

# Kaiser Permanente 2018 Sample Fee List\*

## SOUTHERN 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.<sup>†</sup> 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](http://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        | \$68           | Full charges – \$68                     | Copay or coinsurance – for example, \$10 or 20% of estimated fee |
| Ultrasound of pelvis | \$247          | Full charges – \$247                    | Copay or coinsurance – for example, \$20 or 30% of estimated fee |
| Skin biopsy          | \$230          | Full charges – \$230                    | Copay or coinsurance – for example, \$25 or 40% of estimated fee |

Are you a member registered on [kp.org](http://kp.org)? You can get personalized cost estimates for more than 500 medical services online. Visit [kp.org/costestimates](http://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, 2018, and may change without notice. This list only applies to members who get medical services from Kaiser Permanente facilities.

<sup>†</sup> 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.

2018 Kaiser Permanente Estimated Fees **Southern California**

| SERVICE                                                      | ESTIMATED FEES |
|--------------------------------------------------------------|----------------|
| <b>Office Visits</b>                                         |                |
| 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*                          | \$65           |
| Established patient visit, level 3*                          | \$110          |
| Established patient visit, level 4*                          | \$165          |
| Established patient visit, level 5 (high severity)*          | \$220          |
| Well-baby office visit, new patient (under 1 year)*          | \$170          |
| Well-child office visit, new patient (1–4 years)*            | \$180          |
| Well-child office visit, new patient (5–11 years)*           | \$185          |
| Well-child office visit, new patient (12–17 years)*          | \$210          |
| Well-adult office visit, new patient (18–39 years)*          | \$200          |
| Well-adult office visit, new patient (40–64 years)*          | \$235          |
| Well-adult office visit, new patient (65 and older)*         | \$255          |
| Well-baby office visit, established patient (under 1 year)*  | \$155          |
| Well-child office visit, established patient (1–4 years)*    | \$165          |
| Well-child office visit, established patient (5–11 years)*   | \$165          |
| Well-child office visit, established patient (12–17 years)*  | \$180          |
| Well-adult office visit, established patient (18–39 years)*  | \$180          |
| Well-adult office visit, established patient (40–64 years)*  | \$195          |
| Well-adult office visit, established patient (65 and older)* | \$210          |
| <b>Emergency Visits</b>                                      |                |
| Emergency care by a physician, level 1 (low severity)        | \$135          |
| Emergency care by a physician, level 2                       | \$205          |
| Emergency care by a physician, level 3                       | \$300          |
| Emergency care by a physician, level 4 (high severity)       | \$455          |

\*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, 2018, 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 |
|------------------------------------------------------------|----------------|
| <b>Psychotherapy Visits</b>                                |                |
| Group psychological therapy                                | \$41           |
| Therapy                                                    | \$137          |
| <b>Eye Examinations</b>                                    |                |
| Eye exam, routine visit, new patient*                      | \$123          |
| Eye exam and treatment, new patient                        | \$225          |
| Eye exam, routine visit, established patient*              | \$130          |
| Eye exam and treatment, established patient                | \$188          |
| Vision screening test*                                     | \$6            |
| <b>Hearing Services</b>                                    |                |
| Comprehensive audiometry evaluation                        | \$68           |
| Ear cleaning                                               | \$107          |
| Eardrum test                                               | \$26           |
| Hearing screening test (pure tone, air only)*              | \$23           |
| <b>Physical Therapy Services</b>                           |                |
| Electric stimulation therapy, treatment only               | \$29           |
| Physical therapy evaluation*                               | \$147          |
| Physical therapy, hot and cold application, treatment only | \$11           |
| Physical therapy, ultrasound, treatment only               | \$23           |
| Physical therapy exercises, treatment only                 | \$59           |
| <b>Vaccines and Other Injections</b>                       |                |
| Allergy shot                                               | \$17           |
| Chickenpox vaccine*                                        | \$143          |
| Diphtheria, tetanus booster vaccine*                       | \$40           |
| Diphtheria, tetanus, pertussis vaccine*                    | \$49           |
| Flu shot, children (3 years and older)*                    | \$30           |
| Flu shot, infants*                                         | \$30           |
| Flu shot, adults (18 to 64)*                               | \$33           |
| Hepatitis B vaccine*                                       | \$104          |
| Measles, mumps, and rubella vaccine*                       | \$97           |
| Polio vaccine*                                             | \$55           |

(continues)

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| SERVICE                                                                                                               | ESTIMATED FEES |
|-----------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Vaccines and Other Injections</b> <i>(continued)</i>                                                               |                |
| Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*                | \$47           |
| Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)* | \$35           |
| <b>Tests and Procedures</b>                                                                                           |                |
| Breathing capacity test                                                                                               | \$66           |
| Breathing treatment                                                                                                   | \$35           |
| Colonoscopy and removal of abnormal tissue using cautery*                                                             | \$992          |
| Colonoscopy and removal of abnormal tissue using snare technique*                                                     | \$934          |
| Colonoscopy and removal of colon tissue for examination*                                                              | \$897          |
| Diagnostic colonoscopy                                                                                                | \$695          |
| Diagnostic proctosigmoidoscopy                                                                                        | \$276          |
| Diagnostic sigmoidoscopy                                                                                              | \$377          |
| Draining fluid from around swollen joint                                                                              | \$131          |
| Electrocardiogram (EKG)                                                                                               | \$31           |
| Fetal monitoring*                                                                                                     | \$105          |
| Removal of abnormal areas of skin                                                                                     | \$12           |
| Sigmoidoscopy and removal of tissue for examination*                                                                  | \$580          |
| Skin biopsy                                                                                                           | \$230          |
| Stress test                                                                                                           | \$140          |
| Surgically destroying an abnormal area of skin                                                                        | \$147          |
| Ultrasound test of heart                                                                                              | \$240          |
| <b>X-rays, CT Scans, and Other Imaging Studies</b>                                                                    |                |
| CT scan of chest, including dye                                                                                       | \$605          |
| CT scan of pelvis, including dye                                                                                      | \$596          |
| CT scan of pelvis, without dye                                                                                        | \$382          |
| CT scan of sinus and nasal passages                                                                                   | \$503          |
| CT scan of stomach area, with dye                                                                                     | \$608          |
| CT scan of stomach area, without dye                                                                                  | \$391          |
| Mammogram, diagnostic (two views)                                                                                     | \$375          |
| Mammogram, diagnostic (one view)                                                                                      | \$295          |
| Mammogram (screening)*                                                                                                | \$303          |
| Pregnancy ultrasound                                                                                                  | \$318          |

*(continues)*

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| SERVICE                                                               | ESTIMATED FEES |
|-----------------------------------------------------------------------|----------------|
| <b>X-rays, CT Scans, and Other Imaging Studies</b> <i>(continued)</i> |                |
| Review of CT scan of the head or brain                                | \$303          |
| Ultrasound of pelvis                                                  | \$247          |
| Ultrasound of stomach area                                            | \$273          |
| Vaginal ultrasound                                                    | \$274          |
| X-ray for osteoporosis                                                | \$92           |
| X-ray of ankle                                                        | \$66           |
| X-ray of ankle (complete)                                             | \$70           |
| X-ray of both knees                                                   | \$80           |
| X-ray of chest (two views)                                            | \$67           |
| X-ray of chest (one view)                                             | \$43           |
| X-ray of finger                                                       | \$70           |
| X-ray of foot                                                         | \$57           |
| X-ray of foot (complete)                                              | \$64           |
| X-ray of hand                                                         | \$58           |
| X-ray of hand (complete)                                              | \$69           |
| X-ray of knee                                                         | \$68           |
| X-ray of knee (complete)                                              | \$88           |
| X-ray of lower back bones                                             | \$78           |
| X-ray of neck                                                         | \$100          |
| X-ray of neck bones                                                   | \$73           |
| X-ray of shoulder                                                     | \$64           |
| X-ray of stomach area (complete)                                      | \$98           |
| X-ray of stomach area (one view)                                      | \$60           |
| X-ray of wrist (complete)                                             | \$79           |
| X-ray of wrist (two views)                                            | \$64           |
| <b>Laboratory Tests</b>                                               |                |
| Albumin test                                                          | \$10           |
| Alkaline phosphatase test                                             | \$11           |
| Allergy test                                                          | \$11           |
| ALT test                                                              | \$11           |
| Amylase test                                                          | \$14           |
| AST test                                                              | \$11           |
| Bilirubin test (total)                                                | \$11           |
| Blood antibody test                                                   | \$9            |
| <i>(continues)</i>                                                    |                |

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| SERVICE                                       | ESTIMATED FEES |
|-----------------------------------------------|----------------|
| <b>Laboratory Tests</b> <i>(continued)</i>    |                |
| Blood clotting test                           | \$8            |
| Blood sugar test, diagnostic                  | \$8            |
| Blood sugar test, monitoring*                 | \$21           |
| Calcium test (total)                          | \$11           |
| Cholesterol level test                        | \$9            |
| Complete blood count                          | \$16           |
| Creatinine test                               | \$11           |
| Hepatitis B surface antigen test*             | \$22           |
| Hepatitis C test*                             | \$30           |
| Kidney function test                          | \$8            |
| Laboratory chemistry test for creatine kinase | \$14           |
| Lipid panel test*                             | \$28           |
| Magnesium test                                | \$14           |
| Pap test, cervical cancer screening*          | \$22           |
| Phosphorus test                               | \$10           |
| Potassium test                                | \$10           |
| Pregnancy test                                | \$16           |
| Prostate test*                                | \$39           |
| Sodium test                                   | \$10           |
| Strep-A-Swab test                             | \$42           |
| Test for blood in stool*                      | \$7            |
| Thyroid stimulating hormone test              | \$36           |
| Urine bacteria colony count*                  | \$17           |
| Urine test (complete)                         | \$7            |
| Urine test (dipstick only)                    | \$5            |
| Urine test (microanalysis only)               | \$6            |

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

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

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

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. Una queja incluye una queja formal o una apelación. Por ejemplo, si usted cree que ha sufrido discriminación de nuestra parte, puede presentar una queja. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)*, o comuníquese con un representante de Servicio a los Miembros (Member Services) para conocer las opciones de resolución de disputas que le corresponden. Esto tiene especial importancia si es miembro de Medicare, 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](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (línea TDD). Los formularios de queja formal están disponibles en [www.hhs.gov/ocr/office/file/index.html](https://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](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)；或者按照如下聯絡資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697（TDD專線）。可從網站上下載投訴書，網址是[www.hhs.gov/ocr/office/file/index.html](https://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 مجاناً على مدار الساعة كافة أيام الأسبوع. بإمكانك طلب خدمة الترجمة الفورية أو ترجمة وثائق للغتك أو لصيغ أخرى. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجى الاتصال على الرقم (711).

**Armenian:** Ձեզ կարող է անվճար օգնություն տրամադրվել լեզվի հարցում՝ օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Պարզապես զանգահարեք մեզ՝ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711**:

**Chinese:** 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

**Farsi:** خدمات زبانی در 24 ساعت شبانه روز و 7 روز هفته بدون اخذ هزینه در اختیار شما است. شما می توانید برای خدمات مترجم شفاهی، ترجمه جزوات به زبان شما و یا به صورتهای دیگر درخواست کنید. کفایت در 24 ساعت شبانه روز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران TTY با شماره **711** تماس بگیرند.

**Hindi:** बिना किसी लागत के दुभाषिया सेवाएँ, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप एक दुभाषिये की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। बस केवल हमें **1-800-464-4000** पर, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें। TTY उपयोगकर्ता **711** पर कॉल करें।

**Hmong:** Muajkwc pab txhais lus pub dawb rau koj, 24 teev ib hnub twg, 7 hnub ib lim tiam twg..Koj thov tau cov kev pab txhais lus, muab cov ntaub ntauv txhais ua koj hom lus, los yog ua lwm hom.Tsuas hu rau **1-800-464-4000**, 24 teev ib 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 គឺមានឥតគិតថ្លៃដល់អ្នកឡើយ 24 ម៉ោង មួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ សំភារៈ ដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទម្រង់ផ្សេងទៀត។ គ្រាន់តែ ទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយ ថ្ងៃ 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 náhóló t'áá jiik'é, naadiin doo bibaa' dǫ́í' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejǫ́. Atah halne' é áká'adoolwołígíí jókí, t'áadoo le'é t'áá hóhazaadǫ́í hadilyaa'go, éí doodaii' nááná lá ał'aa ádaat'ehígíí bee hádadilyaa'go. Kojí hodiilnih **1-800-464-4000**, naadiin doo bibaa' dǫ́í' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleejǫ́ [Dahodiyin biniiyé e'e'aahgo éí da'deelkaalÓ. TTY chodeeyoolínígíí kojí hodiilnih **711**

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

**Russian:** Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

**Spanish:** Contamos con asistencia de idiomas sin costo alguno para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

**Tagalog:** May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

**Thai:** เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมงทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวข้องกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีการคิดค่าบริการเพียงโทรหาเราที่หมายเลข **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**.