

January 1–December 31, 2020

# 2020 Summary of Benefits

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Kaiser Permanente Senior Advantage (HMO) for Federal Members  
High and Standard Options

With Medicare Part D prescription drug coverage

## About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior Advantage. You can use this **Summary of Benefits** to learn more about our plan. It includes information about:

- Benefits and costs
- Part D prescription drugs
- Who can enroll
- Coverage rules
- Getting care

For definitions of some of the terms used in this booklet, see the glossary at the end.

### For more details

This document is a summary of three Kaiser Permanente Senior Advantage plans for Federal members, High and Standard Options. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see both your FEHB brochure (73-822) and Senior Advantage **Evidence of Coverage (EOC)**. You can view your **EOC** online at [kp.org/feds](http://kp.org/feds) or ask for a copy from Member Services by calling **1-800-443-0815 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

To receive the Senior Advantage benefits described in this Summary of Benefits, you must be enrolled in Kaiser Permanente through the FEHB Program and meet the eligibility requirements described in your FEHB brochure (73-822). As a member of Kaiser Permanente Senior Advantage (HMO) for Federal members, you are still entitled to coverage under the FEHB Program. For a complete statement of your FEHB benefits, including any limitations and exclusions, please refer to your FEHB brochure (73-822). All FEHB benefits are subject to the definitions, limitations, and exclusions set forth in the FEHB brochure.

If you are already enrolled in one of our Senior Advantage plans and wish to switch to a different Senior Advantage plan, you may do so during the annual open season or you may also be able to change your enrollment when you have a life event (for example, you become eligible for Medicare). Please refer directly to **opm.gov** and your employing agency or retirement office for more information about when you can make plan changes outside of the open season.

### Have questions?

- Please call Member Services at **1-800-443-0815 (TTY 711)**.
- 7 days a week, 8 a.m. to 8 p.m.

## What's covered and what it costs

\*Your plan provider may need to provide a referral

†Prior authorization may be required

<b>Benefits and premiums</b>	<b>High Option Senior Advantage 1</b>	<b>High Option Senior Advantage 2</b>	<b>Standard Option Senior Advantage</b>
<b>Monthly plan premium</b> You must continue to pay your Medicare Part B premium and any other applicable Medicare premium(s), if not otherwise paid by Medicaid or another third party.	You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for Senior Advantage membership.	You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for Senior Advantage membership.	You must pay your FEHB monthly contribution. There is no increase in your FEHB premiums for Senior Advantage membership.
<b>Deductible</b>	<b>None</b>	<b>None</b>	<b>None</b>
<b>Your maximum out-of-pocket responsibility</b>	<b>\$2,000</b>	<b>\$2,000</b>	<b>\$2,000</b>
<b>Inpatient hospital coverage*†</b> There's no limit to the number of medically necessary inpatient hospital days.	<b>\$0</b>	<b>\$250</b> per admission	<b>\$250</b> per admission
<b>Outpatient hospital coverage</b>	<b>\$5</b> per visit	<b>\$50</b> per visit	<b>\$15</b> per visit
<b>Ambulatory Surgery Center</b>	<b>\$5</b> per visit	<b>\$50</b> per visit	<b>\$15</b> per visit
<b>Doctor's visits</b> Primary care providers and specialists	<b>\$5</b> per visit	<b>\$10</b> per visit	<b>\$15</b> per visit
<b>Preventive care*</b> See the <b>EOC</b> for details.	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>Benefits and premiums</b>	<b>High Option Senior Advantage 1</b>	<b>High Option Senior Advantage 2</b>	<b>Standard Option Senior Advantage</b>
<b>Emergency care</b> We cover emergency care anywhere in the world.	<b>\$75</b> per Emergency Department visit	<b>\$75</b> per Emergency Department visit	<b>\$75</b> per Emergency Department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$5</b> per visit	<b>\$10</b> per visit	<b>\$15</b> per visit
<b>Diagnostic services, lab, and imaging</b> <ul style="list-style-type: none"> <li>• Lab tests</li> <li>• Diagnostic tests and procedures (like EKG)</li> <li>• X-rays</li> </ul>	<b>\$0</b>	<b>\$0</b>	<b>\$10</b> per encounter
<ul style="list-style-type: none"> <li>• Other imaging procedures (like MRI, CT, and PET)</li> </ul>	<b>\$0</b>	<b>\$0</b>	<b>\$50</b> per procedure ( <b>\$10</b> for ultrasounds)
<b>Hearing services</b> <ul style="list-style-type: none"> <li>• Exams to diagnose and treat hearing and balance issues</li> </ul>	<b>\$5</b> per visit	<b>\$10</b> per visit	<b>\$15</b> per visit
<ul style="list-style-type: none"> <li>• Hearing aids</li> </ul>	Not covered	\$500 allowance per hearing aid, per ear. (If the hearing aid you purchase costs more than \$500 per ear, <b>you pay the difference.</b> )	Not covered
<b>Dental services</b> Preventive and comprehensive dental coverage	Refer to your Senior Advantage <b>Evidence of Coverage</b> for a description of your dental coverage provided to you as a Senior Advantage Federal Member.	Not covered	Refer to your Senior Advantage <b>Evidence of Coverage</b> for a description of your dental coverage provided to you as a Senior Advantage Federal Member.

<b>Benefits and premiums</b>	<b>High Option Senior Advantage 1</b>	<b>High Option Senior Advantage 2</b>	<b>Standard Option Senior Advantage</b>
<b>Vision services*</b> <ul style="list-style-type: none"> <li>• Visits to diagnose and treat eye diseases and conditions</li> </ul>	<b>\$5</b> per visit	<b>\$10</b> per visit	<b>\$15</b> per visit
<ul style="list-style-type: none"> <li>• Routine eye exams</li> <li>• Preventive glaucoma screening</li> </ul>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• Eyeglasses or contact lenses after cataract surgery</li> </ul>	<b>\$0</b> up to Medicare's limit, but you pay any amounts beyond that limit.	<b>\$0</b> up to Medicare's limit, but you pay any amounts beyond that limit.	<b>\$0</b> up to Medicare's limit, but you pay any amounts beyond that limit.
<ul style="list-style-type: none"> <li>• Other eyeglasses or contact lenses (covered once every 24 months)</li> </ul>	If your eyewear costs more than <b>\$200, you pay the difference.</b>	Not covered	If your eyewear costs more than <b>\$150, you pay the difference.</b>
<b>Mental health services</b> <ul style="list-style-type: none"> <li>• Outpatient group therapy</li> </ul>	<b>\$2</b> per visit	<b>\$5</b> per visit	<b>\$7</b> per visit
<ul style="list-style-type: none"> <li>• Outpatient individual therapy</li> </ul>	<b>\$5</b> per visit	<b>\$10</b> per visit	<b>\$15</b> per visit
<b>Skilled nursing facility†</b> We cover up to 100 days per benefit period.	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Physical therapy*</b>	<b>\$5</b> per visit	<b>\$10</b> per visit	<b>\$15</b> per visit
<b>Ambulance</b>	<b>\$50</b> per one-way trip	<b>\$50</b> per one-way trip	<b>\$125</b> per one-way trip
<b>Transportation</b>	Not covered	Not covered	Not covered

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage
<p><b>Medicare Part B drugs†</b> A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the <b>EOC</b> for details.</p> <ul style="list-style-type: none"> <li>• Drugs that must be administered by a health care professional</li> </ul>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• Drugs from a plan pharmacy</li> </ul>	Up to a 100-day supply: <ul style="list-style-type: none"> <li>• <b>\$10</b> for generic drugs</li> <li>• <b>\$30</b> for brand-name drugs</li> </ul>	Up to a 30-day supply: <ul style="list-style-type: none"> <li>• <b>\$10</b> for generic drugs</li> <li>• <b>\$40</b> for brand-name drugs</li> </ul>	Up to a 30-day supply: <ul style="list-style-type: none"> <li>• <b>\$10</b> for generic drugs</li> <li>• <b>\$40</b> for brand-name drugs</li> </ul>
<p><b>Chiropractic</b></p> <ul style="list-style-type: none"> <li>• Manual manipulation of the spine</li> </ul>	<b>\$5</b> per visit	<b>\$10</b> per visit	<b>\$15</b> per visit
<ul style="list-style-type: none"> <li>• Covered chiropractic services from any American Specialty Health Plans of California, Inc. (ASH Plans) participating chiropractor</li> </ul>	<p><b>\$15</b> per visit for up to a total of 20 chiropractic office visits per calendar year.</p> <p>Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.</p>	<p><b>\$15</b> per visit for up to a total of 20 chiropractic office visits per calendar year.</p> <p>Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.</p>	<p><b>\$15</b> per visit for up to a total of 20 chiropractic office visits per calendar year.</p> <p>Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.</p>
<p><b>Fitness benefit</b> Silver&amp;Fit® fitness programs, including a basic facility membership</p>	Not covered	<b>\$0</b>	Not covered

## Medicare Part D prescription drug coverage†

The amount you pay for drugs will be different depending on:

- The Senior Advantage plan you enroll in (High or Standard).
- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at [kp.org/seniorrx](http://kp.org/seniorrx) or call Member Services to ask for a copy at **1-800-443-0815 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 100-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- When you get a 31 to 100-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (initial or catastrophic coverage stage).

### Initial coverage stage

You pay the copays and coinsurance shown in the chart below until your total yearly drug costs reach **\$6,350**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$6,350 limit in 2020, you move on to the catastrophic stage and your coverage changes.

Drug tier	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage
<b>Tiers 1</b> (Preferred Generic) and <b>2</b> (Generic)	<b>\$10</b> (up to a 100-day supply)	<b>\$10</b> (up to a 30-day supply)	<b>\$10</b> (up to a 30-day supply)
<b>Tiers 3</b> (Preferred Brand) and <b>4</b> (Nonpreferred Brand)	<b>\$30</b> (up to a 100-day supply)	<b>\$40</b> (up to a 30-day supply)	<b>\$40</b> (up to a 30-day supply)
<b>Tier 5</b> (Specialty)	<b>\$100</b> (up to a 100-day supply)	<b>\$100</b> (up to a 30-day supply)	<b>\$150</b> (up to a 30-day supply)
<b>Tier 6</b> (Vaccines)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

For members enrolled in the **High Senior Advantage 2 or Standard Senior Advantage Options**, when you get a 31- to 100-day supply of drugs in Tiers 1-5, the copays listed above in the chart will be multiplied as follows:

- If you get a 31- to 60-day supply from any plan pharmacy (retail or mail order), you pay 2 copays.
- If you get a 61- to 100-day supply from one of our retail pharmacies, you pay 3 copays.
- If you get a 61- to 100-day supply from our mail-order pharmacy, you pay 2 copays.

### Catastrophic coverage stage

If you spend **\$6,350** on your Part D prescription drugs in 2020, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, your copays will change for the rest of 2020. You pay the following copays per prescription during the catastrophic coverage stage:

Drug	You pay
Generic drugs	\$3
Brand-name drugs	\$10
Specialty drugs	\$13
Part D vaccines	\$0

### Long-term care, plan home-infusion, and non-plan pharmacies

- If you live in a **long-term care facility** and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the Senior Advantage **Evidence of Coverage** for details.



## Who can enroll

You can sign up for this plan if:

- You are enrolled in Kaiser Permanente through the FEHB Program and meet the eligibility requirements described in your FEHB brochure (73-822).
- You have both Medicare Part A and Part B or Part B only. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare.)
- You're a citizen or lawfully present in the United States.
- You don't have end-stage renal disease (ESRD) unless you got ESRD when you were already a member of one of our plans or you were a member of a different plan that ended.
- You live in the service area for this plan, which includes **all of Orange County** and **parts of these counties** in these ZIP codes only:
  - **Kern County:** 93203, 93205–06, 93215–16, 93220, 93222, 93224–26, 93238, 93240–41, 93243, 93250–52, 93263, 93268, 93276, 93280, 93285, 93287, 93301–09, 93311–14, 93380, 93383–90, 93501–02, 93504–05, 93518–19, 93531, 93536, 93560–61, and 93581
  - **Los Angeles County:** 90001–84, 90086–91, 90093–96, 90099, 90134, 90189, 90201–02, 90209–13, 90220–24, 90230–33, 90239–42, 90245, 90247–51, 90254–55, 90260–67, 90270, 90272, 90274–75, 90277–78, 90280, 90290–96, 90301–12, 90401–11, 90501–10, 90601–10, 90623, 90630–31, 90637–40, 90650–52, 90660–62, 90670–71, 90701–03, 90706–07, 90710–17, 90723, 90731–34, 90744–49, 90755, 90801–10, 90813–15, 90822, 90831–35, 90840, 90842, 90844, 90846–48, 90853, 90895, 90899, 91001, 91003, 91006–12, 91016–17, 91020–21, 91023–25, 91030–31, 91040–43, 91046, 91066, 91077, 91101–10, 91114–18, 91121, 91123–26, 91129, 91182, 91184–85, 91188–89, 91199, 91201–10, 91214, 91221–22, 91224–26, 91301–11, 91313, 91316, 91321–22, 91324–31, 91333–35, 91337, 91340–46, 91350–57, 91361–62, 91364–65, 91367, 91371–72, 91376, 91380–87, 91390, 91392–96, 91401–13, 91416, 91423, 91426, 91436, 91470, 91482, 91495–96, 91499, 91501–08, 91510, 91521–23, 91526, 91601–12, 91614–18, 91702, 91706, 91711, 91714–16, 91722–24, 91731–35, 91740–41, 91744–50, 91754–56, 91759, 91765–73, 91775–76, 91778, 91780, 91788–93, 91801–04, 91896, 91899, 93243, 93510, 93532, 93534–36, 93539, 93543–44, 93550–53, 93560, 93563, 93584, 93586, 93590–91, and 93599
  - **Riverside County:** 91752, 92201–03, 92210–11, 92220, 92223, 92230, 92234–36, 92240–41, 92247–48, 92253, 92255, 92258, 92260–64, 92270, 92276, 92282, 92320, 92324, 92373, 92399, 92501–09, 92513–14, 92516–19, 92521–22, 92530–32, 92543–46, 92548, 92551–57, 92562–64, 92567, 92570–72, 92581–87, 92589–93, 92595–96, 92599, 92860, and 92877–83

- **San Bernardino County:** 91701, 91708–10, 91729–30, 91737, 91739, 91743, 91758–59, 91761–64, 91766, 91784–86, 91792, 92305, 92307–08, 92313–18, 92321–22, 92324–25, 92329, 92331, 92333–37, 92339–41, 92344–46, 92350, 92352, 92354, 92357–59, 92369, 92371–78, 92382, 92385–86, 92391–95, 92397, 92399, 92401–08, 92410–11, 92413, 92415, 92418, 92423, 92427, and 92880
- **San Diego County:** 91901–03, 91908–17, 91921, 91931–33, 91935, 91941–46, 91950–51, 91962–63, 91976–80, 91987, 92007–11, 92013–14, 92018–27, 92029–30, 92033, 92037–40, 92046, 92049, 92051–52, 92054–58, 92064–65, 92067–69, 92071–72, 92074–75, 92078–79, 92081–85, 92091–93, 92096, 92101–24, 92126–32, 92134–40, 92142–43, 92145, 92147, 92149–50, 92152–55, 92158–61, 92163, 92165–79, 92182, 92186–87, 92191–93, and 92195–99
- **Ventura County:** 90265, 91304, 91307, 91311, 91319–20, 91358–62, 91377, 93001–07, 93009–12, 93015–16, 93020–22, 93030–36, 93040–44, 93060–66, 93094, 93099, and 93252

## Coverage rules

We cover the services and items listed in this document and the Senior Advantage **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare’s standards.
- You get all covered services and items from plan providers listed in our **Provider Directory** and **Pharmacy Directory**.

But there are exceptions to this rule. We also cover:

- Care from plan providers in another Kaiser Permanente Region
- Emergency care
- Out-of-area dialysis care
- Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
- Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers.

For details about coverage rules, including services that aren’t covered (exclusions), see the Senior Advantage **Evidence of Coverage**.

## Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you. To find our provider locations, see our **Provider Directory** or **Pharmacy Directory** at **kp.org/directory** or ask us to mail you a copy by calling Member Services at **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

## Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You may choose any available plan provider to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services or at **kp.org/finddoctors**.

## Help managing conditions

If you have more than 1 ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

## Notices

### Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

If you have a complaint that's not about coverage, you can file a grievance with us. See the Senior Advantage **Evidence of Coverage** for details.

## **Kaiser Foundation Health Plan**

Kaiser Foundation Health Plan, Inc., Southern California Region is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Senior Advantage.

## **Privacy**

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** on [kp.org/privacy](https://kp.org/privacy) to learn more.

## **Helpful definitions (glossary)**

### **Allowance**

A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the difference.

### **Benefit period**

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

### **Calendar year**

The year that starts on January 1 and ends on December 31.

### **Coinsurance**

A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a 20% coinsurance for a \$200 item means you pay \$40.

### **Copay**

The set amount you pay for covered services — for example, a \$20 copay for an office visit.

### **Evidence of Coverage**

A document that explains in detail your plan benefits and how your plan works.

### **Maximum out-of-pocket responsibility**

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

**Medically necessary**

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

**Non-plan provider**

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

**Plan**

Kaiser Permanente Senior Advantage.

**Plan premium**

The amount you pay for your Senior Advantage health care and prescription drug coverage.

**Plan provider**

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

**Prior authorization**

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.

**Region**

A Kaiser Foundation Health Plan organization. We have Kaiser Permanente Regions located in Northern California, Southern California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

**Retail plan pharmacy**

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

**Service area**

The geographic area where we offer Senior Advantage plans. To enroll and remain a member of our plan, you must live in our Senior Advantage plan service area.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your “**Medicare & You**” handbook. You can view it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.



## Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente 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 Member Services at **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

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, or sex, you can file a grievance with our Civil Rights Coordinator by writing to One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. 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>.

## Multi-language Interpreter Services

### English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-443-0815** (TTY: **711**).

### Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-443-0815** (TTY: **711**).

### 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 **1-800-443-0815** (TTY : **711**) 。

### Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-443-0815** (TTY: **711**).

### Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-443-0815** (TTY: **711**).

### Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-443-0815** (TTY: **711**) 번으로 전화해 주십시오.

### Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք **1-800-443-0815** (TTY (հեռատիպ)՝ **711**):

### Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-443-0815** (телетайп: **711**).



## 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。1-800-443-0815 (TTY:711) まで、お電話にてご連絡ください。

## Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-443-0815 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ

## Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-443-0815 (TTY: 711)។

## Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-443-0815 (TTY: 711).

## Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-443-0815 (TTY: 711) पर कॉल करें।

## Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-443-0815 (TTY: 711).

## Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-443-0815 (TTY: 711) تماس بگیرید.

## Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-443-0815 (رقم هاتف الصم والبكم: 711).

**[kp.org/feds](http://kp.org/feds)**

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