







# Healthy together

See how our care and coverage can help you thrive



Kaiser Permanente for  
Individuals and Families

# Experience the Kaiser Permanente difference

	With Kaiser Permanente*	Without Kaiser Permanente
 <b>Choosing your doctor</b>	Learn about our doctors by reading their profiles and biographies on <a href="http://kp.org/searchdoctors">kp.org/searchdoctors</a> , then choose the one who's right for you.	You may not know anything about your doctor. Or you may be offered a simple provider directory with minimal information.
 <b>Choosing how you get care</b>	For minor concerns, you have the option to request a phone appointment or email your doctor's office with routine questions.	Even for minor concerns, you usually make an appointment, drive to the doctor's office, and sit in the waiting room.
 <b>Making a routine appointment</b>	You've got options: You can use your phone, computer, or mobile device – anytime, anywhere.	You'll likely have to call during business hours, which can interrupt your work day.
 <b>Calling for medical advice</b>	Our specially trained nurses can help you 24/7. They have access to your health record, and can also help you make a routine appointment at the facility nearest you, if needed.	If medical advice is available by phone, the person you speak with won't have access to your medical history and won't be able to connect you directly to care.
 <b>Getting the convenient care you need</b>	In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions all under one roof.	Seeing your doctor, getting a lab test, and picking up medication probably means 3 separate trips.
 <b>Viewing your medical records and test results</b>	You and your providers have access to your electronic health record – which includes your medical history and most test results – keeping everyone connected and in the know.	You have to collect or request all your medical records on your own, and your providers are not likely to be connected to each other.
 <b>Getting care in your language</b>	We have multilingual doctors and staff, and we offer interpretation services by phone in 150+ languages.	Some health plans offer limited access to interpreter services and multilingual doctors.



## Join our 4-star health plan today

We're proud to be awarded the highest rating of 4 stars from Covered California based on member satisfaction with access, customer service, and medical care.<sup>†</sup> But we're even happier knowing that we can help our members statewide be their healthiest.

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

<sup>†</sup>Health Insurance Company Quality Rating System, Covered California, October 2015. These scores are based on California data collected by the nationally recognized Consumer Assessment of Healthcare Providers and Systems (CAHPS).

# Important deadlines

There's a deadline to apply for health care coverage, whether you apply during open enrollment or during a special enrollment period.

## Get started today

This booklet will show you how to find a new plan that best fits your needs.

Important deadlines ..... 3

Choosing a plan based on your care needs ..... 4

Health plan benefit highlights ..... 5

Optional Adult Dental Insurance Plan ..... 9

You may qualify for federal financial assistance ..... 12

Enrolling in a Kaiser Permanente plan on the Marketplace ..... 13

## Enrolling during the 2017 open enrollment period

You may change or apply for 2017 coverage during the open enrollment period, which runs from **November 1, 2016, through January 31, 2017**. You can do so either through Covered California or through Kaiser Permanente.

To start coverage on:	Send your completed application and premium by:
January 1, 2017	December 15, 2016
February 1, 2017	January 15, 2017
March 1, 2017	January 31, 2017

## Enrolling during a special enrollment period

You may enroll or change your coverage if you experience what's known as a triggering event. Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you and/or your dependents. If you know that you'll be losing coverage, you may be able to apply for new coverage 60 days in advance.

For more information, please refer to the Enrolling During a Special Enrollment Period guide. If you didn't receive this guide, you can find it at [buykp.org/apply](http://buykp.org/apply), or you may call **1-800-494-5314** (for TTY, call **711**) to request a copy.











To enroll during this open enrollment period, you must make sure we receive your completed Application for Health Coverage – along with your first month's premium – **no later than January 31, 2017**.

# Choosing a plan based on your care needs

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

## Monthly rate versus out-of-pocket costs

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

## An example of costs when you get care

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

Plan name	Office visit	X-ray	Generic drug
<b>KP Gold 80 HMO Coinsurance</b> (No deductible)	\$30	\$55	\$15*
<b>KP Silver 70 HMO 1750/40</b> (\$1,750 deductible)	\$40	\$60	\$20*
<b>KP Bronze 60 HDHP HMO</b> (\$4,800 deductible)	40% <sup>†</sup>	40% <sup>†</sup>	40% <sup>†</sup> up to \$500 per prescription

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply

<sup>†</sup>If you've met your deductible

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

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

# Health plan benefit highlights

The charts on the next few pages show you a sample of each plan’s benefits. Review the diagram below to help you understand how to read those charts.

## Here’s a quick look at how to use the chart

	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">KP</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px; margin-left: 10px;">M</span> Kaiser Permanente Silver 70 HMO
<b>Plan type</b>	Deductible
<b>Features</b>	
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$6,800/\$13,600
<b>Benefits</b>	
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
Primary care office visit	\$35
Specialty care office visit	\$70
Most X-rays	\$70
Most lab tests	\$35
MRI, CT, PET	\$300
Outpatient surgery	20%
Mental health visit	\$35
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible
<b>Maternity</b>	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	20% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	\$350
Urgent care visit	\$35
<b>Prescription drugs (up to a 30-day supply)</b>	
Generic	\$15 <sup>1</sup>
Preferred brand	\$55 after \$250 pharmacy deductible <sup>2</sup>
Non-preferred brand	\$55 after \$250 pharmacy deductible <sup>2</sup>
Specialty	20% after \$250 pharmacy deductible, up to \$250 per prescription
<b>Whole health</b>	
Optical discounts*** kp2020.org	Optical discounts kp2020.org

**KP** Offered through Kaiser Permanente  
**M** Offered through the Marketplace, Covered California

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

**Annual out-of-pocket maximum**  
 This is the most you’ll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you’d never pay more than \$6,800 for yourself and no more than \$13,600 for your family for your copays, coinsurance, and deductible in a calendar year.

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

**Covered before you reach the deductible**  
 With some services, you’ll only pay a copay or coinsurance, regardless of whether you’ve reached your deductible. Under this plan, primary care visits are covered at a \$35 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

**Coinsurance**  
 After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you’d pay 20% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

**Copay**  
 This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you’d start paying a \$35 copay for urgent care visits, whether or not you have met your deductible.

**KP** Offered through Kaiser Permanente

**M** Offered through the Marketplace, Covered California

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

	<b>KP</b> <b>M</b> Kaiser Permanente – Bronze 60 HDHP HMO	<b>KP</b> <b>M</b> Kaiser Permanente – Bronze 60 HMO	<b>KP</b> Kaiser Permanente – Bronze 60 HDHP HMO 5500/40%	<b>KP</b> <b>M</b> Kaiser Permanente – Silver 70 HMO	<b>KP</b> Kaiser Permanente – Silver 70 HMO 1750/40
Plan type	HSA-qualified	Deductible	HSA-qualified	Deductible	Deductible
<b>Features</b>					
Annual medical deductible (individual/family)	\$4,800/\$9,600	\$6,300/\$12,600	\$5,500/\$11,000	\$2,500/\$5,000	\$1,750/\$3,500
Annual out-of-pocket maximum (individual/family)	\$6,550/\$13,100	\$6,800/\$13,600	\$6,500/\$13,000	\$6,800/\$13,600	\$6,800/\$13,600
<b>Benefits</b>					
<b>Preventive care</b>					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
Primary care office visit	40% after deductible	\$75 after deductible*	40% after deductible	\$35	\$40
Specialty care office visit	40% after deductible	\$105 after deductible*	40% after deductible	\$70	\$40
Most X-rays	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible	\$70	\$60
Most lab tests	40% after deductible	\$40 (deductible waived)	40% after deductible	\$35	\$40
MRI, CT, PET	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible	\$300	\$350 after deductible
Outpatient surgery	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible	20%	30% after deductible
Mental health visit	40% after deductible	\$75 after deductible*	40% after deductible	\$35	\$40
<b>Inpatient hospital care</b>					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible	20% after deductible	30% after deductible
<b>Maternity</b>					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible	20% after deductible	30% after deductible
<b>Emergency and urgent care</b>					
Emergency Department visit	40% after deductible	100% up to annual out-of-pocket maximum	40% after deductible	\$350	\$350 after deductible
Urgent care visit	40% after deductible	\$75 after deductible*	40% after deductible	\$35	\$40
<b>Prescription drugs (up to a 30-day supply)</b>					
Generic	40% after deductible up to \$500 per prescription	100% after \$500 pharmacy deductible, up to \$500 per prescription <sup>†</sup>	40% after deductible up to \$500 per prescription	\$15 <sup>‡</sup>	\$20 <sup>‡</sup>
Preferred brand	40% after deductible up to \$500 per prescription	100% after \$500 pharmacy deductible, up to \$500 per prescription <sup>†</sup>	40% after deductible up to \$500 per prescription	\$55 after \$250 pharmacy deductible <sup>‡</sup>	\$55 after \$250 pharmacy deductible <sup>‡</sup>
Non-preferred brand	40% after deductible up to \$500 per prescription	100% after \$500 pharmacy deductible, up to \$500 per prescription <sup>†</sup>	40% after deductible up to \$500 per prescription	\$55 after \$250 pharmacy deductible <sup>‡</sup>	\$55 after \$250 pharmacy deductible <sup>‡</sup>
Specialty	40% after deductible up to \$500 per prescription	100% after \$500 pharmacy deductible, up to \$500 per prescription <sup>†</sup>	40% after deductible up to \$500 per prescription	20% after \$250 pharmacy deductible, up to \$250 per prescription	30% after \$250 pharmacy deductible, up to \$250 per prescription
<b>Whole health</b>					
Optical discounts*** <a href="http://kp2020.org">kp2020.org</a>	Optical discounts*** <a href="http://kp2020.org">kp2020.org</a>	Optical discounts*** <a href="http://kp2020.org">kp2020.org</a>	Optical discounts*** <a href="http://kp2020.org">kp2020.org</a>	Optical discounts*** <a href="http://kp2020.org">kp2020.org</a>	Optical discounts*** <a href="http://kp2020.org">kp2020.org</a>

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

<sup>†</sup>No charge after annual out-of-pocket maximum is reached.

<sup>‡</sup>Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

\*\*After 5 days, there is no charge for covered services related to the admission.

<sup>††</sup>Only applicants younger than age 30, or applicants age 30 and older who provide a certificate from Covered California demonstrating hardship or lack of affordable coverage, may purchase a Minimum Coverage HMO plan.

<sup>†††</sup>The Kaiser Permanente – Minimum Coverage HMO plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary, urgent, postnatal, or outpatient mental health care.

\*\*\*Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement, Disclosure Form, and Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement, Disclosure Form, and Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments) or call us at 1-800-464-4000 or contact your broker. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

**KP** Offered through Kaiser Permanente

**M** Offered through the Marketplace, Covered California

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

	<b>KP</b> Kaiser Permanente – Silver 70 HDHP HMO 2700/15%	<b>KP M</b> Kaiser Permanente – Gold 80 HMO Coinsurance	<b>KP M</b> Kaiser Permanente – Gold 80 HMO	<b>KP M</b> Kaiser Permanente – Platinum 90 HMO	<b>KP M</b> Kaiser Permanente – Minimum Coverage HMO <sup>††</sup>
Plan type	HSA-qualified	Copay	Copay	Copay	Deductible
<b>Features</b>					
Annual medical deductible (individual/family)	\$2,700/\$5,400	None/None	None/None	None/None	\$7,150/\$14,300
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$6,750/\$13,500	\$6,750/\$13,500	\$4,000/\$8,000	\$7,150/\$14,300
<b>Benefits</b>					
<b>Preventive care</b>					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
Primary care office visit	15% after deductible	\$30	\$30	\$15	First 3 office visits no charge. <sup>‡‡</sup> Additional visits no charge after deductible.
Specialty care office visit	15% after deductible	\$55	\$55	\$40	No charge after deductible
Most X-rays	15% after deductible	\$55	\$55	\$40	No charge after deductible
Most lab tests	15% after deductible	\$35	\$35	\$20	No charge after deductible
MRI, CT, PET	15% after deductible	20%	\$275	\$150	No charge after deductible
Outpatient surgery	15% after deductible	20%	\$655	\$290	No charge after deductible
Mental health visit	15% after deductible	\$30	\$30	\$15	First 3 office visits no charge. <sup>‡‡</sup> Additional visits no charge after deductible.
<b>Inpatient hospital care</b>					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	15% after deductible	20%	\$655 per day up to 5 days <sup>**</sup>	\$290 per day up to 5 days <sup>**</sup>	No charge after deductible
<b>Maternity</b>					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	15% after deductible	20%	\$655 per day up to 5 days <sup>**</sup>	\$290 per day up to 5 days <sup>**</sup>	No charge after deductible
<b>Emergency and urgent care</b>					
Emergency Department visit	15% after deductible	\$325	\$325	\$150	No charge after deductible
Urgent care visit	15% after deductible	\$30	\$30	\$15	No charge after deductible
<b>Prescription drugs (up to a 30-day supply)</b>					
Generic	15% after deductible up to \$250 per prescription	\$15 <sup>‡</sup>	\$15 <sup>‡</sup>	\$5 <sup>‡</sup>	No charge after deductible
Preferred brand	15% after deductible up to \$250 per prescription	\$55 <sup>‡</sup>	\$55 <sup>‡</sup>	\$15 <sup>‡</sup>	No charge after deductible
Non-preferred brand	15% after deductible up to \$250 per prescription	\$55 <sup>‡</sup>	\$55 <sup>‡</sup>	\$15 <sup>‡</sup>	No charge after deductible
Specialty	15% after deductible up to \$250 per prescription	20% up to \$250 per prescription	20% up to \$250 per prescription	10% up to \$250 per prescription	No charge after deductible
<b>Whole health</b>					
Optical discounts <sup>***</sup> kp2020.org	Optical discounts <sup>***</sup> kp2020.org	Optical discounts <sup>***</sup> kp2020.org	Optical discounts <sup>***</sup> kp2020.org	Optical discounts <sup>***</sup> kp2020.org	Optical discounts <sup>***</sup> kp2020.org

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

<sup>†</sup>No charge after annual out-of-pocket maximum is reached.

<sup>‡</sup>Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

<sup>\*\*</sup>After 5 days, there is no charge for covered services related to the admission.

<sup>††</sup>Only applicants younger than age 30, or applicants age 30 and older who provide a certificate from Covered California demonstrating hardship or lack of affordable coverage, may purchase a Minimum Coverage HMO plan.

<sup>‡‡</sup>The Kaiser Permanente – Minimum Coverage HMO plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary, urgent, postnatal, or outpatient mental health care.

<sup>\*\*\*</sup>Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement, Disclosure Form, and Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement, Disclosure Form, and Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments) or call us at 1-800-464-4000 or contact your broker. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

**M** Offered through the Marketplace,  
Covered California

## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through CoveredCA.com.

	<b>M</b> Kaiser Permanente – Silver 73 HMO	<b>M</b> Kaiser Permanente – Silver 87 HMO	<b>M</b> Kaiser Permanente – Silver 94 HMO
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
<b>Features</b>			
Annual medical deductible (individual/family)	\$2,200/\$4,400	\$650/\$1,300	\$75/\$150
Annual out-of-pocket maximum (individual/family)	\$5,700/\$11,400	\$2,350/\$4,700	\$2,350/\$4,700
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$30	\$10	\$5
Specialty care office visit	\$55	\$25	\$8
Most X-rays	\$65	\$25	\$8
Most lab tests	\$35	\$15	\$8
MRI, CT, PET	\$300	\$100	\$50
Outpatient surgery	20%	15%	10%
Mental health visit	\$30	\$10	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	15% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	15% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	\$350	\$100	\$50
Urgent care visit	\$30	\$10	\$5
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15 <sup>†</sup>	\$5 <sup>†</sup>	\$3 <sup>†</sup>
Preferred brand	\$50 after \$250 pharmacy deductible <sup>†</sup>	\$20 after \$50 pharmacy deductible <sup>†</sup>	\$10 <sup>†</sup>
Non-preferred brand	\$50 after \$250 pharmacy deductible <sup>†</sup>	\$20 after \$50 pharmacy deductible <sup>†</sup>	\$10 <sup>†</sup>
Specialty	20% after \$250 pharmacy deductible, up to \$250 per prescription	15% after \$50 pharmacy deductible, up to \$150 per prescription	10% Up to \$150 per prescription
<b>Whole health</b>			
Optical discounts*** kp2020.org	Optical discounts*** kp2020.org	Optical discounts*** kp2020.org	Optical discounts*** kp2020.org

<sup>†</sup>Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

\*\*\*Discount programs and other services shown may be provided by groups other than Kaiser Permanente, and aren't offered or guaranteed under your coverage. Additional fees you pay won't count toward your deductible or out-of-pocket maximum.

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement, Disclosure Form, and Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement, Disclosure Form, and Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments) or call us at 1-800-464-4000 or contact your broker. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.



# Optional Adult Dental Insurance Plan

Kaiser Permanente health plans include pediatric dental benefits for child members until the end of the month in which the member turns 19. (For example, if a child member turns 19 on May 15, they would have dental coverage through May 31.) For adults, which includes those individuals whose eligibility for pediatric dental services has ended, we offer this optional Dental Insurance Plan.

## How to enroll

To enroll in the optional adult Dental Insurance Plan, simply check the right box on your application.

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

## About the plan

Our dental plan features comparably low costs. Plus, you can choose from more than 25,000 Delta Dental providers in California, or select any other licensed dentist of your choice.

When you see a Delta Dental provider	When you see another provider
<p>You'll pay the difference between what the dentist charges and what the plan pays.</p> <p>For example, if the dentist charges \$75* for a cleaning and the plan covers \$43.20, you'll pay \$31.80.</p>	<p>You may be responsible for the entire bill up front.</p>
<p>You won't have to file a claim.</p>	<p>Then you'll need to file a claim and wait to receive reimbursement later.</p>
<p>You may pay less because the Delta Dental PPO network providers agree to contracted fees.</p>	<p>Your share of the bill will likely be higher than when you visit a Delta Dental PPO provider.</p>
<p>For a list of PPO or Premier providers in your area, visit <a href="http://deltadentalins.com">deltadentalins.com</a>.</p>	

## 2017 rate

Monthly rate per adult member, which includes those individuals whose eligibility for pediatric dental services has ended

\$28.09

The optional adult Dental Insurance Plan is administered by Delta Dental of California, one of the nation's largest and most experienced dental benefits providers. The plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc.

\*Service charges vary.

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

**Optional Adult Dental Insurance Plan** *(continued)*
**What the plan covers**

If you enroll in the dental plan, you'll get a *Certificate of Insurance*, which includes a Table of Allowances that lists all your covered services and the amount the plan pays for them.\*

**Sample list†**

The following is a SAMPLE list of allowances. See your *Certificate of Insurance* for the complete Table of Allowances.

Procedure	What the plan pays
<b>Diagnostic procedures</b>	
Oral exam – new or existing patient	\$25.20
X-rays – complete series including bitewings	\$54.00
<b>Preventive procedures</b>	
Cleaning	\$43.20
<b>Restorative procedures</b>	
Fillings Note: Fillings are subject to a 6-month waiting period.‡	
Amalgam – one surface, primary or permanent	\$35.00
Resin-based composite – one surface, anterior	\$46.00
Crowns Note: Crowns are subject to a 6-month waiting period.‡	
Resin with high noble metal	\$182.00
<b>Endodontic procedures</b>	
Root canal Note: Root canals are subject to a 6-month waiting period.‡	
Anterior (excluding final restoration)	\$193.00
Bicuspid (excluding final restoration)	\$227.00
Molar (excluding final restoration)	\$306.00
<b>Oral and maxillofacial surgical procedures</b>	
Note: Oral and maxillofacial surgical procedures are subject to a 6-month waiting period.‡	
Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	\$39.00
Surgical removal of erupted tooth requiring removal of bone and/or section of tooth	\$74.00

\*The Table of Allowances lists the maximum amount, or allowance, that the plan will pay for each covered dental service. The plan will pay the lowest dollar amount among the following three: the dentist's usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist's fee will be the responsibility of the patient.

† Plan payment amounts are only a sample and are to be used for illustrative purposes only. Please refer to the Table of Allowances in the *Certificate of Insurance* for an accurate and complete list of benefits and allowances, as well as treatments and services not covered. To receive a *Certificate of Insurance*, call Delta Dental of California.

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

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

---

## How the plan works

---

- **No deductible for preventive services.** The deductible is the amount you pay for covered services each year before Delta Dental starts paying. With this plan, there's no deductible for preventive or diagnostic services like cleanings and X-rays. For other services, there's a \$25 annual deductible per person, up to a maximum of \$75 for your whole family.
- **Coverage requirements.** If you enroll, every adult member of your family (which includes those individuals whose eligibility for pediatric dental services has ended) who's covered by your regular health plan must also be enrolled. In other words, you can't choose to enroll some members of your family in the dental plan and not others.
- **Annual maximum.** The plan will pay up to \$1,000 toward dental services for each covered member per year.
- **Waiting periods.** Some covered dental services are subject to a waiting period before the plan will cover the charges.\* See the Table of Allowances in your *Certificate of Insurance* for the specific dental services subject to waiting periods.

---

## Have questions?

---

If you have questions before enrolling, call **1-800-933-9312**, 8 a.m. to 4 p.m., Monday through Friday.

- You can also visit **deltadentalins.com** for a list of PPO or Premier providers in your area.
- Once enrolled, you can contact Delta Dental's customer service line at **1-800-835-2244**, 5 a.m. to 5 p.m., Monday through Friday, for information on claims, eligibility, benefits, and to find a Delta Dental provider in your area. Simply contact the dentist of your choice to make an appointment. Just let them know you are covered under Delta Dental.

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



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION



KAISER PERMANENTE®

Kaiser Permanente Insurance Company

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

# You may qualify for federal financial assistance

Do you need help paying for health care? Under health care reform, the federal government will provide federal financial assistance for many people, depending on their income. Learn more below.

## 3 things to know:

- Financial assistance is available for premiums and out-of-pocket expenses.
- If you qualify for assistance, the federal government will pay it directly to us.
- Assistance is available on a sliding scale, based on income and family size.

## Determine if you qualify

Call us at **1-800-494-5314** or go to [CoveredCA.com](http://CoveredCA.com) to see if you qualify for assistance. Or contact your agent or broker.

Both your eligibility and the exact amount of your financial assistance will be determined by Covered California.

To quickly check if you may be eligible, use this chart, which shows the estimated 2016 family income levels that qualify people for help with paying premiums.

Number of people in household	Annual family income level
1	\$47,520 or below
2	\$64,080 or below
3	\$80,640 or below
4	\$97,200 or below
5	\$113,760 or below
6	\$130,320 or below
7	\$146,920 or below
8	\$163,560 or below

You can also use our online calculator to find out if you may qualify. Just go to [buykp.org](http://buykp.org).

## If you do qualify

If you qualify, you'll need to buy your plan through Covered California. If you'd like, we can help you enroll in one of our plans there. Just call us at **1-800-494-5314**.

Keep in mind that enrolling in a new plan will not end any other coverage you have through Covered California or Kaiser Permanente. Don't want to pay for 2 plans? Be sure to end your current plan the day before your new plan starts. That way, you'll avoid paying 2 premiums and having a gap in your coverage.

## If you don't qualify

Even if you can't get assistance from the federal government, you can buy a Kaiser Permanente plan from us or through Covered California.

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

# Enrolling in a Kaiser Permanente plan on the Marketplace

Need help choosing a plan? Visit [buykp.org](http://buykp.org), call us at **1-800-494-5314**, or contact your agent or broker. We can also help you apply for federal financial help through Covered California.

## Kaiser Permanente makes it easy:

### 1. Get ready

Here are some examples of documents and information you may need to complete your application:

- Most recent pay stub and tax return
- Birthdates of everyone in your family (even if they **don't** want coverage)
- Social Security numbers for all family members who **do** want coverage
- Proof of citizenship or immigration status
- Policy numbers of any current health insurance plan
- Paperwork for health insurance available through your employer
- Required documentation, if you are applying during a special enrollment period

### 2. Get your plan



Visit Covered California ([coveredca.com](http://coveredca.com)). Create your account and complete the Household, Personal Data, Income, and Eligibility sections, then click **"Choose Health Plan,"** then **"Select a Plan."**



Select a plan for **yourself and each member** of your household who wants coverage.



Go to **"Checkout"** and review your cart to make sure all your selections are correct.



Click **"Agree & Sign."**



After you complete your application, we will send you an initial invoice. **Make sure that the information on your invoice is correct.** (If anything needs correcting, you'll need to contact Covered California at **1-800-300-1506** or [coveredca.com](http://coveredca.com).)



Pay the invoice as soon as possible. **Your enrollment won't be complete until you pay the first month's premium.**

Thank you for choosing Kaiser Permanente, the right choice for your health.

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

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

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

You may submit a grievance in the following ways:

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

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

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

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

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

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

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

Puede presentar una queja de las siguientes maneras:

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

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

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

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

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

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

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

您可透過以下方式提出冤情申訴：

於設在本計畫服務設施的某個計畫成員服務處填妥一份《投訴或保險福利索償/請書》（請參閱您的《通訊地址指南冊》，以便查找相關地址）

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

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

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

您還可以採用電子方式透過民權辦公處的投訴入口網站向美國衛生與公共服務部民權辦公處提出民權投訴，網址是<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>；或者按照如下聯絡資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697（TDD專線）。可從網站上下載投訴書，網址是<http://www.hhs.gov/ocr/office/file/index.html>。



## Language Assistance Services

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

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

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

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

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

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

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

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

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

**Navajo:** Nihí ata' halne'é ák'á'adoolwohígíí nihei hólo t'áá jíik'é, t'áá naadiin díí' ahéé'iilkeedgo, tsosts'id yiskáají', ndá'anishgo oolkił biyi' góné. Ata' halne'é níká'adoolwoł na'idikiid nee hóloógo díí ats'íis baa áháyáá bik'éstí'ígíí biná'idiłkidgo. Áádóó áldó' naaltsoos lá t'áá ní nizaad k'ehji álnéehgo t'áá jíik'é ádoolniíł. Nihích'i' hodíílnih kojí' **1-800-464-4000** jíígo dóó t'ée' nidi, tsosts'id yiskáají' dimoo na'adleehjí' (Holidaysgo éi da'deelkaal) doo da'diits'a'ígíí chodayool'ínígíí kojí' hodíílnih **711**

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

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

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

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

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

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

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



KAISER PERMANENTE

# Kaiser Permanente Insurance Company Notice of Language Assistance

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

**Servicios de idiomas sin costo.** Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-464-4000. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-800-464-4000 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。 Chinese

\*\*\*\*\*

**No Cost Language Services.** You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

**Doo Báhíh Íínígóó Saad Bee Áká'e'eyeed.** Ata' halne'é la' ná chóidoot'ee'el dóo naaltsoos t'áá ni zizaad k'ehjí nich'í' yídóolta. Shíká a'doowo' nínizingo, naaltsoos bee nééhózinígí bikáa'gi béesh bee hane'é biká'ígí bik'ehgo nihich'í' hodílnih doodaii 1-800-464-4000jì' hodílnih. T'áá náásgóó shíká' a'náá'doowo' nínizingo éí CA Béeso Ách'ááh Naa'nil Bít Haz'áaji' 1-800-927-4357jì' béesh bee hodílnih. Navajo

**Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí.** Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-464-4000. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-800-464-4000 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

**Walang Gastos na mga Serbisyo sa Wika.** Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-464-4000. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

Անվճար Լեզվալիան Օտարալեզուներ: Դուք կարող եք թարգման ձեր բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-800-464-4000 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

**Бесплатные услуги перевода.** Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-464-4000. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-464-4000 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。 Japanese

خدمات مجاني مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگویند مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و یا این شماره 1-800-464-4000 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-464-4000 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមាន បង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-800-464-4000 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقرأة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-464-4000. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

**Cov Kev Pab Txhais Lus Tsis Them Nqi.** Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-464-4000. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong



## The right choice for a healthier you

Having a good health plan is important. So is getting quality care. With Kaiser Permanente, you get both.




- Choose your doctor, and change at any time.
- Email your doctor's office with nonurgent questions.
- Make routine appointments by phone, computer, or mobile device.
- Call trained nurses for advice 24/7.
- Get the convenience of having your doctor, the lab, and the pharmacy all under one roof (at many facilities).
- Refill most prescriptions in person, by phone, online, or with our app.

### Together we thrive.

If you would like to meet with a representative in person, please visit one of our Shop KP locations. For a list of our Shop KP locations, visit [shopkp.org](http://shopkp.org).

### Stay connected to good health

Visit [kp.org/thrive](http://kp.org/thrive) or call us at **1-800-494-5314**. (For TTY, call **711**.)

-  [facebook.com/kpthrive](https://facebook.com/kpthrive)
-  [youtube.com/kaiserpermanenteorg](https://youtube.com/kaiserpermanenteorg)
-  [@kpthrive](https://twitter.com/kpthrive), [@kpshare](https://twitter.com/kpshare), [@kptotalhealth](https://twitter.com/kptotalhealth)



Kaiser Foundation Health Plan, Inc.  
1950 Franklin St.  
Oakland, CA 94612