VISITING MEMBER SERVICES

Getting care away from home

For travel in other Kaiser Permanente service areas
Getting care in Kaiser Permanente service areas

This brochure will help you get a wide range of care¹ in Kaiser Permanente service areas, which include all or parts of:

- California
- Colorado
- Georgia
- Hawaii
- Maryland
- Oregon
- Virginia
- Washington
- Washington, D.C.

You can get care in these areas and find Kaiser Permanente locations at kp.org/kpfacilities. You’re also covered for urgent and emergency care from any non-Kaiser Permanente provider.

Outside Kaiser Permanente service areas

You’re covered for urgent and emergency care anywhere in the world.² Routine services aren’t covered, so make sure to get them before your trip if you’re traveling elsewhere. Routine services include prevention, exams, checkups, and services for ongoing medical conditions.

¹Subject to requirements and limitations in your Evidence of Coverage or other coverage documents.
²Please refer to your Evidence of Coverage or other coverage documents for details.
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Do you have one of these plans?

If so, this brochure may not apply to you, or the services available may be different than what’s described. Check the details below. If you aren’t sure if you have one of these plans, check your Evidence of Coverage, Certificate of Insurance, or Summary Plan Description, or call Member Services in your home area.

- **Medicare:** This brochure doesn’t apply to you. Please refer to the On the Go brochure or call Member Services in your home service area for details.

- **Medicaid:** This brochure doesn’t apply to you. Please call Member Services in your home service area for details.

- **Preferred provider organization (PPO) and out-of-area plans:** These plans offer nationwide access to care. Please see your Certificate of Insurance for additional information.

  Kaiser Permanente Insurance Company (KPIC) PPO plan members can get care from PHCS providers or any licensed provider in the United States.

- **Medigap (offered by Kaiser Permanente Washington):** This brochure doesn’t apply to you. Please call Member Services in your home service area for details.

*Otherwise known as Medi-Cal in California and QUEST Integration in Hawaii.
Kaiser Permanente Washington Options PPO members:

- May receive routine care at an out-of-network benefit level from any licensed provider in the United States. Routine care from Kaiser Permanente providers in service areas outside the home area isn’t currently treated as in-network and may be subject to out-of-pocket expenses for services.

For more information, call 1-800-446-4296.

Indemnity plan members can get care from any licensed provider, regardless of where they live or travel.

If you’re in one of the following 3 plans, your coverage is the same in another Kaiser Permanente service area as in your home service area:

- Self-funded exclusive provider (EPO) plans
- Point-of-service (POS) plans (see your Certificate of Insurance for additional details)
- Kaiser Permanente Northwest PPO plans

For plan details, see page 10.
Care while traveling

What types of care can I get in other Kaiser Permanente service areas?
As a member, you can get most of the same services you would get in your home service area when visiting another Kaiser Permanente service area.
You can get these services as long as they’re provided or referred by a Kaiser Permanente doctor in the service area you’re visiting.

Types of care
Anything can come up when you travel, and different health needs require different types of care. See the following examples.

What is an emergency care need?
Emergency care is for a medical or psychiatric condition, including severe pain, that requires immediate medical attention to prevent serious jeopardy to your health. Examples include:

- Chest pain or pressure
- Severe stomach pain that comes on suddenly
- Severe shortness of breath
- Decrease in or loss of consciousness

Subject to the terms and conditions, including prior authorization, approval, and cost-sharing requirements of your plan coverage issued in your home service area.

If you reasonably believe you have an emergency medical condition, call 911 (if you are in the U.S.) or go to the nearest emergency department. An emergency medical condition is a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health. For the complete definition of an emergency medical condition, please refer to your Evidence of Coverage or other coverage documents.
What is an urgent care need?
An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but isn’t an emergency medical condition.

Examples include:
- Minor injuries, cuts, backaches, earaches, upper respiratory symptoms, sore throats, frequent or severe coughs, frequent urination, or a burning sensation when urinating.

What is a routine care need?
An expected need. Examples include:
- Physical exams
- Well-child checkups
- Immunizations (shots)

If you’re not sure what kind of care you need, and you have a secure login and password, you can use kp.org to send a nonurgent message to your primary care physician.

In case of an emergency
If you have a medical emergency, call 911 or go to the nearest hospital.
What services are available?\textsuperscript{1}

Inpatient services
Hospitalization, including inpatient surgery and other services you may get while you’re admitted

Outpatient services
- Office visits
- Outpatient surgery (with certain exceptions)
- Allergy tests and allergy injections
- Physical, occupational, and speech therapy\textsuperscript{2}
- Prenatal and postnatal care
- Chemotherapy
- Vision exams

X-ray and laboratory services
In or out of the hospital

Prescription drugs
If the drug is covered in your home service area

Mental health/chemical dependency services
Same coverage as in your home service area

Skilled nursing facility services

Home health care services\textsuperscript{3}
Part-time or intermittent home health care services inside a Kaiser Permanente service area

Hospice services
Home-based hospice services inside a Kaiser Permanente service area

\textsuperscript{1}This brochure does not include a complete list of available services or exclusions. Services may vary by service area. For more specific information about visiting member services, call the Away from Home Travel Line at 951-268-3900.

\textsuperscript{2}For members in Maryland, coverage for physical, occupational, and speech therapy is different. Call Member Services to learn more.

\textsuperscript{3}Certain limitations apply to home health care.
What services may be available with prior approval from your home service area?

If these services are included in your plan as described in your Evidence of Coverage, Certificate of Insurance, Summary Plan Description, or Member Handbook, and are available in the host region, they’re available to you but require prior approval from your home service area:

- Services related to infertility and artificial conception
- Gender-confirming surgery and related services, other than services determined to be provided by all regions
- Services related to bariatric surgery and treatment
- Organ and blood/marrow transplants and related care
- Durable medical equipment
- Chronic dialysis
- Orthotics and prosthetics

What services aren’t available?

These services, equipment, and supplies aren’t available to you in other Kaiser Permanente service areas:

- Services not covered under your plan as described in your Evidence of Coverage, Certificate of Insurance, Summary Plan Description, or Member Handbook
- Dental services and dental X-rays (nonemergency or nonurgent dental services/ X-rays are covered under a different benefit)
- Alternative medicine and complementary care
- Hearing aids, eyeglasses, and contacts
Care where you need it

How do I get care in other Kaiser Permanente service areas?¹

Call the Away from Home Travel Line² at 951-268-3900 and let them know you plan to visit another Kaiser Permanente service area for care.

• You’ll get a medical record number (MRN) or health record number (HRN) for the other Kaiser Permanente service area and information on making an appointment.

You’ll only use this MRN or HRN in the service area you’re visiting. You’ll use the same MRN or HRN whenever you visit the service area. There’s no need to get a new MRN or HRN if you visit the service area again.

When you get back home, you’ll use your home MRN or HRN to get care.

Do I need approval first?

Certain types of care require approval by Kaiser Permanente.

Call the Away from Home Travel Line² at 951-268-3900 for more information.

What happens if I move?

If you move to another Kaiser Permanente service area, you may not be able to keep your current membership. You may be able to enroll in a Kaiser Permanente plan in the service area you’ve moved to.³

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¹When you get care in other Kaiser Permanente service areas, your home-area claims and grievance processes still apply. Members can file a grievance with or without a denial letter. See your Evidence of Coverage, Certificate of Insurance, or Summary Plan Description for details.

²This number can be dialed 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.

³This does not apply to Federal Employees Health Benefits Program members.
What costs should I expect?

If your plan covers your care when you visit another Kaiser Permanente service area, you’ll pay what you normally would in your home region – for example, a copay, coinsurance, or deductible payment. If what you pay doesn’t cover all that you owe for the care you received, you’ll get a bill for the difference later.

For more specific information on your coverage, please check your plan details.
For more information

**Extra resources**

For more information about getting care in another Kaiser Permanente service area:

- Refer to your *Evidence of Coverage, Certificate of Insurance, or Summary Plan Description*.
- Contact Member Services in your home service area.
- If you’re in a self-funded EPO plan or a POS, PPO, or out-of-area plan, call the number on your Kaiser Permanente ID card.

For 24/7 travel support anytime, anywhere, call the Away from Home Travel Line at **951-268-3900** or visit [kp.org/travel](http://kp.org/travel).*

*Washington members, visit [kp.org/wa/travel](http://kp.org/wa/travel).*
**Keep this information handy**
Take note of any medical/health record numbers for getting care in other Kaiser Permanente service areas.

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<th>Trip 1</th>
<th>Kaiser Permanente service area you're visiting</th>
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For plan details

You’ll find more detailed, up-to-date information about getting care in the following document(s) that apply to your health coverage:

- **Evidence of Coverage (EOC)**, if your coverage is directly through Kaiser Foundation Health Plan
- **Certificate of Insurance (COI)**, if your coverage is directly through Kaiser Permanente Insurance Company
- **Summary Plan Description (SPD)**, if your coverage is through your employer’s self-funded plan

Contact Member Services in your home service area to request a copy of your EOC or COI. To request a copy of your SPD, contact your employer.

Terms of visiting member services are subject to change: Kaiser Permanente may change the terms, conditions, and eligible service areas of visiting member services at any time.

Services covered under your health plan are provided and/or arranged by Kaiser Permanente health plans: Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., 601 Union St., Suite 3100, Seattle, WA 98101 • Services for self-insured plans are administered by Kaiser Permanente Insurance Company, One Kaiser Plaza, Oakland, CA 94612. Services for fully insured PPO plans are provided and/or arranged by Kaiser Permanente Insurance Company.
Nondiscrimination Notice

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. 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at hhs.gov/ocr/office/file/index.html.
Aviso de no discriminación

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 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. 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 para conocer las opciones de resolución de disputas que le corresponden. Esto tiene especial importancia si es miembro de Medicare, Medi-Cal, el Programa de Seguro Médico para Riesgos Mayores (Major Risk Medical Insurance Program MRMIP), Medi-Cal Access, el Programa de Beneficios Médicos para los Empleados Federales (Federal Employees Health Benefits Program, FEHBP) 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 de Kaiser Permanente (Civil Rights Coordinator) 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.

無歧視公告

Kaiser Permanente禁止以年齡、人種、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、性取向、婚姻狀況、生理或心理殘障、付款來源、遺傳資訊、公民身份、主要語言或移民身份為由而歧視任何人。

會員服務聯絡中心每週七天 24 小時提供語言協助服務（節假日除外）。本機構在全部營業時間內免費為您提供口譯，包括手語服務。我們還可為您和您的親友提供使用本機構設施與服務所需要的任何特別協助。此外，您還可索取翻譯成您的語言的健康保險計劃資料，以及採用大號字體或其他格式的版本來滿足您的需求。若需更多資訊，請致電 1-800-757-7585（TTY 專線使用者請撥 711）。

投訴指任何您或您的授權代表透過流程來表達不滿的做法。例如，如果您認為自己受到歧視，即可提出投訴。若需了解適用於自己的爭議解決選項，請參閱《承保範圍說明書》（Evidence of Coverage）或《保險證明書》（Certificate of Insurance），或諮詢會員服務代表。如果您是 Medicare、Medi-Cal、MRMIP（Major Risk Medical Insurance Program, 高風險醫療保險計劃）、Medi-Cal Access、FEHBP（Federal Employees Health Benefits Program, 聯邦僱員健康保險計劃）或 CalPERS 會員，向會員服務代表諮詢尤其重要，因為您可能會有不同的爭議解決方式選擇。

您可透過以下途徑投訴：

- 在健康保險計劃服務設施的會員服務處填寫《投訴或福利索賠/申請表》，地址見《健康服務指南》(Your Guidebook)。
- 將書面投訴信郵寄到健康保險計劃服務設施的會員服務處（地址見《健康服務指南》(Your Guidebook)）。
- 給我們的會員服務聯絡中心打免費電話，電話號碼是 1-800-757-7585（TTY 專線使用者請撥 711）。
- 在我們的網站上填寫投訴表，網址是 kp.org。

如果您在投訴時需要協助，請致電我們的會員服務聯絡中心。

涉及人種、膚色、原國籍、性別、年齡或殘障歧視的一切申訴都將通知 Kaiser Permanente 的民權事務協調員（Civil Rights Coordinator）。您也可與 Kaiser Permanente 的民權事務協調員直接聯絡，地址：One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612。

Language Assistance Services

**English:** Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. Just call us at 1-800-464-4000, 24 hours a day, 7 days a week (closed holidays). TTY users call 711.

**Arabic:** خدمات الترجمة اللازمة متوفرة دائما على مدار الساعة. تتوفر خدمات الترجمة الفورية أو ترجمة وثائق Vous pouvez demander une interprète, demander la traduction de substantif de votre choix ou la traduction en format alternatif. Appeler au 1-800-464-4000, 24 heures par jour, 7 jours par semaine (excepté les jours fériés). Les utilisateurs de TTY peuvent appeler au 711.

**Chinese:** 每天 24 小时提供无障碍服务，您可以要求口译服务、要求将资料翻译成您所用语言或转换为其他格式。请拨打 1-800-464-4000，24 小时无休。TTY 用户请拨打 711。

**Japanese:** 当院では、通訳サービス、日本語翻訳された資料、あるいは資料を別の書式でも利用することができる。お気軽にお電話ください。祭日を除き年中無休、TTYユーザーは 711 でお電話ください。

**Khmer:** ប្តែងដើម្បីសិទ្ធិភាពអំពីទូរស័ព្ទមកឡយើង 1-800-464-4000 (៧ថ្ងៃទីកាល 24 វិត្តត្តខ្លីដ៏ប្រកបដោយ)។ Cov neeg siv TTY hu 711.

**Korean:** 요일 및 시간에 관계없이 언제든 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 요일 및 시간에 관계없이 1-800-464-4000 번으로 전화하시는 것이 가장 좋습니다. TTY 사용자 번호는 711입니다.

**Navajo:** Saad bee áka'a ayeeed náhlóló t’áá jiik’é, naadin doo biibáa’ diii’ ahéé’eickeds tsot’s id yiskáájiyí damoo ná’óldeelhii. Atah halne’e áka’a adoloolígíí jikíí, t’áado le’ e t’aah hóhahaaadji hiyalíyí’go, éi doodái’ií náámmá lá al’q ánaat’echigíí bi hádáldíiyáa’go. Koji hodiiihni 1-800-464-4000, naadin doo biibáa’ diii’ ahéé’eickeds tsot’s id yiskáájiyí damoo ná’óldeelhii [Dahodiin biniiyé e’e’aa’go éi da’deelkaalO]. TTY chodeeyoolingíí koji hodiiihni 711.
NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

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

• Provide no cost language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, call 1-800-632-9700 (TTY: 711)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.


HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-632-9700 (TTY: 711).

አማርኛ (Amharic) ይስታችናት፣ ከአማርኛ እስከ ከማካች ከተደረገ ያደርጉት፣ በአማርኛ ከተፈረጫ ያለት ያደርጉት፣ በ1-800-632-9700 (TTY: 711).

العربية (Arabic) ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-632-9700 (TTY: 711).

Ɓàsɔ́ɔ̀ .wpà (Bassa) Dë ṣè nià ke dyédé gbo: O jù jë m Bàsɔ́ɔ-wùdù-po-nyò jù nì, nìi, à wùdù ká kó òò-poò bëlin m ìbo kpàá. Dá 1-800-632-9700 (TTY: 711)

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-632-9700（TTY：711）。
NONDISCRIMINATION NOTICE
Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

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

- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 1-888-865-5813 (TTY: 711)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.


HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-865-5813 (TTY: 711).

العربية (Arabic) ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-888-865-5813 (TTY: 711).

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما در تماس با کلینیک 1-888-865-5813 (TTY: 711) می باشد.

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-865-5813 (TTY: 711)。
Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-865-5813 (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-865-5813 (TTY: 711).

Gujarati (Gujarati) સુચિક્રમે: તમારી ભાષ્યતમારા માટે ઉપલબ્ધ છે. જેન કરો 1-888-865-5813 (TTY: 711).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-865-5813 (TTY: 711).

Hindi (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-865-5813 (TTY: 711) पर कॉल करें।

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-865-5813 (TTY: 711) まで、お電話にてご連絡ください。

Korean (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-865-5813 (TTY: 711) 번으로 전화해 주십시오.


Russian (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-865-5813 (TTY: 711).

Spanish (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-865-5813 (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-865-5813 (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-865-5813 (TTY: 711).
NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats

- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call 1-800-966-5955 (TTY: 711)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at:

Membership Services
Attn: Kaiser Civil Rights Coordinator
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955


HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-966-5955 (TTY: 711).

Cebuano (Bisaya) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa 1-800-966-5955 (TTY: 711).

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-966-5955（TTY：711）。

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā hoʻopuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa’a i ke kōkua manuahi. E kelepona i ka helu 1-800-966-5955 (TTY: 711).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahue ket sidadaan para kenka. Awagan ti 1-800-966-5955 (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-966-5955 (TTY: 711) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-966-5955 (TTY: 711) 번으로 전화해 주십시오。

ລາວ (Laotian) ທ່ານເວ: ທ່ານເວ າພາສາ ລາວ, ການບ ໍ ລ ິ ການຊ່ວຍເຫ  ຼື ອດ້ານພາສາ, ຫຼງ້າຍ ມີມັດນີ້ໃຫ້ທ່ານ. ໂທຣ 1-800-966-5955 (TTY: 711).


Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa’a Sāmoa, o loo iai auaunaga fesoasoani, e fai fua e leai se totogi, mo oe, Telefoni mai: 1-800-966-5955 (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-966-5955 (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-966-5955 (TTY: 711).

Lea Faka-Tonga (Tongan) FAKATOKANGA'I: Kapau ‘oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea ’oku nau fai atu ha tokoni ta'etotongi, pea teke lava ’o ma’u ia. Telefoni mai 1-800-966-5955 (TTY: 711).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-966-5955 (TTY: 711).
NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

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

• Provide no cost language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, call 1-800-777-7902 (TTY: 711)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.


In the event of dispute, the provisions of the approved English version of the form will control.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-777-7902 (TTY: 711).

አማርኛ (Amharic) ይከርካከል: ያጠለቀቀ በኔ ያተጠቀም ከምስክር ከምስክር ያለባቸው ከነጻ ለማስቀствуት ጊዜ ያ麾ርክሩ ከሚስክር ከሚስክር ከሚስክር ያስቀድመ ሆነ ለማስቀствуት ከሚስክር ከሚስክር ከሚስክር ከሚስክር ይስጠቀም. ሥጭ ያስጠቀም ከሚስክር ከ myśli ያስጠች 1-800-777-7902 (TTY: 711).

العربية (Arabic) ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-777-7902 (TTY: 711).

Ɓàsòọ Wüßù (Bassa) ይደር ይከርካከል: ሉጠለቀቀ ያሆ ጎ ለማስቀወ ከምስክር ከምስክር ያለባቸው ከነጻ ለማስቀወ ከሚስክር ከሚስክር ከሚስክር ያስቀድመ ሆነ ለማስቀወ ከሚስክር ከሚስክር ከሚስክር ከሚስክር ይስጠቀም. ሥጭ ያስጠቀም ከሚስክር ከ myśli ያስጠች 1-800-777-7902 (TTY: 711).

বাংলা (Bengali) মেটার: যদি আপনি বাংলা, তাহলে কথা বলতে পারেন, তাহলে নিখুঁতভাবে ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। কোলা ক্যালার 1-800-777-7902 (TTY: 711)

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-777-7902 (TTY: 711).
If you are speaking in Farsi, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in French, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in German, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Gujarati, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Haitian Creole, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Hindi, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Igbo, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Italian, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Japanese, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Korean, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Navajo, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Portuguese, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Russian, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Spanish, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Tagalog, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Thai, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Urdu, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Vietnamese, translation services are available for free. Call 1-800-777-7902 (TTY: 711).

If you are speaking in Yoruba, translation services are available for free. Call 1-800-777-7902 (TTY: 711).
NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

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

• Provide no cost language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, call 1-800-813-2000 (TTY: 711)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Member Relations, Attention: Kaiser Civil Rights Coordinator, 500 NE Multnomah St. Ste 100, Portland, OR 97232, telephone number: 1-800-813-2000.


HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-813-2000 (TTY: 711).

አማርኛ (Amharic) የተዘጋጋው የትርጉም በተጋራ ከአማርኛ ማረጋገር ያሆኔ የተዘጋጋው የትርጉም በአማርኛ ያለው እንደ በ1-800-813-2000 (TTY: 711).

العربية (Arabic) اتصل برقم 1-800-813-2000 (TTY: 711).

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-800-813-2000（TTY: 711）。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می گردد. با 1-800-813-2000 تماس بگیرید (TTY: 711).


日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-813-2000 (TTY: 711)まで、お電話にてご連絡ください。

Khmer (Khmer) ប្រកុជានិយាយ ភាសាខ្មែរ, បានស្វែងរក សំណង់ជាពិសេស ឝើរប្រឹម ។ ត ្រូវបាន 1-800-813-2000 (TTY: 711)។

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-813-2000 (TTY: 711) 번으로 전화해 주십시오.
KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Kaiser Permanente:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:
• Qualified sign language interpreters
• Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:
• Qualified interpreters
• Information written in other languages

If you need these services, contact Kaiser Permanente Member Services.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance by phone, mail, fax, or email. If you need help filing a grievance, a Kaiser Permanente Member Services Representative is available to help you. Language assistance is provided free of charge. The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Phone:  206-630-4636
Toll-free:  1-888-901-4636
TTY Washington Relay Service:  1-800-833-6388 or 711
TTY Idaho Relay Service:  1-800-377-3529 or 711
Fax:  206-901-6205 or toll-free 1-888-874-1765
Address: Kaiser Foundation Health Plan of Washington
       Civil Rights Coordinator, Quality GNE-D1E-07
       P.O. Box 9812
       Renton, WA 98057-9054
Email:  csforms@ghc.org

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building
Washington, DC 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

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**English: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**中文 (Chinese):** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika na mahalagang ito. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian):** УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**-sama (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711)번으로 전화해 주십시오.

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Română (Romanian):** ATENȚIE: Dacă vorbiți limba română, vă sta la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde):** MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**日本語 (Japanese):** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY: 1-800-833-6388 / 711)まで、お電話にてご連絡ください。

**فارسی (Persian):** توجه: اگر به زبان فارسی گفتگو می کنید، تماسات زبانی بصورت رایگان برای شما فراهم می‌گردد. با تماس (TTY: 1-800-833-6388 / 711) 1-888-901-4636 (گریپر).
Before you go …
A little planning makes a big difference. Plan now for a healthy trip.

☐ Register on kp.org to see your home area health information and email your Kaiser Permanente doctor anytime, anywhere.

☐ Get our Kaiser Permanente mobile app to stay connected when you’re on the go.

☐ Consult your doctor if you need to manage a condition during your trip.

☐ Refill your eligible prescriptions to have enough while you’re away.

☐ Print a summary of your online medical record in case you don’t have internet access.*

☐ Make sure your immunizations are up to date, including your yearly flu shot.

Don’t forget

☐ Pack your Kaiser Permanente ID card. It has important phone numbers on the back.

☐ Take this brochure on your trip. It explains what to do if you need care.

☐ If you travel by plane, keep your prescription medications with you in your carry-on baggage.

☐ Away from Home 24/7 Travel Line: 951-268-3900 (TTY 711) or kp.org/travel

*These features are available when you register on kp.org and seek care from Kaiser Permanente physicians.