The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage see www.kp.org/plandocuments or call 1-800-278-3296 (TTY: 711). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call 1-800-278-3296 (TTY: 711) to request a copy.

<table>
<thead>
<tr>
<th>Important Questions</th>
<th>Answers</th>
<th>Why this Matters:</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the overall deductible?</td>
<td>$500 Individual / $1,000 Family</td>
<td>Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>Yes, Preventive care and services indicated in chart starting on page 2.</td>
<td>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a>.</td>
</tr>
<tr>
<td>Are there other deductibles for specific services?</td>
<td>No.</td>
<td>You don't have to meet deductibles for specific services.</td>
</tr>
<tr>
<td>What is the out-of-pocket limit for this plan?</td>
<td>$3,000 Individual / $6,000 Family</td>
<td>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</td>
</tr>
<tr>
<td>What is not included in the out-of-pocket limit?</td>
<td>Premiums, health care this plan doesn't cover, and services indicated in chart starting on page 2.</td>
<td>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</td>
</tr>
<tr>
<td>Will you pay less if you use a network provider?</td>
<td>Yes. See <a href="http://www.kp.org">www.kp.org</a> or call 1-800-278-3296 (TTY: 711) for a list of network providers.</td>
<td>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the providers charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</td>
</tr>
<tr>
<td>Do you need a referral to see a specialist?</td>
<td>Yes, but you may self-refer to certain specialists.</td>
<td>This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist.</td>
</tr>
</tbody>
</table>
### Common Medical Event Services You May Need

#### If you visit a health care provider's office or clinic
- **Primary care visit** to treat an injury or illness: $20 / visit, **deductible** does not apply. (Plan Provider), Not Covered (Non-Plan Provider)
- **Specialist** visit: $20 / visit, **deductible** does not apply. (Plan Provider), Not Covered (Non-Plan Provider)
- **Preventive care/screening/immunization**: No Charge, **deductible** does not apply. (Plan Provider), Not Covered (Non-Plan Provider)

#### If you have a test:
- **Diagnostic test** (x-ray, blood work): $10 / encounter, **deductible** does not apply. (Plan Provider), Not Covered (Non-Plan Provider)
- **Imaging (CT/PET scans, MRI's)**: 10% **coinsurance** up to $50 / procedure, **deductible** does not apply. (Plan Provider), Not Covered (Non-Plan Provider)

#### If you need drugs to treat your illness or condition
- **Generic drugs** (Tier 1): Retail: $10 / prescription; Mail order: $20 / prescription, **deductible** does not apply. (Plan Provider), Not Covered (Non-Plan Provider)
- **Preferred brand drugs** (Tier 2): Retail: $30 / prescription; Mail order: $60 / prescription, **deductible** does not apply. (Plan Provider), Not Covered (Non-Plan Provider)

#### Specialty drugs (Tier 4):
- 20% **coinsurance** up to $150 / prescription, **deductible** does not apply. (Plan Provider), Not Covered (Non-Plan Provider)

### Limitations, Exceptions & Other Important Information
- You may have to pay for services that aren’t preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.

---

**A/ All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.**
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay Plan Provider (You will pay the least)</th>
<th>What You Will Pay Non-Plan Provider (You will pay the most)</th>
<th>Limitations, Exceptions &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you have outpatient surgery</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
<td>10% coinsurance</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>10% coinsurance</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td>If you need immediate medical attention</td>
<td>Emergency room care</td>
<td>10% coinsurance</td>
<td>10% coinsurance</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>$150 / trip, deductible does not apply.</td>
<td>$150 / trip, deductible does not apply.</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>$20 / visit, deductible does not apply.</td>
<td>$20 / visit, deductible does not apply.</td>
<td>Non-Plan providers covered when temporarily outside the service area.</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>10% coinsurance</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fee</td>
<td>10% coinsurance</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td>If you need mental health, behavioral health, or substance abuse services</td>
<td>Outpatient services</td>
<td>Mental / Behavioral Health: $20 / individual visit, deductible does not apply; Substance Abuse: $20 / individual visit, deductible does not apply; 10% coinsurance up to $5 / day for other outpatient services, deductible does not apply.</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>10% coinsurance</td>
<td>Not Covered</td>
<td>None</td>
</tr>
</tbody>
</table>

If you have outpatient surgery:
- Facility fee (e.g., ambulatory surgery center)
- Physician/surgeon fees

If you need immediate medical attention:
- Emergency room care
- Emergency medical transportation
- Urgent care

If you have a hospital stay:
- Facility fee (e.g., hospital room)
- Physician/surgeon fee

Outpatient services:
- Mental / Behavioral Health: $20 / individual visit, deductible does not apply; Substance Abuse: $20 / individual visit, deductible does not apply; 10% coinsurance up to $5 / day for other outpatient services, deductible does not apply.

Inpatient services:
- 10% coinsurance

Limitations, Exceptions & Other Important Information:
- Facility fee: deductible does not apply.
- Emergency room care: deductible does not apply.
- Urgent care: deductible does not apply.
- Mental / Behavioral Health: $20 / individual visit, deductible does not apply; Substance Abuse: $20 / individual visit, deductible does not apply; 10% coinsurance up to $5 / day for other outpatient services, deductible does not apply.
- Mental / Behavioral Health: $10 / group visit, deductible does not apply; Substance Abuse: $5 / group visit, deductible does not apply.
<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>What You Will Pay Plan Provider (You will pay the least)</th>
<th>What You Will Pay Non-Plan Provider (You will pay the most)</th>
<th>Limitations, Exceptions &amp; Other Important Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>No Charge, <strong>deductible</strong> does not apply.</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>10% <strong>coinsurance</strong></td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>10% <strong>coinsurance</strong></td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td><strong>Home health care</strong></td>
<td>No Charge, <strong>deductible</strong> does not apply.</td>
<td>Not Covered</td>
<td>Up to 2 hours maximum / visit, up to 3 visits maximum / day, up to 100 visits maximum / year.</td>
</tr>
<tr>
<td></td>
<td><strong>Rehabilitation services</strong></td>
<td>Inpatient: 10% <strong>coinsurance</strong>; Outpatient: $20 / visit, <strong>deductible</strong> does not apply.</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td><strong>Skilled nursing care</strong></td>
<td>$20 / visit, <strong>deductible</strong> does not apply.</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td><strong>Durable medical equipment</strong></td>
<td>20% <strong>coinsurance</strong>, <strong>deductible</strong> does not apply.</td>
<td>Not Covered</td>
<td>Requires prior authorization.</td>
</tr>
<tr>
<td></td>
<td><strong>Hospice service</strong></td>
<td>No Charge, <strong>deductible</strong> does not apply.</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td>If your child needs dental or eye care</td>
<td><strong>Children’s eye exam</strong></td>
<td>No Charge, <strong>deductible</strong> does not apply.</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td><strong>Children’s glasses</strong></td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td><strong>Children’s dental check-up</strong></td>
<td>Not Covered</td>
<td>Not Covered</td>
<td>None</td>
</tr>
</tbody>
</table>

Depending on the type of services, a **copayment**, **coinsurance**, or **deductible** may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
Excluded Services & Other Covered Services:

<table>
<thead>
<tr>
<th>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Children's glasses</td>
</tr>
<tr>
<td>- Hearing aids</td>
</tr>
<tr>
<td>- Long-term care</td>
</tr>
<tr>
<td>- Private-duty nursing</td>
</tr>
<tr>
<td>- Routine foot care</td>
</tr>
<tr>
<td>- Routine eye care (Adult)</td>
</tr>
<tr>
<td>- Dental Care (Adult &amp; Child)</td>
</tr>
<tr>
<td>- Hearing aids</td>
</tr>
<tr>
<td>- Long-term care</td>
</tr>
<tr>
<td>- Private-duty nursing</td>
</tr>
<tr>
<td>- Routine foot care</td>
</tr>
<tr>
<td>- Routine eye care (Adult)</td>
</tr>
<tr>
<td>- Non-emergency care when traveling outside the U.S.</td>
</tr>
<tr>
<td>- Weight loss programs</td>
</tr>
</tbody>
</table>

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

<table>
<thead>
<tr>
<th>Services</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Acupuncture (30 visit limit / year combined with chiropractic)</td>
<td></td>
</tr>
<tr>
<td>- Chiropractic care (30 visit limit / year combined with acupuncture)</td>
<td></td>
</tr>
<tr>
<td>- Infertility treatment</td>
<td></td>
</tr>
<tr>
<td>- Acupuncture (30 visit limit / year combined with chiropractic)</td>
<td></td>
</tr>
<tr>
<td>- Chiropractic care (30 visit limit / year combined with acupuncture)</td>
<td></td>
</tr>
<tr>
<td>- Infertility treatment</td>
<td></td>
</tr>
<tr>
<td>- Bariatric surgery</td>
<td></td>
</tr>
<tr>
<td>- Infertility treatment</td>
<td></td>
</tr>
</tbody>
</table>

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is shown in the chart below. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the agencies in the chart below.

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

<table>
<thead>
<tr>
<th>Contact Information</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaiser Permanente Member Services</td>
<td>1-800-278-3296 (TTY: 711) or <a href="http://www.kp.org/memberservices">www.kp.org/memberservices</a></td>
<td></td>
</tr>
<tr>
<td>Department of Labor's Employee Benefits Security Administration</td>
<td>1-866-444-EBSA (3272) or <a href="http://www.dol.gov/ebsa/healthreform">www.dol.gov/ebsa/healthreform</a></td>
<td></td>
</tr>
<tr>
<td>Department of Health &amp; Human Services, Center for Consumer Information &amp; Insurance Oversight</td>
<td>1-877-267-2323 x61565 or <a href="http://www.cciio.cms.gov">www.cciio.cms.gov</a></td>
<td></td>
</tr>
<tr>
<td>California Department of Insurance</td>
<td>1-800-927-HELP (4357) or <a href="http://www.insurance.ca.gov">www.insurance.ca.gov</a></td>
<td></td>
</tr>
<tr>
<td>California Department of Managed Healthcare</td>
<td>1-888-466-2219 or <a href="http://www.healthhelp.ca.gov/">www.healthhelp.ca.gov/</a></td>
<td></td>
</tr>
</tbody>
</table>

Does this plan provide Minimum Essential Coverage? Yes.
Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.
If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.
Language Access Services:
SPANISH (Espanol): Para obtener asistencia en Espanol, llame al 1-800-788-0616 (TTY: 711)
TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-278-3296 (TTY: 711)
CHINESE (+30:tcrARRiti3cmmt, of-vrig i-g-t’4 1-800-757-7585 (TTY: 711)
NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-800-278-3296 (TTY: 711)

To see examples of how this plan might cover costs for a sample medical situation, see the next section.
About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible: $500
- Specialist copayment: $20
- Hospital (facility) coinsurance: 10%
- Other (blood work) copayment: $10

This EXAMPLE event includes services like:
- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

<table>
<thead>
<tr>
<th>Total Example Cost</th>
<th>$12,700</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$500</td>
</tr>
<tr>
<td>Copayments</td>
<td>$70</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$800</td>
</tr>
</tbody>
</table>

In this example, Peg would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$500</td>
</tr>
<tr>
<td>Copayments</td>
<td>$70</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$800</td>
</tr>
</tbody>
</table>

What isn't covered:

Limits or exclusions: $50

The total Peg would pay is: $1,420

### Managing Joe’s Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible: $500
- Specialist copayment: $20
- Hospital (facility) coinsurance: 10%
- Other (blood work) copayment: $10

This EXAMPLE event includes services like:
- Primary care physician office visits (including disease education)
- Diagnostic tests (blood work)
- Prescription drugs
- Durable medical equipment (glucose meter)

<table>
<thead>
<tr>
<th>Total Example Cost</th>
<th>$5,600</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$0</td>
</tr>
<tr>
<td>Copayments</td>
<td>$800</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$100</td>
</tr>
</tbody>
</table>

In this example, Joe would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$0</td>
</tr>
<tr>
<td>Copayments</td>
<td>$800</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$100</td>
</tr>
</tbody>
</table>

What isn't covered:

Limits or exclusions: $0

The total Joe would pay is: $900

### Mia’s Simple Fracture
(in-network emergency room visit and follow up)

- The plan's overall deductible: $500
- Specialist copayment: $20
- Hospital (facility) coinsurance: 10%
- Other (x-ray) copayment: $10

This EXAMPLE event includes services like:
- Emergency room care (including medical supplies)
- Diagnostic test (x-ray)
- Durable medical equipment (crutches)
- Rehabilitation services (physical therapy)

<table>
<thead>
<tr>
<th>Total Example Cost</th>
<th>$2,800</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$500</td>
</tr>
<tr>
<td>Copayments</td>
<td>$300</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$40</td>
</tr>
</tbody>
</table>

In this example, Mia would pay:

<table>
<thead>
<tr>
<th>Cost Sharing</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$500</td>
</tr>
<tr>
<td>Copayments</td>
<td>$300</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$40</td>
</tr>
</tbody>
</table>

What isn't covered:

Limits or exclusions: $0

The total Mia would pay is: $840

The plan would be responsible for the other costs of these EXAMPLE covered services.
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 Mecli-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](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  
  

- Online: Visit the Office of Civil Rights Complaint Portal at: [https://ocrportal.hhs.gov/ocr/portal/lobby.jsf](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 ilegítimamente, 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:
  - interpretantes 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:
  - interpretantes 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 está 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 ilegítimamente 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: llamenos 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

Kaiser Permanente POM IREM

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

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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

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

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Thong Bao Khong Phan BiOt D6i Xit


Kaiser Permanente kh6ng phan biOt deii xii trai phap luat, loci trif hay deci xii khac biOt vtti ngutii nao do vI l9 do tu6i tac, chung tOc, nhan clang nhOrn sac tOc, mau da, ngu'n g6c qu6c gia, nOn tang van h6a, t6 tion, ton gia, giai tinh, nhan clang gidi tinh, cach the hiOn giai tinh, khuynh huting gidi tinh, tinh tranh h6n nhan, tinh tranh khuyet tat v'e the chat hoac tinh th5n, b6nh trang, ngu'n thanh town, thong tin di truien, quien c6ng dan, ng6n ngii me de hoac tinh trang nhap Cu'.

Kaiser Permanente cung cap cac dich vu sau:

- Phu'ong tiOn h6 tro va dich vu mien phi cho ngitai khuyet tat de giCap ho giao tiep hiOu qua hon vai chung toi, ch8rIg han nhu':
  - Thong dich vien ngon ngO' k9 hiou du trinh do
  - Thong tin bang van ban theo cac dinh clang khac pia n6i braille, ban in kh6 chi' Ian, am thanh, dinh clang diOn tit d8 truy cap va cac dinh clang khac)

- Dich vu ngon ngii mien phi cho nhitng ngutii co ngon ngCt chinh khong phai la tieng Anh, chang han nhu':
  - Th6ng dich vien du trinh do
  - Thong tin du'oc trinh bay bang cac ngOn ngfi khac

Neu qu9 vi can nhitng dich vu nay, xin 99i den Trung Tam Lien Lac ban Dich Vu FIOi Vien cua chung toi theo s6 1-800-464-4000 (TTY 711), 24 gia trong ngay, 7 ngay trong tuan (dOng cua ngay 18). Neu qu9 vi khOng the nOi hay nghe r6, vui long goi 711.

Theo you eau, tai lieu nay c6 the du'oc cung cap cho qu9 vi dung clang chi/ n6i braille, ban in kh6 chi/ Ian, bang thu am hay clang din tii. De lay mot ban sao theo mot trong nhitng dinh clang thay the nay hay dinh clang khac, xin goi den Trung Tam Lien Lac ban Dich Vu FIOi Vien cua chung toi va you eau dinh clang ma qu9 vi can.

Cach TO trinh phan nan vOi Kaiser Permanente

Qu9 vi co the dO trinh phan nan v'e phan biOt d6i xii vai Kaiser Permanente neu qu9 vi tin rang chung toi d5 kh6ng cung cap nhitng dich vu nay hay phan biOt d6i xii trai phap luat theo cach khac. Vui lOng tham khao ChCing TO' Bao Hiem (Evidence of Coverage) hay Chitng Nhan Bao Hiem (Certificate of Insurance) cua qu9 vi de biet them chi tiet. Qu9 vi cling co the nOi chuYOn vai nhan vien ban Dich Vu FIOi Vien ve nhCing lu'a chon Op dung cho qu9 vi. Vui long goi den ban Dich Vu FIOi Vien neu qu9 vi can du'oc tro giCip de TO trinh phan nan.

Qu9 vi co the dO trinh phan nan v'e phan biOt doI xii bang cach cach sau day:

- Qua diOn thoai: Goi den ban Dich Vu FIOi Vien theo s6 1-800-464-4000 (TTY 711) 24 gio trong ngay, 7 ngay trong Van Wong cria ngay le)

- Qua thu' tin: Goi chung toi theo s6 1-800-464-4000 (TTY 711) va yeu eau giti mAu don cho qu9 vi

- Try'c tiep: Hoan tat m8u don Than Phlen hay You C5u Thanh Toan/You C5u Quien Lai tai van phong dich vu hOi vien 0 mot Ca SO ThuOc Chu'ong Trinh (truy cap danh muc nha cung cap ca qu9 vi tai kp.org/facilities de biet Oa chi)
CO the liên hệ tru'c tip vai Dieu Pheii Vien Dan Qui& dm Kaiser Permanente theo dia chi du'di day:

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

Cach de trinh phan nan v6i Van Phong Dan Qui& Ban Dich Vu Y Tg California (Danh Riang Cho Nguei Thu Huang Medi-Cal)

Qu9 vi cung co the de trinh than phign vg d8n quygn vai Van Ph6ng Dan Quygn Ban Dich Vu Y re California bang van ban, qua dien thoai hay qua email:

- Qua dien thoai: Goi den Van Phong Dan Qui& Ban Dich Vu Y Te (Department of Health Care Services, DHCS) theo 56 916-440-7370 (TTY 711)

- Qua thu' tin: Dien mau don than phign va hay giil thu' den:

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

Mau don than phign hien c6 tai: [http://www.dhcs.ca.gov/Pages/Language_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

- Tru'c tuygn: Gal email den [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

Cach de trinh phan nan v6i Van Phong Dan Qui& cila B6 Y Te va Dich Vu Nhan Sinh Hoa Kjt.

Qu9 vi cung co qui& de trinh than phign vg ph8n biet d6i xii v0i Van Phong Dan Quien cia B6 Y Tg va Dich Vu Nh8n Sinh Hoa q. Qu9 vi co the de trinh than phign bang van ban, qua dien thoai hoac tru'c tuyen:

- Qua dien thoai: Goi 1-800-368-1019 (TTY 711 hay 1-800-537-7697)

- Qua thu' tin: Dien mau don than phign va hay giil thu' den:

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


- Tru'c tuyen: Truy cap C6ng Th6ng Tin Than Phign cua Van Ph6ng Dan Qui& tai:
NOTICE OF LANGUAGE ASSISTANCE

English: This is important information from Kaiser Permanente. If you need help understanding this information, please call 1-800-464-4000 TTY 711 and ask for language assistance. Help is available 24 hours a day, 7 days a week, excluding holidays. We can also help you with auxiliary aids and alternative formats.

Armenian: Um liviplin mplighlingaindi k «Kaiser Permanente»-lig: brali uiju mlirfhlingaynipi hunilitulniun hunfuip Ohq oglihtajnitn lutnipnul blip quiliquihuipliL 1-800-464-4000 (TTY 711)lhimulunuimuhuualuilupmiloi ochulnpulingajnila uthmbiul Lhghtli hwpgnui: Ruiliquihuiphp opp 24 thud, 2mpuipp 7 op’ puigli umb ophplig: Uhlp hull' 1pupnri bhp ocilikt Qhq odtulixltull ocilingajulli wilplimpuipliuth Aliulymblipb. huipgnuf:

Chinese: 1~41**1ll Kaiser Permanente [IMVAt*11 ° #41iiTitrAVialt i7friCUME FMR'El 1-800-757-7585 (TTY XW 711) 4VROT-41'A kit ° RirMfl 7 24 /1/11.1-M'MtiaM (54REI[P1] ° RflISJ),)Mitatitvakitta Mil-T-EfiM °

Hindi: z1Z" Kaiser Permanente AR' tr di6caLku _____ ti arcr4' Trr ________________ Tr'4"& t, r chL1441

Japanese: Kaiser Permanente 7) (TTY M* 711) 9 'it. g)trit HIATI-6tLN5,71i1.7*ffiz_V44*/Pj[ a, 1-800-464-4000 (VA Fi P) े.::..IJ111/vittZilltc,

Hmong: Qhov xov xwm no tseem cebb los ntawm Kaiser Permanente. Yog xoj xav tau key pab kom nkag siab coy xov xwm no, thov hu rau 1-800-464-4000 (TTY 711) thib thov key pab txhais lus. Muaj key pab 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg, tsis xam coy hnuv caiv. Peb kuj muab tau Iwm yam key pab rau koj thiab ua Iwm yam ntaub ntawv.

Japanese: Kaiser Permanente 7) (TTY M* 711) 9 'it. g)trit HIATI-6tLN5,71i1.7*ffiz_V44*/Pj[ a, 1-800-464-4000 (VA Fi P) े.::..IJ111/vittZilltc,

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Korean: Kaiser Permanente 1/11A11 PioLl r1- _ V__ al q1 f1iAttAl'iq, 1-800-464-4000
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Mien: Naav se benv jienv sic dauh waac-fienx yiem naav Kaiser Permanente bun daaih. Beiv taux meih qiemx longc mienh tengx doqc
naav deax waac-fienx liou pory bun bieqg hnyouv nor, daaix luic douc waac daaih lorx 1-800-464-4000 (TTY 711) aengx caux tov heuc
tengx nzie faan waac bun muangx. Mbenc nzoih liou tengx yiem yietc hnoi benz 24 norm ziang hoch, yietc norm liv baai mbenc maaih 7
hnoi, simv cuotv hnoi-gec oc. Yie mbuo corc haih mbenc wuotc ginc jaa-dorgnx tengx nzie goux aengx caux liouh bun ginv longc sou-guy
daan puix horpc meih.

Navajo: Dif éf hane' bfhonlnfii at' eego Kaiser Permanente yee nihalne'. Dif hane'igif doo hazho'o fad shwdf koji' hodfilnih
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Russian: 3To sa)kJai MHOOMOBLIMA OT Kaiser Permanente. Ecnm BaM Tpe6yeTcci nomow,b, 4T06131 110HATb 3Ty mHOopmagmro,
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cpertcTsamm allbTepHaTIABHBbIMM OopmaTamm.

Spanish: La presente incluye informaciOn importante de Kaiser Permanente. Si necesita ayuda para entender esta informaciOn, llame al 1-
800-788-0616 (TTY 711) y pida ayuda linguistica. Hay ayuda disponible 24 horas al dia, siete dias a la semana, excluidos los dias festivos.
Tambien podemos ayudarle con recursos para discapacidades y formatos alternativos.

Tagalog: Ito ay importanteng impormasyon mula sa Kaiser Permanente. Kung kailangan ninyo ng tulung para maunawan ang
impormasyong ito, manyaring tumawag sa 1-800-464-4000 (TTY 711) at humingi ng tulung kaunay sa lengguwahe. May makukuhang
tulung 24 na oras bawat araw, 7 araw bawat linggo, maliban sa mga araw na pista opisyal. Matutulungan din namin kayo sa mga pantulong
na gamit o serbisyos at mga alternatifong formad.

Thai: fialu2raajndNFqijann Kaiser Permanente win9EnefunnwannilEJimaalvn\nvinnliaillrliWirakinni 1-800-464-4000 ('tw
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pilnunitiasi'gohEiLviA'aluiqillawSiIlisiOnoflo

Ukranian:Y u,bomy nosigomneHHi MiCTMTbC51 sawrimsa iHcl3opmau,isi Big Kaiser Permanente. SIKW,0 Hagaila iHq3opmau,isi He 3po3yMina
vl Balm noTpi6Ha gonomora, 3aTenecl3oHylITTe 3a Homepon 1-800-464-4000 (TTY 711) i nonpciTb HagaTm Elam nocnryr nepekagentar. Hawi
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