

Kaiser Permanente Member Resource Guide



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The information in this guide is updated from time to time and is current as of November 2024. It is intended for members of commercial plans (through employer groups), individual plans, and private and public Exchange members. It is not intended for enrollees of Medicare Senior Advantage, Medi-Cal, or KPIC EPO plans. If you have questions about this guide, please call Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY), 24 hours a day, 7 days a week (closed holidays).

Create your online account on kp.org

If you haven't already, be sure to create your online account through the Kaiser Permanente app or at kp.org/registernow.

Once you've registered, you can securely access many timesaving tools and resources to help you manage the care you get at Kaiser Permanente facilities, including:

- View your medical history, immunizations, most lab results, and more
- Message your Kaiser Permanente care team anytime with nonurgent medical questions
- Fill or refill most prescriptions
- Schedule, view, and cancel routine appointments
- Manage a family member's health care¹
- View your benefits
- Pay bills and estimate costs
- Access your digital ID Card – (It has your medical record number and important contact information and can be used just like your physical ID card.)

Get inspired at kp.org

Explore kp.org and find many tools and tips for healthy living as well as recipes and articles on a wide range of health topics.

Go mobile

Download the Kaiser Permanente app from your preferred app site. If you already have an account on kp.org, you can use the same user ID and password to sign into the app.

In Northern California, you have 2 additional apps to help you manage care for you and your family – anytime, anywhere.

With the **My Doctor Online app**, you can:

- Get timely updates about your care
- Stay in touch with your doctors
- Manage your primary care and specialty appointments and join video visits²

With the **My KP Meds app**, you can:

- Create reminders to take medications at the right time
- Order most refills from your smartphone or mobile device
- Manage medication lists, schedules, and reminder histories

You can download either app from the [Apple App Store](#) or [Google Play](#).³

¹ Online features change when children reach age 12. Teens are entitled to additional privacy protection under state law. When your child turns 12 years old, you'll need to re-add your teen to your kp.org account under the Act for a Family Member feature. This will grant you limited access to manage their care and to certain features.

² When appropriate and available.

³ Apple and the Apple logo are trademarks of Apple, Inc., registered in the U.S. and other countries. App Store is a service mark of Apple, Inc. Google Play and the Google Play logo are trademarks of Google LLC.

Choose your doctor – and change anytime

Select from a wide variety of great Kaiser Permanente primary care doctors

At Kaiser Permanente, we know how important it is to find a doctor who matches your specific needs. Having a doctor who you connect with is an important part of taking care of your health.

Choose the right doctor for you

To find a personal doctor who's right for you, go to our provider directory at kp.org and browse our online doctor profiles. You can search available doctors by gender, location, languages spoken, and more. You can view their name, facility address, telephone number, education (medical school attended and residency completion), and credentials (professional qualifications, specialty, and board certification status).

You can choose a personal doctor within these specialties:

- Adult medicine/internal medicine
- Family medicine
- Pediatrics/adolescent medicine (for children up to 18)

Each covered family member can choose their own personal doctor.

Women 18 and older can choose an ob-gyn as well as a personal doctor, although women choosing a family medicine physician as their personal doctor may not need to choose a separate ob-gyn.

Change doctors anytime

You can change to another available Kaiser Permanente doctor at any time, for any reason – online or by phone.

See specialists, some without a referral

You don't need a referral for some specialties, such as:

- Most obstetrics-gynecology services
- Optometry services
- Most mental health services
- Most substance use disorder treatment

Refer to our kp.org provider directory to see when referral is not required. For other types of specialty care, your personal doctor can refer you.

To choose your doctor, make an appointment, or learn about specialty care:

Visit kp.org or the Kaiser Permanente app.

Or by phone:

In Southern California, call **1-833-KP4CARE (1-833-574-2273)** or **711** (TTY), Monday through Friday, 7 a.m. to 7 p.m.

In Northern California, call Member Services 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Getting care (Northern California) ¹

Your care, your way

Get the care you need the way you want it. No matter which type of care you choose, your care team can see your Kaiser Permanente health history and give you personalized advice that fits your needs.²

Find the care you need at kp.org or through our mobile app (kpdoc.org/mobile). You can also call us anytime at **1-866-454-8855** (TTY **711**) to make an appointment or to speak to a nurse for medical advice and care guidance.

Want help choosing care options for you? Get Care Now

Visit kp.org/getcare and tell us about your symptoms or concerns and we'll guide you to timely, convenient care based on your needs.

Video visit

Meet face-to-face online with a clinician on your computer, smartphone, or tablet for many minor conditions or follow-up care.^{3,4}

E-visit

Get quick and convenient online care for minor health problems. Answer a few questions on kp.org or on our app for 24/7 self-care advice. In some cases, a Kaiser Permanente clinician will get back to you with a care plan and prescriptions (if appropriate) — usually within 2 hours between 7 a.m. and 7 p.m., 7 days a week.

Phone appointment

Save yourself a trip to the doctor's office for many minor conditions or follow-up care.^{3,4}

In-person visit

We offer same-day, next-day, after-hours, and weekend services at most of our locations. Sign in to kp.org anytime, or call us to schedule a visit.

Email

Message your care team with nonurgent medical questions anytime and get a reply usually within two business days.

If your plan includes a copay, coinsurance, or deductible, you'll be asked for a payment when you check in. You can pay by debit or credit card at the reception desk or at the kiosk. You'll receive a statement that shows what services you got, how much you paid, and whether you still owe anything. Ask the receptionist for details or see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents.

¹If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage or other coverage documents.

²These features are available when you get care at Kaiser Permanente facilities.

³When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

⁴Some providers offer services exclusively through a telehealth technology platform and have no physical location at which you can receive services. See page 20 for more information.

Getting care (Southern California)¹

Your care, your way

Get the care you need the way you want it. No matter which type of care you choose, your providers can see your Kaiser Permanente health history and give you personalized advice that fits your needs.²

Choose how you get care

To make an appointment or speak to a nurse for medical advice and care guidance, call us 24/7 at **1-833-KP4CARE (1-833-574-2273)** or **711** (TTY).² You can also schedule some appointments online at kp.org/appointments or with the Kaiser Permanente app.

Phone appointment

Save yourself a trip to the doctor's office for minor conditions by scheduling a call or getting personalized support 24/7.^{3,4}

Video visit

Meet face-to-face online with a clinician on your computer, smartphone, or tablet for minor conditions or follow-up care.^{3,4} Appointments are optional.

Email

Message your doctor's office with nonurgent questions anytime. Sign in to kp.org or use our mobile app.¹

E-visit

Get quick and convenient online care for minor health problems. Answer a few questions on kp.org/evisits or on our app for 24/7 self-care advice. In some cases, a Kaiser Permanente clinician will get back to you with a care plan and prescriptions (if appropriate) — usually within 2 hours between 7 a.m. to 9 p.m., 7 days a week.

In-person visit

Same-day appointments are often available at most locations. Sign in to kp.org anytime, or call us to schedule a visit.

If your plan includes a copay, coinsurance, or deductible, you'll be asked for a payment when you check in. You can pay by debit or credit card at the reception desk or at the kiosk. You'll receive a statement that shows what services you got, how much you paid, and whether you still owe anything. Ask the receptionist for details or see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents.

¹If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage or other coverage documents.

²These features are available when you get care at Kaiser Permanente facilities.

³When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

⁴Some providers offer services exclusively through a telehealth technology platform and have no physical location at which you can receive services. See page 20 for more information.

Care away from home

As a Kaiser Permanente member, you're covered for emergency and urgent care anywhere in the world.¹ Whether you're traveling in the United States or internationally, it's important to remember that how you get care can vary depending on where you are.

Visit kp.org/travel to find answers to common questions that can help you plan for a healthy trip and get medical care if you need it. Or call the Away from Home Travel Line at **1-951-268-3900** (TTY **711**) for travel support anytime, anywhere.²

Before you go

A little planning makes a big difference. Plan now for a healthy trip.

- Register on kp.org so you can see your health information online and email your Kaiser Permanente doctor's office with nonurgent questions anytime.
- If you'll spend a lot of time in another Kaiser Permanente region, like for work or school, call **1-877-300-9371** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m. Pacific time. We'll help you set up another kp.org account that's tied to your travel Health/Medical Record number so you can track and manage your Kaiser Permanente care while you're away from home.
- Save the Away from Home Travel Line phone number (**1-951-268-3900** or TTY **711**) to your mobile device for travel support anytime, anywhere.²
- Get our Kaiser Permanente app for your smartphone or mobile device to stay connected when you're on the go and for quick access to your digital ID card. You can also order a new or replacement ID card before you travel.
- See your doctor if you need to manage a condition during your trip.
- Refill your eligible prescriptions, including contact lenses, to have enough while you're away. Be sure to refill at least 1 or 2 weeks before your trip so there's time to process your request.
- If you travel by plane, keep your prescription medications with you in your carry-on baggage.
- Order an electronic copy of your medical record on the Kaiser Permanente app (tap "Medical record" then "Medical information requests.") If you're traveling somewhere without internet access, consider printing a copy to take with you.
- Make sure your immunizations are up to date, including the COVID-19 vaccine and your yearly flu shot.
- Learn about immunizations required for international travel, including the COVID-19 vaccine and/or testing requirements. If you're leaving the country, ask your doctor or local travel clinic about vaccinations or medications you may need.
- Don't forget your Kaiser Permanente ID card.
- Make sure you understand what services are covered while you travel. Call the Away from Home Travel Line if you have any questions.

¹Please refer to your *Evidence of Coverage* or other plan documents for details.

²This number can be dialed from both inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

Timely access to scheduled appointments

Your health is our top priority. And we're committed to offering you a timely appointment when you need care.

The following standards for appointment availability were developed by the California Department of Managed Health Care (DMHC). This information can help you know what to expect when you request an appointment.

Type of care	Appointment offered
Urgent care appointment	Within 48 hours
Routine (nonurgent) primary care appointment (including adult/internal medicine, pediatrics, and family medicine)	Within 10 business days
Routine (nonurgent) mental health care or substance use disorder treatment with a practitioner other than a physician	Within 10 business days
Routine (nonurgent) follow-up mental health care or substance use disorder treatment with a practitioner other than a physician	Within 10 business days of the prior appointment
Routine (nonurgent) specialty care with a physician	Within 15 business days

If you prefer to wait for a later appointment that will better fit your schedule or to see the provider of your choice, we'll respect your preference. In some cases, your wait may be longer than the time listed if a licensed health care professional decides that a later appointment won't have a negative effect on your health.

The standards for appointment availability don't apply to preventive care services. Your provider may recommend a specific schedule for these types of services, depending on your needs. Preventive care services may include physical exams, vision and hearing tests, immunizations, health education, and prenatal care. Unless otherwise stated, the standards also do not apply to periodic follow-up care for ongoing conditions or standing referrals to specialists.

Timely access to telephone assistance

In addition, the following standards for answering telephone inquiries require health plans to answer the following telephone inquiries within specified time frames:

- For telephone advice about whether you need to get care and where to get care, plans must answer within 30 minutes, 24 hours a day, 7 days a week.
- For customer service inquiries, plans must answer within 10 minutes during normal business hours.

Use interpreter services at no cost to you

When you call us or come in for an appointment, we want to speak with you in the language you're most comfortable using. Interpreter services, including sign language, are available during all business hours at no cost to you. For more about our interpreter services, call Member Services 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Getting your prescriptions

Your provider may order a prescription for you during your appointment. Prescriptions are sent to our pharmacies electronically, and you may choose from several convenient ways to receive your prescriptions.

- Mail order delivery¹
- Same day delivery or next day delivery on most prescriptions for an additional fee²
- Pharmacy pick up

Mail order refills¹

Save time and money and have your prescriptions mailed to your home at no additional cost. Our Mail Order Pharmacy offers a convenient way to refill most of your prescriptions. When you request your prescriptions to be mailed, you should receive them within 3-5 days. Not all prescriptions can be mailed, restrictions apply.

- Visit kp.org/refill or access the KP mobile app to order refills and check the status of your orders. You can sign up to receive pharmacy order status or new prescription text/email notifications as well as refill and pick up reminders. If it's your first time placing a refill order online, please create an account by visiting kp.org/register. With order tracking tools, refill reminders, and more, you've got many convenient ways to fill and manage prescriptions when and where it works best for you.
- To refill by phone, please call **1-888-218-6245 (option 5)** in Northern California or **1-866-206-2983 (option 2)** in Southern California (TTY 711).

Need it sooner?

Same-day or next-day delivery is available in most areas and for most prescriptions for an additional fee.² Order using the Kaiser Permanente app, kp.org/homedelivery, or call **1-877-761-4091**. Some exclusions apply.

Pharmacy pick up

If you need to place a prescription order, please know your options. You may go to kp.org, download the Kaiser Permanente App, and sign up for prescription notifications; or go directly to the Check-In window at any of our local Kaiser Permanente pharmacies to start the prescription filling process.

Have questions?

Please call the pharmacy number printed at the top of your prescription label.

For information about your benefits, call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Out of refills?

If you're out of prescription refills when you place an order, we will request refills from your provider. Please allow 2 business days for us to process your order once the refill is approved.

Need to transfer prescriptions?³

- **From a non-Kaiser Permanente pharmacy to a Kaiser Permanente pharmacy:**
Have the prescription number and phone number of the non-Kaiser Permanente pharmacy ready and call the Kaiser Permanente pharmacy you want to use. We'll handle the rest. Please allow 2 business days for us to complete the transfer.
- **From one Kaiser Permanente pharmacy to another:**
Go to kp.org/refill and select the prescription you want to refill, the pharmacy you'd like to pick up from, and complete your order. Or call the Kaiser Permanente pharmacy where you'd like to pick up your prescription and provide the prescription information.

Prescription benefits

Most of our plans only cover prescriptions from:

- Kaiser Permanente or affiliated providers and staff
- Providers to whom we've referred you
- Providers providing emergency services or out-of-area urgent care
- Dentists

Prescriptions written by a non-Plan provider are not covered, except as described in your *Evidence of Coverage* or other coverage document. If your plan does not have a prescription benefit, you'll be charged full price for both formulary and non-formulary drugs. For new members, Kaiser Permanente will cover a temporary supply of non-formulary drugs until you can transfer your care to a Kaiser Permanente provider.

Over-the-counter (OTC) drugs

OTC drugs do not require a prescription and are available for purchase. Kaiser Permanente pharmacies carry a variety of OTC drugs and supplements, including vitamins, antacids, and cough and cold medicines. Your plan may include coverage for certain OTC drugs. If an OTC drug is covered under your plan, you need a prescription to obtain it under the terms of your plan (except that a prescription is not required for OTC contraceptives).

Drug formulary⁴

Our formulary is a list of preferred drugs that have been carefully evaluated and approved by our Pharmacy and Therapeutics (P&T) Committee, primarily composed of Kaiser Permanente Plan doctors and pharmacists. The committee selects drugs to include on the formulary based on several factors, including safety and effectiveness.

The formulary is updated monthly based on new information or when new drugs become

available. Plan providers may prescribe generic or brand-name drugs.

A generic drug is a chemical copy of a brand-name drug and is equivalent to the brand-name drug in action, quality, and safety, but usually costs less. Generic drugs have the same active ingredients in the same dosage as their brand-name counterparts and are approved by the U.S. Food and Drug Administration.

Some brand-name drugs have a generic version and others don't. Generally, when a new generic drug becomes available, it's added to the formulary and the brand-name equivalent is removed. When both versions are available, the generic version is usually listed in our formulary. When a generic version isn't available, the formulary will list the brand-name version. In addition to federal regulation, Kaiser Permanente performs an additional quality review before approving generic drugs for use within the program.

If you have a prescription benefit and are prescribed a formulary drug, that drug will be covered under the terms of your benefits. Nonformulary drugs are not covered unless your provider determines it is medically necessary. Nonformulary drugs are covered when prescribed as medically necessary by the Plan provider and the nonformulary drug exception process is followed.

For more information on the prescription drug formulary for your plan, visit kp.org/formulary or call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Changing to a different drug

Sometimes a prescription is changed from one drug to another because your provider has decided the new drug is a better option based on standards of safety, effectiveness,

or affordability. This is known as “therapeutic interchange.”

Usually, when a drug change like this happens, your pharmacist will automatically change your prescription to the new drug at your next refill.

If a drug you’re taking is affected by a change to the formulary, you may be able to continue receiving it if your provider decides it’s medically necessary.

Please note that just because a drug is on our formulary, it doesn’t mean your provider will prescribe it for you. Your provider will choose the right drug for you based on your medical needs.

See your *Evidence of Coverage, Certificate of Insurance*, or other plan documents for more information about your drug benefits.

¹Please see your Evidence of Coverage or other plan documents for information about your drug coverage or check with your local Kaiser Permanente pharmacy if you have a question about where we can mail prescriptions. Not all prescriptions can be mailed, restrictions may apply.

²These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and delivery addresses. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice, and other restrictions may apply. Medi-Cal beneficiaries should ask your local pharmacy for more information.

³Some drugs, such as Schedule II controlled substances, are not transferable due to their high potential for abuse and addiction.

⁴The prescription drug formulary may vary depending on your health plan and is subject to change. For more information about which drug formulary applies to your plan, visit kp.org/formulary or call Member Services.

Managing chronic conditions (Northern California)

Disease management programs

Our disease management programs help our members get the care they need to manage their chronic conditions and get the most out of life. Services include specialized care, medication monitoring, and education to help prevent complications.

We offer disease management programs with evidence-based care for a variety of chronic conditions:

- Asthma
- Hepatitis C
- Hypertension
- Coronary artery disease
- Cardiac rehabilitation
- Diabetes
- Congestive heart failure
- Fracture prevention
- Chronic pain

Cardiac rehabilitation offers support and care management after a heart attack or other cardiovascular event. Our PHASE (Prevent Heart Attacks and Strokes Everyday) program is for members who are at increased risk for heart attack or stroke.

If you’re ready to make lifestyle changes or want to be considered for a program, talk to your provider or call the number for Health Education at your local facility.

Take control of your health

One of the keys to managing ongoing conditions is taking the right medications and using them only as prescribed. These tips can help.

Coronary artery disease and heart failure:

A heart healthy lifestyle includes regular physical activity, stress management, and careful control of blood pressure and cholesterol. In addition, following dietary recommendations (such as limiting salt) and monitoring weight are recommended, as well as taking medications as prescribed. Your care team will help you determine if certain medications can make you and your heart feel better.

Asthma help: Prevent asthma flare-ups by taking your controller medications daily as prescribed. Talk with your doctor if you're using quick-relief or rescue medication (like albuterol) more than twice a week, waking up from asthma 2 or more times a month, or refilling your albuterol inhaler prescription more than twice a year. Your doctor may need to adjust your asthma medication. When your asthma is under control, you'll breathe easier, have more energy, and get more out of life. For more tips on how to manage your asthma, visit kpdoc.org/asthma.

Diabetes ABCs:

- “A” is for A1c or average blood sugar. An A1c test gives a 3-month average of your blood sugar levels.
- “B” is for blood pressure. The goal is at least 139/89 or lower, or 134/84 or lower if you use a validated above-the-elbow monitoring machine at home. Check with your provider for the goal that's right for you.
- “C” is for cholesterol. For most people with diabetes, using a statin medication at the right dose, along with healthy lifestyle changes, protects the heart and cardiovascular system.

Keep your ABCs under control and prevent heart attacks, strokes, and kidney disease.

Complex Chronic Conditions (CCC) Case Management Program

The Complex Chronic Conditions (CCC) Case Management Program helps members who have trouble managing more than one chronic condition. Nurses and social workers work with you and your doctor to address your needs. You'll learn self-care skills to properly manage your chronic conditions. If you or your caregiver thinks you qualify for the program, call the Case Management number at your local facility.

Regional Complete Care Support Programs (Southern California)

Kaiser Permanente Southern California Region's Complete Care Support Programs uses an evidence-based, population-oriented approach to offer comprehensive care for members at every stage of health, including those who are healthy, those with specific health concerns, individuals with chronic illnesses, and those at the end of life. Our care delivery system incorporates disease management into every interaction with our members, which helps to ensure we provide both preventive care and chronic disease management. This member-centric strategy is tailored to reflect each individual's health profile.

While disease management has long been an integral part of our care model, Kaiser Permanente is committed to enhancing preventive care and healthy lifestyle management, which can significantly impact our members' lives. We provide holistic care that addresses total health at every life stage.

Kaiser Permanente's thorough approach to various conditions, including asthma, cancer, cardiovascular disease, chronic pain, diabetes, depression, and weight

management, is reinforced by our integrated systems, programs, and dedicated personnel. Together, we focus on treating each member as a whole, aiming to align our organization with the unique needs of every patient. This is what sets our Complete Care approach apart and empowers our members to thrive.

Your immunization information

Your immunization information is reported to the California Immunization Registry (CAIR), as well as the Regional Immunization Data Exchange (RIDE) for residents of Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties; and County Health Departments – as required by public health mandates. These secure databases are managed by state and county public health agencies.

California health care providers and schools can query CAIR to view patient immunization history. Go to cairweb.org/forms for more information.

Here are some benefits of sharing your information:

- You have a backup in case you lose your or your child's yellow immunization card.
- Participating schools can easily view your child's required immunizations.
- You'll keep a consistent immunization record if you ever need to change health plans.

If you don't want CAIR to share your or your child's immunization history with California health care providers or participating schools, you can opt out at any time. Visit cairweb.org/forms and click "User Guides & Forms," then "CAIR forms" for information about opting out.

Accessing urgent care*

An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. Examples include:

- Minor injuries
- Backaches
- Earaches
- Sore throats
- Coughs
- Upper-respiratory symptoms
- Frequent urination or a burning sensation when urinating

See the "Getting care" sections on pages 4 and 5 for appointment and advice phone numbers.

*You must obtain covered urgent care at Kaiser Permanente Plan facilities when you are inside your Kaiser Permanente home region service area.

Accessing emergency care

If you believe you have an emergency medical condition, call **911** or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.

Emergency services coverage

When you have an emergency medical condition, we cover emergency services you receive from Plan providers or non-Plan providers anywhere in the world. You do not need prior authorization for emergency services.

Emergency services include all of the following with respect to an emergency medical condition:

- A medical screening exam that is within the capability of the emergency department of a hospital, including ancillary services (such as imaging and laboratory services) routinely available to the emergency department to evaluate the emergency medical condition
- Within the capabilities of the staff and facilities available at the hospital, medically necessary examination and treatment required to stabilize you (once your condition is stabilized, services you receive are post-stabilization care and not emergency services)

“Stabilize” means to provide medical treatment for your emergency medical condition that is necessary to assure, within reasonable medical probability, that no material deterioration of your condition is likely to result from or occur during your transfer from the facility. With respect to a pregnant woman who is having contractions, when there is not adequate time to safely transfer her to another hospital before delivery (or the transfer may pose a threat to the health or safety of the woman or her unborn child), “stabilize” means to deliver (including the placenta). For more information on emergency care coverage, see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents.

Post-stabilization care

Post-stabilization care is medically necessary care related to your emergency medical condition that you receive in a hospital (including the emergency department, a freestanding emergency department, or a skilled nursing facility) after your treating provider determines that this condition is stabilized. Post-stabilization care also includes durable medical equipment covered under your plan, if it is medically necessary after discharge from a hospital and related to

the same emergency medical condition.

Kaiser Permanente covers post-stabilization care from a non-Kaiser Permanente provider only if the services are authorized in advance, as described in your Evidence of Coverage or other coverage document, or if coverage is or if coverage is otherwise required by applicable law.

Protecting your privacy and security

We take protecting you, your medical information, and resources for your care very seriously. One way we protect your privacy is by checking your Kaiser Permanente ID card and asking to see a photo ID when you come in for care.

We are committed to ethical conduct, integrity in our work, and compliance with all regulatory requirements. We train our employees and doctors to help protect your privacy and prevent fraud and identity theft. We monitor our systems and operations for indications of misconduct and take corrective action when needed.

If you notice any potential signs of misconduct, such as someone improperly using another person’s ID card or information, receiving a statement with charges for care you didn’t receive, or unexpected changes to your prescription medications, please contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). For more information about how we are working to protect you, visit kp.org/protectingyou.

Your rights and responsibilities

Kaiser Permanente is your partner in total health care. Active communication between you and your doctor as well as others on your health care team helps us to provide you with the most appropriate and effective care. We want to make sure you receive the information you need about your health plan, the people who provide your care, and the services available, including important preventive care guidelines. Having this information contributes to you being an active participant in your own medical care. We also honor your right to privacy and believe in your right to considerate and respectful care. This section details your rights and responsibilities as a Kaiser Permanente member and gives you information about member services, specialty referrals, privacy and confidentiality, and the dispute-resolution process.

As an adult member, you exercise these rights yourself. If you are a minor or are unable to make decisions about your medical care, these rights will be exercised by the person with the legal responsibility to participate in making these decisions for you.

You'll also see the Member/Patient/Visitor Code of Conduct under the Responsibilities section, which helps implement a safe, secure, and respectful care delivery environment for everyone. To read more details of the Code of Conduct, visit this link: <https://healthy.kaiserpermanente.org/pages/rights-responsibilities>

You have the right to:

Receive information about Kaiser Permanente, our services, our practitioners and providers, and your rights and responsibilities. We want you to participate in decisions about your medical care. You have the right, and should expect,

to receive as much information as you need to help you make these decisions. This includes information about:

- Kaiser Permanente
- The services we provide, including mental health services
- The names and professional status of the individuals who provide you with service or treatment
- The diagnosis of a medical condition, its recommended treatment, and alternative treatments
- The risks and benefits of recommended treatments
- Preventive care guidelines
- Ethical issues
- Complaint and grievance procedures

We will make this information as clear and understandable as possible. When needed, we will provide interpreter services at no cost to you.

Participate in a candid discussion of appropriate or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage.

You have the right to a candid discussion with your Plan doctor about appropriate or medically necessary treatment options for your condition(s), regardless of cost or benefit coverage. Ask questions, even if you think they're not important. You should be satisfied with the answers to your questions and concerns before consenting to any treatment. You may refuse any recommended treatment if you don't agree with it or if it conflicts with your beliefs.

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.

Medical emergencies or other circumstances may limit your participation in a treatment decision. However, in general, you will not receive any medical treatment before you or your representative gives consent. You and, when appropriate, your family will be informed about the outcomes of care, treatment, and services that have been provided, including unanticipated outcomes.

Participate with practitioners and providers in making decisions about your health care. You have the right to choose an adult representative, known as your agent, to make medical decisions for you if you are unable to do so, and to express your wishes about your future care. Instructions may be expressed in advance directive documents such as an Advance Health Care Directive.

For more information about these services and resources, please contact Member Services 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Have ethical issues considered. You have the right to have ethical issues that may arise in connection with your health care considered by your health care team. Kaiser Permanente has a Bioethics/Ethics Committee at each of our medical centers to assist you in making important medical or ethical decisions.

Receive personal medical records. You have the right to review and receive copies of your medical records, subject to legal restrictions and any appropriate copying or retrieval charge(s). Third parties are required to submit a signed authorization to obtain copies of a patient's records with Member Services. Kaiser Permanente will not release your medical information without your authorization, except as required or permitted by law.

To review, receive, or release copies of your medical records, contact our Release of Information Department at [kp.org/requestrecords](https://www.kp.org/requestrecords). If you need help getting copies of your medical records, call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Receive care with respect and recognition of your dignity. We respect your cultural, psychosocial, spiritual, and personal values; your beliefs; and your personal preferences. Kaiser Permanente is committed to providing high-quality care for you and to building healthy, thriving communities. To help us get to know you and provide culturally competent care, we collect race, ethnicity, language preferences (spoken and written), sexual orientation, gender identity, and religion data. This information can help us develop ways to improve care for our members and communities. This information is kept private and confidential and is not used in underwriting, rate setting, or benefit determination. Check your visit summary to make sure your information is correct. If you see an error, please tell us. We believe that providing quality health care includes a full and open discussion regarding all aspects of medical care and want you to be satisfied with the health care you receive from Kaiser Permanente.

Use interpreter services at no cost to you. When you call or come in for an appointment or call for advice, we want to speak with you in the language you are most comfortable using. For more about our interpreter services, see the section titled "Help in your language" or call Member Services, 24 hours a day, 7 days a week at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616**

(Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Be assured of privacy and confidentiality.

All Kaiser Permanente employees and doctors, as well as practitioners and providers with whom Kaiser Permanente contracts, are required to keep your protected health information (PHI) confidential. PHI is information that includes your name, Social Security number, or other information that reveals who you are, such as race, ethnicity, and language data. For example, your medical record is PHI because it includes your name and other identifiers.

Kaiser Permanente has strict policies and procedures regarding the collection, use, and disclosure of member PHI that includes the following:

- Kaiser Permanente's routine uses and disclosures of PHI
- Use of authorizations
- Access to PHI
- Internal protection of oral, written, and electronic PHI across the organization
- Protection of information disclosed to Plan sponsors or employers

Please review the section titled "Privacy practices."

For more information about your rights regarding PHI as well as our privacy practices, please refer to our Notice of Privacy Practices on our website, kp.org, or call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Participate in doctor selection without interference. You have the right to select and change your personal doctor within the Kaiser Permanente Medical Care Program without interference, subject to doctor availability. To

learn more about nurse practitioners, physician assistants, and selecting a primary care practitioner, see the section titled "Choose your doctor."

Receive a second opinion from an appropriately qualified medical practitioner.

If you want a second opinion, you can ask Member Services to help you arrange one with a Plan doctor who is an appropriately qualified medical professional for your condition. If there isn't a Plan doctor who is an appropriately qualified medical professional for your condition, Member Services will help you arrange a consultation with a non-Plan doctor for a second opinion. While it is your right to consult with a doctor outside the Kaiser Permanente Medical Care Program, without prior authorization you will be responsible for any costs you incur. For purposes of this "Second Opinions" provision, an "appropriately qualified medical professional" is a doctor who is acting within their scope of practice and who possesses a clinical background, including training and expertise, related to the illness or condition associated with the request for a second medical opinion.

Receive and use member satisfaction resources, including the right to voice complaints or make appeals about Kaiser Permanente or the care we provide.

You have the right to resources such as patient assistance and member services, and the dispute-resolution process. These services are provided to help answer your questions and resolve problems.

A description of your dispute-resolution process is contained in your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents. If you need a replacement, contact Member Services to request a copy. If you receive your Kaiser Permanente coverage through an employer, you can also contact your employer for a current copy.

When necessary, we will provide you with interpreter services, including sign language, at no cost to you. For more information about our services and resources, please contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Make recommendations regarding Kaiser Permanente's member rights and responsibilities policies. If you have any comments about these policies, please contact Member Services, 24 hours a day, 7 days a week at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

You are responsible for the following:

Being civil and respectful. At Kaiser Permanente, we are committed to ensuring a safe, secure, and respectful environment for everyone, including our members, patients, visitors, clinicians, providers, health care teams, and employees. We expect all individuals to demonstrate civil and respectful behavior while on our premises or in virtual or home health care interactions.

As part of the Member/Patient/Visitor Code of Conduct, we expressly prohibit the following:

- Abusive language including threats and slurs
- Sexual harassment
- Physical assault
- Possession or use of all types of weapons, including firearms

We reserve the right to take appropriate measures to address abusive, disruptive, inappropriate, or aggressive behavior.

Knowing the extent and limitations of your health care benefits. A detailed explanation of your benefits is contained in your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents. If you need a replacement, contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY) to request another copy. If you receive your Kaiser Permanente coverage through an employer, you can also contact your employer for a current copy of your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

Notifying us if you are hospitalized in a non-Kaiser Permanente hospital. If you are hospitalized in any hospital that is not a Plan hospital, you are responsible for notifying us as soon as reasonably possible so we can monitor your care.

You can contact us by calling the number on your Kaiser Permanente ID card.

Identifying yourself. You are responsible for carrying your Kaiser Permanente ID card and photo identification with you at all times to use when appropriate, and for ensuring that no one else uses your ID card. If you let someone else use your card, we may keep your card and terminate your membership.

Your Kaiser Permanente ID card is for identification only and does not give you rights to services or other benefits unless you are an eligible member of our health plan. Anyone who is not a member will be billed for any services we provide.

Keeping appointments. You are responsible for promptly canceling any appointment that you no longer need or are unable to keep.

Supplying information (to the extent possible) that Kaiser Permanente and our practitioners and providers need in order to provide you with care. You are

responsible for providing the most accurate information about your medical condition and history, as you understand it. Report any unexpected changes in your health to your doctor or medical practitioner.

Understanding your health problems and participating in developing mutually agreed-upon treatment goals, to the highest degree possible.

You are responsible for telling your doctor or medical practitioner if you don't clearly understand your treatment plan or what is expected of you. You are also responsible for telling your doctor or medical practitioner if you believe you cannot follow through with your treatment plan.

Following the plans and instructions for care you have agreed on with your practitioners. You are responsible for following the plans and instructions that you have agreed to with your doctor or medical practitioner.

Recognizing the effect of your lifestyle on your health. Your health depends not only on care provided by Kaiser Permanente but also on the decisions you make in your daily life — poor choices, such as smoking or choosing to ignore medical advice, or positive choices, such as exercising and eating healthy foods.

Fulfilling financial obligations. You are responsible for paying on time any money owed to Kaiser Permanente.

Knowing about and using the member satisfaction resources available, including the dispute-resolution process. For more about the dispute-resolution process, see the section titled "dispute resolution." A description of your dispute-resolution process is contained in your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

If you need a replacement, contact Member Services to request a copy. If you receive your Kaiser Permanente coverage through an

employer, you can also contact your employer for a current copy. Member Services can also give you information about the various resources available to you and about Kaiser Permanente's policies and procedures.

If you have any recommendations or comments about these policies, please contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Policies and procedures

This section discusses the prescription drug formulary and policies on specialty referrals, new technology, confidentiality, and privacy practices. It also describes the dispute-resolution process and the procedures for decisions about coverage and medical treatment.

To speak with a representative about our policies and procedures, including benefits and coverage, contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Contraceptive services

If your Plan does not cover contraceptive services, additional services may be available through the California Reproductive Health Equity Program at no cost.

Disability access

It's our policy to make our facilities and services accessible to individuals with disabilities, in compliance with federal and state laws that prohibit discrimination based

on disability. Kaiser Permanente provides (1) access to service-animal users except where the animal poses a significant risk to health or safety; (2) appropriate auxiliary aids and services when necessary to ensure effective communication with individuals with hearing, cognitive, and/or communication-related disabilities, including qualified sign language interpreter services and informational materials in alternative formats (examples include large print, audio, electronic texts/disks/CD-ROMs, and braille); and (3) accessible exam rooms and medical equipment for individuals with disabilities. Also see page 28, "Guide for members with disabilities."

About your Kaiser Permanente identification (ID) card

Each member is assigned a unique medical record number, which we use to locate membership and medical information. Every member receives an ID card that shows their unique number.

Your ID card is for identification only. To receive covered services, you must be a current member. If you were a member and have reenrolled in our health plan, you will receive a new ID card that shows your original medical record number.

Whenever you receive a new ID card, destroy all old cards and begin using the new card. If you lose your ID card, or if we inadvertently issue you more than 1 medical record number, please call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Referrals for specialty care

Your primary care doctor will refer you to a Plan specialist when they believe that you require specialty care. Some specialty care, such as obstetrics-gynecology, most mental health services, and substance

use disorder treatment, don't require a referral. There may be instances when you require the services of a non-Plan doctor. These services are covered only when authorized by the Medical Group. Please see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents for more information.

Notice of availability of Online and Printed Provider Directory

Kaiser Permanente is required by California law to publish and maintain an online Provider Directory with certain information about providers available to our members, including whether a provider is accepting new patients.

The provider directory is a listing of Plan Physicians and Plan Facilities in your Home Region. This directory is available on our website at kp.org/facilities. To obtain a printed copy, call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). The directory is updated periodically. The availability of Plan Physicians and Plan Facilities may change. If you have questions, please call Member Services.

Telehealth services through third-party providers

Some Plan providers offer services exclusively through telehealth appointments (video visits, phone appointments, and/or secure email) and have no physical locations where you can receive in-person services.

- **Your choice of service delivery:** You are not required to receive telehealth services from these telehealth providers. You may choose to receive in-person services from another Plan provider instead.

- **Cost sharing:** Any cost-sharing you pay for telehealth services will accrue to the applicable deductible or out-of-pocket maximum on the same basis as in-person visits.
- **Right to access medical records:** If you receive telehealth services through these providers, you may request access to your medical record for this visit, and such information may be added to your medical record and shared with your primary care physician. To review, receive, or release your medical records, contact our Release of Information Department at kp.org/requestrecords. If you wish to object to sharing of your medical records, contact Member Services.

You can reach Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services).

New technology

Kaiser Permanente has a rigorous process for monitoring and evaluating the clinical evidence for new medical technologies that are treatments and tests. Kaiser Permanente doctors decide if new medical technologies shown to be safe and effective in published, peer-reviewed clinical studies are medically appropriate for their patients.

Coordination of Benefits (COB)

You and your family may be able to save on medical expenses if you are covered by more than one medical plan. COB determines how much each plan will pay toward the cost of a service. Through COB, your health care organizations and insurance companies work together to pay for your medical care.

- If you have Medicare coverage, we will determine which coverage pays first using Medicare rules. To find out which Medicare rules apply to your situation, and how payment will be handled, call Member Services at **1-800-464-4000**, 24/7 (closed holidays).

- If you have more than one medical plan through an employer group, California coordination of benefits rules determine which coverage pays first. For more information about COB, please see your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents, or call Member Services at **1-800-464-4000**.

Accrual toward deductibles and out-of-pocket maximums

To see how close you are to reaching your deductibles, if any, and out-of-pocket maximums, use our online Out-of-Pocket Summary tool at kp.org or call Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services). We will provide you with an accrual balance information for every month that you receive services until you reach your individual out-of-pocket maximum or your family reaches the family out-of-pocket maximums.

We will provide accrual balance information by mail unless you have opted to receive notices electronically. You can change your document delivery preferences at any time at kp.org or by calling Member Services.

Claims status information

You have the right to track the status of a claim in the claims process and obtain the following information in one telephone contact with a representative from Member Services: the stage of the process, the amount approved, amount paid, member cost, and date paid (if applicable). To inquire about the status of a claim, please contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Coverage or service decisions

Managing how health care services and related resources are used is an important part of how Kaiser Permanente doctors and staff work together to help control costs and improve health care services for you.

Managing our resources effectively includes making decisions that help ensure that you receive the care you need. Communicating openly with the members of your health care team is an important way to help ensure that you get the care you need.

Many agencies, accrediting bodies, and employers require managed care organizations and hospitals to detect and correct potential underuse and overuse of services. Among them are the National Committee for Quality Assurance, the Centers for Medicare & Medicaid Services (Medicare and Medi-Cal), and The Joint Commission. This monitoring of services is called “resource management.”

At Kaiser Permanente, utilization management (UM) prior authorization is conducted for a small number of health care services requested by your provider. The UM review determines whether the requested service is medically necessary for your care. If it is medically necessary, then you will be authorized to receive that care in a clinically appropriate place consistent with the terms of your health coverage. We make UM decisions using evidence-based UM criteria and the *Evidence of Coverage*. In the event of a UM denial, members and providers will receive a written notice communicating the decision, a description of the criteria used and the clinical reasons for the decision. A copy of the specific UM criteria used to support the decision is available and will be provided to you upon request. Also, we do not specifically reward providers or individuals conducting a utilization review for issuing denials of coverage or service. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

The type of coverage you have determines your benefits. Your Kaiser Permanente doctors and contracted providers make decisions about your care and the services you receive based on your individual clinical needs. Our doctors and other providers may use clinical practice guidelines (information, tools, and other decision-making aids) to assist in making treatment decisions.

Your Kaiser Permanente doctor does not make decisions on your health care because of receiving a financial reward, or because they would be hired, fired, or promoted. Your Kaiser Permanente doctor does not receive any financial reward if they do not provide the services you need. Kaiser Permanente makes sure that your doctor provides the care you need at the right time and the right place.

For more information about policies regarding financial incentives and how we control utilization of services and expenditures, contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Assistance with utilization management (UM) issues and processes

For calls regarding UM issues, questions, or processes, please call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). You can also get information at kp.org/um.

Member Services representatives and UM staff are available during normal business hours to address your questions or concerns related to UM issues. Please call your local medical center number and request the Member Services or Utilization Management Department. Business hours are Monday through Friday (excluding holidays), 9 a.m. to

5 p.m. You can also inquire about UM processes or specific UM issues by leaving a voicemail after hours. Please leave your name, medical record number and/or birth date, telephone number where you can be reached, and your specific question. Messages will be responded to no later than the next business day.

**Sign up for organ donation:
Help save lives**

Did you know that one person can save 8 lives and enhance 50 others through organ and tissue donation? If you haven't already signed up to be an organ donor, do it today at donatelifecalifornia.org. Be sure to tell your loved ones, family, and doctor about your wishes.

Quality

At Kaiser Permanente, we are proud of our delivery of high-quality health care and services to our members. Our commitment to quality is demonstrated through the recognition we've received from independent organizations for our internal improvement program and for our use of advanced technologies in providing medical care. You can find out more about our quality program by visiting kp.org/quality.

We participate in various activities that demonstrate the quality of care and service we provide. Information to better understand the quality of care we deliver at Kaiser Permanente, as well as a way to compare our performance to other California health plans, is available. This clinical and patient experience information is reported through the public Office of the Patient Advocate and is available to view and print. For clinical and patient-experience measures for all Kaiser Permanente locations and explanations of the scoring and rating methodologies used to demonstrate performance for clinical care and patient experience, visit <https://reportcard.opa.ca.gov/>.

We also participate in various activities in the community to improve patient safety — one of our top priorities. For example, we participate in the Leapfrog Group survey. The Leapfrog Group is composed of Fortune 500 companies and other public and private organizations throughout the country that provide health care benefits. The group's goal is to improve the safety and quality of health care in the United States. One of its main programs is a voluntary, web-based survey used to gather information about medical care in urban hospitals. All Kaiser Permanente medical centers in California and the majority of our contracted hospitals participated in the most recent survey. To see the survey results, visit

<https://www.leapfroggroup.org/ratings-reports>.

Privacy practices

Kaiser Permanente protects the privacy of your protected health information (PHI). We also require contracting providers to protect your PHI. Your PHI is individually identifiable information (oral, written, or electronic) about your health, health care services you receive, or payment for your health care.

You may generally see and receive copies of your PHI, request to correct or update your PHI, and ask us for an accounting of certain disclosures of your PHI. You can request delivery of confidential communications to a location other than your usual address or through an alternative means of delivery. You may request confidential communications by completing a form, which is available on kp.org under "Request for Confidential Communications Forms." Your request for confidential communications will be valid until you submit a revocation or a new request for confidential communications. If you have questions, please call Member Services (see numbers below).

We may use or disclose your PHI for treatment, payment, and health care operations purposes, such as measuring the quality of services. We are sometimes required by law to give PHI to others, such as government agencies or in judicial actions. In addition, if you have coverage through an employer group, PHI is shared with your group only with your authorization or as otherwise permitted by law. We will not use or disclose your PHI for any other purpose without your (or your representative's) written authorization, except as described in our Notice of Privacy Practices. Giving us authorization is at your discretion.

This is only a brief summary of some of our key privacy practices. Our Notice of Privacy Practices, which provides additional information about our privacy practices and your rights regarding your PHI, is available by visiting kp.org/privacy and choosing Southern or Northern California. To request a printed copy, please call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). You can also find the Notice at your local Plan facility.

Dispute resolution

We are committed to promptly resolving your concerns. The following sections describe some dispute-resolution options that may be available to you. Please refer to your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents 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, Medi-Cal, MRMIP, Federal

Employee Health Benefits Program (FEHB), or CalPERS member because you have different dispute-resolution options available. The information below is subject to change when your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents are revised.

We will confirm receipt of your complaint, grievance, or appeal within 5 days. We will send you our decision within 30 days from the date we received your written or verbal complaint. We will make every attempt to resolve your issue promptly. In the case of an urgent grievance, we will respond as described below in the Urgent Procedure section.

Complaints about quality of care or service, or access to facilities or services

If you have a complaint about your quality of care or service, or access to facilities or services, you may file a complaint online or you may contact a patient assistance coordinator or a Member Services representative at a local Plan facility, or call Member Services, 24 hours a day, 7 days a week at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY) to discuss your issue. To file a complaint online, go to kp.org and scroll to the bottom of the page. Under "Member Support," click "Support Center." On the left side of the screen, click "File a complaint." Our representatives will advise you about our resolution process and ensure that the appropriate parties review your complaint.

Grievances

A grievance is any expression of dissatisfaction by you or your authorized representative through the grievance process. Here are some examples of reasons you might file a grievance:

- You received a written denial of Services that require prior authorization from the

Medical Group and you want us to cover the Services

- You received a written denial for a second opinion or we did not respond to your request for a second opinion in an expeditious manner, as appropriate for your condition
- Your treating doctor has said that Services are not medically necessary and you want us to cover the Services
- You were told that Services are not covered and you believe that the Services should be covered
- You want us to continue to cover an ongoing course of covered treatment
- You believe you have faced discrimination from providers, staff, or Health Plan
- We terminated your membership and you disagree with that termination

Who may file

The following people may file a complaint or grievance:

- You may file for yourself.
- You can ask a friend, relative, attorney, or any other person to file for you by appointing them in writing as your authorized representative.
- A parent may file for their child under age 18, except that the child must appoint the parent as authorized representative if the child has the legal right to control release of information that is relevant.
- A court-appointed guardian may file for their ward, except that the ward must appoint the court-appointed guardian as authorized representative if the ward has the legal right to control release of information that is relevant.
- A court-appointed conservator may file for their conservatee.
- An agent under a currently effective health care proxy, to the extent provided

under state law, may file for their principal.

- Your doctor may act as your authorized representative with your verbal consent to request an urgent grievance as described in the *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

Independent Medical Review (IMR)

If you qualify, you or your authorized representative may have your issue reviewed through the Independent Medical Review (IMR) process managed by the California Department of Managed Health Care. The Department of Managed Health Care determines which cases qualify for IMR. This review is at no cost to you.

You may qualify for IMR if all of the following are true:

- One of these situations applies to you:
 - You have a recommendation from a provider requesting medically necessary services.
 - You have received emergency services, emergency ambulance services, or urgent care from a provider who determined the services to be medically necessary.
 - You have been seen by a Plan Provider for the diagnosis or treatment of your medical condition.
- Your request for payment or services has been denied, modified, or delayed based in whole or in part on a decision that the services are not medically necessary.
- You have filed a grievance and we have denied it or we haven't made a decision about your grievance within 30 days (or 3 days for urgent grievances). The Department of Managed Health Care may waive the requirement that you first file a grievance with us in extraordinary and compelling cases, such as severe pain or potential loss of life, limb, or

major bodily function. If we have denied your grievance, you must submit your request for an IMR within 6 months of the date of our written denial. However, the Department of Managed Health Care may accept your request after 6 months if they determine that circumstances prevented timely submission.

You may also qualify for IMR if the Service you requested has been denied on the basis that it is experimental or investigational as described under “Experimental or investigational denials” in your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

If the Department of Managed Health Care determines that your case is eligible for IMR, it will ask us to send your case to the Department of Managed Health Care’s Independent Medical Review organization. The Department of Managed Health Care will promptly notify you of its decision after it receives the Independent Medical Review organization’s determination. If the decision is in your favor, we will contact you to arrange for the service or payment.

Independent Review Organization for nonformulary prescription drug requests

If you filed a grievance to obtain a nonformulary prescription drug and we did not decide in your favor, you may submit a request for a review of your grievance by an independent review organization (IRO). You must submit your request for IRO review within 180 days of the receipt of our decision letter.

For urgent IRO reviews, we will forward to you the independent reviewer’s decision within 24 hours. For nonurgent requests, we will forward the independent reviewer’s decision to you within 72 hours. If the independent reviewer does not decide in your favor, you may submit a complaint to the Department of Managed Health Care, as described under "Department of Managed

Health Care." You may also submit a request for an Independent Medical Review as described under "Independent Medical Review."

Urgent Procedure

If you want us to consider your grievance on an urgent basis, please tell us that when you file your grievance. Note: Urgent is sometimes referred to as "exigent." If exigent circumstances exist, your grievance may be reviewed using the urgent procedure described in this section.

You must file your urgent grievance or request for IRO review in one of the following ways:

- By calling our Expedited Review Unit toll-free at **1-888-987-7247** (TTY **711**)

By mailing a written request to:
Kaiser Foundation Health Plan, Inc.
Expedited Review Unit

P.O. Box 1809
Pleasanton, CA 94566

- By faxing a written request to our Expedited Review Unit toll-free at **1-888-987-2252**
- By visiting a Member Services office at a Plan facility
- By going to kp.org — you can file a complaint or grievance, including a request for an expedited review, on our website

We will decide whether your grievance is urgent or nonurgent unless your attending health care provider tells us your grievance is urgent.

If we determine that your grievance is not urgent, we will use the procedure described in your *Evidence of Coverage* or other plan documents. Generally, a grievance is urgent only if one of the following is true:

- Using the standard procedure could seriously jeopardize your life, health, or ability to regain maximum function.

- Using the standard procedure would, in the opinion of a doctor with knowledge of your medical condition, subject you to severe pain that cannot be adequately managed without extending your course of covered treatment.
- A doctor with knowledge of your medical condition determines that your grievance is urgent.
- You have received Emergency Services but have not been discharged from a facility and your request involves admissions, continued stay, or other health care Services
- You are undergoing a current course of treatment using a non-formulary prescription drug and your grievance involves a request to refill a non-formulary prescription drug

For most grievances that we respond to on an urgent basis, we will give you oral notice of our decision as soon as your clinical condition requires, but not later than 72 hours after we received your grievance. We will send you a written confirmation of our decision within three days after we received your grievance.

If your grievance involves a request to obtain a non-formulary prescription drug and we respond to your request on an urgent basis, we will notify you of our decision within 24 hours of your request. For information on how to request a review by an independent review organization, see "Independent Review Organization for Non-Formulary Prescription Drug Requests" above.

If we do not decide in your favor, our letter will explain why and describe your further appeal rights.

NOTE: If you have an issue that involves an imminent and serious threat to your health (such as severe pain or potential loss of life, limb, or major bodily function), you can contact the California Department of

Managed Health Care at any time at **1-888-466-2219** or **1-877-688-9891** (TTY) without first filing a grievance with us.

Binding arbitration

You have the right to voice complaints about Kaiser Permanente and the care we provide. Most member concerns are resolved through our complaint and grievance process. However, if you believe your care has been negligent, you can ask for binding arbitration by an arbitrator.

Upon enrollment, Kaiser Permanente members agree to use binding arbitration* instead of a jury or court trial for certain matters that are not resolved by our dispute-resolution process. Arbitration is a widely used alternative to the court system. Arbitration does not limit a member's ability to sue Kaiser Permanente (Kaiser Foundation Health Plan, Inc.), The Permanente Medical Group, Inc. (TPMG), Southern California Permanente Medical Group (SCPMG), and its providers, employees, etc. (collectively "Kaiser Permanente"). Arbitration is simply a different forum for resolution of the dispute.

The Office of the Independent Administrator is the neutral entity that administers these arbitrations. Under the Office of the Independent Administrator, the arbitration system has been designed so that many cases are resolved timely and, in many circumstances, faster than if in court. A pool of nearly 300 independent arbitrators has been established by the Office of the Independent Administrator. About one-third of the arbitrators are retired judges. The arbitrator's decision is binding on both members and Kaiser Permanente.

For more information about binding arbitration, please refer to your *Evidence of Coverage* or other plan documents. The Office of the Independent Administrator issues annual reports available to the public regarding the arbitration system. The Office of the Independent Administrator

may be reached at **1-213-637-9847**.

Information about the arbitration system is also available on the website for the Office of the Independent Administrator, oia-kaiserarb.com.

Department of Managed Health Care

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY) and use your health plan's grievance process before contacting DMHC. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call DMHC for assistance. You may also be eligible for an Independent Medical Review (IMR).

If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. DMHC also has a toll-free telephone number (**1-888-466-2219**) and a TTY line (**1-877-688-9891**) for the deaf or hard of hearing. DMHC's website www.dmhc.ca.gov has complaint forms, IMR application forms, and instructions.

Notice of personal information sharing with Covered California

California Law requires Kaiser Permanente to notify you every year that we will provide your information, including your name, address, and email, to Covered California if you end your health care coverage with us. Covered California will use this information to help you obtain other health coverage. If you do not want to allow Kaiser Permanente to share your information with Covered California, you may opt out of this information sharing.

If you do not want us to share your information with Covered California, visit kp.org/notifications, or contact Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services), 24 hours a day, 7 days a week (closed holidays) (for TTY, call **711**) 30 days before your coverage ends, to opt out of this information sharing. Thank you.

Guide for members with disabilities

Kaiser Permanente is committed to providing individuals with disabilities full and equal access to its care and facilities. The information presented here will guide you through available resources to help you plan your visit or hospital stay at any of our facilities statewide.

Physical accessibility at Kaiser Permanente facilities

Kaiser Permanente complies with all requirements of the Americans with Disabilities Act (ADA) and related disability civil rights laws. Individuals with disabilities are welcome at all our facilities. If you are curious about access at a specific facility, we offer information regarding the physical accessibility of parking, building exterior, building interior, restrooms, exam rooms, and exam tables/scales for many of our facilities online. On [kp.org](https://www.kp.org) under Doctors & Locations, you may enter your location or zip code and key words to find doctors or facilities near you. Once you select a facility, that facility's listing may indicate the following levels of access based on Department of Health Care Services (DHCS) guidelines:

- **Basic access:** The facility demonstrates physical accessibility for people with disabilities for each of the following 5 areas surveyed: parking, outside building, inside building, restrooms, and exam rooms.
- **Limited access:** The facility demonstrates physical accessibility for people with disabilities for some but not all of the following 5 areas surveyed: parking, outside building, inside building, restrooms, and exam rooms.
- **Medical equipment access:** The facility demonstrates that patients with disabilities have access to height-adjustable exam

tables and weight scales accessible to patients with wheelchairs and scooters. Also indicated by the T symbol described below.

Additional information about a facility's physical accessibility may also be included using the following symbols:

E = exam room

The entrance to the exam room is accessible with a clear path. The doors open wide enough to accommodate a wheelchair or scooter and are easy to open. The exam room has enough room for a wheelchair or scooter to turn around.

EB = exterior (outside) building

Curb ramps and other ramps to the building are wide enough for a wheelchair or scooter. Handrails are provided on both sides of the ramp. There is an accessible entrance to the building. Doors open wide enough to let a wheelchair or scooter enter and have handles that are easy to use.

IB = interior (inside) building

Doors open wide enough to let a wheelchair or scooter enter and have handles that are easy to use. Interior ramps are wide enough and have handrails. Stairs, if available, have handrails. If there is an elevator, it is available for public use at all times when the building is open. The elevator has enough room for a wheelchair or scooter to turn around. If there is a platform lift, it can be used without help.

P = parking

Parking spaces, including spaces designated for vans, are accessible. Pathways have curb ramps between the parking lots, offices, and at drop-off locations.

R = restroom

The restroom is accessible, and the doors are wide enough to accommodate a wheelchair or scooter and are easy to

open. The restroom has enough room for a wheelchair or scooter to turn around and close the door. There are grab bars that allow easy transfer from wheelchair to toilet. The sink is easy to get to and the faucets, soap, and toilet paper are easy to reach and use.

T = exam table or scale

The exam table moves up and down and the scale is accessible with handrails to assist people with wheelchairs and scooters. The weight scale can accommodate a wheelchair.

If a facility you are interested in visiting does not have physical accessibility information listed online, that doesn't mean that it is not accessible. Contact the facility directly or speak with your provider if you have any concerns about ensuring that your individual needs are accommodated when you visit.

Alternative formats

- **Print documents are available in alternative formats**

Large print, braille, audio, and electronic files (accessible PDFs or Microsoft Word documents) are available at no charge to individuals with disabilities. The amount of time required for production of written materials in alternative formats may vary depending on the complexity, type, and length of the document requested, as well as whether the materials are prepared in-house or by third-party vendors. Generally, written materials in alternative formats can be produced within two weeks or less. Many electronic documents may be available for immediate viewing or downloading on kp.org.

To request documents in alternative formats, call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish),

1-800-757-7585 (Chinese dialects), or **711** (TTY). You can also contact us online by visiting our [Support Center](#).

Auxiliary aids and services:

Auxiliary aids and services are available to assist with effective communication so that you can fully participate in your care and our services, at no cost. Contact your provider or Member Services to inquire about the types of aids, services, or modifications that we can offer to make our services and communications fully accessible to you. Examples include sign language interpreter services, real-time captioning, hearing amplification devices, documents in alternative formats, wheelchair transfer assistance, access to accessible medical equipment, and more.

Pharmacy services

Kaiser Permanente pharmacies offer a variety of communication solutions for members who are blind, low vision, deaf, hard of hearing, or may have difficulties with remembering or understanding, including:

- Alternative formats (braille, large print, audio, and screen readable documents)
- Large print prescription labels and audible prescription labels. The ScripTalk Station and ScripTalk Mobile App reads aloud specially designed prescription labels. Request audible prescription labels and the ScripTalk station through your local pharmacy, pharmacy call center, or through the mail order pharmacy. Or download the **ScripTalk Mobile App** from the [Apple App Store](#) or [Google Play](#).
- Assistive listening devices (ALDs), such as a Pocket Talker, which is a personal hearing amplifier
- Sign language interpreters
- Other auxiliary aids and services upon request

For additional information or assistance:

Get local pharmacy or pharmacy call center numbers by:

- **Calling Member Services**, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), or **1-800-757-7585** (Chinese dialects). For TTY, call **711**.
- **Using kp.org**
Sign in, select “Pharmacy,” and select “Find a KP pharmacy.”
- **Using the KP mobile app**
Sign in, navigate to the Pharmacy section, and select “Find a Pharmacy.”

Service animals

Kaiser Permanente welcomes service animals in its facilities. Service animals are defined by the ADA as dogs (and, as may be permitted under the ADA, miniature horses) that are individually trained to do work or perform tasks for people with disabilities. The work or task a dog has been trained to provide must be directly related to the person’s disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA and are not permitted in Kaiser Permanente facilities. Misrepresenting an animal as a trained service animal is a misdemeanor punishable by up to 6 months in jail and/or up to a \$1,000 fine. (Penal Code Section 365.7(a)).

Technology access

At Kaiser Permanente we’re dedicated to making our digital experience accessible to everyone. We continually review and modify our technology to improve their accessibility for people with disabilities. We strive to provide equivalent and positive digital experiences to people who use assistive technologies or adaptive methods.

- **kp.org and our KP mobile app**

Kaiser Permanente has a core group of accessibility subject matter experts that form the Kaiser Permanente Digital Accessibility Program. These specialists engage with the digital information teams throughout the product life cycle – from design toward testing. Our digital properties – including our website, our Kaiser Permanente mobile applications, and our electronic documents – support the Web Content Accessibility Guidelines, version 2.2, levels A and AA (referred to as WCAG 2.2 AA).

We determine compliance through accessibility reviews and testing during design and development, assessing accessibility using a combination of automated and manual testing. Our tools and methods include keyboard, JAWS, VoiceOver, TalkBack, zooming to 400%, text spacing, and Color Contrast Analyzer. PDFs are tested with a variety of tools including Adobe Acrobat Pro Accessibility Checker, CommonLook PDF Validator, Color Contrast Analyzer, and JAWS.

You can get more information about our accessibility efforts at kp.org/accessibility.

- **Technology at Kaiser Permanente facilities**

Kaiser Permanente uses a variety of technologies at its medical centers to provide our members with information and services. We design, select, and install these technologies so that as many of our members as possible may use them. However, these technologies don’t replace one-on-one help. If you don’t know how to use any technologies you encounter during your visits, our employees are here to help you.

- **Need help?**

If you'd like to report a digital accessibility issue or provide feedback on the accessibility of our websites or our Kaiser Permanente mobile applications, please send an email to accessibility-feedback@kp.org. If you need immediate user help, please call the general website support number **1-800-556-7677** or **711** (TTY), available 24 hours, 7 days a week. You can also visit our [Support Center](#) for assistance.

Help in your language

Language Assistance Services

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**. You can also request auxiliary aids and devices at our facilities.

If you need interpreter services when you call us or when you get covered services, please let us know. Interpreter services, including sign language, are available during all hours of operation at no cost to you. We highly discourage the use of minors or family members as interpreters.

If you visit one of our facilities and no one speaks your language, we have qualified interpreters in more than 150 languages available by phone. If you need a sign language interpreter, a qualified interpreter is available either by video or in person.

For details on alternative formats and auxiliary aids, please see the section titled "Guide for members with disabilities" on page 28.

Ayuda en su idioma

Servicios de ayuda para idiomas

Ofrecemos servicios de ayuda para idiomas sin costo, disponibles las 24 horas del día, los 7 días de la semana. Puede solicitar servicios de interpretación y materiales traducidos en su idioma o en formatos alternativos.

Simplemente, llame al **1-800-788-0616**, las 24 horas del día, los 7 días de la semana (cerrado los días festivos). Los usuarios de TTY deben llamar al **711**. También puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención. Infórmenos si necesita que le brindemos servicios de interpretación cuando nos llama o cuando recibe servicios cubiertos. Los servicios de interpretación, incluido el lenguaje de señas, están disponibles durante todo el horario de atención sin costo alguno. Recomendamos no recurrir a menores ni a familiares para que actúen como intérpretes.

Si visita alguno de nuestros centros de atención y nadie habla su idioma, tenemos intérpretes calificados para más de 150 idiomas a disposición por teléfono. El servicio de intérpretes calificados de lenguaje de señas está disponible por video o en persona.

Para leer información más detallada sobre los formatos alternativos y la ayuda adicional, consulte la sección "Guía para miembros con discapacidades". Cuando sea necesario, también podemos remitirle a recursos comunitarios apropiados según su idioma, cultura y necesidades especiales. Simplemente díganos cómo podemos ayudarlo.

翻譯協助

語言援助服務

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。您只需致電 **1-800-757-7585** 與我們聯絡即可，服務時間為每週 7 天，每天 24 小時（假日休息）。聽障及語障電話專線使用者請致電 **711**。您還可以在我們的設施內申請輔助器材和裝置。

當您來電或接受承保服務時如需口譯服務，請告訴我們。我們會在所有營業時間提供包括手語在內的免費口譯服務。我們強烈反對使用未成年人或家人作為口譯員。

如果您前往我們的某家設施就診，而該設施內沒有人會說您的語言，我們可以透過電話提供超過 150 種以上語言的合格口譯員。如果您需要手語翻譯員，合格翻譯員可透過視訊或在現場提供服務。

如需有關其他格式及輔助器材的詳細資訊，請參閱「殘障會員指南」一節。如有需要，我們也可以根據您的語言、文化及任何特殊需求為您轉介適當的社區資源。無論您需要何種協助，請儘管告訴我們。

Hỗ trợ bằng ngôn ngữ của quý vị

Dịch Vụ Hỗ Trợ Ngôn Ngữ

Chúng tôi cung cấp miễn phí dịch vụ hỗ trợ ngôn ngữ 24 giờ một ngày, 7 ngày một tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, biên dịch tài liệu sang ngôn ngữ của quý vị hoặc ở các định dạng khác. Chỉ cần gọi điện cho chúng tôi theo số **1-800-464-4000**, 24 giờ một ngày, 7 ngày một tuần (đóng cửa các ngày lễ). Người dùng TTY gọi số **711**. Quý vị cũng có thể yêu cầu các thiết bị và trợ giúp phụ trợ tại các cơ sở của chúng tôi.

Nếu quý vị cần dịch vụ thông dịch khi gọi điện cho chúng tôi hoặc khi quý vị được cung cấp các dịch vụ được đài thọ, vui lòng cho chúng tôi biết. Dịch vụ thông dịch, kể cả ngôn ngữ ký hiệu, được cung cấp cho quý vị hoàn toàn miễn phí trong giờ làm việc. Chúng tôi không khuyến khích sử dụng trẻ vị thành niên hoặc thành viên gia đình làm thông dịch viên.

Nếu quý vị đến một trong những cơ sở của chúng tôi nhưng không ai nói được ngôn ngữ của quý vị, chúng tôi có các thông dịch viên đủ trình độ qua điện thoại cho hơn 150 ngôn ngữ. Nếu quý vị cần thông dịch viên ngôn ngữ ký hiệu, chúng tôi có thông dịch viên đủ trình độ qua video hoặc trực tiếp.

Để biết thêm chi tiết về các định dạng thay thế và trợ giúp phụ trợ, vui lòng xem mục có tiêu đề “Hướng dẫn dành cho hội viên khuyết tật”. Khi cần thiết, chúng tôi cũng có thể giới thiệu đến những nguồn hỗ trợ thích hợp tại cộng đồng, dựa trên ngôn ngữ, văn hóa và bất kỳ nhu cầu đặc biệt nào của quý vị. Chỉ cần cho chúng tôi biết chúng tôi có thể trợ giúp bằng cách nào.

Nondiscrimination Notice

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

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

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

Kaiser Permanente provides the following services:

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

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

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

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

How to file a grievance with Kaiser Permanente

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Notice of Language Assistance

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

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

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

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

Amenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Լեզվական աջակցությունը հասանելի է ձեզ անվճար: Դուք կարող եք խնդրել բանավոր թարգմանության ծառայություններ, այդ թվում՝ ժեստերի լեզվի թարգմանիչներ: Դուք կարող եք խնդրել ձեր լեզվով թարգմանված նյութեր կամ այլընտրանքային ձևաչափեր, ինչպիսիք են՝ բրայլը, ձայնագրությունը կամ խոշոր տառատեսակը: Դուք կարող եք նաև դիմել օժանդակ աջակցության և սարքերի համար, որոնք առկա են մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման բաժին: Անդամների սպասարկման բաժինը փակ է հիմնական տոն օրերին:

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

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

- Medicare, 包括 D-SNP : 1-800-443-0815 (TTY 711), 每周 7 天, 上午 8 点至晚上 8 点
- Medi-Cal : 1-855-839-7613 (TTY 711), 每周 7 天, 每天 24 小时
- 所有其他保险计划: 1-800-757-7585 (TTY 711), 每周 7 天, 每天 24 小时

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

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

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

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

Hmong: FAJ SEEB. Muaj kev pab txhais lus pub dawb rau koj. Koj muaj peev xwm thov kom pab txhais lus, suav nrog kws txhais lus piav tes. Koj muaj peev xwm thov kom muab cov ntaub ntawv no txhais ua koj yam lus los sis ua lwm hom, xws li hom ntawv rau neeg dig muag xuas, tso ua suab lus, los sis luam tawm kom koj. Koj kuj tuaj yeem thov kom muab tej khoom pab dawb thiab tej khoom siv txhawb tau rau ntawm peb cov chaw kuaj mob. Hu mus thov kev pab

rau ntawm peb Lub Chaw Pab Tswv Cuab. Lub chaw pab tswv cuab kaw rau cov hnuv so uas tseem ceeb.

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

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

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

Khmer (Cambodian): យកចិត្តទុកដាក់។ ជំនួយភាសាគឺមានដោយមិនគិតថ្លៃសម្រាប់អ្នក។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ រួមទាំងអ្នកបកប្រែភាសាសញ្ញាផងដែរ។ អ្នកអាចស្នើសុំឯកសារដែលត្រូវបានបកប្រែជាភាសារបស់អ្នក ឬទម្រង់ផ្សេងទៀតដូចជាអក្សរស្ទាប សំឡេង ឬអក្សរធំៗ។ អ្នកក៏អាចស្នើសុំជំនួយបន្ថែម និងឧបករណ៍ជំនួយនៅតាមកន្លែងរបស់យើងផងដែរ។ សូមទូរសព្ទទៅផ្នែកសេវាសមាជិករបស់យើងសម្រាប់ជំនួយ។ សេវាសមាជិកត្រូវបានបិទនៅថ្ងៃឈប់សម្រាកសំខាន់ៗ។

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

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

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

Laotian: ໂປດຊາບ. ມີການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ.

ທ່ານສາມາດຂໍບໍລິການນາຍພາສາ, ລວມທັງນາຍພາສາມື. ທ່ານ

ສາມາດຂໍໃຫ້ແປເອກະສານນີ້ເປັນພາສາຂອງທ່ານ ຫຼື ຮູບ ແບບອື່ນ ເຊັ່ນ ອັກສອນນູນ,

ສຽງ, ຫຼື ການພິມຂະໜາດໃຫຍ່. ນອກຈາກນັ້ນທ່ານຍັງສາມາດຮ້ອງຂໍເຄື່ອງຊ່ວຍຟັງ ແລະ

ອຸປະກອນການຊ່ວຍເຫຼືອໃນສະຖານທີ່ຂອງພວກເຮົາ. ໂທຫາພະແນກບໍລິການສະມາຊິກຂອງພວກເຮົາເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ. ພະແນກບໍລິການສະມາຊິກແມ່ນປິດໃນວັນພັກທີ່ສໍາຄັນຕ່າງໆ.

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

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

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

Navajo: GIHA. Tséé' naalkáah sídá'ígíí éí doo t'ée' íí'í' dah sídáa'ígíí. T'ée' góó t'í'í'ígíí éí tséé' naalkáah sídá'ígíí bikáa' dah sídaa'ígíí, t'á'ii bik'eh dah na'álkaígíí. T'á'ii éí t'ée' góó t'í'í'ígíí bik'eh dah deidiyós, t'á'ii éí bi'ée' bik'eh dah na'álkaígíí bik'eh dah deidiyós. T'á'ii bik'eh dah na'álkaígíí bikáa' dah na'álkaígíí t'áá'altso bik'eh dah deidiyós. Bi'ée' naalkáah sídá'ígíí bik'eh ha'a'aah. T'á'ii bik'eh dah na'álkaígíí éí bik'eh dah naazhja'a'ígíí bik'eh dah na'álkaígíí.

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

Punjabi: ਧਿਆਨ ਦਿਓ। ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਦੇ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਦੁਭਾਸ਼ਿਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਿੱਤੇ ਜਾਣ ਲਈ ਕਹਿ ਸਕਦੇ ਹੋ, ਜਿਸ ਵਿੱਚ ਸਾਈਨ ਲੈਂਗਵੇਜ਼ ਦੇ ਦੁਭਾਸ਼ਿਏ ਵੀ ਸ਼ਾਮਲ ਹਨ। ਤੁਸੀਂ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ, ਜਾਂ ਕਿਸੇ ਵੈਕਲਪਿਕ ਫਾਰਮੈਟ ਵਿੱਚ ਅਨੁਵਾਦਿਤ ਕਰਨ ਲਈ ਵੀ ਕਹਿ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸਹੂਲਤਾਂ 'ਤੇ ਸਹਾਇਕ ਏਡਜ਼ ਅਤੇ ਉਪਕਰਨਾਂ ਲਈ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ ਸਾਡੇ ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦੇ ਵਿਭਾਗ ਨੂੰ ਕਾਲ ਕਰੋ। ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਾ ਵਿਭਾਗ ਮੁੱਖ ਛੁਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ।

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

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

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

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

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

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

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

Thai: **ส่งถึง** มีบริการให้ความช่วยเหลือด้านภาษา แก่ท่านโดยไม่มีค่าใช้จ่าย ท่านสามารถขอรับบริการล่าม รวมถึงล่ามภาษามือได้ ท่านสามารถขอให้แปลเอกสารเป็นภาษาของท่าน หรือในรูปแบบอื่นๆ เช่นอักษรเบรลล์ ไฟล์เสียง หรือตัวอักษรขนาดใหญ่ ท่านสามารถขอรับอุปกรณ์ ช่วยเหลือและอุปกรณ์เสริมได้ ณ สถานที่ให้บริการของเรา โปรดติดต่อฝ่ายบริการสมาชิกของเราเพื่อขอความช่วยเหลือได้ ฝ่ายบริการสมาชิกจะปิดทำการในวันหยุดราชการต่างๆ

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

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

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

Vietnamese: **LƯU Ý.** Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Quý vị có thể yêu cầu dịch vụ thông dịch, bao gồm cả thông dịch viên ngôn ngữ ký hiệu. Quý vị có thể yêu cầu tài liệu được dịch sang ngôn ngữ của quý vị hay định dạng thay thế, chẳng hạn như chữ nổi braille, băng đĩa thu âm hay bản in khổ chữ lớn. Quý vị cũng có thể yêu cầu các phương tiện và thiết bị phụ trợ tại các cơ sở của chúng tôi. Gọi cho ban Dịch Vụ Hội Viên của chúng tôi để được trợ giúp. Ban dịch vụ hội viên không làm việc vào những ngày lễ lớn.

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

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