Better health care. Built around you.



KAISER PERMANENTE®

Get the care you deserve at
buykp.org

Health care is better when it all works together

With Kaiser Permanente, you get seamless care and coverage in one plan, so you can focus on your next adventure.

Explore how we support you with:

- **Integrated care teams that connect the dots**
- **Care that works around your schedule**
- **Tools for your mental and physical wellness**
- **Care that makes staying healthy simple**

Care for today. Confidence for tomorrow.

Discover care that moves with you at **kp.org/learnthebasics.**

Seamless care that keeps up with your life

Taking care of your health should be simple. Because your care team shares one connected system, support for your mind and body feels easy. See how Kaiser Permanente's coordinated care helps you confidently take the next step.

Important open enrollment dates for 2027

- The open enrollment period for 2027 coverage runs from **November 1, 2026,** through **January 31, 2027.**
- 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, 2027,** we must receive your application for health coverage and the first month's premium no later than **December 31, 2026.**

Enrolling during a special enrollment period

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

Want to talk? We're here to help.

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



Integrated care teams that connect the dots

Your doctors, hospitals, and health plan all work together. With your team in sync and services often in one place, you get proactive care and holistic support for your mind and body. Managing your health is easy and convenient – and your care is personalized to fit your life.

The difference with Kaiser Permanente is that I was able to do everything so simply. It was so seamless and easy.

–Lauren S., Colorado member

Care that works around your schedule



Virtual care made personal

When you need care in the moment, connect by phone or video with someone who knows your health history.[1]



24/7 control with our award-winning app

Use the Kaiser Permanente app to securely message your care team, manage appointments, refill most prescriptions, view most lab results, and more.[2]



Mail-order pharmacy

Order prescription refills online, and we'll deliver them to you at no extra charge.[3] You can also pick them up in person with same-day service.



Support wherever you travel

You're covered worldwide if you need urgent or emergency care when you're away.

Want coverage that includes vision, chiropractic, and acupuncture care? Check our newest plans, **Kaiser Permanente - Gold 80 HMO 0/30 PCP** and **Kaiser Permanente - Gold 80 HMO 750/35 PCP.** Plans cover:

- One eye exam and a credit for glasses
- Up to 20 copay-only visits a year to participating chiropractors or acupuncturists
- Durable medical equipment (such as oxygen equipment, walkers, and wheelchairs) with coinsurance

Holistic support for your physical and mental health

Tools to reach your health goals

Stay healthy with programs tailored to your lifestyle. Take advantage of perks like wellness coaching, digital fitness resources, and gym memberships.[4]

Resilient mind, balanced life

You don't need a referral to access therapy or other mental health support within Kaiser Permanente for depression, anxiety, stress, or addiction. Feel your best with the help of mindfulness apps and other self-care resources.[5]

Our members are:[6]

4x
more likely to be screened for depression

Nearly 2x
more likely to respond to treatment



World-class care makes getting and staying healthy simple

Most of our plans include preventive screenings, prenatal care, and nutrition counseling – at no extra cost. If you need specialty care, you'll have access to groundbreaking technology, trusted doctors, and proven treatments tailored to your needs.

Guiding you forward

- Your health history stays secure in your electronic health record.
- Your doctor seamlessly handles referrals and appointments.
- You and your care team can view your records anytime.
- Your care team reaches out when it's time for checkups and tests.



Named #1 for value in the nation

Out of 3,500 brands reviewed in Forbes' Best Brands for Value survey, Kaiser Permanente ranked number one – outranking top brands like Costco, Toyota, and Southwest Airlines.

You deserve care that puts your health first



Kaiser Permanente has really taken care of all of me. They've helped me through everything – from a torn ACL to a brain tumor. Now I'm trying to have a baby, and I know they will be here every step of the way.

–Jessica H., Southern California member

Choosing your health plan

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

Copay or coinsurance plans

These plans have simple copays for many services, and fewer costs that require you to meet your deductible first. They generally have higher premiums.

Deductible plans

These plans have lower monthly premiums, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible.

HSA-Eligible plans

Combine affordable coverage with tax-advantaged savings[7]

A health savings account (HSA) is a tax-advantaged savings account that lets you set aside pre-tax money to pay for out-of-pocket health care costs. To fund an HSA, you must be enrolled in an HSA-eligible health plan. Once you've purchased your health plan, you must create and fund a separate HSA with a financial institution in order to take advantage of the tax benefits of an HSA.

Starting in 2026, most bronze and catastrophic plans, along with some silver and gold plans, are HSA-eligible.

Pairing an HSA with a bronze plan may be a good fit if:

- You have room in your budget to regularly set aside extra money for health care, beyond your monthly premiums.
- Saving on federal taxes is important to you.
- You don't receive marketplace financial assistance but want a lower monthly premium.
- You can manage higher costs if you need hospital care or other services subject to the deductible.

How can tax benefits help you?

- **When money goes in:** HSA contributions may reduce your federal taxable income.
- **While your money is in the account:** Interest can grow tax-free.
- **When money comes out:** HSA withdrawals for qualified health care expenses are generally tax-free.

You may get the greatest value from an HSA by contributing regularly as any money you don't spend rolls over from year to year and remains yours, even if your change plans or insurers.

Ready to get started?

Learn more at **healthy.kp.org/pages/hsa-overview**.

Example of your cost 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
Kaiser Permanente - Gold 80 HMO Coinsurance (no deductible)	$40	$85	$19*
Kaiser Permanente - Silver 70 HMO ($4,700 deductible)	$50	$95	$20*
Kaiser Permanente - Bronze 60 HDHP HMO ($7,800 deductible)	No charge after deductible	No charge after deductible	No charge after deductible

You may qualify for federal or state financial assistance

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

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

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit **buykp.org** for details.

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

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

Understanding the plans: Benefit highlights

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

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

Benefit highlights	KP Kaiser Permanente - Silver 70 HMO Off Exchange
Plan type	**Deductible**
Annual medical deductible (individual/family)	$4,700/$9,400
Annual out-of-pocket maximum (individual/family)	$11,650/$23,300
Benefits	
Virtual care	
Email, E-visit, Phone, and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	$50
Specialty care office visit	$100
Most X-rays	$95
Most lab tests	$50
MRI, CT, PET	$325
Outpatient surgery	30%
Mental health visit	$50
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	$400
Urgent care visit	$50
Prescription drugs (up to a 30-day supply)	
Generic (Tier 1)	$20*
Preferred brand (Tier 2)	$65 after $50 pharmacy deductible*
Non-preferred brand (Tier 2)	$65 after $50 pharmacy deductible*
Specialty (Tier 4)	20% after $50 pharmacy deductible, up to $250 per prescription
Whole health	
Healthy services	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit kp.org/WellnessCoaching.

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

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange

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 $4,700 for yourself or $9,400 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 $11,650 for yourself and no more than $23,300 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no charge

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

Covered before you reach the deductible

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

Coinsurance

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

Copay

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

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Covered California

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

Benefit highlights	KP Kaiser Permanente - Bronze 60 HMO 8200/0% PCP	KP E Kaiser Permanente - Bronze 60 HDHP HMO	KP E Kaiser Permanente - Bronze 60 HMO	KP Kaiser Permanente - Silver 70 HDHP HMO 4000/25% PCP
Plan type	**Deductible**	**HSA-qualified**	**HSA-qualified**	**HSA-qualified**
Annual medical deductible (individual/family)	$8,200/$16,400	$7,800/$15,600	$5,800/$11,600	$4,000/$8,000
Annual out-of-pocket maximum (individual/family)	$8,200/$16,400	$7,800/$15,600	$11,650/$23,300	$8,000/$16,000
Benefits				
Virtual care				
Email, E-visit, Phone, and Video visit	Email, E-visit: No charge. Phone and Video visit: No charge after deductible	Email, E-visit: No charge. Phone and Video visit: No charge after deductible	No charge	Email, E-visit: No charge. Phone and Video visit: No charge after deductible.
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	No charge after deductible	No charge after deductible	$60	25% after deductible
Specialty care office visit	No charge after deductible	No charge after deductible	First 3 visits $100‡; additional visits $100 after deductible	25% after deductible
Most X-rays	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Most lab tests	No charge after deductible	No charge after deductible	$50	25% after deductible
MRI, CT, PET	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Mental health visit	No charge after deductible	No charge after deductible	No charge	25% after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Emergency and urgent care				
Emergency Department visit	No charge after deductible	No charge after deductible	40% after deductible	25% after deductible
Urgent care visit	No charge after deductible	No charge after deductible	$60	25% after deductible
Prescription drugs (up to a 30-day supply)				
Generic (Tier 1)	$20*	No charge after deductible	$20*	25% after deductible, up to $250 per prescription
Preferred brand (Tier 2)	No charge after deductible	No charge after deductible	40% after $450 pharmacy deductible up to $500 per prescription	25% after deductible, up to $250 per prescription
Non-preferred brand (Tier 2)	No charge after deductible	No charge after deductible	40% after $450 pharmacy deductible up to $500 per prescription	25% after deductible, up to $250 per prescription
Specialty (Tier 4)	No charge after deductible	No charge after deductible	40% after $450 pharmacy deductible up to $500 per prescription	25% after deductible, up to $250 per prescription
Whole health				
Healthy services	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit kp.org/WellnessCoaching.			

‡The Kaiser Permanente Bronze 60 HMO plan includes 3 specialty care office visits for the benefit copay before you reach your deductible.
*Mail order: up to a 100-day supply of qualified prescriptions for the cost of a 60-day supply.

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Covered California

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

Benefit highlights	KP Kaiser Permanente - Silver 70 HMO Off Exchange	E Kaiser Permanente - Silver 70 HMO	KP Kaiser Permanente - Silver 70 HMO 2850/50 PCP
Plan type	**Deductible**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$4,700/$9,400	$4,700/$9,400	$2,850/$5,700
Annual out-of-pocket maximum (individual/family)	$11,650/$23,300	$11,650/$23,300	$11,500/$23,000
Benefits			
Virtual care			
Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	$50	$50	$50
Specialty care office visit	$100	$100	$85
Most X-rays	$95	$95	$80 after deductible
Most lab tests	$50	$50	$35 after deductible
MRI, CT, PET	$325	$325	$350 after deductible
Outpatient surgery	30%	30%	$400 after deductible
Mental health visit	$50	$50	No charge
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	35% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	35% after deductible
Emergency and urgent care			
Emergency Department visit	$400	$400	$350 after deductible
Urgent care visit	$50	$50	$50
Prescription drugs (up to a 30-day supply)			
Generic (Tier 1)	$20*	$20*	$20*
Preferred brand (Tier 2)	$65 after $50 pharmacy deductible*	$65 after $50 pharmacy deductible*	$85 after $500 pharmacy deductible*
Non-preferred brand (Tier 2)	$65 after $50 pharmacy deductible*	$65 after $50 pharmacy deductible*	$85 after $500 pharmacy deductible*
Specialty (Tier 4)	20% after $50 pharmacy deductible, up to $250 per prescription	20% after $50 pharmacy deductible, up to $250 per prescription	35% after $500 pharmacy deductible, up to $250 per prescription
Whole health			
Healthy services	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit kp.org/WellnessCoaching.		Adult vision benefit includes an annual eye exam with a $175 glasses credit, which can be used every 24 months. Coverage also includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit kp.org/WellnessCoaching.

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

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

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Covered California

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

Benefit highlights	KP Kaiser Permanente - Gold 80 HMO 750/35 PCP	KP Kaiser Permanente - Gold 80 HDHP HMO 2500/15% PCP	KP E Kaiser Permanente - Gold 80 HMO
Plan type	**Deductible**	**Deductible**	**Copayment**
Annual medical deductible (individual/family)	$750/$1,500	$2,500 (Self only)/$3,500 (Individual in family)/$4,500 (Family)‡‡	None/None
Annual out-of-pocket maximum (individual/family)	$10,000/$20,000	$5,000/$10,000	$9,600/$19,200
Benefits			
Virtual care			
Email, E-visit, Phone and Video visit	No charge	Email, E-visit: No charge. Phone and Video visit: No charge after deductible	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	$35	15% after deductible	$40
Specialty care office visit	$75	15% after deductible	$80
Most X-rays	$75	15% after deductible	$85
Most lab tests	$40	15% after deductible	$40
MRI, CT, PET	$100 after deductible	15% after deductible	$125
Outpatient surgery	$400 after deductible	15% after deductible	$225
Mental health visit	$35	15% after deductible	$40
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	25% after deductible	15% after deductible	$375 per day up to 5 days**
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	25% after deductible	15% after deductible	$375 per day up to 5 days**
Emergency and urgent care			
Emergency Department visit	$250 after deductible	15% after deductible	$350
Urgent care visit	$35	15% after deductible	$40
Prescription drugs (up to a 30-day supply)			
Generic (Tier 1)	$20*	15% after deductible, up to $250 per prescription	$19*
Preferred brand (Tier 2)	$55*	15% after deductible, up to $250 per prescription	$60*
Non-preferred brand (Tier 2)	$55*	15% after deductible, up to $250 per prescription	$60*
Specialty (Tier 4)	25% up to $250 per prescription	15% after deductible, up to $250 per prescription	20% up to $250 per prescription
Whole health			
Healthy services	Adult vision includes an annual eye exam, and a $175 credit for glasses – every 24 months; 20 combined visits per year with a $15 copay per visit at participating chiropractors and/or acupuncturists; supplemental durable medical equipment items (such as oxygen equipment, wheelchairs, and walkers) are covered with 20% coinsurance after deductible. Wellness Coaching by Phone with support from a dedicated wellness coach is included at no cost – no referral is required. To learn more, visit kp.org/WellnessCoaching.	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit kp.org/WellnessCoaching.	

*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.

‡‡If you are the only applicant applying for this plan, then you must meet the individual deductible of $2,500. However, when coverage includes two or more family members, each individual is responsible for a deductible of $3,500, unless the cumulative expenses reach the family deductible of $4,500 first.

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Covered California

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

Benefit highlights	KP E Kaiser Permanente - Gold 80 HMO Coinsurance	KP Kaiser Permanente - Gold 80 HMO 0/30 PCP	KP E Kaiser Permanente - Platinum 90 HMO	KP E Kaiser Permanente - Minimum Coverage HMO††
Plan type	**Copayment**	**Copayment**	**Copayment**	**HSA-qualified**
Annual medical deductible (individual/family)	None/None	None/None	None/None	$12,000/$24,000
Annual out-of-pocket maximum (individual/family)	$9,600/$19,200	$8,750/$17,500	$5,500/$11,000	$12,000/$24,000
Benefits				
Virtual care				
Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	Email, E-visit: No charge. Phone and Video visit: No charge after deductible.
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	$30	$20	First 3 office visits no charge.*** Additional visits no charge after deductible
Specialty care office visit	$80	$80	$45	No charge after deductible
Most X-rays	$85	$60	$35	No charge after deductible
Most lab tests	$40	$40	$25	No charge after deductible
MRI, CT, PET	25%	$250	$90	No charge after deductible
Outpatient surgery	30%	$425	$150	No charge after deductible
Mental health visit	$40	$30	$20	No charge
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30%	$600 per day up to 5 days**	$325 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	30%	$600 per day up to 5 days**	$325 per day up to 5 days**	No charge after deductible
Emergency and urgent care				
Emergency Department visit	$350	$325	$225	No charge after deductible
Urgent care visit	$40	$30	$20	First 3 office visits no charge.*** Additional visits no charge after deductible
Prescription drugs (up to a 30-day supply)				
Generic (Tier 1)	$19*	$20*	$10*	No charge after deductible
Preferred brand (Tier 2)	$60*	$55*	$25*	No charge after deductible
Non-preferred brand (Tier 2)	$60*	$55*	$25*	No charge after deductible
Specialty (Tier 4)	20% up to $250 per prescription	20% up to $250 per prescription	10% up to $250 per prescription	No charge after deductible
Whole health				
Healthy services	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit kp.org/WellnessCoaching.	Adult vision includes an annual eye exam, and a $175 credit for glasses – every 24 months; 20 combined visits per year with a $15 copay per visit at participating chiropractors and/or acupuncturists; supplemental durable medical equipment items (such as oxygen equipment, wheelchairs, and walkers) are covered with 20% coinsurance. Wellness Coaching by Phone with support from a dedicated wellness coach is included at no cost – no referral is required. To learn more, visit kp.org/WellnessCoaching.	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit kp.org/WellnessCoaching.	

*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.

***First visits can be any combination of primary or urgent care.

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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.

Benefit highlights	E Kaiser Permanente - Silver 73 HMO	E Kaiser Permanente - Silver 87 HMO	E Kaiser Permanente - Silver 94 HMO
Plan type	**Copayment**	**Copayment**	**Copayment**
Annual medical deductible (individual/family)	$4,700/$9,400	$1,100/$2,200	$200/$400
Annual out-of-pocket maximum (individual/family)	$9,600/$19,200	$4,000/$8,000	$3,000/$6,000
Benefits			
Virtual care			
Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	$50	$15	$5
Specialty care office visit	$100	$30	$8
Most X-rays	$95	$50	$10
Most lab tests	$50	$35	$10
MRI, CT, PET	$325	$100	$50
Outpatient surgery	30%	20%	10%
Mental health visit	$50	$15	$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% 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	30% after deductible	20% after deductible	10% after deductible
Emergency and urgent care			
Emergency Department visit	$400	$200	$50
Urgent care visit	$50	$15	$5
Prescription drugs (up to a 30-day supply)			
Generic (Tier 1)	$20*	$10*	$3*
Preferred brand (Tier 2)	$55 after $50 pharmacy deductible*	$30 after $50 pharmacy deductible*	$10*
Non-preferred brand (Tier 2)	$55 after $50 pharmacy deductible*	$30 after $50 pharmacy deductible*	$10*
Specialty (Tier 4)	20% after $50 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			
Healthy services	Coverage includes Wellness Coaching by Phone for one-on-one guidance with support from a dedicated wellness coach at no cost to Kaiser Permanente members – no referral is required. To learn more, visit kp.org/WellnessCoaching.		

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

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

Find your rate

Apply on **buykp.org** to have your rate calculated automatically.

How is your rate determined?

Your rate is based on:

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

Interested in a family plan?

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

Family members include:

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

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

Optional adult dental insurance plan

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

How the plan works

- **No deductible for preventive services.** The deductible is the amount you pay for covered services each year before Delta Dental starts paying. With this plan, there's no deductible for preventive or diagnostic services like cleanings and X-rays. For other services, there's a $50 annual deductible per person, up to a maximum of $150 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 15,000 Delta Dental PPO dentists in California. If you don't visit a Delta Dental PPO dentist, remember that you also have access to dentists in the Delta Dental Premier network. You'll usually pay more to see a Delta Dental Premier dentist than a Delta Dental PPO dentist but less than if visiting a non–Delta Dental dentist.
- **Coverage for the whole family.** If you enroll, every adult on your health plan must also be enrolled. In other words, you can't choose to enroll some members of your family in the dental plan and not others.
- **Annual maximum.** The plan will pay up to $1,500 toward dental services for each covered member per year.
- **Waiting periods.** Some dental services are subject to a waiting period before the plan will cover the charges. See the Schedule of Coverage 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 Yes 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.

2027 monthly rate

$32.01 per member

DELTA DENTAL®

A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION

KAISER PERMANENTE®

Kaiser Permanente Insurance Company

Have questions?

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

- Visit **www1.deltadentalins.com/kpic** 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.

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 1-800-835-2244).

Dental benefit highlights

If you enroll in the dental plan, you'll get a *Certificate of Insurance*, which includes a Schedule of Coverage that lists your covered services and the coinsurance amount the plan pays for them.* See the chart below for examples of covered services and the applicable coinsurance amounts.

Procedure	What the plan pays
Diagnostic procedures	
Oral exam	100%
X-rays – complete series including bitewings	100%
Preventive procedures	
Cleaning	100%
Restorative procedures	
Fillings† (Note: Fillings are subject to a 6-month waiting period.)	
Amalgam – one surface, primary or permanent	80%
Resin-based composite – one surface, anterior	80%
Crowns† (Note: Crowns are subject to a 6-month waiting period.)	
Resin with high noble metal	50%
Endodontic procedures	
Root canal† (Note: Root canals are subject to a 6-month waiting period.)	
Anterior (excluding final restoration)	80%
Bicuspid (excluding final restoration)	80%
Molar (excluding final restoration)	80%
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)	80%
Surgical removal of erupted tooth requiring removal of bone and/or section of tooth	80%

Plan coinsurance amounts are only a sample and are to be used for illustrative purposes only. Please refer to the Schedule of Coverage in the *Certificate of Insurance* for an accurate and complete list of benefits and coinsurance amounts, as well as limitations and exclusions. To receive a *Certificate of Insurance,* call Delta Dental of California.

*The Schedule of Coverage lists the coinsurance amounts that the plan will pay for covered dental services. The plan pays the applicable coinsurance percentage for covered dental services based on the Maximum Contract Allowance. If you use a Delta PPO or Delta Premier dentist, your out-of-pocket costs may be lower because these dentists have agreed to contracted fees. If you receive services from a nonparticipating dentist, you may be responsible for additional charges above the Maximum Contract Allowance.

†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 Schedule of Coverage in your *Certificate of Insurance* for the specific dental services subject to waiting periods.

Take the next step toward a better care experience

Ready to make life simpler with smarter coverage? Discover how easy it can be to get care designed around you.

Find the plan that fits your needs

Let's explore your health plan options at **buykp.org**.

Talk to an enrollment specialist

We're here to help. Call **1-800-494-5314** (TTY **711**)
Current members with questions can call Member Services 24 hours a day, 7 days a week (closed holidays).

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



1. When appropriate and available. **2.** These features apply to care you get at Kaiser Permanente facilities. **3.** Not all prescriptions can be mailed, and restrictions may apply. Please check with your local pharmacy. **4.** The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Combined Membership Agreement, Evidence of Coverage, and Disclosure Form* or other plan documents. These services may be discontinued at any time without notice. **5.** The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. **6.** Kaiser Permanente 2025 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2025 and is used with the permission of NCQA. Quality Compass 2025 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. **7.** This information is for general educational purposes and is not tax advice. HSA eligibility, health plan benefits, account availability, fees, qualified expenses, contribution limits, and state tax treatment may vary. Catastrophic plans have separate enrollment eligibility requirements.

Nondiscrimination Notice

In this document, “we”, “us”, or “our” means Kaiser Permanente (Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Medical Group). This notice is available on our website at **kp.org**.

Discrimination is against the law. We follow state and federal civil rights laws.

We do not discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services in a timely manner:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call our Member Services department at the numbers below. The call is free. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 hours a day, 7 days a week.
- All others: **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week.

Upon request, this document can be made available to you in braille, large print, audio, or electronic formats. To obtain a copy in one of these alternative formats, or another format, call our Member Services department and ask for the format you need.

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with us if you believe we have failed to provide these services or unlawfully discriminated in another way. You can file a grievance by phone, by mail, in person, or online. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You can call Member Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Call our Member Services department. Phone numbers are listed above.
- **By mail:** Download a form at **kp.org** or call Member Services and ask them to send you a form that you can send back.
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at **kp.org/facilities** for addresses)

- **Online:** Use the online form on our website at **kp.org**

You may also contact the Kaiser Permanente Civil Rights Coordinator directly at the addresses below:

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

How to file a grievance with the California Department of Health Care Services Office for Civil Rights *(For Medi-Cal Beneficiaries Only)*

You can also file a civil rights complaint with the California Department of Health Care Services Office for Civil Rights in writing, by phone or by email:

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)
- **By mail:** Fill out a complaint form or send a letter to:

  Office of Civil Rights
  Department of Health Care Services
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  California Department of Health Care Services Office for Civil Rights Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- **Online:** Send an email to CivilRights@dhcs.ca.gov

How to file a grievance with the U.S. Department of Health and Human Services Office for Civil Rights

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)
- **By mail:** Fill out a complaint form or send a letter to:

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

  U.S. Department of Health and Human Services Office for Civil Rights Complaint forms are available at: https://www.hhs.gov/ocr/office/file/index.html

- **Online:** Visit the **Office for Civil Rights Complaint Portal at: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**

Notice of Language Assistance

English: ATTENTION. Timely language assistance is available at no cost to you. You can ask for interpreter services, including sign language interpreters. You can ask for materials translated into your language or alternative formats, such as braille, audio, or large print. You can also request auxiliary aids and devices at our facilities. Call our Member Services department for help. Member Services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 hours a day, 7 days a week
- All others: **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week

Arabic: تنبيه. المساعدة اللغوية الفورية متوفرة بدون تكلفة عليك. يمكنك طلب خدمات الترجمة، بما في ذلك مترجمي لغة الإشارة. يمكنك طلب وثائق مترجمة بلغتك أو بصيغ بديلة مثل طريقة برايل للمكفوفين أو ملف صوتي أو الطباعة بأحرف كبيرة. يمكنك أيضًا طلب وسائل مساعدة وأجهزة مساعدة في مرافقنا. اتصل بقسم خدمات الأعضاء (Member Services) لدينا للحصول على المساعدة. لا تعمل خدمات الأعضاء في العطلات الرئيسية.

- Medicare، بما في ذلك D-SNP على : **1-800-443-0815** (TTY **711**)، 8 صباحاً إلى 8 مساءً، 7 أيام في الأسبوع
- Medi-Cal: على **1-855-839-7613** (TTY **711**)، 24 ساعة في اليوم، 7 أيام في الأسبوع
- الآخرين جميعاً: **1-800-464-4000** (TTY **711**)، 24 ساعة في اليوم، 7 أيام في الأسبوع

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Ժամանակին տրամադրվող լեզվական աջակցությունը հասանելի է ձեզ անվճար: Դուք կարող եք խնդրել բանավոր թարգմանության ծառայություններ, այդ թվում՝ ժեստերի լեզվի թարգմանիչներ: Դուք կարող եք խնդրել ձեր լեզվով թարգմանված նյութեր կամ այլընտրանքային ձևաչափեր, ինչպիսիք են՝ բրայլը, ձայնագրությունը կամ խոշոր տառատեսակը: Դուք կարող եք նաև դիմել օժանդակ աջակցության և սարքերի համար, որոնք առկա են մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների

սպասարկման բաժին (Member Services): Անդամների սպասարկման բաժինը փակ է հիմնական տոն օրերին:

- Medicare, ներառյալ D-SNP՝ **1-800-443-0815** (TTY **711**), 8 a.m.-ից 8 p.m.-ը, շաբաթը 7 օր
- Medi-Cal՝ **1-855-839-7613** (TTY **711**), օրը 24 ժամ, շաբաթը 7 օր
- Մյուս բոլորը՝ **1-800-464-4000** (TTY **711**), օրը 24 ժամ, շաբաթը 7 օր

Chinese：请注意。我们可及时提供免费语言协助。您可以要求获取口译服务，包括手语翻译员。您可以要求将资料翻译成您所使用的语言或其他格式的版本，如盲文、音频或大字版。您还可以要求使用我们设施中的语言辅助工具和设备。请联系会员服务部 (Member Services) 以获取帮助。重要节假日期间会员服务不开放。

- 联邦医疗保险计划 (Medicare)，包括 D-SNP：**1-800-443-0815** (TTY **711**)，每周 7 天，上午 8 点至晚上 8 点
- 加州医疗保健辅助计划：**1-855-839-7613** (TTY **711**)，每周 7 天，每天 24 小时
- 所有其他保险计划：**1-800-757-7585** (TTY **711**)，每周 7 天，每天 24 小时

Farsi: توجه. امکان بهره‌مندی از مساعدت زبانی بموقع به طور رایگان برای شما وجود دارد. می‌توانید خدمات ترجمه شفاهی را درخواست کنید، از جمله مترجمان زبان اشاره. همچنین می‌توانید مطالب ترجمه‌شده به زبان خودتان یا در قالب‌های جایگزین را درخواست کنید، از جمله خط بریل، فایل صوتی، یا چاپ با حروف درشت. همچنین می‌توانید امکانات و دستگاه‌های کمکی را از مراکز ما درخواست کنید. برای دریافت کمک، با خدمات اعضای (Member Services) ما تماس بگیرید. خدمات اعضاء، در تعطیلات رسمی بسته است.

- Medicare، شامل D-SNP: با شماره **1-800-443-0815** (TTY **711**)، از 8 صبح تا 8 عصر، در 7 روز هفته تماس بگیرید
- Medi-Cal: با شماره **1-855-839-7613** (TTY **711**)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید
- همه موارد دیگر: با شماره **1-800-464-4000** (TTY **711**)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید

Hindi: ध्यान दें। समय पर दी जाने वाली भाषा सहायता आपके लिए बिना किसी शुल्क के उपलब्ध है। आप दुभाषिया सेवाओं के लिए अनुरोध कर सकते हैं, जिसमें साइन लैंगुवेज के दुभाषिये भी शामिल हैं। आप सामग्रियों को अपनी भाषा या वैकल्पिक प्रारूप, जैसे कि ब्रेल, ऑडियो, या बड़े प्रिंट में अनुवाद करवाने के लिए भी कह सकते हैं। आप हमारे सुविधा-केंद्रों पर सहायक साधनों और उपकरणों का भी अनुरोध कर सकते हैं। सहायता के लिए हमारे सदस्य सेवा विभाग (Member Services) को कॉल करें। सदस्य सेवा विभाग मुख्य छुट्टियों वाले दिन बंद रहता है।

- Medicare, जिसमें D-SNP शामिल है: **1-800-443-0815** (TTY **711**), सुबह 8 बजे से रात 8 बजे तक, सप्ताह के 7 दिन
- Medi-Cal: **1-855-839-7613** (TTY **711**), दिन के चौबीस घंटे, सप्ताह के 7 दिन
- बाकी सभी: **1-800-464-4000** (TTY **711**), दिन के चौबीस घंटे, सप्ताह के 7 दिन

Hmong: FAJ SEEB. Muaj kev pab txhais lus pub dawb ncav sij hawm rau koj. Koj muaj peev xwm thov kom pab txhais lus, suav nrog kws txhais lus piav tes. Koj muaj peev xwm thov kom muab cov ntaub ntawv no txhais ua koj yam lus los sis ua lwm hom, xws li hom ntawv rau neeg dig muag xuas, tso ua suab lus, los sis luam tawm kom koj. Koj kuj tuaj yeem thov kom muab tej khoom pab dawb thiab tej khoom siv txhawb tau rau ntawm peb cov chaw kuaj mob. Hu mus thov kev pab rau ntawm peb Lub Chaw Pab Tswv Cuab (Member Services). Lub chaw pab tswv cuab kaw rau cov hnub so uas tseem ceeb.

- Medicare, suav nrog D-SNP: **1-800-443-0815** (TTY **711**), 8 teev sawv ntxov txog 8 teev tsaus ntuj, 7 hnub hauv ib lub vij
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 teev hauv ib hnub, 7 hnub hauv ib lub vij
- Tag nrho lwm yam: **1-800-464-4000** (TTY **711**), 24 teev hauv ib hnub, 7 hnub hauv ib lub vij

Japanese: ご注意。必要に応じた言語サポートを、無料でご利用いただけます。あなたは手話通訳を含む通訳サービスを依頼できます。点字、大型活字、または録音音声など、あなたの言語に翻訳された資料や別のフォーマットの資料を求めることができます。当社の施設では補助器具や機器の要請も承っております。支援が必要な方は、加入者サービス部門にお電話ください。加入者向けサービス (Member Services) は主要な休日では営業しておりません。

- D-SNP を含む Medicare: **1-800-443-0815** (TTY **711**)、午前 8 時から午後 8 時まで、年中無休
- Medi-Cal: **1-855-839-7613** (TTY **711**)、24 時間、年中無休
- その他全て: **1-800-464-4000** (TTY **711**)、24 時間、年中無休

Khmer (Cambodian): យកចិត្តទុកដាក់។
ជំនួយភាសាទាន់ពេលវេលាគឺមានដោយមិនគិតថ្លៃសម្រាប់អ្នក។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ រួមទាំងអ្នកបកប្រែភាសាសញ្ញាផងដែរ។ អ្នកអាចស្នើសុំឯកសារដែលត្រូវបានបកប្រែជាភាសារបស់អ្នក ឬទម្រង់ផ្សេងទៀតដូចជាអក្សរស្ទាប សំឡេង ឬអក្សរធំៗ។ អ្នកក៏អាចស្នើសុំជំនួយបន្ថែម និងឧបករណ៍ជំនួយនៅតាមកន្លែងរបស់យើងផងដែរ។ សូមទូរសព្ទទៅផ្នែកសេវាសមាជិក (Member Services) របស់យើងសម្រាប់ជំនួយ។ សេវាសមាជិកត្រូវបានបិទនៅថ្ងៃឈប់សម្រាកសំខាន់ៗ។

- Medicare រួមទាំង D-SNP: **1-800-443-0815** (TTY **711**) ពីម៉ោង 8 ព្រឹក ដល់ 8 យប់ 7 ថ្ងៃក្នុងមួយសប្តាហ៍
- Medi-Cal: **1-855-839-7613** (TTY **711**) 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍
- ផ្សេងៗទៀត៖ **1-800-464-4000** (TTY **711**) 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍

Korean: 안내 사항. 시기적절한 무료 언어 지원 제공. 수화 통역사를 포함한 통역 서비스를 요청할 수 있습니다. 한국어로 번역된 자료 또는 점자, 오디오 또는 큰 글씨와 같은 대체 형식의 자료를 요청할 수 있습니다. 저희 시설에서 보조 기구와 장치를 요청할 수도 있습니다. 가입자 서비스 (Member Services) 부서에 전화하여 도움을 요청하십시오. 주요 공휴일에는 가입자 서비스를 운영하지 않습니다.

- Medicare(D-SNP 포함), 주 7 일 오전 8 시~오후 8 시에 **1-800-443-0815** (TTY **711**) 번으로 문의
- Medi-Cal: **1-855-839-7613** (TTY **711**), 주 7 일, 하루 24 시간
- 기타: **1-800-464-4000** (TTY **711**), 주 7 일, 하루 24 시간

Laotian: ໂປດຊາບ. ມີການຊ່ວຍເຫຼືອດ້ານພາສາຢ່າງທັນເວລາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍບໍລິການນາຍພາສາ, ລວມທັງນາຍພາສາມື. ທ່ານສາມາດຂໍໃຫ້ແປເອກະສານນີ້ເປັນພາສາຂອງທ່ານ ຫຼື ຮູບແບບອື່ນ, ເຊັ່ນ: ອັກສອນນູນ, ສຽງ, ຫຼື ການພິມຂະໜາດໃຫຍ່. ນອກຈາກນັ້ນ ທ່ານຍັງສາມາດຮ້ອງຂໍເຄື່ອງຊ່ວຍຟັງ ແລະ ອຸປະກອນການຊ່ວຍເຫຼືອໃນສະຖານທີ່ຂອງພວກເຮົາ. ໂທຫາພະແນກບໍລິການສະມາຊິກ (Member Services) ຂອງພວກເຮົາເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ. ພະແນກບໍລິການສະມາຊິກແມ່ນປິດໃນວັນພັກທີ່ສຳຄັນຕ່າງໆ.

- Medicare, ລວມທັງ D-SNP: **1-800-443-0815** (TTY **711**), 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, 7 ມື້ຕໍ່ອາທິດ
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ
- ອື່ນໆ: **1-800-464-4000** (TTY **711**), 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ

Mien: CAU FIM JANGX LONGX OC. Ninh mbuo duqv jiepv sih liepc ziangx tengx faan waac bun meih muangx hingh mv zuqc heuc meih ndorqv nyaanh cingv oc. Meih corc haiv tov taux ninh mbuo tengx lorz faan waac bun meih, caux longc buoz wuv faan waac bun muangx. Meih aengx haih tov taux ninh mbuo dorh nyungc horngh jaa dorngx faan benx meih nyei waac a'fai fiev bieqc da'nyeic diuc daan, fiev benx domh nzangc-pokc bun hluo, bungx waac-qiez bun uangx, a'fai aamx bieqc domh zeiv-linh. Meih corc haih tov longc benx wuotc ginc jaa-dorngx tengx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Mborqv finx lorz taux yie mbuo dinc zangc domh gorn Ziux Goux Baengc Mienh Nyei Dorngx (Member Services) liouh tov heuc ninh mbuo tengx nzie weih. Ziux goux baengc mienh nyei gorn zangc se gec mv zoux gong yiem gingc nyei hnoi-nyieqc oc.

- Medicare, caux D-SNP: **1-800-443-0815** (TTY **711**), yiem 8 dimv lungh ndorm taux 8 dimv lungh muonx, yietc norm leiz baaix zoux gong 7 hnoi
- Medi-Cal: **1-855-839-7613** (TTY **711**), yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi
- Yietc zungv da'nyeic diuc jauv-louc: **1-800-464-4000** (TTY **711**), yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi

Navajo: YÁ'ÁDÍÍŁTĮĮH. T'áá Áko T'áá Ałtso K'ad Díí T'áá Bíní'dée'go Bizaad Bee Na'anish Bééhózin, Doo Béeso Bee Na'al'a' Da. Tł'éé'góó tł'ízí'ígíí éí tséé' naalkáah sidá'ígíí bikáa' dah sidaaígíí, t'á'ii bik'eh dah na'ałkaígíí. T'á'ii éí tł'éé'góó tł'ízí'ígíí bik'eh dah deidiyós, t'á'ii éí bi'éé' bik'eh dah na'ałkaígíí bik'eh dah deidiyós. T'á'ii bik'eh dah na'ałkaígíí bikáa' dah na'ałkaígíí t'áá ałtso bik'eh dah deidiyós. Nihí Diné Bináhásdzą́ Baa Anáál'įį'ígíí Na'anish (Member Services) Bá Haz'ą́ Bii' Bee Áká Shich'į' Hodiilnih. Dinéełchí Na'anish Bá Haz'ą́ Éí 'Ayóó'át'éego Niheezhch'įįhgo Yáá'ah Nits'ááh Daaztsáál.

- Medicare, bikáa’ dah deidiyós D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. góó 8 p.m., 7 jį t’ááłá’í damóo
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 tł’ohch’oolí t’ááłá’í jį, 7 jį t’ááłá’í damóo
- T’áá ał’ąą: **1-800-464-4000** (TTY **711**), 24 tł’ohch’oolí t’ááłá’í jį, 7 jį t’ááłá’í damóo

Punjabi: ਧਿਆਨ ਦਿਓ। ਸਮੇਂ ਸਿਰ ਦਿੱਤੀ ਜਾਣ ਵਾਲੀ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਦੇ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਦੁਭਾਸ਼ਿਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਿੱਤੇ ਜਾਣ ਲਈ ਕਹਿ ਸਕਦੇ ਹੋ, ਜਿਸ ਵਿੱਚ ਸਾਈਨ ਲੈਂਗੁਵੇਜ਼ ਦੇ ਦੁਭਾਸ਼ਿਏ ਵੀ ਸ਼ਾਮਲ ਹਨ। ਤੁਸੀਂ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ, ਜਾਂ ਕਿਸੇ ਵੈਕਲਪਿਕ ਫਾਰਮੈਟ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ, ਆਡੀਓ, ਜਾਂ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਅਨੁਵਾਦਿਤ ਕਰਨ ਲਈ ਵੀ ਕਹਿ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸਹੂਲਤਾਂ 'ਤੇ ਸਹਾਇਕ ਏਡਜ਼ ਅਤੇ ਉਪਕਰਨਾਂ ਲਈ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ ਸਾਡੇ ਮੈਂਬਰਾਂ ਸੇਵਾਵਾਂ (Member Services) ਦੇ ਵਿਭਾਗ ਨੂੰ ਕਾੱਲ ਕਰੋ। ਮੈਂਬਰਾਂ ਸੇਵਾਵਾਂ ਦਾ ਵਿਭਾਗ ਮੁੱਖ ਛੁਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ।

- Medicare, ਜਿਸ ਵਿੱਚ D-SNP ਵੀ ਸ਼ਾਮਲ ਹੈ: **1-800-443-0815** (TTY **711**), ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- Medi-Cal: **1-855-839-7613** (TTY **711**), ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- ਬਾਕੀ ਸਾਰੇ: **1-800-464-4000** (TTY **711**), ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ

Russian: ВНИМАНИЕ! Для Вас доступны бесплатные и своевременные услуги перевода. Вы можете запросить услуги устного перевода, в том числе услуги переводчика языка жестов. Вы также можете запросить материалы, переведенные на ваш язык или в альтернативных форматах, например шрифтом Брайля, крупным шрифтом или в аудиоформате. Вы также можете запросить дополнительные приспособления и вспомогательные устройства в наших учреждениях. Если Вам нужна помощь, позвоните в отдел обслуживания участников. Отдел обслуживания участников (Member Services) не работает в дни государственных праздников.

- Medicare, включая D-SNP: **1-800-443-0815** (TTY **711**), без выходных с 8:00 до 20:00.
- Medi-Cal: **1-855-839-7613** (TTY **711**), круглосуточно без выходных.
- Любые другие поставщики услуг: **1-800-464-4000** (TTY **711**), круглосуточно без выходных.

Spanish: ATENCIÓN. Se ofrece ayuda oportuna en otros idiomas sin ningún costo para usted. Puede solicitar servicios de interpretación, incluyendo intérpretes de lengua de señas. Puede solicitar materiales traducidos a su idioma o en formatos alternativos, como braille, audio o letra grande. También puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención. Llame al Departamento de Servicio a los Miembros (Member Services) para pedir ayuda. Servicio a los Miembros está cerrado los días festivos principales.

- Medicare, incluyendo D-SNP: **1-800-443-0815** (TTY **711**), de 8 a. m. a 8 p. m., los 7 días de la semana.
- Medi-Cal: **1-855-839-7613** (TTY **711**), las 24 horas del día, los 7 días de la semana.
- Todos los otros: **1-800-788-0616** (TTY **711**) las 24 horas del día, los 7 días de la semana.

Tagalog: PAUNAWA. May magagamit na mabilis na tulong sa wika nang wala kang babayaran. Maaari kang humiling ng mga serbisyo ng interpreter, kasama ang mga interpreter sa sign language. Maaari kang humiling ng mga babasahin na nakasalin-wika sa iyong wika o sa mga alternatibong format, na tulad ng braille, audio, o malalaking titik. Puwede ka ring humiling ng mga karagdagang tulong at device sa aming mga pasilidad. Tawagan ang aming departamento ng Mga Serbisyo sa Miyembro (Member Services) para sa tulong. Ang mga serbisyo sa miyembro ay sarado sa mga pangunahing holiday.

- Medicare, kasama ang D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. hanggang 8 p.m., 7 araw sa isang linggo
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 oras sa isang araw, 7 araw sa isang linggo
- Ang lahat ng iba: **1-800-464-4000** (TTY **711**), 24 oras sa isang araw, 7 araw sa isang lingo

Thai: ส่งถึง มีบริการให้ความช่วยเหลือด้านภาษาแก่ท่านแบบทันทีโดยไม่มีค่าใช้จ่าย ท่านสามารถขอรับบริการล่าม รวมถึงล่ามภาษามือได้ ท่านสามารถขอให้แปลเอกสารเป็นภาษาของท่าน หรือในรูปแบบอื่นๆ เช่นอักษรเบรลล์ ไฟล์เสียง หรือตัวอักษรขนาดใหญ่ ท่านสามารถขอรับอุปกรณ์ ช่วยเหลือและอุปกรณ์เสริมได้ ณ สถานที่ให้บริการของเรา โทรติดต่อฝ่ายบริการสมาชิก (Member Services) ของเราเพื่อขอความช่วยเหลือได้ ฝ่ายบริการสมาชิกจะปิดทำการในวันหยุดราชการต่างๆ

- Medicare รวมถึง D-SNP: **1-800-443-0815** (TTY **711**) 8.00 น. ถึง 20.00 น. หรือ 7 วันต่อสัปดาห์
- Medi-Cal: **1-855-839-7613** (TTY **711**) ตลอด 24 ชั่วโมง หรือ 7 วันต่อสัปดาห์
- อื่นๆ ทั้งหมด: **1-800-464-4000** (TTY **711**) ตลอด 24 ชั่วโมง หรือ 7 วันต่อสัปดาห์

Ukrainian: УВАГА! Своєчасні послуги перекладача надаються безкоштовно. Ви можете залишити запит на послуги усного перекладу, зокрема мовою жестів. Ви можете зробити запит на отримання матеріалів, перекладених вашою мовою, або в альтернативних форматах, як-от надрукованим шрифтом Брайля чи великим шрифтом, а також у звуковому форматі. Крім того, ви можете зробити запит на отримання допоміжних засобів і пристроїв у закладах нашої мережі компаній. Якщо вам потрібна допомога, зателефонуйте у відділ обслуговування клієнтів (Member Services). Відділ обслуговування клієнтів зачинений у державні свята.

- Medicare, зокрема D-SNP: **1-800-443-0815** (TTY **711**), з 8:00 до 20:00, без вихідних.
- Medi-Cal: **1-855-839-7613** (TTY **711**), цілодобово, без вихідних.
- Усі інші надавачі послуг: **1-800-464-4000** (TTY **711**), цілодобово, без вихідних.

Vietnamese: LƯU Ý. Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ kịp thời, miễn phí cho quý vị. Quý vị có thể yêu cầu dịch vụ thông dịch, bao gồm cả thông dịch viên ngôn ngữ ký hiệu. Quý vị có thể yêu cầu tài liệu được dịch sang ngôn ngữ của quý vị hay định dạng thay thế, chẳng hạn như chữ nổi braille, băng đĩa thu âm hay bản in khổ chữ lớn. Quý vị cũng có thể yêu cầu các phương tiện và thiết bị phụ trợ tại các cơ sở của

chúng tôi. Gọi cho ban Dịch Vụ Hội Viên (Member Services) của chúng tôi để được trợ giúp. Ban Dịch Vụ Hội Viên không làm việc vào những ngày lễ lớn.

- Medicare, bao gồm cả D-SNP: **1-800-443-0815** (TTY **711**), 8 giờ sáng đến 8 giờ tối, 7 ngày trong tuần
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 giờ trong ngày, 7 ngày trong tuần
- Mọi chương trình khác: **1-800-464-4000** (TTY **711**), 24 giờ trong ngày, 7 ngày trong tuần

Nondiscrimination Notice

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

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

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

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

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

By Phone:
California Department of Insurance
1-800-927-HELP
(1-800-927-4357)
TDD: 1-800-482-4TDD
(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
Phone:1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at:

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

Notice of Language Assistance

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

Servicios de idioma sin costo. Puede obtener servicios de un intérprete y que le lea documentos en su idioma. También puede solicitar que se traduzcan materiales a su idioma o que se le envíen en formatos alternativos. Si necesita ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-788-0710. Para obtener más información, llame al Departamento de Seguros de California al 1-800-927-4357. Los usuarios de TTY deben llamar al 711. Spanish

免費語言服務。您可使用口譯員並請人使用您的語言將文件唸給您聽。您也可以要求將資料翻譯成您的語言或以替代格式寄給您。如需幫助，請致電您會員證上所列的電話號碼或致電1-800-788-0710與我們聯絡。如需進一步幫助， 請致電1-800-927-4357與加州保險部聯絡。 TTY使用者請致電711。Chinese

Bizaad bee áko t’áá íiyisí bá oolzinígíí. Díí bizaad bee naaltsoos nihá ályaaígíí t’áá íiyisí yíníłta’go bee hane’ doo naaltsoos nihá níłtsą. Díí naaltsoos nihá bą́ąh yáhoot’éél doo tł’oh yáti’ígíí éí nihá bą́ąh yáhoot’éélígíí t’áá íiyisí bee ná’álkidgo nihá dah naashá. Ákót’éego baa ahéeh ná’ídílwo’, doo bik’ehgo naaltsoos bee naaznilígíí bikáá’ dah naashá ID béésh bee hane’gi t’áá ájít’éego bee hodíílnih doo 1-800-788-0710 áłtsé. Díkwíí hóló holne’go, California Béeso Bee Hane’ Áłchíní Bá Hooghan bee 1-800-927-4357 bibeeso biká anilyeed. TTY yáhoot’éél nihá shikaad 711. Navajo

Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể được bố trí thông dịch viên và người đọc thông tin giấy tờ, tài liệu bằng ngôn ngữ quý vị dùng cho quý vị nghe. Quý vị cũng có thể yêu cầu dịch tài liệu sang ngôn ngữ của quý vị hoặc gửi đến quý vị các định dạng thay thế. Để được giúp đỡ, hãy gọi chúng tôi theo số điện thoại ghi trên thẻ Nhận Dạng (thẻ ID) của quý vị hoặc số 1-800-788-0710. Để được giúp đỡ thêm, vui lòng gọi Sở Bảo Hiểm CA theo số 1-800-927-4357. Người dùng TTY gọi số 711. Vietnamese

무료 언어 서비스. 통역사를 통해 사용하시는 언어로 서류를 읽어드립니다. 또한 사용하시는 언어로 자료를 번역해달라고 요청하거나 대체 형식으로 보내달라고 요청하셔도 됩니다. 도움이 필요한 경우, 회원 신분증에 적힌 번호나 1-800-788-0710번으로 문의하십시오. 추가로 도움이 필요한 경우, 캘리포니아주 보험국 전화번호 1-800-927-4357번으로 문의하시기를 바랍니다. TTY 사용자는 711번으로 전화하십시오. Korean

Walang Gastos na Mga Serbisyo sa Wika. Maaari kayong kumuha ng interpreter at ipabasa ang mga dokumento sa inyong wika. Maaari rin kayong humiling na ang mga materyal ay isalin sa inyong wika o ipadala sa inyo sa mga alternatibong format. Para sa tulong, tawagan kami sa numero na nakalista sa inyong card ng pagkakakilanlan o sa 1-800-788-0710. Para sa higit pang tulong tumawag sa Departamento ng Insurance ng California sa 1-800-927-4357. Ang mga gumagamit ng TTY ay dapat tumawag sa 711. Tagalog

Անվճար լեզվական ծառայություններ: Դուք կարող եք բանավոր թարգմանիչ ստանալ, և փաստաթղթերը կարող են ընթերցել ձեզ համար ձեր լեզվով: Կարող եք նաև խնդրել, որ նյութերը թարգմանվեն ձեր լեզվով կամ ուղարկվեն ձեզ այլընտրանքային ձևաչափերով: Օգնության համար զանգահարեք մեզ ձեր նույնականացման քարտի վրա նշված համարով կամ 1-800-788-0710 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆորնիայի Ապահովագրության վարչություն 1-800-927-4357 հեռախոսահամարով: TTY-ից օգտվողները պետք է զանգահարեն 711: Armenian

Бесплатные услуги переводчика. Вы можете воспользоваться услугами переводчика, и документы будут прочтены для вас на вашем языке. Вы также можете подать запрос о переводе материалов на ваш язык или в альтернативные форматы. Если вам требуется помощь, звоните нам по телефону, указанному на вашей идентификационной карте, или по телефону 1-800-788-0710. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния по телефону 1-800-927-4357. Пользователям линии TTY следует звонить по телефону 711. Russian

無料の言語サービス。 通訳を手配し、書類をあなたの言語で読み上げてもらうことができます。また、ご希望があれば資料をあなたの言語に翻訳したり、別の形式でお届けすることも可能です。サポートが必要な場合は、身分証明カードに記載されている電話番号、または1-800-788-0710にお電話ください。さらにサポートが必要な場合は、カリフォルニア州保険局まで1-800-927-4357にご連絡ください。TTYユーザーの方は、711までお電話にてご連絡ください。Japanese

خدمات زبانی رایگان. می‌توانید یک مترجم شفاهی داشته باشید و ترتیبی بدهید تا اسناد به زبان خودتان برای شما خوانده شود. همچنین می‌توانید درخواست کنید که مطالب به زبان شما ترجمه شود یا در قالب‌های جایگزین برای شما ارسال گردد. برای دریافت کمک و راهنمایی، با شماره مندرج در کارت شناسایی یا 1-800-788-0710 با ما تماس بگیرید. برای دریافت راهنمایی بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY می‌توانند با شماره 711 تماس بگیرند. Persian

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀ ਸਹਾਇਤਾ ਨਾਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹਵਾ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਮੱਗਰੀ ਦੇ ਅਨੁਵਾਦ ਜਾਂ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟਾਂ ਦੀ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਸਹਾਇਤਾ ਲਈ, ਸਾਨੂੰ ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਗਏ ਨੰਬਰ ਜਾਂ 1-800-788-0710 'ਤੇ ਕਾਲ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 'ਤੇ ਫ਼ੋਨ ਕਰੋ। ਪੰਜਾਬੀ Punjabi

សេវាភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែនិងទទួលបានឯកសារអានជូនអ្នក ក្នុងភាសារបស់អ្នក។ អ្នកក៏អាចស្នើសុំឯកសារដើម្បីបកប្រែក្នុងភាសារបស់អ្នក ឬទម្រង់ផ្សេងទៀត ត្រូវបានផ្តើទៅអ្នក។ សម្រាប់ជំនួយ សូមទូរសព្ទមកលេខដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក ឬទៅលេខ 1-800-788-0710។ សម្រាប់ជំនួយបន្ថែម សូមទូរសព្ទទៅនាយកដ្ឋានជានាវ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ាលេខ 1-800-927-4357។ អ្នកប្រើប្រាស់ TTY សូមហៅទៅលេខ 711។ Khmer

خدمات لغوية بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك بلغتك. يحق لك أيضاً طلب إرسال وثائق مترجمة بلغتك أو صيغ بديلة.للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة الهوية الخاصة بك أو 1-800-788-0710. لمزيد من المساعدة اتصل بقسم التأمين في كاليفورنيا على الرقم 1-800-927-4357. على مستخدمي TTY الاتصال على الرقم 711. العربية Arabic

Kev Pab Txhais Lus Dawb. Koj tuaj yeem txais ib tug kws txhais lus thiab txais kev nyeem cov ntaub ntawv ua koj hom lus. Koj tuaj kheev thov kom muab cov ntaub ntawv txhais mus ua koj hom lus los sis xa ua lwm hom ntawv tuaj rau koj huv si. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj uas sau nyob rau ntawm koj daim npav cim thawj los sis 1-800-788-0710. Rau kev pab ntxiv, hu rau CA Chaw Ua Hauj Lwm Tswj Kev Tuav Pov Hwm ntawm 1-800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

बिना किसी लागत के भाषा सेवाएँ। आप एक दुभाषिया प्राप्त कर सकते हैं और दस्तावेज़ आपको आपकी भाषा में पढ़ कर सुनाए जा सकते हैं। आप सामग्रियों को अपनी भाषा या आपको भेजे जाने वाले वैकल्पिक प्रारूप में अनुवाद करवाने के लिए भी अनुरोध कर सकते हैं। सहायता के लिए, अपने आईडी कार्ड पर दिये नम्बर या 1-800-788-0710 पर हमें कॉल करें। अधिक सहायता के लिए कैलिफोर्निया डिपार्टमेंट ऑफ इंशोरेंस को 1-800-927-4357 पर कॉल करें। TTY प्रयोक्ता 711 पर कॉल करें। हिंदी: Hindi

บริการด้านภาษาที่ไม่คิดค่าบริการ คุณสามารถขอใช้บริการล่ามและบริการอ่านเอกสารให้ฟังเป็นภาษาของคุณได้ คุณอาจขอเอกสารที่แปลเป็นภาษาของคุณหรือในรูปแบบอื่นที่ส่งถึงคุณได้ หากต้องการความช่วยเหลือ โปรดติดต่อหมายเลขโทรศัพท์ที่ปรากฏบนบัตรประจำตัวของคุณหรือติดต่อหมายเลข 1-800-788-0710 หากต้องการความช่วยเหลือเพิ่มเติม โปรดติดต่อกรมการประกันภัยของรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 ผู้ใช้เครื่อง TTY โปรดติดต่อหมายเลข 711 Thai

Notes

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Notes



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

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