KAISER PERMANENTE®

Healthy together

Care and coverage that fits your life

Kaiser Permanente for
Individuals and Families

buykp.org

2018 Enrollment | California

Welcome to care that fits your life

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.

Convenient cost estimates

Get an idea of what you'll pay before you come in for care. For a personalized estimate based on your plan details, visit **kp.org/costestimates**.

More care options

How you get care is up to you. Choose a phone or video appointment, email your doctor's office with routine questions, or come see us in person.*

Right care, right time

Get the care you need when you need it with routine, specialty, urgent, and emergency care. If you're ever unsure where to go, call us for 24/7 care advice by phone.

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.

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

★★★★★

5 out of 5 stars from Covered California

For the fourth straight year, Covered California awarded us with the highest possible rating – in 2016, our plans received 5 out of 5 stars. The scores measure quality based on member satisfaction with access, customer service, and medical care – and we received the top rating in every market we serve.*

The right choice for your health

Welcome to your Kaiser Permanente for Individuals and Families enrollment guide. This guide will help you select the right health plan for your needs.

Simple steps to apply

Use this guide to help you find a plan that works for you. Then, apply online or fill out a paper application.

Visit **buykp.org/apply** to compare plans, see if you qualify for federal financial assistance, calculate your rate, or apply online.

Important deadline for open enrollment

The open enrollment period for 2018 coverage runs from **November 1, 2017, through January 31, 2018.** 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, 2018, we must receive your Application for Health Coverage and first month's premium **no later than December 15, 2017.**

Enrolling during a special enrollment period

Are you getting married, having a baby, or losing your health coverage? You may also enroll or change your coverage throughout the year if you have a triggering event (or qualifying life event).

See the Enrolling During a Special Enrollment Period guide for a list of triggering events and instructions. Visit **kp.org/specialenrollment** or call **1-800-494-5314** (TTY **711**) to request a copy.

*Health Insurance Company Quality Rating System, Covered California, October 2016. These scores are based on California data collected by the nationally recognized Consumer Assessment of Healthcare Providers and Systems (CAHPS).

Your care, your way

Get care where, when, and how you want it. With more options to choose from, it's easier to stay on top of your health.

Choose how you connect to care

Online	Stay on top of your care at **kp.org**. Once you're registered, you can view your medical record, refill most prescriptions, schedule routine appointments, and more. Email your doctor's office anytime with nonurgent questions. You'll usually get a response within 2 business days.
Phone	You may be able to save a trip to the doctor's office by having a phone appointment instead. We also offer care guidance and advice by phone 24/7.
In person	Most of our locations have many services under one roof, so you can see your doctor, get lab services or X-rays, and pick up a prescription – all in the same trip.
Online wellness tools	Visit **kp.org/healthyliving** for wellness information, health calculators, fitness videos, podcasts, and recipes from world-class chefs.
Optical discounts	Your vision is one of your most important senses. Your Kaiser Permanente eye care professionals are dedicated to helping you keep your eyes healthy and your vision sharp. Visit **kp2020.org** to learn more.

Some features are availble only when you get care at Kaiser Permanente facilities.

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

Choose your health plan

Understanding health plans

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

Copay and coinsurance plans

Platinum, Gold

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

Deductible plans

Silver, Bronze, Minimum Coverage

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

HDHP plans (HSA-qualified deductible plans)

Silver, Bronze

High deductible health plans (HDHPs) are deductible plans with a special feature. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account.

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses, adult dental care, or chiropractic services.* And if you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

*For a complete list of services you can use your HSA to pay for, see Publication 502, *Medical and Dental Expenses,* at irs.gov.

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

Choosing a plan based on your care needs

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

Monthly rate versus out-of-pocket costs

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

An example of costs when you get care

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

Plan name	Office visit	X-ray	Generic drug
KP Gold 80 HMO Coinsurance (No deductible)	$25	$55	$15
KP Silver 70 HMO 2000/45 ($2,000 deductible)	$45	$70	$20
KP Bronze 60 HDHP HSA ($4,800 deductible)	40%*	40%*	40%*

*If you've met your deductible

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

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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 KP Silver 70 HMO Off Exchange
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	$2,500/$5,000
Annual out-of-pocket maximum (individual/family)	$7,000/$14,000
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	$35
Specialty care office visit	$75
Most X-rays	$75
Most lab tests	$35
MRI, CT, PET	$300
Outpatient surgery	20%
Mental health visit	$35
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	20% after deductible
Emergency and urgent care	
Emergency Department visit	$350
Urgent care visit	$35
Prescription drugs (up to a 30-day supply)	
Generic	$15 after $130 pharmacy deductible
Preferred brand	$55 after $130 pharmacy deductible
Non-preferred brand	$55 after $130 pharmacy deductible
Specialty	20% after $130 pharmacy deductible, up to $250 per prescription
Whole health	
Healthy services	Optical promotions **kp2020.org**

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Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach $2,500 for yourself or $5,000 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum

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 $7,000 for yourself and no more than $14,000 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 $35 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

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 $35 copay for urgent care visits, whether or not you have met your deductible.

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	KP M Kaiser Permanente - Bronze 60 HDHP HMO	KP M Kaiser Permanente - Bronze 60 HMO	KP Kaiser Permanente - Bronze 60 HDHP HMO 5500/40%
Plan type	**HSA-qualified**	**Deductible**	**HSA-qualified**
Features			
Annual medical deductible (individual/family)	$4,800/$9,600	$6,300/$12,600	$5,500/$11,000
Annual out-of-pocket maximum (individual/family)	$6,550/$13,100	$7,000/$14,000	$6,500/$13,000
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	40% after deductible	$75 after deductible*	40% after deductible
Specialty care office visit	40% after deductible	$105 after deductible*	40% after deductible
Most X-rays	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible
Most lab tests	40% after deductible	$40	40% after deductible
MRI, CT, PET	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible
Outpatient surgery	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible
Mental health visit	40% after deductible	$75 after deductible*	40% after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible
Emergency and urgent care			
Emergency Department visit	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible
Urgent care visit	40% after deductible	$75 after deductible*	40% after deductible
Prescription drugs (up to a 30-day supply)			
Generic	40% after deductible, up to $500 per prescription	100% after $500 pharmacy deductible, up to $500 per prescription†	40% after deductible, up to $500 per prescription
Preferred brand	40% after deductible, up to $500 per prescription	100% after $500 pharmacy deductible, up to $500 per prescription†	40% after deductible, up to $500 per prescription
Non-preferred brand	40% after deductible, up to $500 per prescription	100% after $500 pharmacy deductible, up to $500 per prescription†	40% after deductible, up to $500 per prescription
Specialty	40% after deductible, up to $500 per prescription	100% after $500 pharmacy deductible, up to $500 per prescription†	40% after deductible, up to $500 per prescription
Whole health			
Healthy services	Optical promotions*** **kp2020.org**	Optical promotions*** **kp2020.org**	Optical promotions*** **kp2020.org**

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

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

‡ Mail order: Up to 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 3 office visits at no charge before you reach your deductible. Office visits include primary, urgent, postnatal, 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.

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	M Kaiser Permanente - Silver 70 HMO	KP Kaiser Permanente - Silver 70 HMO Off Exchange	KP Kaiser Permanente - Silver 70 HMO 2000/45	KP Kaiser Permanente - Silver 70 HDHP HMO 2700/15%
Plan type	**Deductible**	**Deductible**	**Deductible**	**HSA-qualified**
Features				
Annual medical deductible (individual/family)	$2,500/$5,000	$2,500/$5,000	$2,000/$4,000	$2,700/$5,400
Annual out-of-pocket maximum (individual/family)	$7,000/$14,000	$7,000/$14,000	$7,000/$14,000	$6,500/$13,000
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	$35	$35	$45	15% after deductible
Specialty care office visit	$75	$75	$65	15% after deductible
Most X-rays	$75	$75	$70	15% after deductible
Most lab tests	$35	$35	$50	15% after deductible
MRI, CT, PET	$300	$300	$350 after deductible	15% after deductible
Outpatient surgery	20%	20%	35% after deductible	15% after deductible
Mental health visit	$35	$35	$45	15% 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	15% 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	15% after deductible
Emergency and urgent care				
Emergency Department visit	$350	$350	$350 after deductible	15% after deductible
Urgent care visit	$35	$35	$45	15% after deductible
Prescription drugs (up to a 30-day supply)				
Generic	$15 after $130 pharmacy deductible‡	$15 after $130 pharmacy deductible‡	$20‡	15% after deductible, up to $250 per prescription
Preferred brand	$55 after $130 pharmacy deductible‡	$55 after $130 pharmacy deductible‡	$65 after $250 pharmacy deductible‡	15% after deductible, up to $250 per prescription
Non-preferred brand	$55 after $130 pharmacy deductible‡	$55 after $130 pharmacy deductible‡	$65 after $250 pharmacy deductible‡	15% after deductible, up to $250 per prescription
Specialty	20% after $130 pharmacy deductible, up to $250 per prescription	20% after $130 pharmacy deductible, up to $250 per prescription	35% after $250 pharmacy deductible, up to $250 per prescription	15% 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**

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

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

‡ Mail order: Up to 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.

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	KP M Kaiser Permanente - Gold 80 HMO Coinsurance	KP M Kaiser Permanente - Gold 80 HMO	KP M Kaiser Permanente - Platinum 90 HMO	KP M Kaiser Permanente - Minimum Coverage HMO††
Plan type	**Copay**	**Copay**	**Copay**	**Deductible**
Features				
Annual medical deductible (individual/family)	None/None	None/None	None/None	$7,350/$14,700
Annual out-of-pocket maximum (individual/family)	$6,000/$12,000	$6,000/$12,000	$3,350/$6,700	$7,350/$14,700
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	$25	$25	$15	First 3 office visits no charge.‡‡ Additional visits no charge after deductible
Specialty care office visit	$55	$55	$30	No charge after deductible
Most X-rays	$55	$55	$30	No charge after deductible
Most lab tests	$35	$35	$15	No charge after deductible
MRI, CT, PET	20%	$275	$75	No charge after deductible
Outpatient surgery	20%	$340	$125	No charge after deductible
Mental health visit	$25	$25	$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	$325	$325	$150	No charge after deductible
Urgent care visit	$25	$25	$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**

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

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

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

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Cost Share Reduction (CSR) Plans

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

	M Kaiser Permanente - Silver 73 HMO	M Kaiser Permanente - Silver 87 HMO	M Kaiser Permanente - Silver 94 HMO
Plan type	**Deductible**	**Deductible**	**Deductible**
Features			
Annual medical deductible (individual/family)	$2,200/$4,400	$650/$1,300	$75 / $150
Annual out-of-pocket maximum (individual/family)	$5,850/$11,700	$2,450/$4,900	$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	$30	$10	$5
Specialty care office visit	$75	$25	$8
Most X-rays	$75	$25	$8
Most lab tests	$35	$15	$8
MRI, CT, PET	$300	$100	$50
Outpatient surgery	20%	15%	10%
Mental health visit	$30	$10	$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	15% after deductible	10% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	15% after deductible	10% after deductible
Emergency and urgent care			
Emergency Department visit	$350	$100	$50
Urgent care visit	$30	$10	$5
Prescription drugs (up to a 30-day supply)			
Generic	$15‡ after $130 pharmacy deductible‡	$5‡	$3‡
Preferred brand	$50 after $130 pharmacy deductible‡	$20 after $50 phamacy deductible‡	$10‡
Non-preferred brand	$50 after $130 pharmacy deductible‡	$20 after $50 phamacy deductible‡	$10‡
Specialty	20% after $130 pharmacy deductible, up to $250 per perscription	15% after $50 pharmacy deductible, up to $150 per perscription	10%, up to $150 per perscription
Whole health			
Healthy services	Optical promotions*** **kp2020.org**	Optical promotions*** **kp2020.org**	Optical promotions*** **kp2020.org**

* The Kaiser Permanente - Bronze 60 HMO plan includes 3 office visits for the benefit copay before you reach your deductible. Office visits include primary, specialty, urgent, postnatal, or outpatient mental health care.
† No charge after annual out-of-pocket maximum is reached.
‡ Mail order: Up to 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 3 office visits at no charge before you reach your deductible. Office visits include primary, urgent, postnatal, or outpatient mental health care.
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Find your rate

Use the monthly rates chart on the following pages, or apply on **buykp.org/apply** to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care. See page 4 for more information.

What determines your rate?

Your rate is based on the following:

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

Interested in a family plan?

Find the rate for each family member, based on his or her age on the start date.

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

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

The rates in the monthly rates chart apply to the ZIP codes below. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

ZIP codes for Rate Area 3

Counties: El Dorado, Placer, Sacramento, Yolo

94203–09	94267–69	95628	95670–73	95762–63
94211	94271	95630	95677–78	95765
94229–30	94273–74	95632–35	95680–83	95776
94232	94277–80	95638–39	95690–91	95798–99
94234–37	94282–91	95641	95693–95	95811–38
94239–40	94293–98	95645	95697–98	95840–43
94244	94571	95648	95703	95851–53
94247–50	95602–05	95650–52	95722	95860
94252	95607–19	95655	95736	95864–67
94254	95621	95658	95741–42	95894
94256–59	95623–24	95660–64	95746–47	95899
94261–63	95626	95667–68	95757–59	

KAISER PERMANENTE®

2018 Monthly rates
Rate Area 3

Please note: These rates do not include the federal financial assistance you may be eligible to receive through Covered California.

Age on 2018 effective date	Kaiser Permanente - Bronze 60 HDHP HMO	Kaiser Permanente - Bronze 60 HMO	Kaiser Permanente - Bronze 60 HDHP HMO 5500/40%	Kaiser Permanente - Silver 70 HMO	Kaiser Permanente - Silver 70 HMO Off Exchange	Kaiser Permanente - Silver 70 HMO 2000/45	Kaiser Permanente - Silver 70 HDHP HMO 2700/15%	Kaiser Permanente - Gold 80 HMO Coinsurance	Kaiser Permanente - Gold 80 HMO	Kaiser Permanente - Platinum 90 HMO	Kaiser Permanente - Minimum Coverage HMO	Kaiser Permanente - Silver 73 HMO 87 HMO 94 HMO
0-14	$185.79	$186.28	$182.85	$286.24	$249.86	$230.32	$216.07	$275.46	$289.92	$318.23	$160.16	$286.24
15	202.31	202.84	199.10	311.68	272.07	250.79	235.28	299.95	315.69	346.52	174.40	311.68
16	208.62	209.17	205.31	321.41	280.56	258.62	242.62	309.31	325.54	357.34	179.85	321.41
17	214.94	215.50	211.53	331.14	289.05	266.45	249.96	318.67	335.40	368.15	185.29	331.14
18	221.74	222.32	218.22	341.62	298.20	274.88	257.87	328.75	346.01	379.80	191.15	341.62
19	228.54	229.13	224.91	352.09	307.35	283.31	265.78	338.84	356.62	391.45	197.01	352.09
20	235.58	236.19	231.84	362.94	316.82	292.04	273.97	349.28	367.61	403.51	203.08	362.94
21	242.87	243.50	239.01	374.17	326.62	301.07	282.45	360.08	378.98	415.99	209.37	374.17
22	242.87	243.50	239.01	374.17	326.62	301.07	282.45	360.08	378.98	415.99	209.37	374.17
23	242.87	243.50	239.01	374.17	326.62	301.07	282.45	360.08	378.98	415.99	209.37	374.17
24	242.87	243.50	239.01	374.17	326.62	301.07	282.45	360.08	378.98	415.99	209.37	374.17
25	243.84	244.47	239.97	375.67	327.92	302.27	283.57	361.52	380.50	417.66	210.20	375.67
26	248.70	249.34	244.75	383.15	334.45	308.30	289.22	368.72	388.07	425.98	214.39	383.15
27	254.53	255.19	250.49	392.13	342.29	315.52	296.00	377.37	397.17	435.96	219.42	392.13
28	264.00	264.68	259.81	406.72	355.03	327.26	307.02	391.41	411.95	452.18	227.58	406.72
29	271.77	272.48	267.46	418.69	365.48	336.90	316.06	402.93	424.08	465.50	234.28	418.69
30	275.65	276.37	271.28	424.68	370.71	341.71	320.58	408.69	430.14	472.15	237.63	424.68
31	281.48	282.22	277.02	433.66	378.55	348.94	327.35	417.33	439.24	482.14	242.65	433.66
32	287.31	288.06	282.75	442.64	386.39	356.17	334.13	425.98	448.33	492.12	247.68	442.64
33	290.96	291.71	286.34	448.25	391.29	360.68	338.37	431.38	454.02	498.36	250.82	448.25
34	294.84	295.61	290.16	454.24	396.51	365.50	342.89	437.14	460.08	505.02	254.17	454.24
35	296.78	297.56	292.08	457.23	399.12	367.91	345.15	440.02	463.11	508.34	255.84	457.23
36	298.73	299.50	293.99	460.23	401.74	370.32	347.41	442.90	466.14	511.67	257.52	460.23
37	300.67	301.45	295.90	463.22	404.35	372.72	349.67	445.78	469.18	515.00	259.19	463.22
38	302.61	303.40	297.81	466.21	406.96	375.13	351.93	448.66	472.21	518.33	260.87	466.21
39	306.50	307.30	301.64	472.20	412.19	379.95	356.45	454.42	478.27	524.98	264.22	472.20
40	310.38	311.19	305.46	478.19	417.41	384.77	360.96	460.18	484.34	531.64	267.57	478.19
41	316.21	317.04	311.20	487.17	425.25	391.99	367.74	468.83	493.43	541.62	272.59	487.17
42	321.80	322.64	316.69	495.77	432.77	398.92	374.24	477.11	502.15	551.19	277.41	495.77
43	329.57	330.43	324.34	507.75	443.22	408.55	383.28	488.63	514.27	564.50	284.11	507.75
44	339.29	340.17	333.90	522.71	456.28	420.60	394.58	503.03	529.43	581.14	292.48	522.71
45	350.70	351.61	345.14	540.30	471.63	434.75	407.85	519.96	547.25	600.69	302.32	540.30
46	364.30	365.25	358.52	561.25	489.92	451.61	423.67	540.12	568.47	623.99	314.05	561.25
47	379.60	380.59	373.58	584.83	510.50	470.57	441.46	562.81	592.34	650.20	327.24	584.83
48	397.09	398.12	390.79	611.77	534.02	492.25	461.80	588.73	619.63	680.15	342.31	611.77
49	414.33	415.41	407.76	638.33	557.21	513.63	481.85	614.30	646.54	709.68	357.18	638.33
50	433.76	434.89	426.88	668.27	583.34	537.71	504.45	643.11	676.86	742.96	373.93	668.27
51	452.95	454.13	445.76	697.82	609.14	561.50	526.76	671.55	706.80	775.83	390.47	697.82
52	474.08	475.31	466.56	730.38	637.55	587.69	551.33	702.88	739.77	812.02	408.68	730.38
53	495.45	496.74	487.59	763.30	666.30	614.18	576.19	734.57	773.12	848.63	427.11	763.30
54	518.52	519.87	510.30	798.85	697.32	642.78	603.02	768.77	809.12	888.14	447.00	798.85
55	541.59	543.00	533.00	834.40	728.35	671.39	629.85	802.98	845.12	927.66	466.89	834.40
56	566.61	568.08	557.62	872.94	761.99	702.40	658.94	840.07	884.16	970.51	488.45	872.94
57	591.87	593.41	582.48	911.85	795.96	733.71	688.32	877.52	923.57	1,013.77	510.22	911.85
58	618.83	620.44	609.01	953.38	832.22	767.13	719.67	917.49	965.64	1,059.95	533.46	953.38
59	632.18	633.83	622.15	973.96	850.18	783.69	735.20	937.29	986.48	1,082.83	544.98	973.96
60	659.14	660.86	648.69	1,015.49	886.44	817.10	766.56	977.26	1,028.55	1,129.00	568.22	1,015.49
61	682.46	684.23	671.63	1,051.41	917.79	846.01	793.67	1,011.83	1,064.93	1,168.94	588.32	1,051.41
62	697.76	699.57	686.69	1,074.99	938.37	864.97	811.46	1,034.51	1,088.81	1,195.15	601.51	1,074.99
63	716.94	718.81	705.57	1,104.55	964.17	888.76	833.78	1,062.96	1,118.75	1,228.01	618.05	1,104.55
64+	728.61	730.50	717.03	1,122.51	979.86	903.21	847.35	1,080.24	1,136.94	1,247.97	628.11	1,122.51

Rates are effective January 1, 2018, through December 31, 2018.

KAISER PERMANENTE®

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.

- 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.
- **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 enroll in the optional adult dental insurance plan, simply check the right box on your application.

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

2018 monthly rate	$28.65 per member

The plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc.

DELTA DENTAL®

A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION

KAISER PERMANENTE®

Kaiser Permanente Insurance Company

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

KAISER PERMANENTE®

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†	
Amalgam – one surface, primary or permanent	$35.00
Resin-based composite – one surface, anterior	$46.00
Crowns†	
Resin with high noble metal	$182.00
Endodontic procedures	
Root canal†	
Anterior (excluding final restoration)	$193.00
Bicuspid (excluding final restoration)	$227.00
Molar (excluding final restoration)	$306.00
Oral and maxillofacial surgical procedures†	
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 three: the dentist's usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist's fee will be the responsibility of the patient.

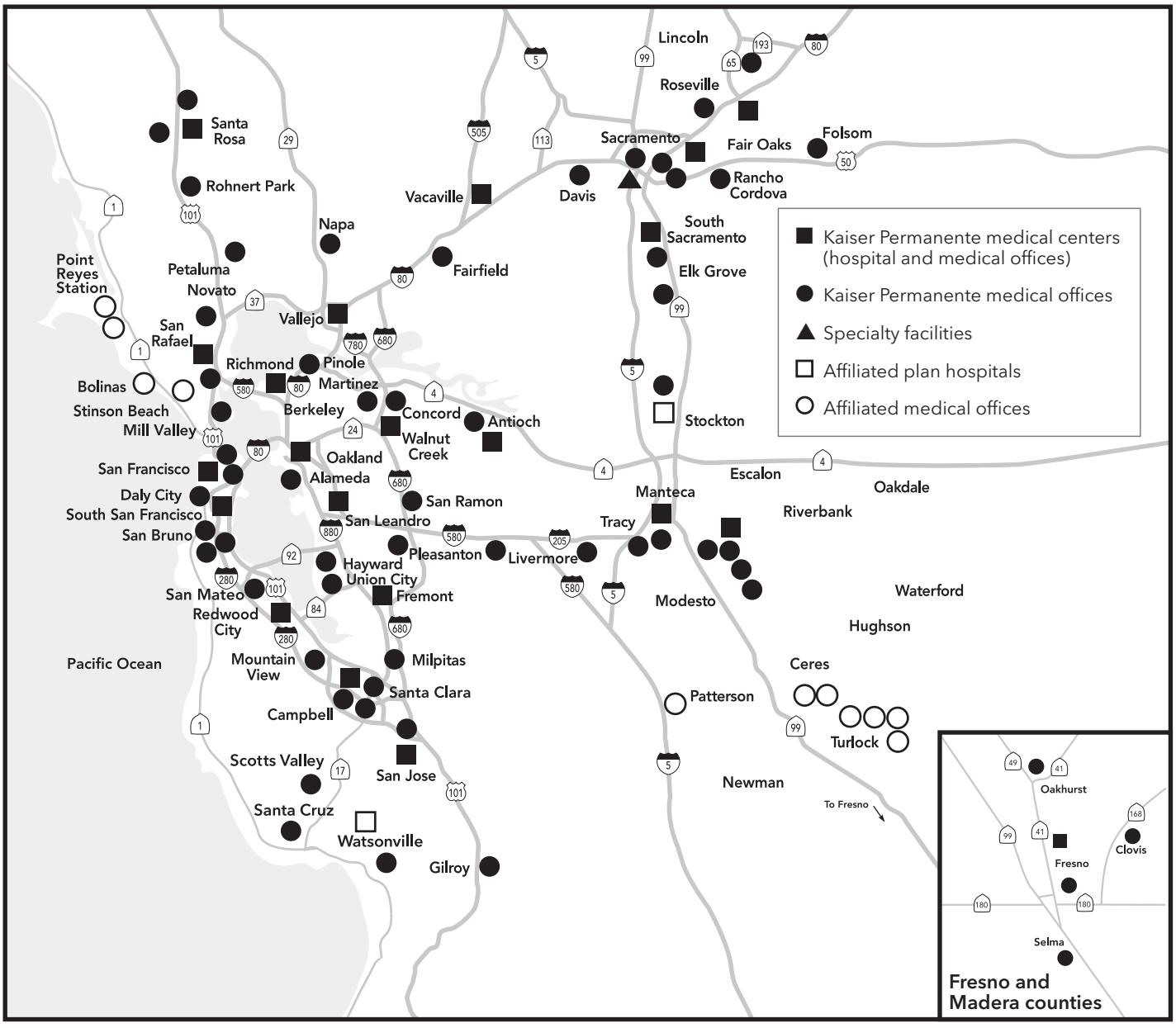
† The waiting period is the period of time you and your covered dependents are required to be continuously covered under the Dental Insurance Plan before a specific dental service becomes a covered benefit.

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

Find a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or visit **kp.org/facilities** to find the one nearest you.

Locations Northern California



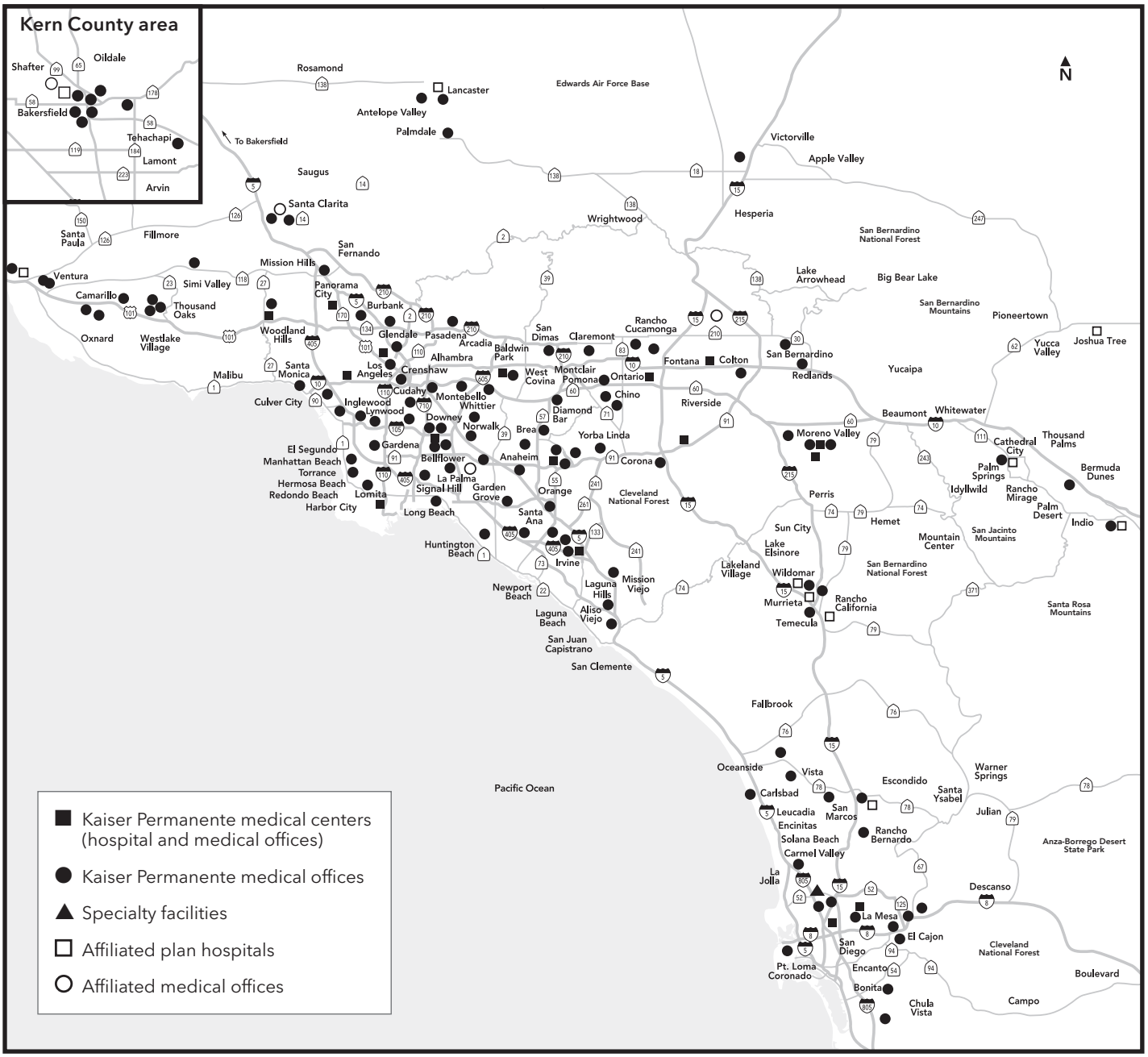
Maps not to scale

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

Find a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or visit **kp.org/facilities** to find the one nearest you.

Locations Southern California



Maps not to scale

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

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

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

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. A grievance includes a complaint or an appeal. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your *Evidence of Coverage* or *Certificate of Insurance*, or speak with a Member Services representative for the disputeresolution 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 disputeresolution 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***.

Kaiser Permanente no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

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

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

Puede presentar una queja de las siguientes maneras:

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

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

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

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

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

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

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

您可透過以下方式提出冤情申訴：

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

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

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

您還可以採用電子方式透過民權辦公處（Office for Civil Rights）的投訴入口網站（Civil Rights Complaint Portal）向美國衛生與公共服務部民權辦公處（U.S. Department of Health and Human Services, Office for Civil Rights）提出民權投訴，網址是***ocrportal.hhs.gov/ocr/portal/lobby.jsf***；或者按照如下聯絡資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697（TDD專線）。可從網站上下載投訴書，網址是***www.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 مجانًا 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 يرجي 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 شبانروز 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. کافیست 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: 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 hnub twg, 7 hnub ib lim tiam twg..Koj thov tau cov kev pab txhais lus, muab cov ntaub ntawv txhais ua koj hom lus, los yog ua lwm hom.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、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 គឺមានឥតអស់ថ្លៃដល់អ្នកទូរស័ព្ទ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ សំភារៈដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទំរង់ផ្សឹងទៀត។ គ្រាន់តែទូរសព្ទមកយើង 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**.

Navajo: Saad bee áká’a’ayeed náhólǫ́ t’áá jiik’é, naadiin doo bibąą’ díí’ ahéé’iikeed tsosts’id yiskąąjí damoo ná’ádleehjí. Atah halne’é áká’adoolwołígíí jóki, t’áadoo le’é t’áá hóhazaadjí hadilyąą’go, éí doodaii’ náánáá lá ał’ąą ádaat’ehígíí bee hádadilyaa’go. Kojí hodiilnih **1-800-464-4000**, naadiin doo bibąą’ díí’ ahéé’iikeed tsosts’id yiskąąjí damoo ná’ádleehjí [Dahodiyin biniiyé e’e’aahgo éí da’deelkaalÓ. TTY chodeeyoolínígíí kojí hodiilnih **711**

Punjabi: ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫਤੇ 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 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 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 **ชั่วโมง ทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่าม ช่วยตอบคำถามของคุณที่เกี่ยวกับความคุ้มครองการดูแล สุขภาพของเราและคุณยังสามารถขอให้มีการแปล เอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีการคิดค่าบริการ เพียงโทรหาเราที่หมายเลข 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) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats

- Provide 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 **1-800-464-4000** (TTY: **711**)

If you believe that KPIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: KPIC Civil Rights Coordinator, Grievance 1557, 5855 Copley Drive, Suite 250, San Diego, CA 92111, telephone number 1-888-251-7052.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, 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 1-888-335-8227. 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 1-888-335-8227. 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 1-888-335-8227 與我們聯絡。 如需進一步協助，請致電 1-800-927-4357 與加州保險局聯絡。聽障及語障電話專線使用者請致電 711。Chinese

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No Cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-888-335-8227. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

Doo bik'é azláágoo Saad Bee Áká Aná'álwo'. Ata' halne'í ná shóidoot'eeł. Nizaad bee naaltsoos nich'į' yídóoltah. Shíká i'doolwoł nínízingo éí béésh bee hodíílnih, naaltsoos bee nééhózinígíí bik'ehgo hane'í bikáá' éí doodago kojį' hodíílnih 1-888-335-8227. Nááná łahgo ałdó' shíká i'doolwoł nínízingo kojį' hodíílnih CA Dept. of Insurance bik'ehgo hane'í éí 1-800-927-4357. TTY chodayooł'ígíí éí díí 711. Navajo

Dịch vụ về ngôn ngữ miễn phí. Quý vị có thể được cấp thông dịch viên và được người đọc giấy tờ, tài liệu bằng ngôn ngữ quý vị dùng cho quý vị nghe. Để được giúp đỡ, xin gọi chúng tôi theo số điệnthoại ghi trên thẻ ID hội viên hoặc số 1-888-335-8227. Để được giúp đỡ thêm, vui lòng gọi Bộ Bảo hiểm CA theo số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

무료 언어 서비스. 한국어 통역 서비스 및 한국어로 서류를 낭독해 드리는 서비스를 제공하고 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는 1-888-335-8227 번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357 번으로 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 1-888-335-8227. 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 1-888-335-8227 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայիապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով: TTY -ից օգտվողները պետք է զանգահարեն 711: Armenian

Бесплатные услуги языкового перевода. Вы можете воспользоваться услугами переводчика, при этом документы могут быть зачитаны Вам на Вашем языке. Чтобы получить помощь, позвоните нам по телефону, указанному в Вашей идентификационной карточке участника, или 1-888-335-8227. 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。通訳に依頼して、日本語で書類を読んでもらうことができます。通訳サービスが必要な際は、ID カードに記載の番号、または 1-800-464-4000 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 にお電話ください。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، با ما به شماره ای که روی کارت شناسایی شما قید شده یا 1-888-335-8227تماس بگیرید. 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

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਸੇਵਾ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜ੍ਹ ਕੇ ਸੁਣਾਏ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-888-335-8227 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ, ਕੈਲੀਫ਼ੋਰਨੀਆਂ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੋਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। TTY ਦੇ ਉਪਯੋਗਕਰਤਾ 711 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលអ្នកបកប្រែបាន និងឲ្យគេអានឯកសារជូនអ្នក ជាភាសាខ្មែរ។ សំរាប់ជំនួយ សូមទូរស័ព្ទមកយើងតាមលេខដែលមាននៅលើប័ណ្ណ ID របស់អ្នក ឬ 1-888-335-8227។ សំរាប់ជំនួយថែមទៀត ទូរស័ព្ទទៅក្រសួងជានាវាំប់រងរដ្ឋកាលីហ្វ័រនីញ៉ា តាមលេខ 1-800-927-4357។ អ្នកប្រើ TTY ហៅលេខ 711។ Khmer

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Cov Kev Pab Txhais Lus Tsis Raug Nqi Dab Tsi Koj muaj tau ib tug neeg txhais lus thiabhais tau kom nyeem cov ntaub ntawv ua koj hom lus rau koj. Xav tau kev pab, hu rau peb ntawm tus xov toojteev muaj nyob rau ntawm koj daim yuaj ID los yog 1-888-335-8227. 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

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