

Find your healthy place

With care designed to help you thrive



Welcome to care that fits your life

This Kaiser Permanente for Individuals and Families enrollment guide can help you choose the right health plan for your needs. Here's a look at what you'll get with all of our plans.

Get care on your schedule



Need to schedule an appointment or have a nonurgent question for your doctor's office? Want your prescription refill mailed to your home? After you enroll, create your online account at kp.org or get our mobile app. Then join millions of members who manage their health online – whenever, wherever.

Connect to care from anywhere



Want a convenient, secure way to get care from wherever you are? Schedule a call with a Kaiser Permanente clinician, meet face-to-face online, or email your doctor's office anytime with nonurgent health questions.*†

Many services under one roof



Do more in less time. In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions – all in a single trip. Find a location near you at kp.org/facilities.

Your doctor, your choice



Choose your doctor based on what's important to you. Go to kp.org/searchdoctors for details about education, specialties, languages spoken, and more. You can also change doctors at any time.

*When appropriate and available. †These features are available when you get care at Kaiser Permanente facilities.

Choosing your health plan

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 is different.

Copay and coinsurance plans – platinum and gold

Copay and coinsurance plans are the simplest. With copay plans, you know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. If you have a coinsurance plan, you pay a set percentage for services. With both types of plans, 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 annual 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 annual deductible.

HSA-qualified high deductible health plans – silver and bronze

HSA-qualified high deductible health plans (HDHPs) are deductible plans that give you the option of setting up a separate health savings account (HSA) to pay for eligible health care costs, including copays, coinsurance, and deductible payments. 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, like eyeglasses, adult dental care, or chiropractic services.† 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.

*Tax references relate to federal income tax only. The tax treatment of health savings account contributions and distributions under state income tax laws differs from the federal tax treatment. Consult with your financial or tax adviser for more information.

†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).

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 2,500/45 (\$2,500 deductible)	\$45	\$70 after deductible	\$20 [‡]
KP Bronze 60 HDHP HMO (\$7,000 deductible)	No charge after deductible	No charge after deductible	No charge after deductible

[‡]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://www.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.

Important open enrollment dates for 2021

- 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, 2021, we must receive your Application for Health Coverage and first month's premium no later than December 15, 2020.

Enrolling during a special enrollment period

- Are you getting married, moving to a Kaiser Permanente service area, 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/specialeenrollment](https://www.kp.org/specialeenrollment) for a list of qualifying life events and instructions.


Financial information and tax penalty updates


- To check if you may be eligible for federal financial assistance, visit [buykp.org](https://www.buykp.org) or call us at **1-800-494-5314 (TTY 711)**. You may qualify for additional state financial assistance even if you haven't qualified for federal financial assistance in prior years.
- There's a California law that says you must have minimum essential health coverage, or you may have to pay a tax penalty for being uninsured.


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

	 KP Silver 70 HMO Off Exchange
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$4,000/\$8,000
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$40
Specialty care office visit	\$80
Most X-rays	\$85
Most lab tests	\$40
MRI, CT, PET	\$325
Outpatient surgery	20%
Mental health visit	\$40
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
Delivery and inpatient well-baby care	20% after deductible
Emergency and urgent care	
Emergency Department visit	\$400
Urgent care visit	\$40
Prescription drugs (up to a 30-day supply)	
Generic	\$16 after \$300 pharmacy deductible
Preferred brand	\$60 after \$300 pharmacy deductible
Non-preferred brand	\$60 after \$300 pharmacy deductible
Specialty	20% after \$300 pharmacy deductible, up to \$250 per prescription
Whole health	
Healthy services	Optical promotions kp2020.org

 Offered through Kaiser Permanente

 Offered through the health benefit exchange, Covered California

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 \$4,000 for yourself or \$8,000 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 \$8,200 for yourself and no more than \$16,400 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 \$40 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 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.

Copay
This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you’d pay a \$40 copay for urgent care visits, whether or not you have met your deductible.

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.

	KP E Kaiser Permanente - Bronze 60 HDHP HMO	KP E Kaiser Permanente - Bronze 60 HMO	KP Kaiser Permanente - Bronze 60 HMO 8200/0%
Plan type	HSA-qualified	Deductible	Deductible
Features			
Annual medical deductible (individual/family)	\$7,000/\$14,000	\$6,300/\$12,600	\$8,200/\$16,400
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$8,200/\$16,400	\$8,200/\$16,400
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	No charge after deductible	\$65 after deductible*	No charge after deductible
Specialty care office visit	No charge after deductible	\$95 after deductible*	No charge after deductible
Most X-rays	No charge after deductible	40% after deductible	No charge after deductible
Most lab tests	No charge after deductible	\$40	No charge after deductible
MRI, CT, PET	No charge after deductible	40% after deductible	No charge after deductible
Outpatient surgery	No charge after deductible	40% after deductible	No charge after deductible
Mental health visit	No charge after deductible	\$65 after deductible*	No charge after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	40% after deductible	No charge after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	40% after deductible	No charge after deductible
Emergency and urgent care			
Emergency Department visit	No charge after deductible	40% after deductible	No charge after deductible
Urgent care visit	No charge after deductible	\$65 after deductible*	No charge after deductible
Prescription drugs (up to a 30-day supply)			
Generic	No charge after deductible	\$18 after \$500 pharmacy deductible†	\$20†
Preferred brand	No charge after deductible	40% after \$500 pharmacy deductible, up to \$500 per prescription	No charge after deductible
Non-preferred brand	No charge after deductible	40% after \$500 pharmacy deductible, up to \$500 per prescription	No charge after deductible
Specialty	No charge after deductible	40% after \$500 pharmacy deductible, up to \$500 per prescription	No charge after deductible
Whole health			
Healthy services	Optical promotions*** kp2020.org	Optical promotions*** kp2020.org	Optical promotions*** kp2020.org

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

† 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, urgent, or outpatient mental health care.

*** Optical promotions 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 the most frequently asked about benefits, copays, coinsurance, and deductibles. 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 annual out-of-pocket maximum. 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, call us at 1-800-464-4000, or contact your broker.

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E Offered through the health benefit exchange, Covered California

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	E Kaiser Permanente - Silver 70 HMO	KP Kaiser Permanente - Silver 70 HMO Off Exchange	KP Kaiser Permanente - Silver 70 HMO 2500/45	KP Kaiser Permanente - Silver 70 HDHP HMO 3250/20%
Plan type	Deductible	Deductible	Deductible	HSA-qualified
Features				
Annual medical deductible (individual/family)	\$4,000/\$8,000	\$4,000/\$8,000	\$2,500/\$5,000	\$3,250/\$6,500
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	\$8,200/\$16,400	\$8,200/\$16,400	\$7,000/\$14,000
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$40	\$40	\$45	20% after deductible
Specialty care office visit	\$80	\$80	\$75	20% after deductible
Most X-rays	\$85	\$85	\$70 after deductible	20% after deductible
Most lab tests	\$40	\$40	\$25 after deductible	20% after deductible
MRI, CT, PET	\$325	\$325	\$350 after deductible	20% after deductible
Outpatient surgery	20%	20%	35% after deductible	20% after deductible
Mental health visit	\$40	\$40	\$45	20% after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	20% after deductible	35% after deductible	20% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	20% after deductible	35% after deductible	20% after deductible
Emergency and urgent care				
Emergency Department visit	\$400	\$400	\$350 after deductible	20% after deductible
Urgent care visit	\$40	\$40	\$45	20% after deductible
Prescription drugs (up to a 30-day supply)				
Generic	\$16 after \$300 pharmacy deductible [†]	\$16 after \$300 pharmacy deductible [†]	\$20 [†]	20% after deductible, up to \$250 per prescription
Preferred brand	\$60 after \$300 pharmacy deductible [†]	\$60 after \$300 pharmacy deductible [†]	\$65 after \$350 pharmacy deductible [†]	20% after deductible, up to \$250 per prescription
Non-preferred brand	\$60 after \$300 pharmacy deductible [†]	\$60 after \$300 pharmacy deductible [†]	\$65 after \$350 pharmacy deductible [†]	20% after deductible, up to \$250 per prescription
Specialty	20% after \$300 pharmacy deductible, up to \$250 per prescription	20% after \$300 pharmacy deductible, up to \$250 per prescription	35% after \$350 pharmacy deductible, up to \$250 per prescription	20% after deductible, up to \$250 per prescription
Whole health				
Healthy services	Optical promotions*** kp2020.org	Optical promotions*** kp2020.org	Optical promotions*** kp2020.org	Optical promotions*** kp2020.org

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

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	KP E Kaiser Permanente - Gold 80 HMO Coinsurance	KP E Kaiser Permanente - Gold 80 HMO	KP E Kaiser Permanente - Platinum 90 HMO	KP E Kaiser Permanente - Minimum Coverage HMO ^{††}
Plan type	Copay	Copay	Copay	Deductible
Features				
Annual medical deductible (individual/family)	None/None	None/None	None/None	\$8,550/\$17,100
Annual out-of-pocket maximum (individual/family)	\$8,200/\$16,400	\$8,200/\$16,400	\$4,500/\$9,000	\$8,550/\$17,100
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$35	\$35	\$15	First 3 office visits no charge. ^{††} Additional visits no charge after deductible
Specialty care office visit	\$65	\$65	\$30	No charge after deductible
Most X-rays	\$75	\$75	\$30	No charge after deductible
Most lab tests	\$40	\$40	\$15	No charge after deductible
MRI, CT, PET	20%	\$150	\$75	No charge after deductible
Outpatient surgery	20%	\$340	\$125	No charge after deductible
Mental health visit	\$35	\$35	\$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	20%	\$600 per day up to 5 days ^{**}	\$250 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
Delivery and inpatient well-baby care	20%	\$600 per day up to 5 days ^{**}	\$250 per day up to 5 days ^{**}	No charge after deductible
Emergency and urgent care				
Emergency Department visit	\$350	\$350	\$150	No charge after deductible
Urgent care visit	\$35	\$35	\$15	First 3 office visits no charge. ^{††} Additional visits no charge after deductible
Prescription drugs (up to a 30-day supply)				
Generic	\$15 [‡]	\$15 [‡]	\$5 [‡]	No charge after deductible
Preferred brand	\$55 [‡]	\$55 [‡]	\$15 [‡]	No charge after deductible
Non-preferred brand	\$55 [‡]	\$55 [‡]	\$15 [‡]	No charge after deductible
Specialty	20% up to \$250 per prescription	20% up to \$250 per prescription	10% up to \$250 per prescription	No charge after deductible
Whole health				
Healthy services	Optical promotions ^{***} kp2020.org	Optical promotions ^{***} kp2020.org	Optical promotions ^{***} kp2020.org	Optical promotions ^{***} kp2020.org

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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.

	E Kaiser Permanente - Silver 73 HMO	E Kaiser Permanente - Silver 87 HMO	E Kaiser Permanente - Silver 94 HMO
Plan type	Deductible	Deductible	Deductible
Features			
Annual medical deductible (individual/family)	\$3,700/\$7,400	\$1,400/\$2,800	\$75/\$150
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,850/\$5,700	\$1,000/\$2,000
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$35	\$15	\$5
Specialty care office visit	\$75	\$25	\$8
Most X-rays	\$85	\$40	\$8
Most lab tests	\$40	\$20	\$8
MRI, CT, PET	\$325	\$100	\$50
Outpatient surgery	20%	15%	10%
Mental health visit	\$35	\$15	\$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	\$400	\$150	\$50
Urgent care visit	\$35	\$15	\$5
Prescription drugs (up to a 30-day supply)			
Generic	\$16 after \$275 pharmacy deductible [†]	\$5 [†]	\$3 [†]
Preferred brand	\$55 after \$275 pharmacy deductible [†]	\$25 after \$100 pharmacy deductible [†]	\$10 [†]
Non-preferred brand	\$55 after \$275 pharmacy deductible [†]	\$25 after \$100 pharmacy deductible [†]	\$10 [†]
Specialty	20% after \$275 pharmacy deductible, up to \$250 per prescription	15% after \$100 pharmacy deductible, up to \$150 per prescription	10%, up to \$150 per prescription
Whole health			
Healthy services	Optical promotions*** kp2020.org	Optical promotions*** kp2020.org	Optical promotions*** kp2020.org

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

[‡] Mail order: Up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

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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.

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.

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 \$1,000 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.

2021 monthly rate

\$30.76 per member

Kaiser Permanente's dental insurance plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California. For more information, call Delta Dental at 1-800-933-9312 (if you are already enrolled, call toll free 1-800-835-2244).



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION



KAISER PERMANENTE®

Kaiser Permanente Insurance Company

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
Diagnostic procedures	
Oral exam	\$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

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.

[†] 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.

Nondiscrimination Notice

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 Service Contact Center 24 hours a day, 7 days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. Auxiliary aids and services for individuals with disabilities 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. You may request materials translated in your language at no cost to you. You may also request these materials in large text or in other formats to accommodate your needs at no cost to you. For more information, call **1-800-464-4000** (TTY 711).

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. 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.

You may submit a grievance in the following ways:

- **By phone:** Call member services at **1-800-464-4000** (TTY 711) 24 hours a day, 7 days a week (except closed holidays).
- **By mail:** Call us at **1-800-464-4000** (TTY 711) and ask to have a form sent to you.
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at **kp.org/facilities** for addresses)
- **Online:** Use the online form on our website at **kp.org**

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:

Northern California

Civil Rights/ADA Coordinator
1800 Harrison St.
16th Floor
Oakland, CA 94612

Southern California

Civil Rights/ADA Coordinator
SCAL Compliance and Privacy
393 East Walnut St.,
Pasadena, CA 91188

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 ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TTY). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Aviso de no discriminación

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 brinda servicios de asistencia con el idioma las 24 horas del día, los 7 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. Se ofrecen aparatos y servicios auxiliares para personas con discapacidades sin costo alguno durante el horario de atención. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Puede solicitar los materiales traducidos a su idioma sin costo para usted. También los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades sin costo para usted. Para obtener más información, llame al **1-800-788-0616 (TTY 711)**.

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. 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 para conocer las opciones de resolución de disputas que le corresponden.

Puede presentar una queja de las siguientes maneras:

- **Por teléfono:** Llame a servicio a los miembros al **1-800-788-0616 (TTY 711)** las 24 horas del día, los 7 días de la semana (excepto los días festivos).
- **Por correo postal:** Llámenos al **1-800-788-0616 (TTY 711)** y pida que se le envíe un formulario.
- **En persona:** Llene un formulario de Queja Formal o Reclamo/Solicitud de Beneficios en una oficina de servicio a los miembros ubicada en un Centro de Atención del Plan (consulte su directorio de proveedores en **kp.org/facilities** [haga clic en “Español”] para obtener las direcciones).
- **En línea:** Use el formulario en línea en nuestro sitio web en **kp.org/espanol**.

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 de Kaiser Permanente (Civil Rights Coordinator) 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:

Northern California

Civil Rights/ADA Coordinator
1800 Harrison St.
16th Floor
Oakland, CA 94612

Southern California

Civil Rights/ADA Coordinator
SCAL Compliance and Privacy
393 East Walnut St.,
Pasadena, CA 91188

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 (Office for Civil Rights Complaint Portal), en ocrportal.hhs.gov/ocr/portal/lobby.jsf (en inglés) o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TTY). Los formularios de queja formal están disponibles en hhs.gov/ocr/office/file/index.html (en inglés).

無歧視公告

Kaiser Permanente禁止以年齡、人種、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、性取向、婚姻狀況、生理或心理殘障、付款來源、遺傳資訊、公民身份、主要語言或移民身份為由而歧視任何人。

會員服務聯絡中心每週7天每天24小時提供語言協助服務（節假日除外）。本機構在全部營業時間內免費為您提供口譯服務，包括手語服務，以及殘障人士輔助器材和服務。我們還可為您和您的親友提供使用本機構設施與服務所需要的任何特別協助。您可免費索取翻譯成您的語言的資料。您還可免費索取符合您需求的大號字體或其他格式的版本。若需更多資訊，請致電**1-800-757-7585**（TTY 711）。

申訴指任何您或您的授權代表透過申訴程序來表達不滿的做法。例如，如果您認為自己受到歧視，即可提出申訴。若需瞭解適用於自己的爭議解決選項，請參閱《承保範圍說明書》(Evidence of Coverage) 或《保險證明書》(Certificate of Insurance)，或諮詢會員服務代表。

您可透過以下方式提出申訴：

- **透過電話**：請致電**1-800-757-7585**（TTY 711）與會員服務部聯絡，服務時間為每週7天，每天24小時（節假日除外）。
- **透過郵件**：請致電**1-800-757-7585**（TTY 711）與我們聯絡並請我們將表格寄給您。
- **親自遞交**：在計劃設施的會員服務辦事處填寫投訴或福利理索賠／申請表（請參閱 kp.org/facilities 上的保健業者名錄以查看地址）
- **線上**：使用我們網站上的線上表格，網址為 kp.org

如果您在提交申訴時需要協助，請致電我們的會員服務聯絡中心。

涉及人種、膚色、原國籍、性別、年齡或殘障歧視的一切申訴都將通知Kaiser Permanente的民權事務協調員 (Civil Rights Coordinator)。您也可與Kaiser Permanente的民權事務協調員直接聯絡，地址：

Northern California
Civil Rights/ADA Coordinator
1800 Harrison St.
16th Floor
Oakland, CA 94612

Southern California
Civil Rights/ADA Coordinator
SCAL Compliance and Privacy
393 East Walnut St.,
Pasadena, CA 91188

您還可以電子方式透過民權辦公室的投訴入口網站 (Office for Civil Rights Complaint Portal) 向美國衛生與民眾服務部 (U.S. Department of Health and Human Services) 民權辦公室 (Office for Civil Rights) 提出民權投訴，網址是 ocrportal.hhs.gov/ocr/portal/lobby.jsf 或者按照如下資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TTY)。投訴表可從網站 hhs.gov/ocr/office/file/index.html 下載。

Thông Báo Không Kỳ Thị

Kaiser Permanente không phân biệt đối xử dựa trên tuổi tác, chủng tộc, sắc tộc, màu da, nguyên quán, hoàn cảnh văn hóa, tổ tiên, tôn giáo, giới tính, nhận dạng giới tính, cách thể hiện giới tính, khuynh hướng tình dục, gia cảnh, khuyết tật về thể chất hoặc tinh thần, nguồn tiền thanh toán, thông tin di truyền, quốc tịch, ngôn ngữ chính, hay tình trạng di trú.

Các dịch vụ trợ giúp ngôn ngữ hiện có từ Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi 24 giờ trong ngày, 7 ngày trong tuần (ngoại trừ ngày lễ). Dịch vụ thông dịch, kể cả ngôn ngữ ký hiệu, được cung cấp miễn phí cho quý vị trong giờ làm việc. Các phương tiện trợ giúp và dịch vụ bổ sung cho những người khuyết tật được cung cấp miễn phí cho quý vị trong giờ làm việc. Chúng tôi cũng có thể cung cấp cho quý vị, gia đình và bạn bè quý vị mọi hỗ trợ đặc biệt cần thiết để sử dụng cơ sở và dịch vụ của chúng tôi. Quý vị có thể yêu cầu miễn phí tài liệu được dịch ra ngôn ngữ của quý vị. Quý vị cũng có thể yêu cầu miễn phí các tài liệu này dưới dạng chữ lớn hoặc dưới các dạng khác để đáp ứng nhu cầu của quý vị. Để biết thêm thông tin, gọi **1-800-464-4000 (TTY 711)**.

Một phần nài là bất cứ thể hiện bất mãn nào được quý vị hay vị đại diện được ủy quyền của quý vị trình bày qua thủ tục phàn nàn. Ví dụ, nếu quý vị tin rằng chúng tôi đã kỳ phân biệt đối xử với vị, quý vị có thể đệ đơn phàn nàn. Vui lòng tham khảo *Chứng Từ Bảo Hiểm (Evidence of Insurance)* hay *Chứng Nhận Bảo Hiểm (Certificate of Insurance)*, hoặc nói chuyện với một nhân viên ban Dịch Vụ Hội Viên để biết các lựa chọn giải quyết tranh chấp có thể áp dụng cho quý vị.

Quý vị có thể nộp đơn phàn nàn bằng các hình thức sau đây:

- **Qua điện thoại:** Gọi cho ban dịch vụ hội viên theo số **1-800-464-4000 (TTY 711)** 24 giờ trong ngày, 7 ngày trong tuần (ngoại trừ đóng cửa ngày lễ).
- **Qua bưu điện:** Gọi cho chúng tôi theo số **1-800-464-4000 (TTY 711)** và yêu cầu được gửi một mẫu đơn.
- **Trực tiếp:** Điền một mẫu đơn Than Phiền hay Yêu Cầu Quyền Lợi/Yêu Cầu tại một văn phòng ban dịch vụ hội viên tại một Cơ Sở Thuộc Chương Trình (xem danh mục nhà cung cấp của quý vị tại **kp.org/facilities** để biết địa chỉ)
- **Trực tuyến:** Sử dụng mẫu đơn trực tuyến trên trang mạng của chúng tôi tại **kp.org**

Xin gọi Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi nếu quý vị cần trợ giúp nộp đơn phàn nàn.

Điều Phối Viên Dân Quyền (Civil Rights Coordinator) Kaiser Permanente sẽ được thông báo về tất cả phàn nàn liên quan tới việc kỳ thị trên cơ sở chủng tộc, màu da, nguyên quán, giới tính, tuổi tác, hay tình trạng khuyết tật. Quý vị cũng có thể liên lạc trực tiếp với Điều Phối Viên Dân Quyền Kaiser Permanente tại:

Northern California
Civil Rights/ADA Coordinator
1800 Harrison St.
16th Floor
Oakland, CA 94612

Southern California
Civil Rights/ADA Coordinator
SCAL Compliance and Privacy
393 East Walnut St.,
Pasadena, CA 91188

Quý vị cũng có thể đệ đơn than phiền về dân quyền với Bộ Y Tế và Nhân Sinh Hoa Kỳ (U.S. Department of Health and Human Services), Phòng Dân Quyền (Office of Civil Rights) bằng đường điện tử thông qua Cổng Thông Tin Phòng Phụ Trách Khiếu Nại về Dân Quyền (Office for Civil Rights Complaint Portal), hiện có tại ocrportal.hhs.gov/ocr/portal/lobby.jsf, hay bằng đường bưu điện hoặc điện thoại tại: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TTY).
Mẫu đơn than phiền hiện có tại hhs.gov/ocr/office/file/index.html.

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, materials translated into your language, or in alternative formats. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **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. 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: Ձեզ կարող է անվճար օգնություն տրամադրվել լեզվի հարցում՝ օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: 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**:

Chinese: 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。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**。

Farsi: خدمات زبانی در 24 ساعت شبانه روز و 7 روز هفته بدون اخذ هزینه در اختیار شما است. شما می توانید برای خدمات مترجم شفاهی، ترجمه جزوات به زبان شما و یا به صورتهای دیگر درخواست کنید. 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: बिना किसी लागत के दुभाषिया सेवाएँ, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप एक दुभाषिये की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। बस केवल हमें **1-800-464-4000** पर, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें। TTY उपयोगकर्ता **711** पर कॉल करें।

Hmong: Muajkwc pab txhais lus pub dawb rau koj, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntauv txhais ua koj hom lus, los yog ua lwm hom. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg (cov hnuv caiv kaw). Cov neeg siv TTY hu **711**.

Japanese: 当院では、言語支援を無料で、年中無休、終日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、あるいは資料を別の書式でも依頼できます。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: ជំនួយភាសា គឺមានឥតអស់ថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែសំភារៈដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទម្រង់ផ្សេងទៀត។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711**។

Korean: 요일 및 시간에 관계없이 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자 번호 **711**.

Laotian: ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໂດຍບໍ່ເສັງຄ່າ ແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານ ສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະ ສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ພຽງ ແຕ່ໂທອາທາງວກເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

Navajo: Saad bee áká'a'ayeed náhóló t'áá jiiik'é, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji. Atah halne'é áká'adoolwołígíí jókí, t'áadoo le'é t'áá hóhazaadji hadilyaa'go, éi doodaii' nááná lá a'aa'ádaat'ehígíí bee hádadilyaa'go. Kojí hodiilnih **1-800-464-4000**, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejji (Dahodiyin biniiyé e'e'aahgo éi da'deelkaal). TTY chodeeyoolnigíí kojí hodiilnih **711**.

Punjabi: ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ ਸਾਨੂੰ **1-800-464-4000** ਤੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਫੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** 'ਤੇ ਫੋਨ ਕਰਨ।

Russian: Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. 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: Contamos con asistencia de idiomas sin costo alguno para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tagalog: May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. 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 ชั่วโมงทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ **711**

Vietnamese: Dịch vụ thông dịch 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, tài liệu phiên dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. 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**.

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. 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 **1-866-213-3062** (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
3701 Boardman-Canfield Road
Canfield, OH 44406
1-866-213-3062**

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: 1-800-482-4TDD
(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**

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, 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 1-866-213-3062. 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 1-866-213-3062. 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。 您可使用口譯員。您可請人將文件唸給您聽，且您可請我們將您語言版本的部分文件寄給您。如需協助，請致電列於會員卡上的電話號碼或致電1-866-213-3062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

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 1-866-213-3062. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Doo bǎǎhílinjígóó há ata' hane. Ata' halne'í há shónáot'eeh dóó naaltsoos t'áa hazaad bee bik'i' ashchjigo hach'i' yidóoltah biniyé hach'i' anál'íjh leh. Shiká i'doolwoł nínízingo nihich'i' hodílnih koji' 1-866-213-3062 éi bee nééhózin biniyé neiyítánígíí bikáá'. Áká e'élyeed jinízingo CA Dept. of Insurance bich'i' hojilnih kwe'é 1-800-927-4357. TTY chojooł'íggo éi íáá bił azhdilchi'. Navajo

Dịch vụ ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên và được người đọc giấy tờ, tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi ở số điện thoại ghi trên thẻ ID hội viên hoặc số 1-866-213-3062. Để được giúp đỡ thêm, xin gọi Bộ Bảo hiểm CA ở 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 1-866-213-3062번으로 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 1-866-213-3062. 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 1-866-213-3062 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 переводчика, который переведет вам документы на ваш язык. Если вам нужна помощь, позвоните нам по номеру телефону, указанному в вашей идентификационной карточке или 1-866-213-3062. 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

無料の言語サービス。 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1-866-213-3062 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 をご使用ください。Japanese

خدمات زبان به صورت رایگان. می توانید از خدمات مترجم شفاهی بهره مند شوید و ترتیب خواندن متن ها برای شما به زبان خودتان را بدهید. برای دریافت کمک و راهنمایی، یا ما به شماره ای که روی کارت شناسایی شما قید شده یا شماره 1-866-213-3062 تماس حاصل نمایند. برای دریافت کمک و راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY با شماره 711 تماس حاصل نمایند. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਕਿਸੇ ਦੁਬਾਸ਼ੀਏ ਨੂੰ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਤੁਸੀਂ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹਵਾ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-213-3062 'ਤੇ ਸਾਨੂੰ ਕਾਲ ਕਰੋ। ਵਧੇਰੀ ਮਦਦ ਲਈ CA ਡਿਪਾਰਟਮੈਂਟ ਆੱਫ ਇਨਸ਼ੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 'ਤੇ ਕਾਲ ਕਰੋ। Punjabi

សេវាភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែ និងឱ្យគេអានឯកសារជូនអ្នក ជាភាសាខ្មែរ។ សំរាប់ជំនួយ សូមទូរស័ព្ទមក យើង តាមលេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក ឬ 1-866-213-3062។ សំរាប់ជំនួយថែមទៀត ទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រង រដ្ឋកាលីហ្វ័រនីញ៉ា តាមលេខ 1 800-927-4357។ អ្នកប្រើ TTY ហៅលេខ 711។ Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-866-213-3062. للحصول على مزيد من المعلومات اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. لمستخدمي خدمة الهاتف النصي يرجى الاتصال على 711. Arabic

Cov Kev Pab Txhais Lus Tsis Raug Nqi Dab Tsi. Koj muaj tau ib tug neeg txhais lus thiab hais tau kom nyeem cov ntaub ntawv ua koj hom lus rau koj. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj teev muaj nyob rau ntawm koj daim yuaj ID los yog 1-866-213-3062. Yog xav tau kev pab ntxiv hu rau CA Tuam Tsev Tswj Kev Pov Hwm ntawm 1 800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

मुफ्त भाषा सेवाएँ आप एक दुभाषिया प्राप्त कर सकते हैं और आपको दस्तावेज़ आपकी भाषा में पढ़ कर सुनाए जा सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिए नम्बर या 1-866-213-3062 पर हमें फोन करें। अधिक सहायता के लिए कैलिफ़ोर्निया डिपार्टमेंट ऑफ़ इन्शुरन्स को 1-800-927-4357। TTY प्रयोक्ता 711 पर फोन करें। Hindi

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Notes

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