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 care 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. 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.

1 Subject to requirements and limitations in your Evidence of Coverage or other coverage documents.
2 Please refer to your Evidence of Coverage or other coverage documents for details.
What’s inside

Care while traveling ................................................................................................. 2
  What types of care can I get in other Kaiser Permanente service areas?
  Types of care
  What is an emergency care need?
  What is an urgent care need?
  What is a routine care need?
  In case of an emergency
  What services are available?
  What services may be available with prior approval from your home service area?
  What services aren’t available?

Care where you need it .......................................................................................... 6
  How do I get care in other Kaiser Permanente service areas?
  Do I need approval first?
  What happens if I move?
  What costs should I expect?

For more information ............................................................................................ 8
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 from Kaiser Permanente providers in service areas outside the home area. 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.²

Examples include:
• Chest pain or pressure
• Severe stomach pain that comes on suddenly
• Severe shortness of breath
• Decrease in or loss of consciousness

¹Subject to the terms and conditions, including prior authorization, approval, and cost-sharing requirements of your plan coverage issued in your home service area.
²If 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?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 therapy²
- 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 services³
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

¹This 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.

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

³Certain 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
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

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.*

*Washington members, visit 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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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. Auxiliary aids and services for individuals with disabilities 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. You may request materials translated in your language, and may also request these materials in large text or in other formats to accommodate your needs at no cost to you. 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 or the facility directory on our website at kp.org for addresses)
- By mailing your written grievance to a Member Services office at a Plan Facility (please refer to Your Guidebook or the facility directory on our website at kp.org 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. Se ofrecen aparatos y servicios auxiliares para personas con discapacidades sin costo alguno durante el horario de atención. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Puede solicitar los materiales traducidos a su idioma, y también los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades sin costo para usted. 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 o en el directorio de centros de atención en nuestro sitio web en kp.org/espanol)
• 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 o en el directorio de centros de atención en nuestro sitio web en kp.org/espanol)
• 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/espanol

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。

人員服務聯絡中心每週七天每天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，以及殘障人士輔助器材和服務。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。您還可免費索取翻譯成您的語言的
資料，以及符合您需求的大號字體或其他格式的版本。若需更多資訊，請致電1-800-757-7585
（TTY專線使用者請撥711）。

申訴指任何您或您的授權代表透過申訴程序來表達不滿的做法。例如，如果您認為自己受到歧視，即可
提出申訴。若需瞭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、
高風險醫療保險計劃 (Major Risk Medical Insurance Program, MRMIP)、Medi-Cal Access、聯邦僱員
健康保險計劃 (Federal Employees Health Benefits Program, FEHBP) 或CalPERS會員，採取上述行
動尤其重要，因為您可能有不同的爭議解決選項。

您可透過以下方式提出申訴：

• 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)或我們網站kp.org上的服務設施名錄）
• 將書面申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》或我們
網站kp.org上的服務設施名錄）
• 致電我們的會員服務聯絡中心，免費電話號碼是1-800-757-7585（TTY專線請撥711）
• 在我們的網站上填寫申訴表，網址是kp.org

如果您在提交申訴時需要協助，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。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。

您還可以電子方式透過民權辦公室的投訴入口網站向美國健康與公共服務部民權辦公室提出民
權投訴，網址是ocrportal.hhs.gov/ocr/portal/lobby.jsf或者按照如下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）。
投訴表可從網站hhs.gov/ocr/office/file/index.html下載。
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.

Hindi: बिना किसी लागत के दुष्माचिया सेवाएं, दिन के 24 घंटे, साप्ताहिक के साथ ही दिन उपलब्ध हैं। आप एक दुष्माचिया की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद कराने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। बस केवल हमें 1-800-464-4000 पर, दिन के 24 घंटे, साप्ताहिक के साथ ही दिन (छुट्टियों वाले दिन बंद हटता है) कॉल करें। TTY उपयोगकर्ता 711 पर कॉल करें।

Japanese: 当院では、言語支援を無料で、年中無休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。お気軽に1-800-464-4000までお電話ください（祭日を除き年中無休）。TTYユーザーは711にお電話ください。
Navajo: Saad bee áká’a ayeed náhóló t’áá jiik’é, naa diin doo bibąą’ dij’ ahéé’i akeed tsosts’id yiskáajj damoo ná’ádleehj. Atah halne’ é áká’adoolwoligíí jökí, t’aadoo le’e t’áá hóházadíjí hadilyąą’go, éí doodai’ náná l’al’a’á daaat’ehígii bee hádádilyaa’go. Kojí hodiilnih 1-800-464-4000, naa diin doo bibąą’ dij’ ahéé’i akeed tsosts’id yiskáajj damoo ná’ádleehj (Dahodiyin biniyi’é e’ea’ahgo éí da’deeklaa). TTY chodeeyoolínígíí kojí hodiilnih 1-800-464-4000, naa diin doo bibąą’ dij’ éí doodei’é t’áá hóhazaadjí hadilyąą’go, éí doodai’é náná l’al’a’á daaat’ehígii bee hádádilyaa’go. Kojí hodiilnih 1-800-464-4000, naa diin doo bibąą’ dij’ ahéé’i akeed tsosts’id yiskáajj damoo ná’ádleehj (Dahodiyin biniyi’é e’ea’ahgo éí da’deeklaa).

Punjabi: ਬਿਨ ਾਂ ਬਿਸੀ ਲ ਗਤ ਦੇ, ਬਦਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਬਦਨ, ਦੁਭ ਸੀਆ ਸੇਵਾ ਵ ਾਂ ਤੁਹ ਡਲ ਲਈ ਉਪਲਿਧ ਹੈ। ਤੁਸੀਂ ਇੱਿ ਦੁਭ ਸੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਾਂ ਨ ਰਾਪਣੀ ਬਵੱਚ ਅਨੁਵ ਦ ਿਰਵ ਉਣ ਲਈ, ਜ ਾਂ ਬਿਸੇ ਵੱਖ ਫਰਮੈਟ ਬਵੱਚ ਪਰ ਪਤ ਿੀਨਟੀ ਿਰ ਸਿਦੇ ਹੋ। ਿਸ ਬਸਰਫ਼ ਸ ਨ ਰ 1-800-464-4000 ਤਾ ਿੀ ਫ਼ੋਨ ਿਰੋ। TTY ਦ ਉਪਯੋਗ ਿਰਨ ਵ ਲੇ 711।

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

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

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

Thai: เราให้บริการแปลฟรีสำหรับคุณตลอด 24 ชั่วโมง ทุกวันตลอดเวลาในการแปลคุณสามารถขอให้แปล ข้อมูลคุณภาพที่เกี่ยวกับความคุ้มครองในสิ่งของและคุณสมบัติของวัสดุที่มีการแปลงคุณสมบัติเป็นภาษาที่คุณใช้ได้โดยไม่มีการคิดค่าบริการเพียงโทร หาเราที่หมายเลข 1-800-464-4000 ตลอด 24 ชั่วโมงทุกวัน (โปรดให้บริการในวันหยุดราชการ) คุณใช้ TTY โปรดโทรไปที่ 711.

Vietnamese: Dịch vụ thông dịch được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. Quý vị chỉ cần gọi cho chúng tôi tại số 1-800-464-4000, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi 711.
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) የሚከተለው እንከይ ከማድረግ ከመረጥ ከእርዳታ ይፈጥር፡ በእርቅምት ተያወገም መረጃ ስራል ለእርቅምት ይታወገም መረጃ 1-800-632-9700 (TTY: 711).

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

Ɓǎsɔ́ ɔ̀  Wù ɖù (Bassa) 牒 Dịch ni à ke dyédé gbo: $ju ké m Bāsɔ̀-wùɗù-po-nyù jù ni, nií, à wùɗù kà kò qò po-poò bëin m gbo kpáa. Đà 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）。

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**Français (French)** ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-800-632-9700 (TTY: 711).

**Deutsch (German)** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-632-9700 (TTY: 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。1-800-632-9700 (TTY: 711) まで、お電話にてご連絡ください。

**Russian** ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-632-9700 (TTY: 711).

**Spanish** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-632-9700 (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 1-800-632-9700 (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 1-800-632-9700 (TTY: 711).

**Yoruba** (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 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).

 اللغة العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان.

العربية) 1-888-865-5813 (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 1-888-865-5813（TTY: 711）。

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان.

العربية) 1-888-865-5813 (TTY: 711).

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. با 1-888-865-5813 (TTY: 711) تماس بگیرید.
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 Hilfstdienstleistungen zur Verfügung. Rufnummer: 1-888-865-5813 (TTY: 711).

ગજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિશ્ચિત ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ક્રિયા 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 दे: 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。

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


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

Español (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 nagpasaalita 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）。

ʻŌlelo Hawai'i (Hawaiian) E NĀNĀ MAI: Ina hoʻopuka ʻoe i ka ʻōlelo Hawai'i, hiki iā ʻoe ke loaʻa i ke kōkua manuahi. E kelepona i ka helu 1-800-966-5955 (TTY: 711).

Ilokano (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguae 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) ທ້າວ: ຖ້າວ່າ ທ່ານເວ ້າພາສາ ລາວ, ແມ່ນມາດີທ່ານສາມາດອ່າງເດີມການຊ່ວຍເຫຼື ທອງເຣຍໄດ້. ເທືອງ 1-800-966-5955 (TTY: 711).

Kajin Majōl (Marshallese) LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bók jerbal in jipañ ilo kajin ñe a mĳ ejje ɭọk wōṇāān. Kaalọ 1-800-966-5955 (TTY: 711).


Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa’a Sāmoa, o loo iai auau naga 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).


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).

 العربية (Arabic) ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 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）。
Français (French) ATTENTION: Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-800-777-7902 (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-777-7902 (TTY: 711).

اللغة العربية (Arabic) اهتمام: إذا كنت تتحدث اللغة العربية، يمكنك الاستفادة من خدمات اللغة المجانية. الرد على 1-800-777-7902 (TTY: 711).

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-777-7902 (TTY: 711) 번으로 전화해 주십시오.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-777-7902 (TTY: 711).


Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-777-7902 (TTY: 711).


ไทย (Thai) ข้อความ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้โดยโทร 1-800-777-7902 (TTY: 711).

اللغة العربية (Arabic) خبردار: إذا كنتم تتحدثون على اللغة العربية، يمكنكم الاستفادة من خدمات اللغة المجانية. تقم بالرجوع إلى 1-800-777-7902 (TTY: 711).

Tiếng Việt (Vietnamese) CHƯ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-777-7902 (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 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) የልካም ከበታታ ይታልም። ከአማርኛ ከፌላሚ ያስታርሱ ከርወጥ ከርወጥ፣ ከእን ከአማርኛ የልካም ከበታታ ሰተር ሰተር ከእን ሰተር ከእን 1-800-813-2000 (TTY: 711).


فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می‌کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می‌شود. با 0203-813-1-800-813-2000 (TTY: 711) تماس بگیرید.
KAISER PERMANENTE NONDISCRIMINATION NOTICE

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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

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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).


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)。


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

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.