

Kaiser Permanente Senior Advantage (HMO)

## Group Medicare Election Form

Filling out and returning the enrollment form is your first step to becoming a Kaiser Permanente Senior Advantage member. If you and your spouse are both applying, you'll each need to fill out a separate form. For help completing the enrollment form, call Kaiser Permanente at **1-800-443-0815**, 7 days a week, 8 a.m. to 8 p.m. TTY users should call **711**.

### How to fill out this form

1. Answer all questions and print your answers using black or blue ink. Fill in check boxes with an X.
2. Sign and date the form. **Make sure you've read all the pages before you sign.**
3. Mail the original, signed form to:

Kaiser Permanente - Medicare Unit  
P.O. Box 232400  
San Diego, CA 92193-2400

You can also FAX or EMAIL your completed form to:

FAX: **1-855-355-5334**

EMAIL: **KPMedicareEnrollments@kp.org**

4. Make a copy for your records. If required, submit a copy to your employer group, union or trust fund.

### Next steps

- We'll review your form to make sure it's complete. Then we'll let you know by mail that we've received it.
- We'll let Medicare know that you've applied for Senior Advantage.
- Within 10 calendar days after Medicare confirms your enrollment, we'll first let you know the start date for your coverage. Next, we will send you a Kaiser Permanente ID card and your new member package within 10 days of your start date.
- To check on the status of your application, please visit **[kp.org/medicare/applicationstatus](https://kp.org/medicare/applicationstatus)**.

### Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

**Employer Group Use Only**

Please provide receipt date of form in this section when submitting on behalf of employee/retiree.

Employer Group #:  Employer Receipt Date:   
Authorized Rep:

**To Enroll in Kaiser Permanente Senior Advantage, Please Provide the Following Information**

Employer or Union Name:  Group #:

LAST Name:

FIRST Name:  Middle Initial:  Gender:  Male  Female

Home Phone Number:  Mobile Phone Number:  Birth Date: (mm/dd/yyyy)

Are you a current or former member of any Kaiser Permanente health plan?  Yes  No If yes:  Current  Former Kaiser Permanente Medical/Health Record Number:

Permanent Residence Street Address (P.O. Box is not allowed):

City:

County:  State:  ZIP Code:

**Mailing Address** (only if different from your Permanent Residence Address)

Street Address:

City:  State:  ZIP Code:

Email Address:

Last Name [ ] First Name [ ]

Please Provide Your Medicare Insurance Information

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

- OR -

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card): [ ]

Medicare Number: [ ]

Is Entitled To: HOSPITAL (Part A) [ ]

Effective Date: MEDICAL (Part B) [ ]

You must have Medicare Part B, however most employer groups require both Parts A and B to join a Medicare Advantage plan.

Please Read and Answer These Important Questions

1. Do you work? [ ] Yes [ ] No Does your spouse work? [ ] Yes [ ] No [ ] N/A

2. Are you the retiree? [ ] Yes [ ] No
If yes, retirement date (mm/dd/yyyy): [ ]
If no, name of retiree: [ ]

3. Are you covering a spouse or dependents under this employer or union plan? [ ] Yes [ ] No
If yes, name of spouse: [ ]
Name(s) of dependent(s): [ ]

4. Will you have other prescription drug coverage (like VA, TRICARE) in addition to Kaiser Permanente? [ ] Yes [ ] No
If "yes", please list your other coverage and your identification (ID) number(s) for that coverage.
Name of other coverage: [ ] ID # for other coverage: [ ]

5. Are you a resident in a long-term care facility, such as a nursing home? [ ] Yes [ ] No
If "yes", please provide the following information:
Name of institution: [ ]
Address of institution (number and street): [ ] Phone Number: [ ]

Last Name

First Name

6. Requested effective date (subject to CMS approval):

**Answering these questions is your choice. You can't be denied coverage because you don't fill them out.**

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin
- I choose not to answer**

What's your race? Select all that apply.

- American Indian or Alaska Native
- Black or African American
- Asian:
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Other Asian
- Native Hawaiian and Pacific Islander:
  - Guamanian or Chamorro
  - Native Hawaiian
  - Samoan
  - Other Pacific Islander
  - White
  - I choose not to answer**

**Please check one of the boxes below if you would prefer that we send you information in a language other than English or in an accessible format:**

- Spanish
- Chinese
- Braille
- Large Print
- Audio CD

Please contact Kaiser Permanente at **1-800-443-0815** if you need information in an accessible format or language other than what is listed above. Our office hours are 7 days a week, 8 a.m. to 8 p.m. TTY users should call **711**.

**Please complete the information below**

If you currently have Kaiser Permanente coverage through more than one employer or union/trust fund, you must choose ONE employer or union/trust fund from which to receive your Senior Advantage coverage. Complete the information for that employer or union/trust fund below.

Employer Group/Union/Trust Fund Name:

Employer Group/Union/Trust Fund ID #:

Subgroup:

Requested effective date (subject to CMS approval):

Last Name

First Name

**Please Read and Sign Below****FOR CALIFORNIA ENROLLEES ONLY:****KAISER FOUNDATION HEALTH PLAN, INC. ARBITRATION AGREEMENT**

I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Kaiser Foundation Health Plan, Inc. (KFHP), any contracted health care providers, administrators, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in KFHP, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

**By completing this enrollment application, I agree to the following:**

Kaiser Permanente is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Part B, however most employer groups require both Parts A and B. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. I may leave this plan at any time during the year as allowed by my group by sending a request to Kaiser Permanente. However, before I request disenrollment, I will check with my group or union/trust fund to determine if I am able to continue my group membership.

I understand that if I currently have Kaiser Permanente coverage through more than one employer or union/trust fund, I must choose one of these coverage options for my Senior Advantage plan because I can be enrolled in only one Senior Advantage plan at a time. My other employer or union/trust fund may allow me to enroll in one of their non-Medicare plans as well. I will contact the benefit administrators at each of my employers or union/trust funds to understand the coverage that I am entitled to before I make a decision about which employer's or union/trust fund's plan to select for my Senior Advantage plan.

Kaiser Permanente serves a specific service area. If I move out of the area that Kaiser Permanente serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Kaiser Permanente, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Senior Advantage **Evidence of Coverage** document from Kaiser Permanente when I receive it in order to know which rules I must follow to get coverage with this Medicare Advantage plan.

I understand that beginning on the date Senior Advantage coverage begins, I must get all of my health care from Kaiser Permanente, except for emergency or urgently needed services or out-of-area dialysis services.

Services authorized by Kaiser Permanente and other services contained in my Senior Advantage **Evidence of Coverage** document (also known as a member contract or subscriber agreement) will be covered. Without authorization, **NEITHER MEDICARE NOR KAISER PERMANENTE WILL PAY FOR THE SERVICES.**

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Kaiser Permanente, he/she may be paid based on my enrollment in Kaiser Permanente.

Last Name  First Name

**Release of Information**

By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as necessary for treatment, payment and health care operations. I also acknowledge that Kaiser Permanente will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

**Signature:**

**Today's Date:**

If you are the authorized representative of the enrollee, meaning you attest that you are legally authorized to complete this enrollment request on their behalf under State law (Power of Attorney, court-ordered legal guardianship, etc.), please sign above and provide your information below:

**Name:**

**Address:**

**Phone Number:**  **Relationship to Enrollee:**

For future membership-related inquiries or requests, please feel free to send a copy of the authorized representative document to: Kaiser Permanente – Medicare Unit P.O. Box 232400 San Diego, CA 92193-2400 or FAX: **1-855-355-5334** or EMAIL: **KPMedicareEnrollments@kp.org**. A copy of the authorized representative document is not required for completing this enrollment request.

**Office Use Only:**  
Name of staff member/agent/broker (if assisted in enrollment):   
Plan ID #:  Effective Date of Coverage:   
ICEP/IEP:  AEP:  SEP (type):

## Kaiser Permanente Senior Advantage/Medicare Advantage for Federal Members (HMO) Senior Advantage 2/Medicare Advantage 2 Enrollment Application

NCAL
  NCAL-Fresno
  SCAL
  Colorado
  Georgia
  Hawaii
  Mid-Atlantic States
  Northwest
  Washington

The FEHB enrollee (employee or retiree) must complete this form. By enrolling in Senior Advantage 2/Medicare Advantage 2, you and your covered dependents enrolled in Kaiser Permanente Senior Advantage/Medicare Advantage for Federal Members will be eligible to receive reimbursement of your Medicare Part B premium as described in the Senior Advantage 2/Medicare Advantage 2 Program Description. You must provide the enrollee's information below and the name(s) and Social Security number(s) for each dependent enrolled in Senior Advantage/Medicare Advantage for Federal Members.

### FEHB enrollee

Last name	First name	MI	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Kaiser Permanente medical/health record number	Date of birth (mm/dd/yyyy)	Social Security number (SSN)	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Street address			
<input style="width: 100%;" type="text"/>			
City	State	ZIP code	Telephone number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### Dependent 1

Last name	First name	MI
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Kaiser Permanente medical/health record number	Date of birth (mm/dd/yyyy)	Social Security number (SSN)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### Dependent 2

Last name	First name	MI
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Kaiser Permanente medical/health record number	Date of birth (mm/dd/yyyy)	Social Security number (SSN)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

I understand that my signature on this application means that I have read, understand, and agree to the plan rules outlined in the Senior Advantage 2/Medicare Advantage 2 Program Description and FEHB Brochure. I am the enrollee and agree to enroll in the Program myself and/or any eligible dependents who have Senior Advantage/Medicare Advantage.

FEHB enrollee's signature or authorized representative*	Today's date (mm/dd/yyyy)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

\*If authorized representative, attach copy of legal documentation, such as Power of Attorney form

**Mail to: Kaiser Permanente - Medicare Unit**  
**P.O. Box 232400**  
**San Diego, CA 92193-2400**

**Email: [KPMedicareEnrollments@kp.org](mailto:KPMedicareEnrollments@kp.org)**  
**Fax: 1-855-355-5334**

# Federal Employees Health Benefits (FEHB) Plan

## Senior Advantage 2 Program Description

All plans offered and  
underwritten by  
Kaiser Foundation Health Plan, Inc.  
Northern California Region: Fresno  
1950 Franklin Street  
Oakland, CA 94612



This booklet gives you details about the Senior Advantage 2 Program offered by Kaiser Foundation Health Plan of Northern California Region: Fresno, Inc. This is an important legal document. Please keep it in a safe place. When this program description says “we,” “us,” “our,” or “Kaiser Permanente,” it means Kaiser Foundation Health Plan of Northern California Region: Fresno, Inc. When it says “program” or “our program,” it means Senior Advantage 2. When this program description says “you,” it means the enrollee (sometimes called a subscriber, or Federal employee or annuitant).

We offer the Senior Advantage 2 Program as part of our Federal Employees Health Benefits (FEHB) plan. The program rules are outlined in the FEHB brochure (RI 73-889), Section 9, Medicare Part B reimbursement program.

Senior Advantage 2 is designed to reimburse you for your Medicare Part B premium. This document explains how you enroll in and disenroll from Senior Advantage 2, as well as how we will reimburse you for the Medicare Part B premium you pay.

## Eligibility and enrollment

To enroll in Senior Advantage 2:

- **You must be enrolled in Kaiser Permanente’s FEHB High Option** (enrollment codes: NZ1, NZ3 or NZ2).
  - When you become eligible for Medicare, you may be able to change your current option or plan.
  - To enroll or change your enrollment, visit **opm.gov** to enroll online or contact your employing agency or retirement office. Annuitants can contact the Retirement Information Center at **1-888-767-6738** or **1-855-887-4957** (TTY), Monday through Friday, 7:40 a.m. to 5 p.m. Eastern time, or **retire@opm.gov**.
- **You (and/or your covered dependents) must be enrolled in Kaiser Permanente Senior Advantage for Federal Members (HMO).**

- If you are not enrolled in Senior Advantage, you may call our Kaiser Permanente Medicare specialists at **1-877-547-4909 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m. Pacific time.
- If you are a Senior Advantage member, you do not need to submit another Senior Advantage Group Enrollment Form.

- **You also must complete and submit a Senior Advantage 2 Enrollment Application.**

## Coverage

When you enroll in Senior Advantage for Federal Members, you get all the benefits described in the FEHB brochure (RI 73-889) and the Kaiser Permanente Senior Advantage for Federal Members (HMO) **Evidence of Coverage**.

By enrolling in Senior Advantage 2, you and your covered dependents who are enrolled in Kaiser Permanente Senior Advantage for Federal Members are eligible to receive reimbursement of your Medicare Part B premium. The reimbursement is solely available to reimburse you and/or your covered dependent up to \$250 per month of the Medicare Part B premium, including the Part B late enrollment penalty and/or the Income Related Monthly Adjustment Amount (IRMAA) you or your covered dependent pays.

Once you have successfully enrolled in Senior Advantage 2, we will reimburse you monthly for your Medicare Part B premium. Your Medicare Part B premium is deducted automatically from your Social Security or retirement check or paid directly to Social Security. You will be reimbursed solely for paying your Medicare Part B premium.

Your reimbursement will cease if you disenroll from Kaiser Permanente Senior Advantage 2 or from our FEHB High Option.

The reimbursement is administered by Kaiser Permanente Health Payment Services. You will not be charged a fee for the administration of your reimbursement. The reimbursement will not be

held in trust for you or your dependents and will not be held in a bank account that belongs to you or your dependents. The reimbursement does not earn interest.

Reimbursement of your Medicare Part B premium is available beginning on the effective date of your enrollment in Senior Advantage 2. We will send your reimbursement each month by mail or direct deposit. Your first reimbursement may take approximately 30 to 45 days to process. Subsequent reimbursements can be expected on about the same day each month.

If you receive a reimbursement for your Medicare Part B premium and you later become ineligible for reimbursement, you must refund the reimbursement to Kaiser Permanente in order to comply with IRS requirements and avoid tax penalties. You will receive notification of this post-payment denial with instructions on how to settle the overpayment of your Medicare Part B reimbursement.

## Reimbursement of late enrollment penalty or IRMAA

We will automatically reimburse you for the standard Medicare Part B premium. You do not need to send us proof of your Medicare Part B if you pay only the standard Medicare Part B premium.

Some people have an extra charge added to their Medicare Part B premium. If your income is above a certain amount, you may pay the Income Related Monthly Adjusted Amount (IRMAA). If you enroll in Part B late, you may pay a late enrollment penalty. To receive additional reimbursement (up to \$250 per month), you must provide proof once each year of the amount you pay for Medicare Part B premium and the extra charges you pay for late enrollment penalty and/or IRMAA no later than 90 days after the plan year ends. You may submit one of the following documents as proof:

Social Security Benefit Verification letter, Notice of Annuity Adjustment or Medicare premium billing. If the amount you pay for LEP or IRMAA changes, you must provide additional information.

Visit [kp.org/feds](https://www.kp.org/feds) to get the FEHB Senior Advantage 2 Proof of Part B Premium Instructions and form.

For questions about reimbursement, call Kaiser Permanente Health Payment Services at **1-877-761-3399**, Monday through Friday, 5 a.m. to 7 p.m. Pacific time.

## Disenrollment

We will cancel Senior Advantage 2 enrollment:

- If you submit a written request to cancel Senior Advantage 2
- If you or the Centers for Medicare & Medicaid Services (CMS) cancels your Senior Advantage for Federal Members enrollment for any reason, including if you do not pay Medicare Part B premiums
- If at least one family member (subscriber and/or his/her dependents) is not enrolled in Senior Advantage for Federal Members within 3 months of enrollment in Senior Advantage 2
- If you are disenrolled from Kaiser Permanente's FEHB High Option

If we disenroll you from Senior Advantage 2, you will not be eligible to enroll in Senior Advantage 2 again during the same calendar year. You may continue to be enrolled in Kaiser Permanente's FEHB Program coverage and/or Senior Advantage for Federal Members.

Senior Advantage 2 is offered as part of the FEHB Program. This is a summary of the features of the Kaiser Permanente health plan. Before making a final decision, please read the Plan's Federal brochure (RI 73-889). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochure.

January 1–December 31, 2024

# 2024 Summary of Benefits

---

Kaiser Permanente Senior Advantage (HMO) for Federal Members  
High Option and Standard Option Fresno Area

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
- Additional benefits
- Member discounts for products and services
- 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 Option Senior Advantage 1, High Option Senior Advantage 2, and Standard Option Senior Advantage. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see both your FEHB brochure (RI 73-889) and Kaiser Permanente Senior Advantage **Evidence of Coverage (EOC)**, which we'll notify you how to view online. If you'd like to see it before you enroll, you can view it online at [kp.org/feds](http://kp.org/feds) or request 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 Kaiser Permanente Senior Advantage benefits described in this **Summary of Benefits**, you must be enrolled in Kaiser Permanente through the FEHB Program. 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 (RI 73-889). 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 Kaiser Permanente Senior Advantage plans and wish to switch to a different Kaiser Permanente 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.

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1
Monthly plan premium 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.	You must pay your FEHB monthly contribution. *We will reimburse up to \$250 per month for your Medicare Part B premium.	You must pay your FEHB monthly contribution.
Deductible	<b>None</b>	<b>None</b>	<b>None</b>
Your maximum out-of-pocket responsibility	\$2,000	\$2,000	\$2,000
<b>Inpatient hospital services*†</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 services</b>	<b>\$5</b> per visit	<b>\$50</b> per visit	<b>\$15</b> per visit

<b>Benefits and premiums</b>	<b>High Option Senior Advantage 1</b>	<b>High Option Senior Advantage 2</b>	<b>Standard Option Senior Advantage 1</b>
<b>Ambulatory Surgical Center (ASC)</b>	\$5 per procedure	\$50 per procedure	\$15 per procedure
<b>Doctor's visits</b> Primary care providers and specialists	\$5 per visit	\$10 per visit	\$15 per visit
<b>Preventive care*</b> See the <b>EOC</b> for details.	\$0	\$0	\$0
<b>Emergency care</b> We cover emergency care anywhere in the world.	\$75 per Emergency Department visit	\$75 per Emergency Department visit	\$75 per Emergency Department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	\$5 per office visit	\$10 per office visit	\$15 per office visit
<b>Diagnostic services, lab, and imaging</b> <ul style="list-style-type: none"> <li>A1c, LDL, certain INR, and glucose quantitative lab tests</li> </ul>	\$0	\$0	\$0
<ul style="list-style-type: none"> <li>All other lab tests</li> <li>Diagnostic tests and procedures (like EKG)</li> <li>X-rays</li> </ul>	\$0	\$0	\$10 per encounter
<ul style="list-style-type: none"> <li>Other imaging procedures (like MRI, CT, and PET)</li> </ul>	\$0	\$0	\$50 per procedure (\$10 for ultrasounds)
<b>Hearing services</b> <ul style="list-style-type: none"> <li>Evaluations to diagnose medical conditions</li> </ul>	\$5 per visit	\$10 per visit	\$15 per visit

Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1
<ul style="list-style-type: none"> <li>Exams for the fitting and evaluation of hearing aids</li> </ul>	Not covered	<b>\$0</b>	Not covered
<ul style="list-style-type: none"> <li>Hearing aid allowance</li> </ul>	Not covered	\$500 allowance per aid, per ear every 36 months. If the hearing aid you purchase costs more than \$500 per ear, <b>you pay the difference.</b>	Not covered
<p><b>Dental services</b> Preventive and comprehensive dental coverage</p>	<ul style="list-style-type: none"> <li><b>\$5</b> per office visit</li> <li><b>\$15</b> per oral exam (limited to two exams a year)</li> <li><b>\$0</b> teeth cleaning, fluoride, and bitewing X-rays.</li> </ul> <p>The amount you pay for comprehensive dental care varies depending on the service (see the dental fee schedule in the Senior Advantage <b>EOC</b>).</p>	Not covered	<ul style="list-style-type: none"> <li><b>\$5</b> per office visit</li> <li><b>\$15</b> per oral exam (limited to two exams a year)</li> <li><b>\$0</b> teeth cleaning, fluoride, and bitewing X-rays.</li> </ul> <p>The amount you pay for comprehensive dental care varies depending on the service (see the dental fee schedule in the Senior Advantage <b>EOC</b>).</p>
<p><b>Vision services*</b></p> <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 and diabetic retinopathy services</li> </ul>	<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 1</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 eyewear</li> </ul>	\$200 allowance every 24 months. If your eyewear costs more than \$200, <b>you pay the difference.</b>	Not covered	\$150 allowance every 24 months. If your eyewear costs more than \$150, <b>you pay the difference.</b>
<b>Mental health services</b>			
<ul style="list-style-type: none"> <li>• Inpatient mental health</li> </ul>	<b>\$0</b>	<b>\$250</b> per admission	<b>\$250</b> per admission
<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>	\$0	<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 (other than a licensed ambulance)</b> Non-medical and non-emergency medical (gurney or wheelchair van) transportation to bring you to and from a network provider when provided by our designated transportation provider.	<b>\$0</b> for up to 24 one-way trips (50 miles per trip) per calendar year.	Not covered	Not covered



Benefits and premiums	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1
<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>	<p><b>\$0</b></p>	<p><b>\$0</b></p>	<p><b>\$0</b></p>
<ul style="list-style-type: none"> <li>• Drugs from a plan pharmacy</li> </ul>	<p>Up to a 100-day supply:</p> <ul style="list-style-type: none"> <li>• <b>\$10</b> for generic drugs</li> <li>• <b>\$30</b> for brand-name drugs</li> </ul>	<p>Up to a 30-day supply:</p> <ul style="list-style-type: none"> <li>• <b>\$10</b> for generic drugs</li> <li>• <b>\$40</b> for brand-name drugs, except you pay \$35 for Part B insulin drugs furnished through an item of DME.</li> </ul>	<p>Up to a 30-day supply:</p> <ul style="list-style-type: none"> <li>• <b>\$10</b> for generic drugs</li> <li>• <b>\$40</b> for brand-name drugs, except you pay \$35 for Part B insulin drugs furnished through an item of DME.</li> </ul>

## Medicare Part D prescription drug coverage†

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

- The Kaiser Permanente Senior Advantage plan you enroll in (High Option Senior Advantage 1, High Option Senior Advantage 2, or Standard Option Senior Advantage).
- 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.
- 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 (deductible, initial, or catastrophic coverage stage).

Note: Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, the cost-sharing below may not apply to you; instead please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

### Deductible stage

Because we have no deductible, this payment stage does not apply to you and you start the year in the initial coverage stage.

## Initial coverage stage

You pay the copays shown in the chart below until you have spent **\$8,000** in 2024. If you spend \$8,000 in 2024, you move on to the catastrophic coverage stage and your coverage changes.

Drug tier	Retail plan pharmacy		
	Up to a 30-day supply	31- to 60-day supply	61- to 100-day supply
<b>Tier 1</b> (Preferred generic)			
<b>Tier 2</b> (Generic)			
• High Option Senior Advantage 1	<b>\$10</b>	<b>\$10</b>	<b>\$10</b>
• High Option Senior Advantage 2	<b>\$10</b>	<b>\$20</b>	<b>\$30</b>
• Standard Option Senior Advantage	<b>\$10</b>	<b>\$20</b>	<b>\$30</b>
<b>Tier 3*</b> (Preferred brand-name)			
<b>Tier 4*</b> (Non-preferred drugs)			
• High Option Senior Advantage 1	<b>\$30</b>	<b>\$30</b>	<b>\$30</b>
• High Option Senior Advantage 2	<b>\$40</b>	<b>\$80</b>	<b>\$120</b>
• Standard Option Senior Advantage	<b>\$40</b>	<b>\$80</b>	<b>\$120</b>
<b>Tier 5*</b> (Specialty)			
• High Option Senior Advantage 1	<b>\$100</b>	<b>\$100</b>	<b>\$100</b>
• High Option Senior Advantage 2	<b>\$100</b>	<b>\$200</b>	<b>\$300</b>
• Standard Option Senior Advantage	<b>\$150</b>	<b>\$300</b>	<b>\$450</b>
<b>Tier 6**</b> (Vaccine)	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30-day supply, **\$70** for a 31- to 60-day supply, and **\$105** for a 61- to 100-day supply, regardless of the tier.

\*\*Our plan covers most Part D vaccines at no cost to you.

Drug tier	Mail-order plan pharmacy		
	Up to a 30-day supply	31- to 60-day supply	61- to 100-day supply
<b>Tier 1</b> (Preferred generic) <b>Tier 2</b> (Generic)			
• High Option Senior Advantage 1	<b>\$10</b>	<b>\$10</b>	<b>\$10</b>
• High Option Senior Advantage 2 • Standard Option Senior Advantage	<b>\$10</b>	<b>\$20</b>	<b>\$20</b>
<b>Tier 3*</b> (Preferred brand-name) <b>Tier 4*</b> (Non-preferred drugs)			
• High Option Senior Advantage 1	<b>\$30</b>	<b>\$30</b>	<b>\$30</b>
• High Option Senior Advantage 2 • Standard Option Senior Advantage	<b>\$40</b>	<b>\$80</b>	<b>\$80</b>
<b>Tier 5*</b> (Specialty)			
• High Option Senior Advantage 1	<b>\$100</b>	<b>\$100</b>	<b>\$100</b>
• High Option Senior Advantage 2	<b>\$100</b>	<b>\$200</b>	<b>\$200</b>
• Standard Option Senior Advantage	<b>\$150</b>	<b>\$300</b>	<b>\$300</b>

Note: Tier 6 (vaccines) are not available through mail order.

\*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30-day supply, **\$70** for a 31- to 60-day supply, or **\$80** for a 61- to 100-day supply of Tiers 3-4 drugs and **\$105** for a 61- to 100-day supply of Tier 5 drugs, regardless of the tier.

### Catastrophic coverage stage

If you or others on your behalf spend **\$8,000** on your Part D prescription drugs in 2024, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2024.

### 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.

## Additional benefits

These benefits are available to you as a plan member:	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1
<p><b>Chiropractic</b> Covered chiropractic services from any American Specialty Health Plans of California, Inc. (ASH Plans) participating chiropractor.</p>	<p><b>\$15</b> for up to 20 chiropractic office visits per calendar year.  Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.</p>	<p><b>\$15</b> for up to 20 chiropractic office visits per calendar year.  Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.</p>	<p><b>\$15</b> for up to 20 chiropractic office visits per calendar year.  Our plan pays \$50 each calendar year toward the chiropractic ASH Plans fee schedule price for covered chiropractic appliances.</p>
<p><b>Fitness benefit (the Silver&amp;Fit® Healthy Aging and Exercise Program)</b>  The Silver&amp;Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&amp;Fit is a federally registered trademark of ASH and used with permission herein. Participating fitness centers and fitness chains may vary by location and are subject to change.</p>	<p><b>\$0</b> for a standard membership to any of the participating fitness centers in the Silver&amp;Fit program. You can also choose one Home Fitness Kit annually from a selection of kits to help you stay fit at home.  You also have the option to access the Silver&amp;Fit Premium fitness network (an expanded network of</p>	<p><b>\$0</b> for a standard membership to any of the participating fitness centers in the Silver&amp;Fit program. You can also choose one Home Fitness Kit annually from a selection of kits to help you stay fit at home.  You also have the option to access the Silver&amp;Fit Premium fitness network (an expanded network of</p>	<p><b>\$0</b> for a standard membership to any of the participating fitness centers in the Silver&amp;Fit program. You can also choose one Home Fitness Kit annually from a selection of kits to help you stay fit at home.  You also have the option to access the Silver&amp;Fit Premium fitness network (an expanded network of</p>

These benefits are available to you as a plan member:	High Option Senior Advantage 1	High Option Senior Advantage 2	Standard Option Senior Advantage 1
	select fitness centers) at additional costs, which may include initiation and nonrefundable membership fees.	select fitness centers) at additional costs, which may include initiation and nonrefundable membership fees.	select fitness centers) at additional costs, which may include initiation and nonrefundable membership fees.
<b>Home-delivered meals</b>	<b>\$0</b> for meals delivered to your home immediately following discharge from a network hospital or skilled nursing facility as an inpatient, up to three meals per day in a consecutive four-week period, once per calendar year.	Not covered	Not covered

## Member discounts for products and services

Kaiser Permanente partners with leading companies to support your health, safety, and well-being — and offer substantial savings and discounts.

### Lively™ Mobile Plus

Get a personal emergency response system that provides 24/7 help with the push of a button. Receive a reduced one-time device fee and choice of two monthly service plans (coverage limits may apply). Visit [greatcall.com/KP](http://greatcall.com/KP) or call **1-800-205-6548** (TTY **711**) for more information.

### CareLinx

Kaiser Permanente has partnered with CareLinx to provide you with a discount for purchasing non-medical, in-home help with daily activities. Your caregiver can help you live an independent lifestyle in your own home by assisting with light housekeeping, meal preparation, companionship and more.

Visit [carelinx.com/kaiserpermanente-affinity](https://www.carelinx.com/kaiserpermanente-affinity) or call toll-free **1-855-271-2656** Monday-Friday, 7 a.m. to 6 p.m., and on weekends, 9 a.m. to 5 p.m.

### **Comfort Keepers in-home care and assistance**

In-home care services to help you maintain independence at home with everything from 24-hour care, respite, meal preparation, and light housekeeping. Receive a discount on all services and get a free in-home safety assessment. Visit [comfortkeepers.com/kaiser-permanente](https://www.comfortkeepers.com/kaiser-permanente) or call **1-800-611-9689** (TTY **711**) for more information.

### **Mom's Meals healthy meal delivery**

Getting the right nutrition is essential to achieving and maintaining good health. Receive delivery of refrigerated ready-to-heat-and-eat meals to homes nationwide. Crafted by chefs and registered dietitians, meals are medically tailored to support most major chronic conditions and overall wellness. Kaiser Permanente members enjoy discounted pricing and free shipping from Mom's Meals. Visit [momsmealsnc.com](https://www.momsmealsnc.com) or call **1-866-224-9483** (TTY **711**) for more information.

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Senior Advantage grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.

## **Who can enroll**

You can sign up for one of these Senior Advantage plans if:

- You are enrolled in Kaiser Permanente through the FEHB Program.
- You have Medicare Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums for this plan.)
- You're a citizen or lawfully present in the United States.
- You live in the service area for these plans, which includes **parts of these counties** in these ZIP codes only:
  - **Fresno County:** 93242, 93602, 93606–07, 93609, 93611–13, 93616, 93618–19, 93624–27, 93630–31, 93646, 93648–52, 93654, 93656–57, 93660, 93662, 93667–68, 93675, 93701–12, 93714–18, 93720–30, 93737, 93740–41, 93744–45, 93747, 93750, 93755, 93760–61, 93764–65, 93771–79, 93786, 93790–94, 93844, and 93888
  - **Kings County:** 93230, 93232, 93242, 93631, and 93656

- **Madera County:** 93601–02, 93604, 93614, 93623, 93626, 93636–39, 93643–45, 93653, 93669, and 93720
- **Mariposa County:** 93601, 93623, and 93653
- **Tulare County:** 93238, 93261, 93618, 93631, 93646, 93654, 93666, and 93673

## 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. If you receive non-covered care or services, you must pay the full cost.

For details about coverage rules, including non-covered services (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](https://kp.org/finddoctors).

## **Help managing conditions**

If you have more than one 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 about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

### **Kaiser Foundation Health Plan**

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

### **Privacy**

We protect your privacy. See the Senior Advantage **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 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**, **1-800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Multi-Language Insert**  
**Multi-language Interpreter Services**

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-443-0815 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-443-0815 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-443-0815 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-443-0815 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-443-0815 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-443-0815 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-443-0815 (TTY 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-443-0815** (TTY 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-443-0815** (TTY 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-443-0815** (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-443-0815** (TTY 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-443-0815** (TTY 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-443-0815** (TTY 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-443-0815** (TTY 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-443-0815 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-443-0815 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-443-0815 (TTY 711)**にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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

Kaiser Foundation Health Plan, Inc.  
393 E. Walnut St.  
Pasadena, CA 91188

Kaiser Foundation Health Plan, Inc., Northern California Region.  
A nonprofit corporation and Health Maintenance Organization (HMO)