

Kaiser Permanente 2017 Sample Fee List*

NORTHERN CALIFORNIA

What's the Sample Fee List?

The Sample Fee List is one of many resources we offer to help you better understand and manage your health care costs. It shows the estimated amount Kaiser Permanente members would be charged for certain professional services.[†] It doesn't include costs for hospital services, facility fees, or other kinds of services.

When reviewing the list, keep in mind that the amount you're actually charged may be different depending on the care you get, the type of facility you visit, your plan details, and whether you've reached your deductible. Some services may also require additional services that have extra costs – like an earwax cleaning ordered by your doctor during a hearing evaluation.

How can I use the list?

The Sample Fee List can help you:

- Choose the right Kaiser Permanente deductible HMO plan during open enrollment
- Estimate what you'll pay for services before you reach your deductible
- Identify services that may be preventive care services, which are covered at no cost or at a copay (for a full list, visit kp.org/prevention)
- Estimate how much to contribute to any flexible spending account (FSA) or health savings account (HSA) connected to your plan, based on the services you expect to receive

What happens after I reach my deductible?

As a deductible HMO member, you'll pay the full charges for covered services until you reach a set amount known as your deductible. Then you'll start paying less – a copay or a percentage of the charges (a coinsurance) for the rest of the year. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

This means that for many services you'll pay less than the estimated fees shown on the Sample Fee List after you reach your deductible. Here are some examples:

Service	Estimated fees	What you pay before reaching deductible	What you pay after reaching deductible
X-ray of knee	\$96	Full charges – \$96	Copay or coinsurance – for example, \$10 or 20% of estimated fee
Ultrasound of pelvis	\$344	Full charges – \$344	Copay or coinsurance – for example, \$20 or 30% of estimated fee
Skin biopsy	\$250	Full charges – \$250	Copay or coinsurance – for example, \$25 or 40% of estimated fee

Are you a member registered on kp.org? You can get personalized cost estimates for more than 400 medical services online. Visit kp.org/costestimates today.

Have questions?

If you want more information or have questions about a service that's not listed, please call the number on your Kaiser Permanente ID card.

*The estimated fees in this Sample Fee List are valid as of January 1, 2017, and may change without notice. This list only applies to members who get medical services from Kaiser Permanente facilities.

[†] Professional services are usually received at a medical office, including doctor's office visits, lab tests, and X-rays. They may also include physician-related services provided in a hospital.

If your health benefits are self-insured by your employer, union, or Plan sponsor, Kaiser Permanente Insurance Company provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.

SERVICE	ESTIMATED FEES
Office Visits	
New patient visit, level 1 (low severity)*	\$70
New patient visit, level 2*	\$115
New patient visit, level 3*	\$165
New patient visit, level 4*	\$250
New patient visit, level 5 (high severity)*	\$315
Established patient visit, level 1 (low severity)*	\$30
Established patient visit, level 2*	\$70
Established patient visit, level 3*	\$115
Established patient visit, level 4*	\$165
Established patient visit, level 5 (high severity)*	\$225
Well-baby office visit, new patient (under 1 year)*	\$175
Well-child office visit, new patient (1–4 years)*	\$185
Well-child office visit, new patient (5–11 years)*	\$190
Well-child office visit, new patient (12–17 years)*	\$215
Well-adult office visit, new patient (18–39 years)*	\$205
Well-adult office visit, new patient (40–64 years)*	\$240
Well-adult office visit, new patient (65 and older)*	\$260
Well-baby office visit, established patient (under 1 year)*	\$155
Well-child office visit, established patient (1–4 years)*	\$170
Well-child office visit, established patient (5–11 years)*	\$165
Well-child office visit, established patient (12–17 years)*	\$185
Well-adult office visit, established patient (18–39 years)*	\$185
Well-adult office visit, established patient (40–64 years)*	\$200
Well-adult office visit, established patient (65 and older)*	\$215
Emergency Visits	
Emergency care by a physician, level 1 (low severity)	\$135
Emergency care by a physician, level 2	\$200
Emergency care by a physician, level 3	\$300
Emergency care by a physician, level 4 (high severity)	\$450

*Depending on your plan, these services may be preventive and covered at no cost or at a copay. For more information, see your *Evidence of Coverage* or *Summary Plan Description*.

These estimated fees are valid starting January 1, 2017, and may change without notice.

The fees shown are for professional services only and do not include fees for facility or other services.

SERVICE	ESTIMATED FEES
Psychotherapy Visits	
Group psychological therapy	\$50
Therapy	\$166
Eye Examinations	
Eye exam, routine visit, new patient*	\$141
Eye exam and treatment, new patient	\$256
Eye exam, routine visit, established patient*	\$148
Eye exam and treatment, established patient	\$214
Vision screening test*	\$7
Hearing Services	
Comprehensive audiometry evaluation	\$77
Ear cleaning	\$116
Eardrum test	\$30
Hearing screening test (pure tone, air only)*	\$27
Physical Therapy Services	
Electric stimulation therapy, treatment only	\$34
Physical therapy evaluation*	\$155
Physical therapy exercises, treatment only*	\$65
Physical therapy, hot and cold application, treatment only*	\$13
Physical therapy, ultrasound, treatment only	\$26
Vaccines and Other Injections	
Allergy shot	\$20
Chickenpox vaccine*	\$168
Diphtheria, tetanus booster vaccine*	\$47
Diphtheria, tetanus, pertussis vaccine*	\$57
Flu shot, children (3 years and older)*	\$35
Flu shot, infants*	\$11
Flu shot, adults (18 to 64)*	\$43
Hepatitis B vaccine*	\$113
Measles, mumps, and rubella vaccine*	\$115
Polio vaccine*	\$65

(continues)

*Depending on your plan, these services may be preventive and covered at no cost or at a copay. For more information, see your *Evidence of Coverage* or *Summary Plan Description*.

These estimated fees are valid starting January 1, 2017, and may change without notice.

The fees shown are for professional services only and do not include fees for facility or other services.

2017 Kaiser Permanente Estimated Fees Northern California

SERVICE	ESTIMATED FEES
Vaccines and Other Injections <i>(continued)</i>	
Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*	\$55
Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)*	\$42
Tests and Procedures	
Breathing capacity test	\$79
Breathing treatment	\$41
Colonoscopy and removal of abnormal tissue using cautery*	\$1,248
Colonoscopy and removal of abnormal tissue using snare technique*	\$1,182
Colonoscopy and removal of colon tissue for examination*	\$1,143
Diagnostic colonoscopy	\$915
Diagnostic proctosigmoidoscopy	\$303
Diagnostic sigmoidoscopy	\$416
Draining fluid from around swollen joint	\$140
Electrocardiogram (EKG)	\$36
Fetal monitoring*	\$112
Removal of abnormal areas of skin	\$14
Sigmoidoscopy and removal of tissue for examination*	\$641
Skin biopsy	\$250
Stress test	\$163
Surgically destroying an abnormal area of skin	\$160
Ultrasound test of heart	\$284
X-rays, CT Scans, and Other Imaging Studies	
CT scan of chest, including dye*	\$855
CT scan of pelvis, including dye	\$844
CT scan of pelvis, without dye	\$538
CT scan of sinus and nasal passages	\$711
CT scan of stomach area, with dye	\$860
CT scan of stomach area, without dye	\$549
Mammogram	\$514
Mammogram (one side)	\$403
Mammogram (screening)*	\$420
Pregnancy ultrasound	\$443

(continues)

*Depending on your plan, these services may be preventive and covered at no cost or at a copay. For more information, see your *Evidence of Coverage* or *Summary Plan Description*.

These estimated fees are valid starting January 1, 2017, and may change without notice.

The fees shown are for professional services only and do not include fees for facility or other services.

SERVICE	ESTIMATED FEES
X-rays, CT Scans, and Other Imaging Studies <i>(continued)</i>	
Review of CT scan of the head or brain	\$430
Ultrasound of pelvis	\$344
Ultrasound of stomach area	\$384
Vaginal ultrasound	\$384
X-ray for osteoporosis	\$130
X-ray of abdomen (complete)	\$137
X-ray of ankle	\$93
X-ray of ankle (complete)	\$96
X-ray of both knees	\$112
X-ray of chest	\$86
X-ray of chest (one view interpretation)	\$70
X-ray of finger	\$98
X-ray of foot	\$80
X-ray of foot (complete)	\$89
X-ray of hand	\$80
X-ray of hand (complete)	\$95
X-ray of knee	\$96
X-ray of knee (complete)	\$122
X-ray of lower back bones	\$108
X-ray of neck	\$139
X-ray of neck bones	\$103
X-ray of shoulder	\$90
X-ray of stomach area (one view)	\$71
X-ray of wrist (complete)	\$110
X-ray of wrist (two views)	\$89
Laboratory Tests	
Albumin test	\$14
Alkaline phosphatase test	\$14
Allergy test	\$14
ALT test	\$14
Amylase test	\$18
AST test	\$14
Bilirubin test (total)	\$14
Blood antibody test	\$12

(continues)

These estimated fees are valid starting January 1, 2017, and may change without notice.

The fees shown are for professional services only and do not include fees for facility or other services.

SERVICE	ESTIMATED FEES
Laboratory Tests <i>(continued)</i>	
Blood clotting test	\$11
Blood sugar test, diagnostic	\$11
Blood sugar test, monitoring*	\$27
Calcium test (total)	\$14
Cholesterol level test*	\$12
Complete blood count	\$21
Creatinine test	\$14
Hepatitis B surface antigen test*	\$28
Hepatitis C test*	\$39
Kidney function test	\$11
Laboratory chemistry test for creatine kinase	\$18
Lipid panel test*	\$37
Magnesium test	\$18
Pap test, cervical cancer screening*	\$29
Phosphorus test	\$13
Potassium test	\$13
Pregnancy test	\$21
Prostate test*	\$50
Sodium test	\$13
Strep-A-Swab test	\$55
Test for blood in stool*	\$9
Thyroid stimulating hormone test	\$46
Urine bacteria colony count*	\$22
Urine test (complete)	\$9
Urine test (dipstick only)	\$6
Urine test (microanalysis only)	\$8

*Depending on your plan, these services may be preventive and covered at no cost or at a copay. For more information, see your *Evidence of Coverage* or *Summary Plan Description*.

These estimated fees are valid starting January 1, 2017, and may change without notice.

The fees shown are for professional services only and do not include fees for facility or other services.

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

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

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

You may submit a grievance in the following ways:

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

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

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

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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