







Healthy together

See how our care and coverage can help you thrive



Kaiser Permanente for
Individuals and Families

Experience the Kaiser Permanente difference

| | With Kaiser Permanente* | Without Kaiser Permanente |
|--|--|---|
|  Choosing your doctor | Learn about our doctors by reading their profiles and biographies on kp.org/searchdoctors , then choose the one who's right for you. | You may not know anything about your doctor. Or you may be offered a simple provider directory with minimal information. |
|  Choosing how you get care | For minor concerns, you have the option to request a phone appointment or email your doctor's office with routine questions. | Even for minor concerns, you usually make an appointment, drive to the doctor's office, and sit in the waiting room. |
|  Making a routine appointment | You've got options: You can use your phone, computer, or mobile device – anytime, anywhere. | You'll likely have to call during business hours, which can interrupt your work day. |
|  Calling for medical advice | Our specially trained nurses can help you 24/7. They have access to your health record, and can also help you make a routine appointment at the facility nearest you, if needed. | If medical advice is available by phone, the person you speak with won't have access to your medical history and won't be able to connect you directly to care. |
|  Getting the convenient care you need | In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions all under one roof. | Seeing your doctor, getting a lab test, and picking up medication probably means 3 separate trips. |
|  Viewing your medical records and test results | You and your providers have access to your electronic health record – which includes your medical history and most test results – keeping everyone connected and in the know. | You have to collect or request all your medical records on your own, and your providers are not likely to be connected to each other. |
|  Getting care in your language | We have multilingual doctors and staff, and we offer interpretation services by phone in 150+ languages. | Some health plans offer limited access to interpreter services and multilingual doctors. |

*These features are available when you get care at Kaiser Permanente facilities.

The right choice for your health

Welcome to your Kaiser Permanente for Individuals and Families enrollment guide. This guide will help you select the right health plan for your needs. Read on to learn why Kaiser Permanente is the best choice.

How to use this guide

Here are some questions you may have, and where you can find the answers in this guide.

Why should I choose Kaiser Permanente?

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Your health. Your way.

Kaiser Permanente makes it easier for you to stay in charge of your health. It's simple to make smart choices when you have great doctors and convenient facilities.



Choose your doctor – and change anytime

Connecting you with a doctor who suits your needs is our top priority. At kp.org/searchdoctors, you can find information on a wide range of top-notch physicians, including their education, credentials, and specialties.

You can choose your doctor from:

- Adult medicine/internal medicine
- Family medicine
- Pediatrics/family medicine (for children up to 18)

Select one doctor for your whole family or a different doctor for each family member. You can also change your doctor anytime.



Easy access for easier care

With convenient hours and locations, it's simple to get the care you and your family need. Many of our locations offer same-day or next-day, after-hours, and weekend services, along with ob-gyn, pediatrics, and other specialty departments.

Many services under one roof

Most of our facilities offer a wide variety of care and services, so you can take care of several health care needs in one visit. You can see your doctor or specialist, get a lab test or an X-ray, and pick up your medications – all without leaving the building.



Manage your health – anytime, anywhere

Online at kp.org or with our mobile app, it's easy to stay on top of the care you get at our facilities, 24/7:

- Schedule and cancel routine appointments.
- View most lab results as soon as they're available.
- Email your doctor's office with nonurgent questions.
- Print vaccination records for school, sports, or camp.
- Manage a family member's health.*
- Use tools to help manage your coverage and costs.
- Refill most prescriptions with no charge for shipping.

Visit kp.org/experience to see how it works.

*Due to privacy laws, certain features may not be available if they're being accessed on behalf of a child younger than 18. Your child's physician may also be prevented from giving you certain information without your child's consent.

Great care, great results

Get the care you need to stay your healthiest. Whether it's time for a preventive screening or you need help while traveling away from home, we're here for you.

Preventive care at no cost

We believe prevention plays a vital role in health care. That's why we offer so many resources to help you stay healthy and happy, and avoid getting sick.

To catch problems early, we offer preventive screenings, routine appointments, and more. Your electronic health record plays a key role in this, tracking the services you get and reminding your doctor when you're due for care. No matter which Kaiser Permanente plan you choose, there's no cost for most preventive care services.

Getting care away from home

If you get sick or injured while traveling, we can help you get care. We can also help you prepare for travel by checking if you need a vaccination, getting you a prescription refill before you leave, and more. Just call our 24/7 Away From Home Travel Line at **951-268-3900*** or visit **kp.org/travel**.

Healthy resources

Take advantage of a wide range of convenient tools to help you stay well – from health classes at our locations to personal support from a wellness coach.

- **Health classes:** Choose from many classes and support groups offered at our facilities.[†]
- **Healthy lifestyle programs:** Our personalized online programs can help you lose weight, reduce stress, quit smoking, and more – at no cost to members.
- **Wellness coaching:** Our wellness coaches will work one-on-one with you to help you achieve your health goals – at no additional cost to members and with no referrals needed.
- **Special rates for members:** Get reduced rates on a variety of products and services, like gym memberships and massage therapy through ChooseHealthy™.
- **Online wellness tools:** You can find health calculators, podcasts, recipes, fitness videos, and more at **kp.org/livehealthy**.

*Outside the United States, dial the U.S. country code "001" for landlines and "+1" for mobile before the phone number. Long-distance charges may apply and we cannot accept collect calls. This phone line is closed on major holidays.

[†]Classes vary at each Kaiser Permanente facility and some may require a fee.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply** • Or contact your agent or broker.

Why you need coverage

Health coverage is something you can't afford to be without. Kaiser Permanente makes it easy for you to get great care and coverage.



Health care reform – what you should know

Legally, most U.S. residents must have health coverage. If you don't, you may have to pay a tax penalty to the federal government.

Why choose Kaiser Permanente?

- All the plans in this guide meet the standards of health care reform. They offer the same basic services, such as doctor visits, hospital care, prescriptions, and preventive care at no cost.
- You can buy one of our plans from us or through the Health Insurance Marketplaces.

Health coverage – why you need it



Almost everyone gets sick or hurt, or needs medical care at some point. Health coverage helps you pay for the care you need to get better – like seeing a doctor, staying in a hospital, or taking medication.

Health coverage also covers care that helps you stay healthy. Preventive care – like mammograms and cholesterol tests – can help catch health problems early, when they're easier to treat.

Without coverage, paying for all this care can be difficult. High medical bills can even wipe out savings or lead to personal bankruptcy.



Join our 4-star health plan today

We're proud to be awarded the highest rating of 4 stars from Covered California based on member satisfaction with access, customer service, and medical care.* But we're even happier knowing that we can help our members statewide be their healthiest.

*Health Insurance Company Quality Rating System, Covered California, October 2015. These scores are based on California data collected by the nationally recognized Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply** • Or contact your agent or broker.

Important deadlines

There's a deadline to apply for health care coverage, whether you apply during open enrollment or during a special enrollment period.



To enroll during this open enrollment period, you must make sure we receive your completed Application for Health Coverage – along with your first month's premium – **no later than January 31, 2017.**

Enrolling during the 2017 open enrollment period

You may change or apply for 2017 coverage during the open enrollment period, which runs from **November 1, 2016, through January 31, 2017.** You can do so either through Covered California or through Kaiser Permanente.

| To start coverage on: | Your completed application and premium must be received by: |
|-----------------------|---|
| January 1, 2017 | December 15, 2016 |
| February 1, 2017 | January 15, 2017 |
| March 1, 2017 | January 31, 2017 |

Enrolling during a special enrollment period

You also may enroll or change your coverage if you experience what's known as a triggering event. Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you and/or your dependents. If you know that you'll be losing coverage, you can also apply for new coverage 60 days in advance.

For more information, please refer to the Enrolling During a Special Enrollment Period guide. If you didn't receive this guide, you can find it at buykp.org/apply, or you may call **1-800-494-5314** (for TTY, call **711**) to request a copy.

Have questions? Call us at **1-800-494-5314.** • Go to buykp.org/apply. • Or contact your agent or broker.

Simple steps to enroll

Applying for health coverage is easy. Choose a plan that puts you on the road to better health. Just follow these steps and see the rest of this guide for helpful information.



Choose a plan

You can cover your entire family under the same plan or separate plans.



Calculate your rate

Use the rate calculator on page 17 to find out what your monthly rate would be for the plan you choose.



See if you're eligible for federal financial assistance

If you qualify, the federal government will pay any federal financial assistance to Kaiser Permanente on your behalf. Help may be available for paying monthly premiums or out-of-pocket costs, such as copays, coinsurance, or deductibles. See "You may qualify for federal financial assistance" on page 16 for more information.



Complete your application

Complete an online application at **buykp.org/apply** or use a paper application. If you think you may qualify for federal financial assistance, we can help you apply through Covered California. Call us at **1-800-494-5314**.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Understanding health plans

We offer a variety of plans to fit your needs and budget. All of them offer the same quality care, but the way they split the costs between the member and the health plan is different. Learn more below.

Copay and coinsurance plans

Platinum, Gold

Copay and coinsurance plans are the simplest. You know in advance how much you will pay for things like doctor visits and prescriptions. Your monthly rate is higher, but you'll pay much less when you actually get care.

Deductible plans

Silver, Bronze

With a deductible plan, your monthly rate is lower, but you'll have to reach a deductible. This means you'll pay the full charges for covered services until you reach a set amount known as your deductible. Then you'll start paying less – just 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 meet your deductible.

HDHP plans (HSA-qualified deductible plans)

Silver, Bronze

High deductible health plans (HDHPs) 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, adult dental care, or chiropractic services.* 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.

*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).

Choosing a plan based on your care needs

If you need a lot of care, you may want a plan with a higher monthly rate so that you pay less when you come in for care. If you don't go to the doctor much, you may want a plan with a lower monthly rate, keeping in mind you'll pay more if and when you do get care.

Monthly rate versus out-of-pocket costs

| Metal name | What you pay for your monthly rate | What you pay when you get care (Emergency Department visit, lab test, etc.) |
|------------|---|---|
| Platinum |  |  |
| Gold |  |  |
| Silver |  |  |
| Bronze |  |  |

An example of costs when you get care

Let's say you hurt your ankle. You visit your primary care doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's a sample of what you would 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) | \$30 | \$55 | \$15* |
| KP Silver 70 HMO 1750/40 (\$1,750 deductible) | \$40 | \$60 | \$20* |
| KP Bronze 60 HDHP HMO (\$4,800 deductible) | 40% [†] | 40% [†] | 40% [†] up to \$500 per prescription |

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply

[†]If you've met your deductible

The cost estimates above are from our estimate tools website, kp.org/treatmentestimates. Visit this site anytime to get an idea of what the charges for common services might be before you meet your deductible.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Health plan 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

| | | |
|---|---|--|
| | <div><div>KP</div><div>M</div></div> <div>Kaiser Permanente Silver 70 HMO</div> | <div><div>KP</div><div>M</div></div> <div>Offered through Kaiser Permanente</div> <div>Offered through the Marketplace, Covered California</div> |
| Plan type | Deductible | |
| Features | | |
| Annual medical deductible (individual/family) | \$2,500/\$5,000 | 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 \$2,500 for yourself or \$5,000 for your family. Then you'd start paying copays or coinsurance. |
| Annual out-of-pocket maximum (individual/family) | \$6,800/\$13,600 | |
| Benefits | | |
| Preventive care | | |
| Routine physical exam, mammograms, etc. | No charge | 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 \$6,800 for yourself and no more than \$13,600 for your family for your copays, coinsurance, and deductible in a calendar year. |
| Outpatient services (per visit or procedure) | | |
| Primary care office visit | \$35 | 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. |
| Specialty care office visit | \$70 | |
| Most X-rays | \$70 | |
| Most lab tests | \$35 | |
| MRI, CT, PET | \$300 | |
| Outpatient surgery | 20% | 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 \$35 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. |
| Mental health visit | \$35 | |
| Inpatient hospital care | | |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 20% after deductible | |
| Maternity | | |
| Routine prenatal care visit, first postpartum visit | No charge | Coinurance After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 20% 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. |
| Delivery and inpatient well-baby care | 20% after deductible | |
| Emergency and urgent care | | |
| Emergency Department visit | \$350 | |
| Urgent care visit | \$35 | |
| Prescription drugs (up to a 30-day supply) | | |
| Generic | \$15 [†] | 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 \$35 copay for urgent care visits, whether or not you have met your deductible. |
| Preferred brand | \$55 after \$250 pharmacy deductible [†] | |
| Non-preferred brand | \$55 after \$250 pharmacy deductible [†] | |
| Specialty | 20% after \$250 pharmacy deductible, up to \$250 per prescription | |
| Whole health | | |
| Optical discounts*** kp2020.org | Optical discounts kp2020.org | |

KP Offered through Kaiser Permanente

M Offered through the Marketplace,
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.

| | KP M Kaiser Permanente – Bronze 60 HDHP HMO | KP M Kaiser Permanente – Bronze 60 HMO | KP Kaiser Permanente – Bronze 60 HDHP HMO 5500/40% | KP M Kaiser Permanente – Silver 70 HMO | KP Kaiser Permanente – Silver 70 HMO 1750/40 |
|--|--|---|--|---|---|
| Plan type | HSA-qualified | Deductible | HSA-qualified | Deductible | Deductible |
| Features | | | | | |
| Annual medical deductible (individual/family) | \$4,800/\$9,600 | \$6,300/\$12,600 | \$5,500/\$11,000 | \$2,500/\$5,000 | \$1,750/\$3,500 |
| Annual out-of-pocket maximum (individual/family) | \$6,550/\$13,100 | \$6,800/\$13,600 | \$6,500/\$13,000 | \$6,800/\$13,600 | \$6,800/\$13,600 |
| Benefits | | | | | |
| Preventive care | | | | | |
| Routine physical exam, mammograms, etc. | No charge | No charge | No charge | No charge | No charge |
| Outpatient services (per visit or procedure) | | | | | |
| Primary care office visit | 40% after deductible | \$75 after deductible* | 40% after deductible | \$35 | \$40 |
| Specialty care office visit | 40% after deductible | \$105 after deductible* | 40% after deductible | \$70 | \$40 |
| Most X-rays | 40% after deductible | 100% up to annual out-of-pocket maximum | 40% after deductible | \$70 | \$60 |
| Most lab tests | 40% after deductible | \$40 (deductible waived) | 40% after deductible | \$35 | \$40 |
| MRI, CT, PET | 40% after deductible | 100% up to annual out-of-pocket maximum | 40% after deductible | \$300 | \$350 after deductible |
| Outpatient surgery | 40% after deductible | 100% up to annual out-of-pocket maximum | 40% after deductible | 20% | 30% after deductible |
| Mental health visit | 40% after deductible | \$75 after deductible* | 40% after deductible | \$35 | \$40 |
| Inpatient hospital care | | | | | |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 40% after deductible | 100% up to annual out-of-pocket maximum | 40% after deductible | 20% after deductible | 30% after deductible |
| Maternity | | | | | |
| Routine prenatal care visit, first postpartum visit | No charge | No charge | No charge | No charge | No charge |
| Delivery and inpatient well-baby care | 40% after deductible | 100% up to annual out-of-pocket maximum | 40% after deductible | 20% after deductible | 30% after deductible |
| Emergency and urgent care | | | | | |
| Emergency Department visit | 40% after deductible | 100% up to annual out-of-pocket maximum | 40% after deductible | \$350 | \$350 after deductible |
| Urgent care visit | 40% after deductible | \$75 after deductible* | 40% after deductible | \$35 | \$40 |
| Prescription drugs (up to a 30-day supply) | | | | | |
| Generic | 40% after deductible up to \$500 per prescription | 100% after \$500 pharmacy deductible, up to \$500 per prescription [†] | 40% after deductible up to \$500 per prescription | \$15 [‡] | \$20 [‡] |
| Preferred brand | 40% after deductible up to \$500 per prescription | 100% after \$500 pharmacy deductible, up to \$500 per prescription [†] | 40% after deductible up to \$500 per prescription | \$55 after \$250 pharmacy deductible [‡] | \$55 after \$250 pharmacy deductible [‡] |
| Non-preferred brand | 40% after deductible up to \$500 per prescription | 100% after \$500 pharmacy deductible, up to \$500 per prescription [†] | 40% after deductible up to \$500 per prescription | \$55 after \$250 pharmacy deductible [‡] | \$55 after \$250 pharmacy deductible [‡] |
| Specialty | 40% after deductible up to \$500 per prescription | 100% after \$500 pharmacy deductible, up to \$500 per prescription [†] | 40% after deductible up to \$500 per prescription | 20% after \$250 pharmacy deductible, up to \$250 per prescription | 30% after \$250 pharmacy deductible, up to \$250 per prescription |
| Whole health | | | | | |
| Optical discounts*** kp2020.org | Optical discounts*** kp2020.org | Optical discounts*** kp2020.org | Optical discounts*** kp2020.org | Optical discounts*** kp2020.org | Optical discounts*** kp2020.org |

*The Kaiser Permanente – Bronze 60 HMO plan includes 3 office visits for the benefit copay before you reach your deductible. Office visits include primary, specialty, urgent, postnatal, or outpatient mental health care.

[†]No charge after annual out-of-pocket maximum is reached.

[‡]Mail order: 90-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 3 office visits at no charge before you reach your deductible. Office visits include primary, urgent, postnatal, or outpatient mental health care.

***Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement, Disclosure Form, and Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement, Disclosure Form, and Evidence of Coverage*, please visit kp.org/plandocuments or call us at 1-800-464-4000 or contact your broker. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

KP Offered through Kaiser Permanente

M Offered through the Marketplace,
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.

| | KP Kaiser Permanente – Silver 70 HDHP HMO 2700/15% | KP M Kaiser Permanente – Gold 80 HMO Coinsurance | KP M Kaiser Permanente – Gold 80 HMO | KP M Kaiser Permanente – Platinum 90 HMO | KP M Kaiser Permanente – Minimum Coverage HMO ^{††} |
|---|--|--|---|---|--|
| Plan type | HSA-qualified | Copay | Copay | Copay | Deductible |
| Features | | | | | |
| Annual medical deductible (individual/family) | \$2,700/\$5,400 | None/None | None/None | None/None | \$7,150/\$14,300 |
| Annual out-of-pocket maximum (individual/family) | \$6,500/\$13,000 | \$6,750/\$13,500 | \$6,750/\$13,500 | \$4,000/\$8,000 | \$7,150/\$14,300 |
| Benefits | | | | | |
| Preventive care | | | | | |
| Routine physical exam, mammograms, etc. | No charge | No charge | No charge | No charge | No charge |
| Outpatient services (per visit or procedure) | | | | | |
| Primary care office visit | 15% after deductible | \$30 | \$30 | \$15 | First 3 office visits no charge. ^{††} Additional visits no charge after deductible. |
| Specialty care office visit | 15% after deductible | \$55 | \$55 | \$40 | No charge after deductible |
| Most X-rays | 15% after deductible | \$55 | \$55 | \$40 | No charge after deductible |
| Most lab tests | 15% after deductible | \$35 | \$35 | \$20 | No charge after deductible |
| MRI, CT, PET | 15% after deductible | 20% | \$275 | \$150 | No charge after deductible |
| Outpatient surgery | 15% after deductible | 20% | \$655 | \$290 | No charge after deductible |
| Mental health visit | 15% after deductible | \$30 | \$30 | \$15 | First 3 office visits no charge. ^{††} Additional visits no charge after deductible. |
| Inpatient hospital care | | | | | |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 15% after deductible | 20% | \$655 per day up to 5 days** | \$290 per day up to 5 days** | No charge after deductible |
| Maternity | | | | | |
| Routine prenatal care visit, first postpartum visit | No charge | No charge | No charge | No charge | No charge |
| Delivery and inpatient well-baby care | 15% after deductible | 20% | \$655 per day up to 5 days** | \$290 per day up to 5 days** | No charge after deductible |
| Emergency and urgent care | | | | | |
| Emergency Department visit | 15% after deductible | \$325 | \$325 | \$150 | No charge after deductible |
| Urgent care visit | 15% after deductible | \$30 | \$30 | \$15 | No charge after deductible |
| Prescription drugs (up to a 30-day supply) | | | | | |
| Generic | 15% after deductible up to \$250 per prescription | \$15 [‡] | \$15 [‡] | \$5 [‡] | No charge after deductible |
| Preferred brand | 15% after deductible up to \$250 per prescription | \$55 [‡] | \$55 [‡] | \$15 [‡] | No charge after deductible |
| Non-preferred brand | 15% after deductible up to \$250 per prescription | \$55 [‡] | \$55 [‡] | \$15 [‡] | No charge after deductible |
| Specialty | 15% after deductible up to \$250 per prescription | 20% up to \$250 per prescription | 20% up to \$250 per prescription | 10% up to \$250 per prescription | No charge after deductible |
| Whole health | | | | | |
| Optical discounts*** kp2020.org | Optical discounts*** kp2020.org | Optical discounts*** kp2020.org | Optical discounts*** kp2020.org | Optical discounts*** kp2020.org | Optical discounts*** kp2020.org |

*The Kaiser Permanente – Bronze 60 HMO plan includes 3 office visits for the benefit copay before you reach your deductible. Office visits include primary, specialty, urgent, postnatal, or outpatient mental health care.

[†]No charge after annual out-of-pocket maximum is reached.

[‡]Mail order: 90-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 3 office visits at no charge before you reach your deductible. Office visits include primary, urgent, postnatal, or outpatient mental health care.

***Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

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M Offered through the Marketplace,
Covered California

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through CoveredCA.com.

| | M Kaiser Permanente Silver 73 HMO | M Kaiser Permanente Silver 87 HMO | M Kaiser Permanente Silver 94 HMO |
|---|---|--|--|
| Plan type | Deductible | Deductible | Deductible |
| Features | | | |
| Annual medical deductible (individual/family) | \$2,200/\$4,400 | \$650/\$1,300 | \$75/\$150 |
| Annual out-of-pocket maximum (individual/family) | \$5,700/\$11,400 | \$2,350/\$4,700 | \$2,350/\$4,700 |
| Benefits | | | |
| Preventive care | | | |
| Routine physical exam, mammograms, etc. | No charge | No charge | No charge |
| Outpatient services (per visit or procedure) | | | |
| Primary care office visit | \$30 | \$10 | \$5 |
| Specialty care office visit | \$55 | \$25 | \$8 |
| Most X-rays | \$65 | \$25 | \$8 |
| Most lab tests | \$35 | \$15 | \$8 |
| MRI, CT, PET | \$300 | \$100 | \$50 |
| Outpatient surgery | 20% | 15% | 10% |
| Mental health visit | \$30 | \$10 | \$5 |
| Inpatient hospital care | | | |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 20% after deductible | 15% after deductible | 10% after deductible |
| Maternity | | | |
| Routine prenatal care visit, first postpartum visit | No charge | No charge | No charge |
| Delivery and inpatient well-baby care | 20% after deductible | 15% after deductible | 10% after deductible |
| Emergency and urgent care | | | |
| Emergency Department visit | \$350 | \$100 | \$50 |
| Urgent care visit | \$30 | \$10 | \$5 |
| Prescription drugs (up to a 30-day supply) | | | |
| Generic | \$15 [†] | \$5 [†] | \$3 [†] |
| Preferred brand | \$50 after \$250 pharmacy deductible [†] | \$20 after \$50 pharmacy deductible [†] | \$10 [†] |
| Non-preferred brand | \$50 after \$250 pharmacy deductible [†] | \$20 after \$50 pharmacy deductible [†] | \$10 [†] |
| Specialty | 20% after \$250 pharmacy deductible, up to \$250 per prescription | 15% after \$50 pharmacy deductible, up to \$150 per prescription | 10% Up to \$150 per prescription |
| Whole health | | | |
| Optical discounts*** kp2020.org | Optical discounts*** kp2020.org | Optical discounts*** kp2020.org | Optical discounts*** kp2020.org |

[†]Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

***Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement, Disclosure Form, and Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement, Disclosure Form, and Evidence of Coverage*, please visit kp.org/plandocuments or call us at 1-800-464-4000 or contact your broker. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

Optional Adult Dental Insurance Plan

Kaiser Permanente health plans include pediatric dental benefits for child members until the end of the month in which the member turns 19. (For example, if a child member turns 19 on May 15, they would have dental coverage through May 31.) For adults, which includes those individuals whose eligibility for pediatric dental services has ended, we offer this optional Dental Insurance Plan.

How to enroll

To enroll 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.

About the plan

Our dental plan features comparably low costs. Plus, you can choose from more than 25,000 Delta Dental providers in California, or select any other licensed dentist of your choice.

| When you see a Delta Dental provider | When you see another provider |
|---|---|
| You'll pay the difference between what the dentist charges and what the plan pays. For example, if the dentist charges \$75* for a cleaning and the plan covers \$43.20, you'll pay \$31.80. | You may be responsible for the entire bill up front. |
| You won't have to file a claim. | Then you'll need to file a claim and wait to receive reimbursement later. |
| You may pay less because the Delta Dental PPO network providers agree to contracted fees. | Your share of the bill will likely be higher than when you visit a Delta Dental PPO provider. |
| For a list of PPO or Premier providers in your area, visit deltadentalins.com . | |

2017 rate

| | |
|---|---------|
| Monthly rate per adult member, which includes those individuals whose eligibility for pediatric dental services has ended | \$28.09 |
|---|---------|

The optional adult Dental Insurance Plan is administered by Delta Dental of California, one of the nation's largest and most experienced dental benefits providers. The plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc.

*Service charges vary.

Have questions? Call us at **1-800-494-5314**. • Go to buykp.org/apply. • Or contact your agent or broker.

What the plan covers

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.*

Sample list†

The following is a SAMPLE list of allowances. See your *Certificate of Insurance* for the complete Table of Allowances.

| Procedure | What the plan pays |
|---|--------------------|
| Diagnostic procedures | |
| Oral exam – new or existing patient | \$25.20 |
| X-rays – complete series including bitewings | \$54.00 |
| Preventive procedures | |
| Cleaning | \$43.20 |
| Restorative procedures | |
| Fillings 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 Note: Crowns are subject to a 6-month waiting period.‡ | |
| Resin with high noble metal | \$182.00 |
| Endodontic procedures | |
| Root canal 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 |
| Oral and maxillofacial surgical procedures 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 |

*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 three: 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.

† 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 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.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Optional Adult Dental Insurance Plan *(continued)*

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.
- **Coverage requirements.** If you enroll, every adult member of your family (which includes those individuals whose eligibility for pediatric dental services has ended) who's covered by your regular 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 \$1,000 toward dental services for each covered member per year.
- **Waiting periods.** Some covered 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.

Have questions?

If you have questions before enrolling, call **1-800-933-9312**, 8 a.m. to 4 p.m., Monday through Friday.

- You can also 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. Simply contact the dentist of your choice to make an appointment. Just let them know you are covered under Delta Dental.

*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.



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION



KAISER PERMANENTE®

Kaiser Permanente Insurance Company

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

You may qualify for federal financial assistance

Do you need help paying for health care? Under health care reform, the federal government will provide federal financial assistance for many people, depending on their income. Learn more below.

3 things to know:

- Financial assistance is available for premiums and out-of-pocket expenses.
- If you qualify for assistance, the federal government will pay it directly to us.
- Assistance is available on a sliding scale, based on income and family size.

Determine if you qualify

Call us at **1-800-494-5314** or go to CoveredCA.com to see if you qualify for assistance. Or contact your agent or broker.

Both your eligibility and the exact amount of your financial assistance will be determined by Covered California.

To quickly check if you may be eligible, use this chart, which shows the estimated 2016 family income levels that qualify people for help with paying premiums.

| Number of people in household | Annual family income level |
|-------------------------------|----------------------------|
| 1 | \$47,520 or below |
| 2 | \$64,080 or below |
| 3 | \$80,640 or below |
| 4 | \$97,200 or below |
| 5 | \$113,760 or below |
| 6 | \$130,320 or below |
| 7 | \$146,920 or below |
| 8 | \$163,560 or below |

You can also use our online calculator to find out if you may qualify. Just go to buykp.org.

If you do qualify

If you qualify, you'll need to buy your plan through Covered California. If you'd like, we can help you enroll in one of our plans there. Just call us at **1-800-494-5314**.

Keep in mind that enrolling in a new plan will not end any other coverage you have through Covered California or Kaiser Permanente. Don't want to pay for 2 plans? Be sure to end your current plan the day before your new plan starts. That way, you'll avoid paying 2 premiums and having a gap in your coverage.

If you don't qualify

Even if you can't get assistance from the federal government, you can buy a Kaiser Permanente plan from us or through Covered California.

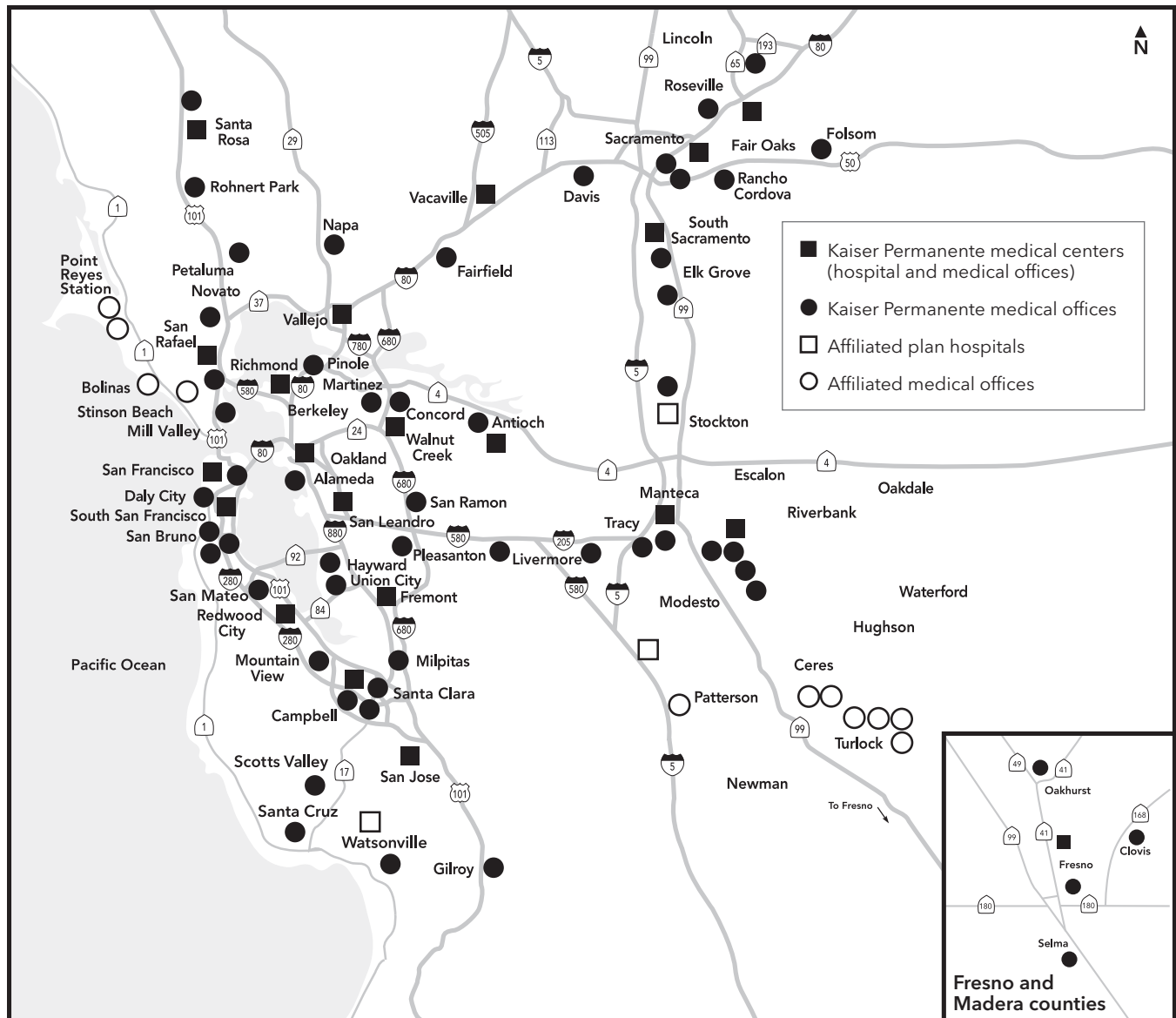
Have questions? Call us at **1-800-494-5314**. • Go to buykp.org/apply. • Or contact your agent or broker.

Finding a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or search for a facility by ZIP code or keywords at kp.org/facilities to find the one nearest you.

Northern California

The following information can help you find Kaiser Permanente and affiliated facilities in your community.

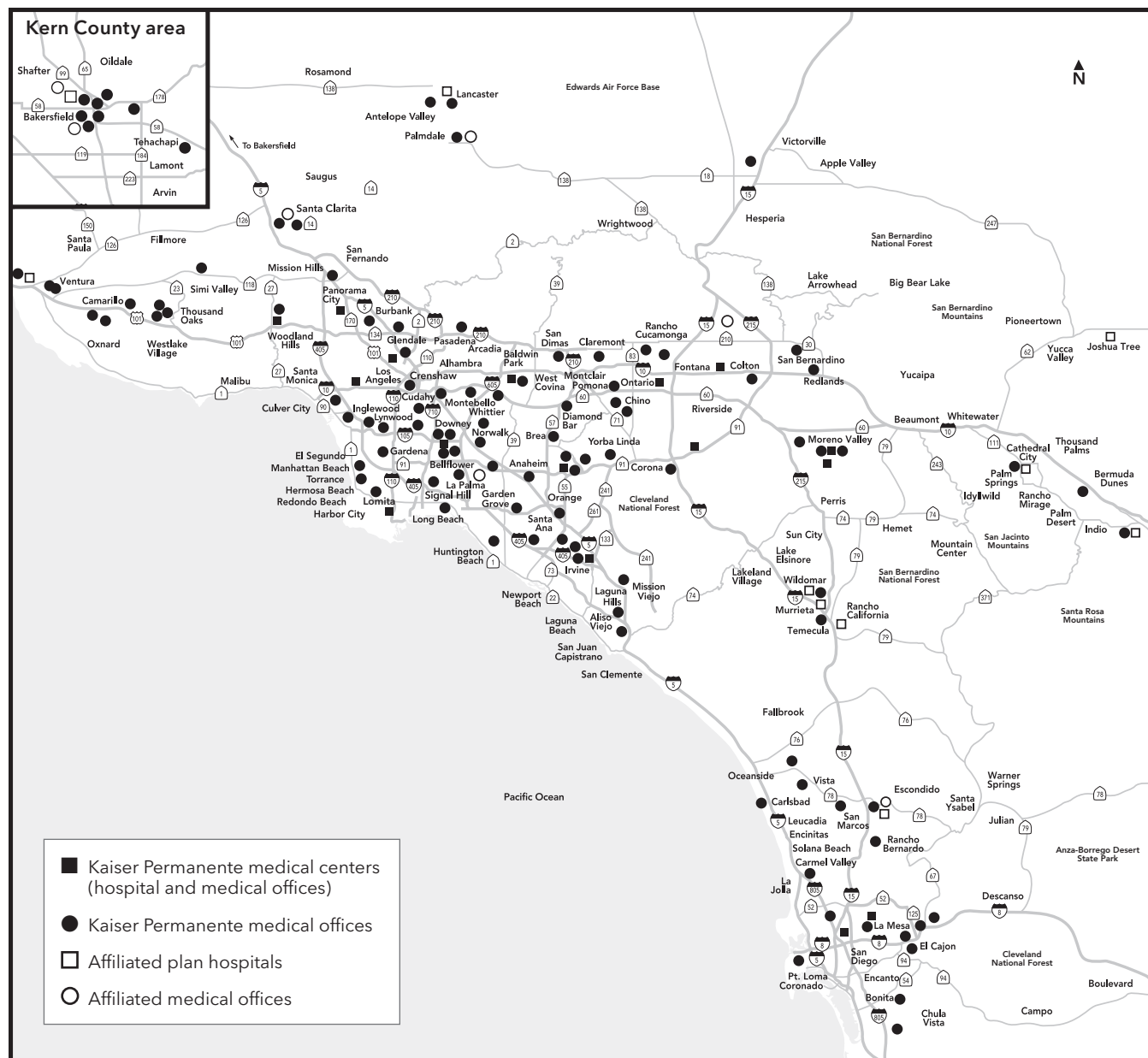


Maps not to scale

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

Southern California

The following information can help you find Kaiser Permanente and affiliated facilities in your community.



Maps not to scale

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. In addition, you may request health plan materials translated in your language, and may also request these materials in large text or in other formats to accommodate your needs. For more information, call **1-800-464-4000** (TTY users call **711**).

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. A grievance includes a complaint or an appeal. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your *Evidence of Coverage* or *Certificate of Insurance*, or speak with a Member Services representative for the dispute-resolution options that apply to you. This is especially important if you are a Medicare, Medi-Cal, MRMIP, Medi-Cal Access, FEHBP, or CalPERS member because you have different dispute-resolution options available.

You may submit a grievance in the following ways:

- By completing a Complaint or Benefit Claim/Request form at a Member Services office located at a Plan Facility (please refer to *Your Guidebook* for addresses)
- By mailing your written grievance to a Member Services office at a Plan Facility (please refer to *Your Guidebook* for addresses)
- By calling our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **711**)
- By completing the grievance form on our website at **kp.org**

Please call our Member Service Contact Center if you need help submitting a grievance.

The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, sex, age, or disability. You may also contact the Kaiser Permanente Civil Rights Coordinator directly at One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 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 no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

La Central de Llamadas de Servicio a los Miembros (Member Service Contact Center) brinda servicios de asistencia con el idioma las 24 horas del día, los siete días de la semana (excepto los días festivos). Se ofrecen servicios de interpretación sin costo alguno para usted durante el horario de atención, incluido el lenguaje de señas. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Además, puede solicitar los materiales del plan de salud traducidos a su idioma, y también los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades. Para obtener más información, llame al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**).

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. Una queja incluye una queja formal o una apelación. Por ejemplo, si usted cree que ha sufrido discriminación de nuestra parte, puede presentar una queja. Consulte su *Evidencia de Cobertura* (*Evidence of Coverage*) o *Certificado de Seguro* (*Certificate of Insurance*), o comuníquese con un representante de Servicio a los Miembros (Member Services) para conocer las opciones de resolución de disputas que le corresponden. Esto tiene especial importancia si es miembro de Medicare, Medi-Cal, MRMIP (Major Risk Medical Insurance Program, Programa de Seguro Médico para Riesgos Mayores), Medi-Cal Access, FEHBP (Federal Employees Health Benefits Program, Programa de Beneficios Médicos para los Empleados Federales) o CalPERS ya que dispone de otras opciones para resolver disputas.

Puede presentar una queja de las siguientes maneras:

- completando un formulario de queja o de reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte las direcciones en *Su Guía*)
- enviando por correo su queja por escrito a una oficina de Servicio a los Miembros en un centro del plan (consulte las direcciones en *Su Guía*)
- llamando a la línea telefónica gratuita de la Central de Llamadas de Servicio a los Miembros al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**)
- completando el formulario de queja en nuestro sitio web en **kp.org**

Llame a nuestra Central de Llamadas de Servicio a los Miembros si necesita ayuda para presentar una queja.

Se le informará al coordinador de derechos civiles (Civil Rights Coordinator) de Kaiser Permanente de todas las quejas relacionadas con la discriminación por motivos de raza, color, país de origen, género, edad o discapacidad. También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente en One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

También puede presentar una queja formal de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles (Office for Civil Rights) en el Departamento de Salud y Servicios Humanos de los Estados Unidos (U. S. Department of Health and Human Services) mediante el portal de quejas formales de la Oficina de Derechos Civiles, en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (línea TDD). Los formularios de queja formal están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

Kaiser Permanente禁止以年齡、種族、族裔、膚色、原國籍、文化背景、血統、宗教、性別、性別認同、性別表達方式、性取向、婚姻狀況、生理或心理殘障、支付來源、遺傳資訊、公民身份、主要語言或移民身份為由而對任何人進行歧視。

計畫成員服務聯絡中心提供語言協助服務；每週七天24小時晝夜服務（法定節假日除外）。本機構在全部辦公時間內免費為您提供口譯服務，其中包括手語。我們還可為您、您的親屬和朋友提供任何必要的特別補助，以便您使用本機構的設施與服務。此外，您還可請求以您的語言提供健康保險計畫資料之譯本，並可請求採用大號字體或其他版本格式提供此類資料的譯本，藉以滿足您的需求。若需詳細資訊，請致電**1-800-757-7585**（TTY專線使用者請撥**711**）。

冤情申訴係指您或您的授權代表透過冤情申訴程序所表達的不滿陳訴。申訴冤情包括投訴或上訴。例如，如果您認為自己受到本機構的歧視，則可提出冤情申訴。若需瞭解可供您選擇的適用爭議解決方案，請參閱您的：《保險計畫承保項目說明書》或《保險證明書》，或者與計畫成員服務代表交談。對於Medicare、Medi-Cal、MRMIP、Medi-Cal Access、FEHBP或CalPERS計畫成員，這尤其重要；原因在於，為這些成員提供的爭議解決方案選擇有所不同。

您可透過以下方式提出冤情申訴：

於設在本計畫服務設施的某個計畫成員服務處填妥一份《投訴或保險福利索償/請書》（請參閱您的《通訊地址指南冊》，以便查找相關地址）

- 將您的冤情申訴書郵寄至設在本計畫服務設施的某個計畫成員服務處（請參閱您的《通訊地址指南冊》，以便查找相關地址）
- 致電本機構的計畫成員服務聯絡中心，電話號碼是 **1-800-757-7585**（TTY 專線使用者請撥**711**）
- 在本機構的網站上填妥一份冤情申訴書，網址是 **kp.org**

如果您在提交冤情申訴書的過程中需要協助，請致電本機構的計畫成員服務聯絡中心。

涉及種族、膚色、原國籍、性別、年齡或身體殘障歧視的一切冤情申訴都將通告給Kaiser Permanente的民權事務協調員。您也可與Kaiser Permanente的民權服務協調員直接聯絡；聯絡地址是One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612。

您還可以採用電子方式透過民權辦公處的投訴入口網站向美國衛生與公共服務部民權辦公處提出民權投訴，網址是<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>；或者按照如下聯絡資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697（TDD專線）。可從網站上下載投訴書，網址是<http://www.hhs.gov/ocr/office/file/index.html>。

Language Assistance Services

English: We provide interpreter services at no cost to you, 24 hours a day, 7 days a week, during all hours of operation. You can have an interpreter help answer your questions about our health care coverage. You can also request materials translated in your language at no cost to you. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

Arabic: نؤمن خدمات الترجمة الفورية مجاناً لك على مدار الساعة كافة أيام الأسبوع طوال ساعات العمل. بإمكانك طلب مساعدة المترجم الفوري للإجابة على كافة أسئلتك حول التغطية الصحية التي نقدمها. بالإضافة إلى ذلك، يمكنك طلب ترجمة الوثائق الطبية للغتك مجاناً. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجى الاتصال على الرقم (711).

Armenian: Մենք օրը 24 ժամ, շաբաթը 7 օր, մեր աշխատանքի բոլոր ժամերին Ձեզ համար անվճար բանավոր թարգմանչի ծառայություններ ենք տրամադրում: Թարգմանչի օգնությամբ Դուք կարող եք պատասխան ստանալ Ձեր հարցերին՝ մեր կողմից տրամադրվող առողջության ապահովագրության վերաբերյալ: Կարող եք նաև Ձեր լեզվով թարգմանված գրավոր նյութեր խնդրել, որոնք Ձեզ համար անվճար են: Պարզապես զանգահարեք մեզ՝ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711** համարով:

Farsi: ما خدمات مترجم شفاهی را در 24 ساعت شبانه روز و 7 روز هفته در طول همه ساعات کاری بدون اخذ هزینه در اختیار شما قرار می دهیم. شما می توانید برای کمک در پاسخگویی به سوالات خود در مورد پوشش مراقبت درمانی ما از یک مترجم شفاهی بهره مند شوید. همچنین می توانید درخواست کنید که همه جزوات بدون اخذ هزینه به زبان شما ترجمه شوند. کفایت در 24 ساعت شبانه روز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران TTY با شماره **711** تماس بگیرند

Hindi: हम संचालन के सभी घंटों के दौरान आपको बिना किसी लागत के दुभाषिया सेवाएँ 24 दिन के , घंटेसप्ताह के , सातों दिन प्रदान करते हैं। आप हमारी स्वास्थ्य देखभाल कवरेज के बारे में आपके प्रश्नों के जवाब के लिए एक दुभाषिये की सहायता ले सकते हैं। आप बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए अनुरोध भी कर सकते हैं। बस केवल हमें **1-800-464-4000** पर 24 दिन के , घंटे , कॉल करें। (छुट्टियों वाले दिन बंद रहता है) सप्ताह के सातों दिन TTY उपयोगकर्ता **711** पर कॉल करें।

Hmong: Peb muaj neeg txhais lus pub dawb rau koj, 24 teev ib hnub twg, 7 hnub ib lim tiam twg, thawm cov sij hawm qhib ua lag luam. Koj muaj tau ib tug neeg txhais lus los pab teb koj cov lus nug txog peb cov kev pab them nqi kho mob. Koj thov tau kom muab cov ntaub ntawv txhais uas koj hom lus pub dawb rau koj. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnub twg, 7 hnub ib lim tiam twg (cov hnub caiv kaw). Cov neeg siv TTY hu **711**.

Japanese: 当院では、全診療時間を通じて、通訳サービスを無料で、年中無休、終日ご利用いただけます。当院の医療内容についてのご質問および回答には、通訳がお手伝いいたします。また、日本語に翻訳された資料を無料で請求できます。お気軽に **1-800-464-4000** までお電話ください（祭日を除き年中無休）。TTY ユーザーは **711** にお電話ください。

Khmer: យើងផ្តល់សេវានៃអ្នកបកប្រែ ដោយឥតគិតថ្លៃ ដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ ក្នុងអំឡុង ម៉ោងធ្វើការទាំងអស់។ អ្នកអាចមានអ្នកបកប្រែ ដើម្បីជួយ ឆ្លើយសំណួរបស់អ្នក អំពីការរ៉ាប់រងថែទាំសុខភាព របស់ យើង។ អ្នកក៏អាចស្នើសុំសំភារៈដែលបានបកប្រែជាភាសា ខ្មែរ ដោយឥតគិតថ្លៃដល់អ្នកដែរ។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយ អាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711** ។

Korean: 업무 시간 동안에는 요일 및 시간에 관계없이 통역 서비스를 무료로 이용하실 수 있습니다. 통역의 도움을 받아 건강 보험 혜택에 관하여 질문하고 답변을 들으실 수 있습니다. 또한, 귀하가 사용하는 언어로 번역된 자료를 요청해 무료로 제공받으실 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화해 문의하십시오(공휴일 휴무). TTY 사용자 번호 **711**.

Navajo: Nihí ata' halne'é áká'adoolwohígíí nihei hóló t'áá jíík'é, t'áá naadiin díí' ahéé'iilkeedgo, tsosts'id yiskáají', ndá'anishgo oolkił biyi' góné. Ata' halne'é níká'adoolwoł na'idikid nee hólóógo díí ats'íis baa áháyáá bik'estí'ígíí biná'idíłkidgo. Áádóó áłdó' naaltsoos lá t'áá ní nizaad k'ehji álnéehgo t'áá jíík'é ádoolníł. Nihich'i' hodíílnih kojí' **1-800-464-4000** jíígo dóó t'ée' nidi, tsosts'id yiskáají' dimoo na'adleejji' (Holidaysgo éi da'deelkaal) doo da'diits'a'ígíí chodayoot'ínígíí kojí' hodíílnih **711**

Punjabi: ਅਸੀਂ ਕਾਰਵਾਈ ਦੇ ਸਾਰੇ ਘੰਟਿਆਂ ਦੇ ਦੌਰਾਨ ਤੁਹਾਨੂੰ ਬਿਨਾਂ , 24 ਦਿਨ ਦੇ , ਕਿਸੀ ਲਾਗਤ ਦੇ ਬਿਨਾਂ 7 ਹਫ਼ਤੇ ਦੇ , ਦਿਨ ਦੁਭਾਸ਼ੀਆ , ਸੇਵਾਵਾਂ ਮੁਹੱਈਆ ਕਰਵਾਉਂਦੇ ਹਾਂ। ਤੁਸੀਂ ਸਾਡੀ ਸਿਹਤ ਦੇਖਭਾਲ ਕਰਵੇਜ਼ ਬਾਰੇ ਆਪਣੇ ਸਵਾਲਾਂ ਦੇ ਜਵਾਬ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਦੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ਼ ਸਾਨੂੰ **1-800-464-4000** ਤੇ 24 ਦਿਨ ਦੇ , ਬਿਨਾਂ 7 ਹਫ਼ਤੇ ਦੇ , ਦਿਨ ਦੁੱਟੀਆਂ) ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈਡੋਨ ਕਰੋ (TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** ਤੇ ਫੋਨ ਕਰਨ।'

Russian: Мы всегда в часы работы обеспечиваем Вас услугами устного переводчика, 24 часа в сутки, 7 дней в неделю. Чтобы получить ответы на свои вопросы о нашем страховом покрытии услуг здравоохранения, Вы можете воспользоваться помощью устного переводчика. Вы также можете запросить бесплатный перевод материалов на Ваш язык. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

Spanish: Ofrecemos servicios de traducción al español sin costo alguno para usted durante todo el horario de atención, 24 horas al día, siete días a la semana. Puede contar con la ayuda de un intérprete para responder las preguntas que tenga sobre nuestra cobertura de atención médica. Además, puede solicitar que los materiales se traduzcan a su idioma sin costo alguno. Solo llame al **1-800-788-0616**, 24 horas al día, siete días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tagalog: May magagamit na mga serbisyo ng tagasalin ng wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo, sa lahat oras ng trabaho. Makakatulong ang tagasalin ng wika sa pagsagot sa mga tanong mo tungkol sa iyong coverage sa pangangalagang pangkalusugan. Maaari kang humingi ng mga babasahin na isinalin sa iyong wika nang wala kang babayaran. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

Thai: เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมงทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวข้องกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่ต้องมีการคิดค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ **711**

Chinese: 我們每週 7 天，每天 24 小時在所有營業時間內免費為您提供口譯服務。您可以請口譯員協助回答有關我們健康保險的問題。您也可以免費索取翻譯成您所用語言的資料。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

Vietnamese: Chúng tôi cung cấp dịch vụ thông dịch miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần, trong tất cả các giờ làm việc. Quý vị có thể được thông dịch viên giúp trả lời thắc mắc về quyền lợi bảo hiểm sức khỏe của chúng tôi. Quý vị cũng có thể yêu cầu được cấp miễn phí tài liệu phiên dịch ra ngôn ngữ của quý vị. Chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.



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 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-464-4000. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-800-464-4000 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

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 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

Doo Báhí Ílínigóó Saad Bee Áká'e'eyeed. Ata' halne'é la' ná chóidoot'eeł dóó naaltsoos t'áá ni nizaad k'ehjí nich'i' yídóóltah. Shíká a'doowoł nínízingo, naaltsoos bee nééhózinígíí bikáa'gi béésh bee hane'é biká'ígíí bik'ehgo nihich'i' hodíilnih doodaii 1-800-464-4000jì' hodíilnih. T'áá náásgóó shíká' a'náá'doowoł nínízingo éí CA Béeso Ách'ááh Naa'nil Bìł Haz'áajì' 1-800-927-4357jì' béésh bee hodíilnih. Navajo

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-464-4000. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-800-464-4000 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-464-4000. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

Անվճար Լեզվական ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-800-464-4000 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-464-4000. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-464-4000 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

خدمات مجاني مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگویند مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-800-464-4000 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (آذاره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਬਾਰੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-464-4000 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមាន បង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-800-464-4000 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

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Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau pab ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-464-4000. Yog xav tau kev pab ntawv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong



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