigo (t'áadoo t'áálwo').

- Medi-Cal: **1-855-839-7613** (TTY 711)
- Yádilzingo bílk'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 ਦੁਆਬੀਏ 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 TTY 711)
- Все остальные: **1-800-464-4000** (линия TTY 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 โดยคุณสามารถขอใช้บริการสาม 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)**

## **Nondiscrimination Notice**

Kaiser Permanente Insurance Company (KPIC) does not discriminate based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). We can provide no cost aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats; large print, audio, and accessible electronic formats. We also provide no cost language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. To request these services, please call **1-800-788-0710** (TTY users call **711**).

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

**KPIC Civil Rights Coordinator**  
**P.O. Box 1809**  
**Pleasanton, CA 94566**  
**Phone: 1-800-788-0710**

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

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file the complaint electronically through the Office for Civil Rights Complaint Portal, available at:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,

or by mail or phone at:

U.S. Department of Health and Human Services,  
200 Independence Avenue SW, Room 509F, HHH Building,  
Washington, DC 20201  
Phone: 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

  
**Kaiser Permanente**  
**Kaiser Permanente Insurance Company**  
**Notice of Language Assistance**

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-788-0710 For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Servicios en otros idiomas sin ningún costo.** Puede conseguir un intérprete. Puede conseguir que le lean los documentos y que algunos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-788-0710. Para obtener más ayuda, llame al Departamento de Seguro de CA al 1-800-927-4357. Los usuarios de la línea TTY deben llamar al 711. Spanish

**免費語言服務。** 您可請人將文件唸給您聽，並且您可請我們將您的語言版本文件寄給您。如需協助，請致電列於您會員卡上的電話號碼或致電1-800-788-0710與我們聯絡。如需進一步協助，請致電1-800-927-4357與加州保險局聯絡。聽障及語障電話專線使用者請致電711。Chinese

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**No Cost Language Services.** You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-788-0710. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Doo báhílníngóó há ata' hane.** Ata' halne'í há shónáot'eeh dóo naaltsoos táá hazaad bee bik'i'í aschíjigo hach'i'í yídóoltah biniiyé hach'i'í ánal'íih leh. Shíká i'doolwoł nínízingo nihich'i'í hodílnih koji' 1-800-788-0710 éi bee nééhózin biniiyé neiyítánigíi bikáá'. Áká e'élyeed jinízingo CA Dept. of Insurance bich'i'í hojilnih kwe'é 1-800-927-4357. TTY chojool'íjigo éi íáá bíl azhdilchi'. Navajo

**Dịch Vụ Ngôn Ngữ Miễn Phí.** Quý vị có thể được cấp thông dịch viên và được người đọc tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi theo số điện thoại ghi trên thẻ ID của quý vị hoặc số 1-800-788-0710. Để được giúp đỡ thêm, xin gọi Bộ Bảo Hiểm CA theo số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

**무료 언어 서비스.** 한국어 통역 서비스 및 한국어로 서류를 낭독해 드리는 서비스를 제공하고 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는 1-800-788-0710번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357번으로 문의하십시오. TTY 사용자 번호 711. Korean

**Mga Libreng Serbisyo kaugnay sa Wika.** Maaari kayong kumuha ng tagasalin-wika at hingin na basahin sa inyo ang mga dokumento sa sarili ninyong wika. Para humingi ng tulong, tawagan kami sa numerong nakasulat sa inyong ID card o sa 1-800-788-0710. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Dapat tumawag ang mga gumagamit ng TTY sa 711. Tagalog

**Անվճար լեզվական ծառայություններ.** Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից և խնդրել, որ փաստաթղթերը Ձեր լեզվով կարդան Ձեզ համար: Օգնության համար զանգահարեք մեզ՝ Ձեր ID քարտի վրա նշված կամ 1-800-788-0710 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով: TTY-ից օգտվողները պետք է զանգահարեն 711: Armenian

**Бесплатные переводческие услуги.** Вы можете воспользоваться услугами устного переводчика. Вам могут зачитать документы, а некоторые могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке или 1-800-788-0710. За дополнительной помощью обращайтесь в Департамент страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357. Пользователи TTY, звоните по номеру 711. Russian

**言語サービス（無料）。** 通訳に日本語で書類を読んでもらうことができます。通訳サービスが必要な際は、IDカードに記載の番号、または1-800-788-0710にお電話ください。さらにヘルプが必要な場合は、カリフォルニア州保険庁（1-800-927-4357）にお電話ください。TTYユーザーの方は、711までお電話にてご連絡ください。Japanese

**خدمات تسهیلات زبانی رایگان.** شما می‌توانید مترجم شفاهی بگیرید. می‌توانید درخواست کنید که اسناد برایتان خوانده و بعضی از آن‌ها به زبان خودتان به شما ارسال شود. برای دریافت راهنمایی، با ما به شماره مندرج در زیر یا شماره روی کارت شناسایی‌تان یا 1-800-788-0710 تماس بگیرید. برای کسب راهنمایی بیشتر، با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY می‌توانند با 711 تماس بگیرند. Farsi

**ਬਿਨਾ ਲਾਗਤ ਦੀ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ।** ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਲੈ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਕਿਸੇ ਤੋਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜਾ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-788-0710 'ਤੇ ਕਾਲ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਵਰਤੋਂਕਾਰ 711 'ਤੇ ਕਾਲ ਕਰਨ। Punjabi

KPIC-TL22-001-CAv2

**សេវាភាសាភីតិថ្មី៖** អ្នកអាចទទួលបានអ្នកបកប្រែ និងឱ្យគេអានឯកសារជូនអ្នក ជាភាសាប្តូរ។ សំរាប់ជំនួយ  
សូមទូរស័ព្ទមកកម្រើង តាមគលមលេខដែលមានកែតម្រូវលើ ID របស់អ្នក ឬ 1-800-788-0710។ សំរាប់ជំនួយថែមទៀត  
ទូរស័ព្ទកៅរកស្តងធានារ៉ាប់រង រ៉ាប់កាលីហ្វ័រនីញ៉ា តាមគលមល 1-800-927-4357។ អ្នកក៏បើ TTY កៅគលម 711។ Khmer

**خدمات اللغة بدون تكلفة.** يمكنك الحصول على مترجم شفوي وخدمة قراءة المستندات لك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج في بطاقة الهوية الخاصة بك أو برقم 1-800-788-0710. لمزيد من المساعدة، اتصل بقسم التأمين بولاية كاليفورنيا على الرقم 1-800-927-4357. مستخدمو TTY يمكنهم الاتصال برقم 711. Arabic

**Cov Kev Pab Cuam Txhais Lus Dawb.** Koj tuaj yeem tau txais ib tus neeg txhais lus thiab txais tau cov ntaub ntawv uas nyeem tag ntawd xa tuaj rau koj muab sau ua koj hom lus xa tuaj Yog xav tau kev pab, hu rau peb ntawm tus xov tooj teev muaj nyob rau ntawm koj daim yuaj ID los yog 1-800-788-0710 Yog xav tau kev pab ntxiv hu rau CA Chaw Ua Hauj Lwm Tswj Kev Tuav Pov Hwm ntawm 1 800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

**निःशुल्क भाषा सेवाएं।** आप एक दुभाषिया को ले सकते हैं और दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। सहायता के लिए, हमें अपने आईडी कार्ड पर दर्ज नंबर या 1-800-788-0710 पर कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357 पर कॉल करें। टीटीवाई उपयोगकर्ता 711 पर कॉल करें। Hindi

**บริการด้านภาษาโดยไม่มีค่าใช้จ่าย** คุณสามารถรับล่ามและรับการอ่านเอกสารให้คุณฟังในภาษาของคุณได้ หากต้องการความช่วยเหลือ โปรดโทรหาเราตามหมายเลขที่ระบุในบัตรประจำตัวประชาชน หรือ 1-800-788-0710 หากต้องการความช่วยเหลือเพิ่มเติม โปรดติดต่อฝ่ายประกันภัยของ CA ที่หมายเลข 1-800-927-4357 ผู้ใช้ TTY โทร 711 ภาษาอังกฤษ Thai

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In California, KFHP plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., One Kaiser Plaza, Oakland, CA 94612.