Welcome to Kaiser Permanente

Get started in 3 easy steps

kp.org/newmember

KAISER PERMANENTE®

Welcome,
<subscriber name>

Get started in 3 easy steps

Complete all 3 by visiting **kp.org/newmember** or by calling our New Member Entry Desk at **1-888-956-1616** (TTY **711**), Monday through Friday, 7 a.m. to 7 p.m.

Get to know the benefits and costs of your new plan on page 7

For help in your language, you may request language assistance at no cost to you by calling our Member Service Contact Center (see phone numbers on inside back cover).

Please refer to your *Combined Membership Agreement, Evidence of Coverage, and Disclosure Form (EOC)* for more details on your plan or for specific limitations and exclusions.

Step 1

Create your online account

Go to **kp.org/newmember** or use the Kaiser Permanente app.

If you haven't already, make sure to create your online account. Once you sign up, you can securely access time-saving tools and resources to manage your health. You'll need your **medical record number** to create your account, which you can find on your member ID card.

You can also access your digital member ID card with the Kaiser Permanente app.

Online or on the app, stay on top of your health anytime, anywhere[1]

- View most lab test results
- Refill most prescriptions
- Email your doctor's office with nonurgent questions
- Schedule and cancel routine appointments
- Manage a family member's health care[2]

Step 2

Choose your doctor – and change anytime

Go to **kp.org/newmember** or call us at **1-888-956-1616** (TTY **711**), Monday through Friday, 7 a.m. to 7 p.m.

Select a convenient facility, then browse doctor profiles by gender, languages spoken, and more to find the right one for you.

Each covered family member may choose a personal doctor within these specialties:

- Adult medicine/internal medicine
- Family medicine
- Pediatrics/adolescent medicine (for children up to 18)
- Obstetrics-gynecology

In some cases, members 18 and older can choose an ob-gyn as well as a personal doctor.

1. These features are available when you get care from Kaiser Permanente facilities. **2.** Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features.

Step 3

Get prescriptions

Go to **kp.org/newmember** and follow the steps to transition your prescriptions or call us at **1-888-956-1616** (TTY **711**), Monday through Friday, 7 a.m. to 7 p.m.

You have options to help transition your prescriptions to a Kaiser Permanente pharmacy near you. Since this transition can take 2 or more business days, make sure to contact us before your first appointment or before you need a refill.

Get prescriptions by mail[1]

Once you've transitioned your prescriptions, you can sign in to your online account and click "Pharmacy" to order refills.

For certain prescriptions, you can get refills delivered to you, usually within 3 to 5 days through our mail-order pharmacy. Delivery is available at no extra cost. And at most of our facilities, many services are often under one roof, making it easier to see your doctor and pick up prescriptions – all in one trip.

Resources for healthy living[2]

- Go to **kp.org/selfcareapps** to learn about Calm and myStrength, two self-care apps available at no cost to members. They're just some of the many health and wellness resources to help keep you informed, inspired, and feeling your best.
- For additional resources, including wellness coaching, health education classes, and more, go to **kp.org/centerforhealthyliving**.

1. Some exclusions apply. For more information, contact the pharmacy. **2.** The services described are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.

It's easy to get the care you need

Call us at **1-833-KP4CARE** (1-833-574-2273) (TTY **711**), 24/7, to make an appointment or get medical advice. You can also schedule routine appointments by signing in to your online account from your computer or the Kaiser Permanente app.

If you believe you have an emergency medical condition, call 911 or go to the nearest hospital.

Convenient care options

You've got many ways to connect to quality care when and where it's most convenient for you and your family. Visit **kp.org/getcare** to learn more.

- **E-visit:** Sign in to your account and fill out a short questionnaire about your symptoms, and a clinician will get back to you – usually within 2 hours.
- **Video visit**: Meet face-to-face with a doctor or nurse by video, straight from your smartphone, tablet, or computer.[1, 2]
- **Phone appointment:** Talk with a doctor or nurse over the phone for the same high-quality care as an in-person visit.[1, 2]
- **Email your care team:** Message your doctor's office anytime with nonurgent health questions.
- **In-person:** Most locations offer many services under one roof, so you'll save time with a single trip.
- **Away from home:** Visit **kp.org/travel** or call the Away from Home Travel Line at 951-268-3900 for travel support.[3]

Seeing a specialist

You don't need a referral for most obstetrics-gynecology, optometry, mental health services, or treatment for substance use disorders. For other types of specialty care, your doctor will refer you.

Support for mental health

Everyone's mental health and wellness journey is different. We're committed to helping you find the best path for you. Services include:

- Online self-assessments
- Counseling and therapy
- Personalized healthy lifestyle programs
- Classes and support groups[4]

1. These features are available when you get care from Kaiser Permanente facilities. **2.** When appropriate and available. **3.** 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. **4.** Classes may vary by location, and some may require a fee.

Here's what you can expect to pay

Get to know the benefits* and costs of your new plan <XXXXXXXXX>.

Deductible
<$X,XXX for an individual / $X,XXX for a family>

Out-of-pocket maximum
<$X,XXX for an individual / $X,XXX for a family>

Telephone and video visits
<XX% coinsurance> <after deductible>

Routine physical exams
<XX% coinsurance>

Primary care office visits<**>
<XX% coinsurance> <after deductible>

Specialty care office visits
<XX% coinsurance> <after deductible>

Urgent care visits<**>
<XX% coinsurance> <after deductible>

Emergency Department visits
<XX% coinsurance> <after deductible>

Hospitalization
<$XX copay> <per day> <per admission> <XX% coinsurance> <after deductible>

X-rays
<XX% coinsurance> <after deductible>

Lab tests
<XX% coinsurance> <after deductible>

Generic prescription drugs
<XX% coinsurance> <for a XX-day supply> <after $XXX drug deductible>

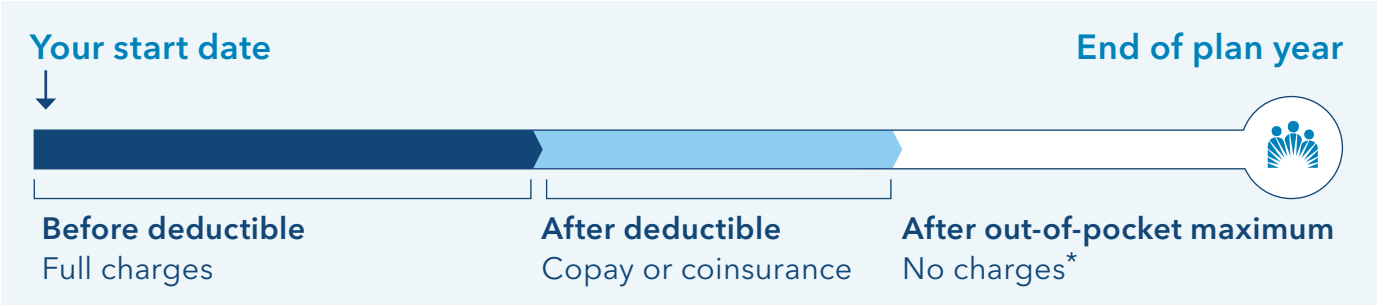
*This is a summary of some benefits and their deductibles, copays, and coinsurance. Please visit <kp.org/deductibleplans> for more informastion about your deductible plan and health care costs.
**Limited number of primary and urgent care visits available at copay before reaching deductible.

Deductibles and costs

Learn how to manage health care costs, how your plan works, and more at **kp.org/deductibleplans**

With a deductible plan, you pay the full cost for many services until you reach a set amount for the year – your deductible. After you reach your deductible, you'll usually start paying a copay or coinsurance until you reach your out-of-pocket maximum:

- A copay is a set amount you pay for a service.
- A coinsurance is a percentage of the full cost of a service.
- Your out-of-pocket maximum is the most you'll pay for covered services during your plan year.*



Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible. For example, most preventive care services are covered at no cost. Any payments for these services also count toward your out-of-pocket maximum, which helps protect you financially if you get sick or injured.

Want to know how much your next appointment will cost?

Go to **kp.org/coverageandcosts** for personalized medical and pharmacy estimates.

<How a deductible works for a family plan

With a family plan, you have a deductible for your whole family as well as one for each family member. Whenever a covered family member pays for qualified care, it counts toward your family deductible. Once you've reached your family deductible, everyone on the plan starts paying a copay or coinsurance instead of the full cost of services.

Many family plans also have an individual deductible for each family member in addition to the family deductible. If one family member reaches their individual deductible before the family deductible has been met, they'll start paying a copay or coinsurance for services before the rest of the family.>

*For a small number of services, such as fertility services and durable medical equipment, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.

Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente follows State and Federal civil rights laws.

Kaiser Permanente does not unlawfully discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- 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 our Member Service Contact Center at **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week (except closed holidays). If you cannot hear or speak well, please call **711**.

Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, or another format, call our Member Service Contact Center and ask for the format you need.

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with Kaiser Permanente if you believe we have failed to provide these services or unlawfully discriminated in another way. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You may also speak with a Member Services representative about the options that apply to you. Please call Member Services if you need help filing a grievance.

You may submit a discrimination 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

You may also contact the Kaiser Permanente Civil Rights Coordinators directly at the addresses below:

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

How to file a grievance with the California Department of Health Care Services Office of Civil Rights *(For Medi-Cal Beneficiaries Only)*

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)
- **By mail:** Fill out a complaint form or send a letter to:

  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Complaint forms are available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**
- **Online:** Send an email to CivilRights@dhcs.ca.gov

How to file a grievance with the U.S. Department of Health and Human Services Office of Civil Rights

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY **711** or 1**-800-537-7697**)
- **By mail:** Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

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

- **Online:** Visit the Office of Civil Rights Complaint Portal at:
  https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

Aviso de no discriminación

La discriminación es ilegal. Kaiser Permanente cumple con las leyes de los derechos civiles federales y estatales.

Kaiser Permanente no discrimina ilícitamente, excluye ni trata a ninguna persona de forma distinta por motivos de edad, raza, identificación de grupo étnico, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, género, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, condición médica, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

Kaiser Permanente ofrece los siguientes servicios:

- Ayuda y servicios sin costo a personas con discapacidades para que puedan comunicarse mejor con nosotros, como lo siguiente:
  - ♦ intérpretes calificados de lenguaje de señas,
  - ♦ información escrita en otros formatos (braille, impresión en letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Servicios de idiomas sin costo a las personas cuya lengua materna no es el inglés, como:
  - ♦ intérpretes calificados,
  - ♦ información escrita en otros idiomas.

Si necesita nuestros servicios, llame a nuestra Central de Llamadas de Servicio a los Miembros al **1-800-464-4000** (TTY **711**) las 24 horas del día, los 7 días de la semana (excepto los días festivos). Si tiene deficiencias auditivas o del habla, llame al **711**.

Este documento estará disponible en braille, letra grande, casete de audio o en formato electrónico a solicitud. Para obtener una copia en uno de estos formatos alternativos o en otro formato, llame a nuestra Central de Llamadas de Servicio a los Miembros y solicite el formato que necesita.

Cómo presentar una queja ante Kaiser Permanente

Usted puede presentar una queja por discriminación ante Kaiser Permanente si siente que no le hemos ofrecido estos servicios o lo hemos discriminado ilícitamente de otra forma. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)* para obtener más información. También puede hablar con un representante de Servicio a los Miembros sobre las opciones que se apliquen a su caso. Llame a Servicio a los Miembros si necesita ayuda para presentar una queja.

Puede presentar una queja por discriminación de las siguientes maneras:

- **Por teléfono:** llame a Servicio a los Miembros al **1 800-464-4000** (TTY **711**), las 24 horas del día, los 7 días de la semana (excepto los días festivos)**.**
- **Por correo postal:** llámenos al **1 800-464-4000** (TTY **711**) y pida que se le envíe un formulario**.**
- **En persona:** llene un formulario de Queja o reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte su directorio de proveedores en kp.org/facilities [cambie el idioma a español] para obtener las direcciones).
- **En línea:** utilice el formulario en línea en nuestro sitio web en kp.org/espanol.

También puede comunicarse directamente con el coordinador de derechos civiles (Civil Rights Coordinator) de Kaiser Permanente a la siguiente dirección:

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

Cómo presentar una queja ante la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica de California *(Solo para beneficiarios de Medi-Cal)*

También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles (Office of Civil Rights) del Departamento de Servicios de Atención Médica de California (California Department of Health Care Services) por escrito, por teléfono o por correo electrónico:

- **Por teléfono:** llame a la Oficina de Derechos Civiles del Departamento de Servicios de Atención Médica (Department of Health Care Services, DHCS) al **916-440-7370** (TTY **711**).
- **Por correo postal:** llene un formulario de queja o envíe una carta a:

  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Los formularios de queja están disponibles en:
  http://www.dhcs.ca.gov/Pages/Language_Access.aspx (en inglés).
- **En línea:** envíe un correo electrónico a CivilRights@dhcs.ca.gov**.**

Cómo presentar una queja ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU.

Puede presentar una queja por discriminación ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. (U.S. Department of Health and Human Services). Puede presentar su queja por escrito, por teléfono o en línea:

- **Por teléfono:** llame al **1-800-368-1019** (TTY **711** o al 1**-800-537-7697**).
- **Por correo postal:** llene un formulario de queja o envíe una carta a:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Los formularios de quejas están disponibles en
  http://www.hhs.gov/ocr/office/file/index.html (en inglés).

- **En línea:** visite el Portal de quejas de la Oficina de Derechos Civiles en:
  https://ocrportal.hhs.gov/ocr/portal/lobby.jsf (en inglés).

反歧視聲明

歧視是違反法律的行為。Kaiser Permanente遵守州政府與聯邦政府的民權法。

Kaiser Permanente不因年齡、人種、族群認同、膚色、原國籍、文化背景、祖籍、宗教、生理性別、社會性別、性認同、性表現、性取向、婚姻狀況、身體或精神殘障、病況、付款來源、遺傳資訊、公民身份、母語或移民身份而非法歧視、排斥或差別對待任何人。

Kaiser Permanente提供下列服務：

- 為殘障人士提供免費協助與服務以幫助其更好地與我們溝通，例如：
  - ♦ 合格手語翻譯員
  - ♦ 其他格式的書面資訊（盲文版、大字版、語音版、通用電子格式及其他格式）
- 為母語非英語的人士提供免費語言服務，例如：
  - ♦ 合格口譯員
  - ♦ 其他語言的書面資訊

如果您需要上述服務，請打電話**1-800-464-4000 (TTY 711)** 給會員服務聯絡中心，每週7天，每天24小時（節假日除外）。如果您有聽力或語言困難，請打電話**711**。

若您提出要求，我們可為您提供本文件的盲文版、大字版、錄音卡帶或電子格式。如要得到上述一種替代格式或其他格式的版本，請打電話給會員服務聯絡中心並索取您需要的格式。

如何向Kaiser Permanente投訴

如果您認為我們未能提供上述服務或有其他形式的非法歧視行為，您可向Kaiser Permanente提出歧視投訴。請參閱您的《承保範圍說明書》*(Evidence of Coverage)* 或《保險證明》*(Certificate of Insurance)* 瞭解詳情。您也可以向會員服務部代表諮詢適用於您的選項。如果您在投訴時需要協助，請打電話給會員服務部。

您可透過下列方式投訴歧視：

- **電話：**打電話**1 800-464-4000 (TTY 711)** 聯絡會員服務部，每週7天，每天24小時（節假日除外）
- **郵寄：**打電話**1 800-464-4000 (TTY 711)** 與我們聯絡，要求將投訴表寄給您
- **親自提出：**在保險計劃下屬設施的會員服務辦公室填寫投訴或索賠／申請表（請在kp.org/facilities網站的保健業者名錄上查詢地址）
- **線上：**使用kp.org網站上的線上表格

您也可直接與Kaiser Permanente民權事務協調員聯絡，地址如下：

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

如何向加州保健服務部民權辦公室投訴（僅限*Medi-Cal*受益人）

您也可透過書面方式、電話或電子郵件向加州保健服務部民權辦公室提出民權投訴：

- **電話**：打電話**916-440-7370** (TTY **711**) 聯絡保健服務部 (DHCS) 民權辦公室
- **郵寄**：填寫投訴表或寄信至：

  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  您可在網站上**http://www.dhcs.ca.gov/Pages/Language_Access.aspx**取得投訴表
- **線上**：發送電子郵件至CivilRights@dhcs.ca.gov

如何向美國健康與民眾服務部民權辦公室投訴

您可向美國健康與民眾服務部民權辦公室提出歧視投訴。您可透過書面、電話或線上提出投訴：

- **電話**：打電話**1-800-368-1019**（TTY **711**或1**-800-537-7697**）
- **郵寄**：填寫投訴表或寄信至：

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  您可在網站上取得投訴表：
  http:www.hhs.gov/ocr/office/file/index.html取得投訴表

- **線上**：訪問民權辦公室投訴入口網站：
  https://ocrportal.hhs.gov/ocr/portal/lobby.jsf。

Thông Báo Không Phân Biệt Đối Xử

Phân biệt đối xử là trái với pháp luật. Kaiser Permanente tuân thủ các luật dân quyền của Tiểu Bang và Liên Bang.

Kaiser Permanente không phân biệt đối xử trái pháp luật, loại trừ hay đối xử khác biệt với người nào đó vì lý do tuổi tác, chủng tộc, nhận dạng nhóm sắc tộc, màu da, nguồn gốc quốc gia, nền tảng văn hóa, tổ tiên, tôn giáo, giới tính, nhận dạng giới tính, cách thể hiện giới tính, khuynh hướng giới tính, tình trạng hôn nhân, tình trạng khuyết tật về thể chất hoặc tinh thần, bệnh trạng, nguồn thanh toán, thông tin di truyền, quyền công dân, ngôn ngữ mẹ đẻ hoặc tình trạng nhập cư.

Kaiser Permanente cung cấp các dịch vụ sau:

- Phương tiện hỗ trợ và dịch vụ miễn phí cho người khuyết tật để giúp họ giao tiếp hiệu quả hơn với chúng tôi, chẳng hạn như:
    - ♦ Thông dịch viên ngôn ngữ ký hiệu đủ trình độ
    - ♦ Thông tin bằng văn bản theo các định dạng khác (chữ nổi braille, bản in khổ chữ lớn, âm thanh, định dạng điện tử dễ truy cập và các định dạng khác)
- Dịch vụ ngôn ngữ miễn phí cho những người có ngôn ngữ chính không phải là tiếng Anh, chẳng hạn như:
    - ♦ Thông dịch viên đủ trình độ
    - ♦ Thông tin được trình bày bằng các ngôn ngữ khác

Nếu quý vị cần những dịch vụ này, xin gọi đến Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi theo số **1-800-464-4000** (TTY **711**), 24 giờ trong ngày, 7 ngày trong tuần (đóng cửa ngày lễ). Nếu quý vị không thể nói hay nghe rõ, vui lòng gọi **711** .

Theo yêu cầu, tài liệu này có thể được cung cấp cho quý vị dưới dạng chữ nổi braille, bản in khổ chữ lớn, băng thu âm hay dạng điện tử. Để lấy một bản sao theo một trong những định dạng thay thế này hay định dạng khác, xin gọi đến Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi và yêu cầu định dạng mà quý vị cần.

Cách đệ trình phàn nàn với Kaiser Permanente

Quý vị có thể đệ trình phàn nàn về phân biệt đối xử với Kaiser Permanente nếu quý vị tin rằng chúng tôi đã không cung cấp những dịch vụ này hay phân biệt đối xử trái pháp luật theo cách khác. Vui lòng tham khảo *Chứng Từ Bảo Hiểm (Evidence of Coverage)* hay *Chứng Nhận Bảo Hiểm (Certificate of Insurance)* của quý vị để biết thêm chi tiết. Quý vị cũng có thể nói chuyện với nhân viên ban Dịch Vụ Hội Viên về những lựa chọn áp dụng cho quý vị. Vui lòng gọi đến ban Dịch Vụ Hội Viên nếu quý vị cần được trợ giúp để đệ trình phàn nàn.

Quý vị có thể đệ trình phàn nàn về phân biệt đối xử bằng các cách sau đây:

- **Qua điện thoại:** Gọi đến ban Dịch Vụ Hội Viên theo số **1-800-464-4000** (TTY **711**) 24 giờ trong ngày, 7 ngày trong tuần (đóng cửa ngày lễ)
- **Qua thư tín:** Gọi chúng tôi theo số **1-800-464-4000** (TTY **711**) và yêu cầu gửi mẫu đơn cho quý vị

- **Trực tiếp:** Hoàn tất mẫu đơn Than Phiền hay Yêu Cầu Thanh Toán/Yêu Cầu Quyền Lợi tại văn phòng dịch vụ hội viên ở một Cơ Sở Thuộc Chương Trình (truy cập 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

Quý vị cũng có thể liên hệ trực tiếp với Điều Phối Viên Dân Quyền của Kaiser Permanente theo địa chỉ dưới đây:

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

Cách đệ trình phàn nàn với Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế California *(Dành Riêng Cho Người Thụ Hưởng Medi-Cal)*

Quý vị cũng có thể đệ trình than phiền về dân quyền với Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế California bằng văn bản, qua điện thoại hay qua email:

- **Qua điện thoại:** Gọi đến Văn Phòng Dân Quyền Ban Dịch Vụ Y Tế (Department of Health Care Services, DHCS) theo số **916-440-7370** (TTY **711**)
- **Qua thư tín:** Điền mẫu đơn than phiền và hay gửi thư đến:

  Deputy Director, Office of Civil Rights
  Department of Health Care Services
  Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  Mẫu đơn than phiền hiện có tại: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**
- **Trực tuyến:** Gửi email đến CivilRights@dhcs.ca.gov

Cách đệ trình phàn nàn với Văn Phòng Dân Quyền của Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ.

Quý vị cũng có quyền đệ trình than phiền về phân biệt đối xử với Văn Phòng Dân Quyền của Bộ Y Tế và Dịch Vụ Nhân Sinh Hoa Kỳ. Quý vị có thể đệ trình than phiền bằng văn bản, qua điện thoại hoặc trực tuyến:

- **Qua điện thoại:** Gọi **1-800-368-1019** (TTY **711** hay **1-800-537-7697**)
- **Qua thư tín:** Điền mẫu đơn than phiền và hay gửi thư đến:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Mẫu đơn than phiền hiện có tại
  http:www.hhs.gov/ocr/office/file/index.html

- **Trực tuyến:** Truy cập Cổng Thông Tin Than Phiền của Văn Phòng Dân Quyền tại: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.**

NOTICE OF LANGUAGE ASSISTANCE

English: This is an important letter from Kaiser Permanente. If you need the English portion of the enclosed document translated into your preferred language, please call **1-800-464-4000 (TTY 711)**. Help is available 24 hours a day, 7 days a week, excluding holidays. We can also help you with auxiliary aids and alternative formats.

Arabic: يشمل هذا الإخطار رسالة مهمة من Kaiser Permanente. إذا احتجت للحصول على الجزء المكتوب باللغة الانجليزية من الوثيقة المرفقة طيه مترجمًا للغتك، يرجى الاتصال على الرقم **1-800-464-4000 (TTY 711)** المساعدة متوفرة 24 ساعة، 7 أيام في الأسبوع، باستثناء العطلات. يمكننا أيضاً تزويدك بمساعدات إضافية وتنسيقات بديلة.

Armenian: Սա կարևոր նամակ է «Kaiser Permanente»-ից: Եթե ցանկանում եք, որ կից ուղարկված փաստաթղթի անգլերեն հատվածը թարգմանվի Ձեր նախընտրած լեզվով, խնդրում ենք զանգահարել **1-800-464-4000 (TTY 711)**: Զանգահարեք օրը 24 ժամ, շաբաթը 7 օր՝ բացի տոն օրերից: Մենք նաև կարող ենք օգնել Ձեզ օժանդակ օգնության և այլընտրանքային ձևաչափերի հարցում:

Chinese: 這是來自 Kaiser Permanente 的重要信函。如果您需要將附件的英文部分翻譯成您的慣用語言，請致電 **1-800-757-7585 (TTY 專線 711)**。我們每週 7 天，每天 24 小時皆提供協助（節假日休息）。我們還可以幫助您獲取輔助設備和其它格式。

Farsi: این نامه مهمی از سوی Kaiser Permanente می باشد. اگر نیاز به ترجمه بخش انگلیسی متن الصاقی به زبان ترجیحی خود دارید، لطفاً با شماره **1-800-464-4000 (TTY 711)** تماس بگیرید. کمک و راهنمایی در 24 ساعت شبانروز و7 روز هفته، به استثنای روزهای تعطیل موجود است. ما همچنین می توانیم برای شما کمکهای جانبی و به صورتهای دیگر را فراهم کنیم.

Hindi: यह Kaiser Permanente की ओर से एक महत्वपूर्ण पत्र है। यदि आपको संलग्न दस्तावेज़ के अंग्रेज़ी भाग को अपनी पसंदीदा भाषा में अनुवादित करवाने की जरूरत है, तो कृपया **1-800-464-4000 (TTY 711)** पर कॉल करें। सहायता छुट्टियों को छोड़कर, सप्ताह के सातों दिन, दिन के 24 घंटे, उपलब्ध है। हम सहायक साधनों और वैकल्पिक प्रारूपों को प्राप्त करने में भी आपकी मदद कर सकते हैं।

Hmong: Cov xov xwm no tseem ceeb los ntawm Kaiser Permanente. Yog koj xav tau ntu Lus Askiv ntawm tsab ntawv ntim hauv no txhais ua koj hom lus, thov hu rau **1-800-464-4000 (TTY 711)**. Muaj kev pab 24 teev ib hnub, 7 hnub ib lim tiam twg, tsis xam cov hnub caiv. Peb kuj muab tau lwm yam kev pab rau koj thiab ua lwm yam ntaub ntawv.

Japanese: これは、Kaiser Permanente からの重要な書簡です。同封文書の英語部分を日本語に翻訳してもらう必要がある場合は、**1-800-464-4000 (TTY 回線 711)** にお電話ください。このサービスは年中無休（祝祭日を除く）でご利用いただけます。補助器具・サービスや別のフォーマットについてもご相談いただけます。

Khmer: នេះគឺជាសំបុត្រសំខាន់ មកពី Kaiser Permanente។ បើសិនអ្នកត្រូវការផ្នែកនៃឯកសារជាភាសាអង់គ្លេស មានភ្ជាប់មកជាមួយនេះ អោយបានបកប្រែទៅជាភាសាខ្មែរ សូមទូរស័ព្ទទៅលេខ **1-800-464-4000 (TTY 711)**។
ជំនួយគឺមាន 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ លើកលែងថ្ងៃឈប់សម្រាក។
យើងក៏អាចជួយអ្នកជាមួយនឹងឧបករណ៍ជំនួយទំនាក់ទំនងសម្រាប់អ្នកពិការនិងជាទម្រង់ជំនួសផ្សេងៗ។

Korean: 본 서신에는 Kaiser Permanente 에서 전하는 중요한 메시지가 포함되어 있습니다. 동봉된 문서내 영어 부분에 대한 번역본이 필요하시면, **1-800-464-4000 (TTY 711)**번으로 전화하십시오. 요일 및 시간에 관계없이 언제든지 도움을 제공해 드립니다(공휴일제외). 또한 보조기구 및 대체 형식의 자료를 지원해 드릴 수 있습니다.

Laotian: ນີ້ແມ່ນໜັງສືສຳຄັນຈາກ Kaiser Permanente. ຖ້າວ່າທ່ານຕ້ອງການໃຫ້ແປພາກສ່ວນທີ່ເປັນພາສາອັງກິດໃນເອກະສານ ຄັດຕິດເປັນພາສາຂອງທ່ານ, ກະລຸນາໂທຣ **1-800-464-4000 (TTY 711)**. ການຊ່ວຍເຫຼືອມີໃຫ້ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ, ບໍ່ລວມວັນພັກຕ່າງໆ. ພວກເຮົາຍັງສາມາດຊ່ວຍທ່ານໃນດ້ານອຸປະກອນຊ່ວຍເສີມ ແລະ ຮູບແບບທາງເລືອກອື່ນໄດ້.

Mien: Naaiv se benx jienv sic dauh waac-fienx yiem naaiv Kaiser Permanente bun daaih. Beiv taux meih qiemx longc dungh benx ang gitv nzangc nyei buonc sou dungh juangc dapv fungx daaih wuov liouh faan benx meih nyei waac nor, daaix luic douc waac lorx taux **1-800-464-4000 (TTY 711)**. Mbenc nzoih liouh tengx yiem yietc hnoi benx 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaih 7 hnoi, simv cuotv hnoi-gec oc. Yie mbuo corc haih mbenc wuotc ginc jaa-dorngx tengx nzie goux aengx caux liouh bun ginv longc sou-guv daan puix horpc meih.

Navajo: Díí Kaiser Permanente dęę́’ naaltsoos nich’į’ ályaaígíí éí dinisindoo. Bilágáana bizaad dabikáá’ígóó t’áá shí shizaad bik’i’diishtįįhígíí bee naaltsoos shich’į’ ádoolníił nínízingo éí kojį’ hodíílnih **1-800-464-4000 (TTY 711)** t’áá shǫǫdí. Áká aná’álwo’ígíí t’áá áłahjį’ ąą’át’é naadiin dį́į’ ahéé’ilkidgóó doo tsosts’id jį ąą’át’é, dahódílzingóne’ t’éiyáhá doo ąą’át’éeda. Áádóó hane’ bee bik’i’ di’díítíiłígíí dóó t’áá łahgo át’éego hane’ nich’į ádoolníił.

Punjabi: ਇਹ Kaiser Permanente ਵਲੋਂ ਜ਼ਰੂਰੀ ਪੱਤਰ ਹੈ। ਜੇ ਤੁਹਾਨੂੰ ਨੱਥੀ ਦਸਤਾਵੇਜ਼ ਦਾ ਅੰਗਰੇਜ਼ੀ ਹਿੱਸਾ ਆਪਣੀ ਪਸੰਦੀਦਾ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕੀਤਾ ਹੋਇਆ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ **1-800-464-4000 (TTY 711)** 'ਤੇ ਫ਼ੋਨ ਕਰੋ। ਮਦਦ, ਛੁੱਟੀਆਂ ਨੂੰ ਛੱਡ ਕੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਅਤੇ ਦਿਨ ਦੇ 24 ਘੰਟੇ ਮੌਜੂਦ ਹੈ। ਅਸੀਂ ਸਹਾਇਕ ਸਾਧਨਾਂ ਅਤੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਵੀ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦੇ ਹਾਂ।

Russian: Это важное письмо от Kaiser Permanente. Если ту часть прилагаемого документа, которая изложена на английском языке, языке, требуется перевести на предпочитаемый Вами язык, позвоните по номеру **1-800-464-4000 (линия TTY 711)**. Вы можете получить помощь 24 часа в сутки, 7 дней в неделю, кроме праздничных дней. Мы также можем помочь вам с вспомогательными средствами и альтернативными форматами.

Spanish: Esta es una carta importante de Kaiser Permanente. Si necesita la parte en inglés del documento adjunto traducida a su idioma de preferencia, llame al **1-800-788-0616 (TTY 711)**. Hay ayuda disponible 24 horas al día, 7 días a la semana, excepto los días festivos. También podemos ayudarle con recursos para discapacidades y formatos alternativos.

Tagalog: Ito ay mahalagang sulat mula sa Kaiser Permanente. Kung kailangang mong maisalin ang Ingles na bahagi ng nakalakip na dokumento sa gusto mong wika, mangyaring tumawag sa **1-800-464-4000 (TTY 711)**. May makukuhang tulong 24 na oras bawat araw, 7 araw bawat linggo, maliban sa mga araw na pista opisyal. Matutulungan ka din namin sa mga pantulong na gamit o serbisyo at mga alternatibong format.

Thai: จดหมายฉบับนี้เป็นจดหมายสำคัญจาก Kaiser Permanente หากต้องการให้แปลข้อความภาษาอังกฤษในเอกสารที่แนบมาเป็นภาษาตามที่คุณต้องการ โปรดติดต่อไปยังหมายเลข **1-800-464-4000 (โหมด TTY 711)** เรายินดีให้บริการทุกวันตลอด 24 ชั่วโมง ยกเว้นวันหยุดเทศกาล นอกจากนี้ เรายังสามารถช่วยคุณด้วยอุปกรณ์ช่วยเหลือเสริมและรูปแบบทางเลือกอื่นๆด้วย

Ukrainian: У цьому листі міститься важлива інформація від Kaiser Permanente. Якщо вам потрібен переклад частини документа у вкладенні з англійської мови іншою бажаною мовою, телефонуйте за номером **1-800-464-4000 (TTY 711)**. Наші співробітники надають допомогу цілодобово, 7 днів на тиждень, за винятком святкових днів. Також ми можемо допомогти вам, надавши допоміжні засоби й матеріали в альтернативних форматах.

Vietnamese: Đây là thư quan trọng từ Kaiser Permanente. Nếu quý vị cần phần tiếng Anh của thư đính kèm phiên dịch ra ngôn ngữ quý vị chọn, vui lòng gọi số **1-800-464-4000 (TTY 711)**. Quý vị sẽ được giúp đỡ 24 giờ trong ngày, 7 ngày trong tuần, trừ ngày lễ. Chúng tôi cũng có thể giúp quý vị với các phương tiện trợ giúp bổ trợ và hình thức thay thế.

Important Member Information

Member Service Contact Center

Call us 24 hours a day, 7 days a week (closed holidays), with questions about your benefits and coverage or to request a copy of your *Evidence of Coverage* (EOC) or other documents.

- **1-800-464-4000** English and more than 150 languages using interpreter services
- **1-800-788-0616** Spanish
- **1-800-757-7585** Chinese dialects
- **711** TTY

Member Resource Guide

The *Member Resource Guide* contains important information like your rights and responsibilities as a Kaiser Permanente member. Download a copy at **kp.org/resourceguide** or request a printed copy by mail by calling our Member Service Contact Center (see phone numbers above).

Notice of personal information sharing with Covered California

California law requires Kaiser Permanente to notify you every year that we will provide your information, including your name, address, and email, to Covered California if you end your health care coverage with us. Covered California will use this information to help you obtain other health coverage. If you do not want to allow Kaiser Permanente to share your information with Covered California, you may opt out of this information sharing. If you do not want us to share your information with Covered California, visit **kp.org/notifications**, or contact our Member Service Contact Center (see phone numbers above) 30 days before your coverage ends to opt out of this information sharing. Thank you.

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KAISER PERMANENTE®

Kaiser Permanente Health Plan
300 Lakeside Drive
Oakland, CA 94612

Important plan information

Jane Doe
123 Main St
Anytown USA 12345

971162950 December 2022
Los Angeles/COM_GEN

Let's get started

Your quick-start guide is inside.