

Questions and answers

Learn how to use money from a health reimbursement arrangement (HRA) to help pay for care.¹ Your employer contributes to this fund, but it isn't part of your wages. This means you won't pay taxes on it.²



Understanding your plan

What is the Deductible HMO Plan with HRA?

Like all Kaiser Permanente plans, this plan gives you access to high-quality care and resources to help you feel your best. Plus, it offers flexibility in how you can pay for care.

As with all of our deductible plans, you'll need to pay the full cost for most covered services until you reach a set amount known as your deductible. For example, a \$1,500 deductible means you'll pay the full cost of care and services up to \$1,500. After you reach your deductible, you'll start paying less for the rest of the year – just a copay or a coinsurance (which is a percentage of the total cost). You may pay copays or coinsurance for some services (like prescription drugs) without having to reach your deductible.³ And most preventive care services (like routine physical exams, mammograms, and cholesterol screenings) are covered at no cost or at a copay.⁴

You can also use money that your employer contributes to a spending account called a health reimbursement arrangement (HRA) to pay for care.

What is an HRA?

An HRA is an account that gives you money to pay for care. Your employer sets up the account and puts money into it.

Because the money isn't part of your wages, you won't pay taxes on it.² And you can use this money to pay for health care services that are defined as qualified medical expenses.¹

What are qualified medical expenses?

Qualified medical expenses are defined by the Internal Revenue Service (IRS) for tax purposes. They include many health care services and related costs, such as:

- Primary and specialty care visits
- Noncosmetic dental care
- X-rays and lab tests
- Eyeglasses and LASIK vision correction
- Hospital visits
- Prescription drugs

For a detailed list, see IRS Publication 502, *Medical and Dental Expenses*, available at [irs.gov/publications](https://www.irs.gov/publications).

Depending on your employer, there may be other limits on the types of expenses that you can pay for with your HRA. Ask your employer's benefits administrator for details.

How do deductible plans work?

With a deductible plan, you get all the quality care and resources people expect from Kaiser Permanente. The main difference is how you pay for care.

- You'll need to pay the full cost for covered services until you reach a set amount known as your deductible. For example, a \$1,500 deductible means you'll pay the full cost of your care and services up to \$1,500.
- After you reach your deductible, you'll start paying less for the rest of the year – just a copay or a coinsurance.
- Most preventive care services are covered at no cost or at a copay, even before you reach your deductible.⁴
- See your *Evidence of Coverage* or other coverage documents for the plan details, including the date your deductible will reset.

Your plan also has an out-of-pocket maximum that helps limit how much you'll pay for care. If you reach it, you won't have to pay for most covered services for the rest of the year. This can help protect you financially if you ever have a serious illness or injury.

- Payments for most covered services count toward your out-of-pocket maximum.³
- Copays and coinsurance don't count toward your deductible, but they do help you reach your out-of-pocket maximum.
- See your *Evidence of Coverage* or other coverage documents for plan details, including the date your out-of-pocket maximum will reset.
- For more information, visit kp.org/deductibleplans.

Do I need to reach my deductible before I can pay a copay or coinsurance for preventive care?

No. Most preventive care services are covered at no cost or at a copay,⁴ even before you reach your deductible.

What is preventive care?

Preventive care can help you avoid illness and protect your health. Kaiser Permanente offers many preventive care services at no cost or at a copay,⁴ including:

- Routine physical exams
- Well-child visits
- Scheduled prenatal care
- Hearing tests
- Immunizations
- Routine well-woman visits, including mammograms, pelvic exams, clinical breast exams, and Pap tests
- Diabetes screenings
- Prostate cancer screenings, including prostate-specific antigen (PSA) tests
- Cholesterol screenings
- Colonoscopy screenings

I got preventive care and was billed for more than I expected. Why?

There may be times when you come in for preventive care and need diagnostic or treatment services, too. For example, during a routine physical exam your doctor might find a mole that needs to be removed for testing. Because the removal and testing of the mole aren't preventive, you'll get a bill for them.

How do my deductible and out-of-pocket maximum work?

All deductible HMO plans with an HRA have a deductible and an out-of-pocket maximum.

- For an individual plan, the individual deductible must be met first. This means that you need to reach your deductible before you can pay copays or coinsurance for covered services. There’s an exception for most preventive care services and prescription drugs, which are covered at no cost or at a copay.⁴
- Deductible payments, copays, and coinsurance payments for covered services count toward the out-of-pocket maximum. For an individual plan, once you reach the individual out-of-pocket maximum, Kaiser Permanente will pay for most covered services for the rest of the year.
- For family coverage (2 or more members), this plan has:
 - An individual deductible
 - An individual out-of-pocket maximum
 - A family deductible
 - A family out-of-pocket maximum
- Any covered family member who reaches their individual deductible will start paying copays or coinsurance for covered services for the rest of the year. All other family members will keep paying the full charges for covered services until they reach their individual deductibles or until the family reaches the family deductible.
- The out-of-pocket maximum works the same way. Once the individual or family out-of-pocket maximum is met, Kaiser Permanente will pay for most covered services for the individual or the entire family for the rest of the year.
- Depending on your plan, you may pay a copay or coinsurance for some services without having to reach your deductible.³

- For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.³

Do copays, coinsurance, and deductible payments count toward my out-of-pocket maximum?

Yes. Payments for most covered services count toward your out-of-pocket maximum.

For example, let’s say you have a deductible of \$1,500 and an out-of-pocket maximum of \$3,000. After you reach your \$1,500 deductible, your copays and coinsurance for covered services will count toward your out-of-pocket maximum.

Deductible: \$1,500

Out-of-pocket maximum: \$3,000

Difference: \$1,500. In other words, after reaching your deductible, you’d pay \$1,500 worth of copays or coinsurance to reach your out-of-pocket maximum.

Will what I pay for count toward my:

	Deductible	Out-of-pocket maximum
Most preventive services	No	Yes
All other covered services	Yes	Yes
Prescription drugs*	No	Yes

*Depending on your plan, prescription drugs may count toward the deductible. For more information, please see your *Evidence of Coverage* or other coverage documents.

What medical services count toward my deductible and out-of-pocket maximum?

Many services count toward your deductible and out-of-pocket maximum, including:

- Doctor's office visits (for both primary and specialty care)
- Hospitalization
- Inpatient/outpatient surgery
- Emergency services
- Ambulance services
- Urgent care
- X-ray, MRI, CT scan, lab tests

For more information about your benefits, please refer to your *Evidence of Coverage* or other coverage documents.

Can I see a Kaiser Permanente doctor with this plan?

Yes. You can see the same Kaiser Permanente doctors as with all our plans.



[More about HRAs](#)

What can I pay for with my HRA?

You can use the money in your HRA to pay for care for you and your covered dependents. Specifically, you can use it to pay for types of care that your employer has defined as qualified medical expenses.¹ Ask your employer's plan administrator for details.

Can I contribute to my HRA?

No. Employees aren't allowed to contribute to their HRAs. The account is owned and funded by your employer.

How much money will go into my HRA?

Your employer determines the amount each year. See your employer's benefit plan documents for more information.

When can I start accessing the money in my HRA?

The availability of your HRA money will depend on your plan details. Contact your employer's benefits administrator to find out when your HRA money will be available.

When should I submit claims for reimbursement?

As long as there's money in your HRA, you can submit claims for reimbursement anytime within the year that you paid those expenses. You may also have an extra period of time after the year ends (called a "run-out period"), to submit claims for reimbursement.⁵

If you have more questions, please contact your employer's benefits administrator.

What if I leave my current employer or retire with money still in my HRA?

You can be reimbursed for care you get before you leave the company or retire, but any remaining balance will be lost.

This may work differently if you choose to continue your medical benefits through COBRA. Please contact your employer's benefits administrator for more information.

What if there's money left in my account at the end of the year?

As long as you're still enrolled in the plan, unused money may roll over to the next year. Your employer will determine how much leftover money (if any) will roll over.⁶

What if I use all the money in my HRA before the end of the year?

After you've used all the money in your account, you'll need to use a different form of payment to cover additional expenses for the rest of the year. These expenses may include copays, coinsurance, and deductible payments.

What are the advantages of the Deductible HMO Plan with HRA?

You can reduce your out-of-pocket costs by using your HRA to pay for medical expenses (which may include deductible payments). Depending on the type of HRA your employer offers, there may be limits on the types of

expenses that you can pay for with it. Consult with your employer's benefits administrator for details.

If your employer offers a rollover option, you can use money left over from one year to pay for qualified medical expenses for the next plan year (as long as you're still a member of the plan).

How do I get started with my HRA?

Getting started with your HRA is easy:

- Once your employer has selected the Kaiser Permanente Deductible HMO Plan with HRA, you can enroll during your company's open enrollment period.
- Your employer will set up your HRA with an HRA administrator and arrange contributions to your account. Contact your employer's benefits administrator to find out when the money in your HRA will be available.⁷

How do I use my HRA to pay for care?

Ask your employer's plan administrator for details.

Debit card	If you have a debit card, you can use it either: <ul style="list-style-type: none">• When you get care, or• To pay a bill by mail by writing your card number on the bill and sending it in. Be sure to keep your Explanation of Benefits, bills, and itemized receipts, in case you need to provide them later.
Reimbursement	Pay out of pocket (using your own money) and then get reimbursed by submitting a claim to your HRA administrator. ⁸
Combination	If you don't have enough money in your HRA to cover the full cost, you can use the balance in your HRA, then pay the difference using another form of payment.

Paying for care

What can I expect to pay for a visit?

To find out how much you can expect to pay when you check in, you can:

- Use our estimates tool at kp.org/costestimates.
- Call us at **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m. Pacific time.

When you come in for care, you'll make a payment for your scheduled services.

For more information, see your *Evidence of Coverage* or other coverage documents, or call the number on your Kaiser Permanente ID card.

Accessing care

Where can I get care?

Kaiser Permanente has more than 23,000 physicians in California. And you'll find about 700 Kaiser Permanente medical facilities in Northern and Southern California. To make your care experience as easy and convenient as possible, most Kaiser Permanente facilities offer many services in one location. You can also get many services during evenings and weekends.

If I have a medical emergency while away from home, will my care be covered?

Yes. Kaiser Permanente covers emergency care from providers anywhere in the world. Please see your *Evidence of Coverage* or other coverage documents for more information.

We can also help you before you leave town by checking to see if you need a vaccination, refilling eligible prescriptions, and more. Just call our 24/7 Away from Home Travel Line at **951-268-3900**⁹ or visit kp.org/travel.

If I have questions about getting care, who can I talk to?

Please call our Member Service Contact Center at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). For TTY, call **711**. One of our representatives will be happy to help you.

Common terms

Coinsurance	From the total cost of a covered service, the percentage you pay is the coinsurance. For example, a 20% coinsurance for a \$200 medical procedure means you pay \$40.
Copayment (copay)	The set amount you pay for covered services (for example, a \$20 copay for an office visit).
Deductible	The amount you pay each year for covered services before Kaiser Permanente starts paying. You may pay copays or coinsurance for some services, like prescription drugs, without having to reach your deductible.
Out-of-pocket maximum	The most you'll pay for covered services each year. For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.
Preventive care services	Preventive care services are types of routine care that can help keep you healthy. These services can help you find and address potential health problems before they become serious.

1. You can use your HRA to pay for types of care that are defined as qualified medical expenses. These are defined in IRS Publication 502, *Medical and Dental Expenses*, available at [irs.gov/publications](https://www.irs.gov/publications). Consult with your employer's benefits administrator to find out what type of HRA you have and which categories of qualified medical expenses are eligible for payment or reimbursement under your HRA. 2. The tax references in this document relate to federal income tax only. Consult with your financial or tax advisor for information about state income tax laws. Federal and state tax laws and regulations are subject to change. If financial or tax advice is required, seek the services of a qualified professional. 3. See your *Evidence of Coverage* or other coverage documents for your plan details, including the date your deductible and out-of-pocket maximum will reset. 4. Depending on your plan, preventive care services are covered at no cost or at a copay. For more information, please see your *Evidence of Coverage* or other coverage documents. 5. Your run-out period is determined by your employer. Please contact your employer's benefits administrator for more information. 6. If your employer has chosen to roll over unused funds, those funds will be available to you after your run-out period ends. Please see your employer's benefits administrator for more information. 7. Your HRA allocation is determined by your employer. Please contact your employer's benefits administrator for more information. 8. Please remember that when you're submitting HRA claims, documentation may be required to validate your claim. Be sure to save your Explanation of Benefits, bills, and itemized receipts. 9. This 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.

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 Service Contact Center 24 hours a day, 7 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 at no cost to you. You 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 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.

You may submit a grievance in the following ways:

- **By phone:** Call member services at **1-800-464-4000 (TTY 711)** 24 hours a day, 7 days a week (except closed holidays).
- **By mail:** Call us at **1-800-464-4000 (TTY 711)** and ask to have a form sent to you.
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at **kp.org/facilities** for addresses)
- **Online:** Use the online 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:

Northern California

Civil Rights/ADA Coordinator
1800 Harrison St.
16th Floor
Oakland, CA 94612

Southern California

Civil Rights/ADA Coordinator
SCAL Compliance and Privacy
393 East Walnut St.,
Pasadena, CA 91188

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 Ave. SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TTY). 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 7 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 sin costo para usted. 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** (TTY 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.

Puede presentar una queja de las siguientes maneras:

- **Por teléfono:** Llame a servicio a los miembros al **1-800-788-0616** (TTY 711) las 24 horas del día, los 7 días de la semana (excepto los días festivos).
- **Por correo postal:** Llámenos al **1-800-788-0616** (TTY 711) y pida que se le envíe un formulario.
- **En persona:** Llene un formulario de Queja Formal o Reclamo/Solicitud de Beneficios en una oficina de servicio a los miembros ubicada en un Centro de Atención del Plan (consulte su directorio de proveedores en **kp.org/facilities** [haga clic en “Español”] para obtener las direcciones).
- **En línea:** Use el formulario en línea 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:

Northern California

Civil Rights/ADA Coordinator
1800 Harrison St.
16th Floor
Oakland, CA 94612

Southern California

Civil Rights/ADA Coordinator
SCAL Compliance and Privacy
393 East Walnut St.,
Pasadena, CA 91188

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

無歧視公告

Kaiser Permanente禁止以年齡、人種、族裔、膚色、原國籍、文化背景、血統、宗教、性別、性別認同、性別表達、性取向、婚姻狀況、生理或心理殘障、付款來源、遺傳資訊、公民身份、主要語言或移民身份為由而歧視任何人。

會員服務聯絡中心每週7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服務，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。您可免費索取翻譯成您的語言的資料。您還可免費索取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 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。

您可透過以下方式提出申訴：

- **透過電話**：請致電**1-800-757-7585**（TTY 711）與會員服務部聯絡，服務時間為每週7天，每天24小時（節假日除外）。
- **透過郵件**：請致電**1-800-757-7585**（TTY 711）與我們聯絡並請我們將表格寄給您。
- **親自遞交**：在計劃設施的會員服務辦事處填寫投訴或福利理索賠／申請表（請參閱 kp.org/facilities 上的保健業者名錄以查看地址）
- **線上**：使用我們網站上的線上表格，網址為 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 (Civil Rights Coordinator)。您也可與Kaiser Permanente的民權事務協調員直接聯絡，地址：

Northern California
Civil Rights/ADA Coordinator
1800 Harrison St.
16th Floor
Oakland, CA 94612

Southern California
Civil Rights/ADA Coordinator
SCAL Compliance and Privacy
393 East Walnut St.,
Pasadena, CA 91188

您還可以電子方式透過民權辦公室的投訴入口網站 (Office for Civil Rights Complaint Portal) 向美國衛生與民眾服務部 (U.S. Department of Health and Human Services) 民權辦公室 (Office for Civil Rights) 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 Ave. SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TTY)。投訴表可從網站 hhs.gov/ocr/office/file/index.html 下載。

Thông Báo Không Kỳ Thị

Kaiser Permanente không phân biệt đối xử dựa trên tuổi tác, chủng tộc, sắc tộc, màu da, nguyên quán, hoàn cảnh văn hóa, tổ tiên, tôn giáo, giới tính, nhận dạng giới tính, cách thể hiện giới tính, khuynh hướng tình dục, gia cảnh, khuyết tật về thể chất hoặc tinh thần, nguồn tiền thanh toán, thông tin di truyền, quốc tịch, ngôn ngữ chính, hay tình trạng di trú.

Các dịch vụ trợ giúp ngôn ngữ hiện có từ Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi 24 giờ trong ngày, 7 ngày trong tuần (ngoại trừ ngày lễ). Dịch vụ thông dịch, kể cả ngôn ngữ ký hiệu, được cung cấp miễn phí cho quý vị trong giờ làm việc. Các phương tiện trợ giúp và dịch vụ bổ sung cho những người khuyết tật được cung cấp miễn phí cho quý vị trong giờ làm việc. Chúng tôi cũng có thể cung cấp cho quý vị, gia đình và bạn bè quý vị mọi hỗ trợ đặc biệt cần thiết để sử dụng cơ sở và dịch vụ của chúng tôi. Quý vị có thể yêu cầu miễn phí tài liệu được dịch ra ngôn ngữ của quý vị. Quý vị cũng có thể yêu cầu miễn phí các tài liệu này dưới dạng chữ lớn hoặc dưới các dạng khác để đáp ứng nhu cầu của quý vị. Để biết thêm thông tin, gọi **1-800-464-4000** (TTY 711).

Một phần nài là bất cứ thể hiện bất mãn nào được quý vị hay vị đại diện được ủy quyền của quý vị trình bày qua thủ tục phàn nàn. Ví dụ, nếu quý vị tin rằng chúng tôi đã kỳ phân biệt đối xử với vị, quý vị có thể đệ đơn phàn nàn. Vui lòng tham khảo *Chứng Tờ Bảo Hiểm (Evidence of Insurance)* hay *Chứng Nhận Bảo Hiểm (Certificate of Insurance)*, hoặc nói chuyện với một nhân viên ban Dịch Vụ Hội Viên để biết các lựa chọn giải quyết tranh chấp có thể áp dụng cho quý vị.

Quý vị có thể nộp đơn phàn nàn bằng các hình thức sau đây:

- **Qua điện thoại:** Gọi cho ban dịch vụ hội viên theo số **1-800-464-4000** (TTY 711) 24 giờ trong ngày, 7 ngày trong tuần (ngoại trừ đóng cửa ngày lễ).
- **Qua bưu điện:** Gọi cho chúng tôi theo số **1-800-464-4000** (TTY 711) và yêu cầu được gửi một mẫu đơn.
- **Trực tiếp:** Điền một mẫu đơn Than Phiền hay Yêu Cầu Quyền Lợi/Yêu Cầu tại một văn phòng ban dịch vụ hội viên tại một Cơ Sở Thuộc Chương Trình (xem danh mục nhà cung cấp của quý vị tại **kp.org/facilities** để biết địa chỉ)
- **Trực tuyến:** Sử dụng mẫu đơn trực tuyến trên trang mạng của chúng tôi tại **kp.org**

Xin gọi Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi nếu quý vị cần trợ giúp nộp đơn phàn nàn.

Điều Phối Viên Dân Quyền (Civil Rights Coordinator) Kaiser Permanente sẽ được thông báo về tất cả phàn nàn liên quan tới việc kỳ thị trên cơ sở chủng tộc, màu da, nguyên quán, giới tính, tuổi tác, hay tình trạng khuyết tật. Quý vị cũng có thể liên lạc trực tiếp với Điều Phối Viên Dân Quyền Kaiser Permanente tại:

Northern California

Civil Rights/ADA Coordinator
1800 Harrison St.
16th Floor
Oakland, CA 94612

Southern California

Civil Rights/ADA Coordinator
SCAL Compliance and Privacy
393 East Walnut St.,
Pasadena, CA 91188

Quý vị cũng có thể đệ đơn than phiền về dân quyền với Bộ Y Tế và Nhân Sinh Hoa Kỳ (U.S. Department of Health and Human Services), Phòng Dân Quyền (Office of Civil Rights) bằng đường điện tử thông qua Cổng Thông Tin Phòng Phụ Trách Khiếu Nại về Dân Quyền (Office for Civil Rights Complaint Portal), hiện có tại ocrportal.hhs.gov/ocr/portal/lobby.jsf, hay bằng đường bưu điện hoặc điện thoại tại: U.S. Department of Health and Human Services, 200 Independence Ave. SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TTY).
Mẫu đơn than phiền hiện có tại hhs.gov/ocr/office/file/index.html.

Language Assistance Services

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

Arabic: خدمات الترجمة الفورية متوفرة لك مجانًا على مدار الساعة كافة أيام الأسبوع. بإمكانك طلب خدمة الترجمة الفورية أو ترجمة وثائق للغتك أو لصيغ أخرى. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجى الاتصال على الرقم (711).

Armenian: Ձեզ կարող է անվճար օգնություն տրամադրվել լեզվի հարցում՝ օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Պարզապես զանգահարեք մեզ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711**:

Chinese: 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

Farsi: خدمات زبانی در 24 ساعت شبانروز و 7 روز هفته بدون اخذ هزینه در اختیار شما است. شما می توانید برای خدمات مترجم شفاهی، ترجمه جزوات به زبان شما و یا به صورت های دیگر درخواست کنید. کفایت در 24 ساعت شبانروز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران TTY با شماره **711** تماس بگیرند.

Hindi: बिना किसी लागत के दुभाषिया सेवाएँ, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप एक दुभाषिये की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। बस केवल हमें **1-800-464-4000** पर, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें। TTY उपयोगकर्ता **711** पर कॉल करें।

Hmong: Muajkwc pab txhais lus pub dawb rau koj, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntawv txhais ua koj hom lus, los yog ua lwm hom. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg (cov hnuv caiv kaw). Cov neeg siv TTY hu **711**.

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。

Khmer: ជំនួយភាសា គឺមានឥតអស់ថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែសំភារៈដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទម្រង់ផ្សេងទៀត។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711**។

Korean: 요일 및 시간에 관계없이 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자 번호 **711**.

Laotian: ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໂດຍບໍ່ເສັງຄ່າແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ພຽງແຕ່ໂທສາທາງວກເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

Navajo: Saad bee áká'a'ayeed náhóló t'áá jiik'é, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleehjí. Atah halne'é áká'adoolwołígíí jókí, t'áadoo le'é t'áá hóhazaadjí hadilyaa'go, éí doodaii' nááná lá al'aa'adaat'ehigíí bee hádadilyaa'go. Kojí hodiilnih **1-800-464-4000**, naadiin doo bibaa' dji' ahéé'iikeed tsosts'id yiskáají damoo ná'ádleehjí (Dahodiyin biniyé e'e'aahgo éí da'deelkaal). TTY chodeeyoolínígíí kojí hodiilnih **711**.

Punjabi: ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ ਸਾਨੂੰ **1-800-464-4000** ਤੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਫੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** 'ਤੇ ਫੋਨ ਕਰਨ।

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: เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมง ทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ 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**.