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>$0.</td>
<td>See the Common Medical Events chart below for your costs for services this plan covers.</td>
</tr>
<tr>
<td>Are there services covered before you meet your deductible?</td>
<td>Not Applicable.</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>$1,500 Individual / $3,000 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 provider’s charge and what your plan pays (balance billing). Be aware, your network providers 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>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay Plan Provider (You will pay the least)</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Primary care visit to treat an injury or illness</td>
<td>Preventive care/immunization</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Diagnostic test (x-ray, blood work)</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Imaging (CT/PET scans, MRIs)</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Generic drugs</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Preferred brand drugs</td>
<td>No Charge</td>
</tr>
<tr>
<td></td>
<td>Non-preferred brand drugs</td>
<td>20% coinsurance up to $150 / prescription</td>
</tr>
<tr>
<td></td>
<td>Specialty drugs</td>
<td>Facility fee (e.g., ambulatory surgery center)</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fees</td>
<td>No Charge</td>
</tr>
</tbody>
</table>

All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Limitations, Exceptions & Other Important Information

- You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.

- You have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for.

- If you need drugs to treat your illness or condition, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have outpatient surgery, Facility fee (e.g., ambulatory surgery center) | Not Covered |

- If you have a test, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a prescription, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a pharmacy, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a hospital, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a doctor, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care office or clinic, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care facility, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care practice, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care service, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care system, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care website, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care facility, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care practice, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care service, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care system, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care website, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care facility, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care practice, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care service, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care system, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care website, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care facility, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care practice, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care service, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care system, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care website, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care facility, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care practice, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care service, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care system, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care website, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care facility, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care practice, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care service, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care system, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care website, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care facility, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care practice, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care service, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care system, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care website, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care facility, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care practice, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care provider, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care service, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care system, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care website, More information about prescription drug coverage is available at www.kp.org/formulary.

- If you have a health care, More information about prescription drug coverage is available at www.kp.org/formulary.
<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 need immediate medical attention</td>
<td>Emergency room care</td>
<td>$100 / visit</td>
<td>$100 / visit</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Emergency medical transportation</td>
<td>$50 / trip</td>
<td>$50 / trip</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Urgent care</td>
<td>$15 / visit</td>
<td>$15 / visit</td>
<td>None</td>
</tr>
<tr>
<td>If you have a hospital stay</td>
<td>Facility fee (e.g., hospital room)</td>
<td>$100 / admission</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Physician/surgeon fee</td>
<td>No Charge</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: $15 / individual visit. No Charge for other outpatient services; Substance Abuse: $15 / individual visit. $5 / day for other outpatient services</td>
<td>Not Covered</td>
<td>Mental / Behavioral Health: $7 / group visit; Substance Abuse: $5 / group visit.</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>$100 / admission</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td>If you are pregnant</td>
<td>Office visits</td>
<td>No Charge</td>
<td>Not covered</td>
<td>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).</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery professional services</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Childbirth/delivery facility services</td>
<td>$100 / admission</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td>Common Medical Event</td>
<td>Services You May Need</td>
<td>What You Will Pay Plan Provider (You will pay the least)</td>
<td>What You Will Pay Non-Plan Provider (You will pay the most)</td>
<td>Limitations, Exceptions &amp; Other Important Information</td>
</tr>
<tr>
<td>----------------------</td>
<td>-----------------------</td>
<td>----------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>If you need help recovering or have other special health needs</td>
<td>Home health care</td>
<td>No Charge</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>Rehabilitation services</td>
<td>Inpatient: $100 / admission; Outpatient: $15 / visit</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Habilitation services</td>
<td>$15 / visit</td>
<td>Not Covered</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing care</td>
<td>$100 / admission</td>
<td>Not Covered</td>
<td>Up to 100 days maximum / benefit period.</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment</td>
<td>20% coinsurance</td>
<td>Not Covered</td>
<td>Requires prior authorization.</td>
</tr>
<tr>
<td></td>
<td>Hospice service</td>
<td>No Charge</td>
<td>Not Covered</td>
<td>None</td>
</tr>
</tbody>
</table>

| If your child needs dental or eye care |  |
|---------------------------------------|  |
| Children's eye exam | No Charge | Not Covered | None |
| Children's glasses | Not Covered | Not Covered | None |
| Children's dental check-up | Not Covered | Not Covered | None |

**Excluded Services & Other Covered Services:**

**Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.):**

- Children's glasses
- Chiropractic care
- Cosmetic surgery
- Dental Care (Adult & Child)
- Hearing aids
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs

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

- Acupuncture (plan provider referred)
- Infertility treatment
- Routine eye care (Adult)
- Bariatric surgery

**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](http://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 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)</td>
<td><a href="http://www.kp.org/memberservices">www.kp.org/memberservices</a></td>
</tr>
<tr>
<td>Department of Labor’s Employee Benefits Security Administration</td>
<td>1-866-444-EBSA (3272)</td>
<td><a href="http://www.dol.gov/ebsa/healthreform">www.dol.gov/ebsa/healthreform</a></td>
</tr>
<tr>
<td>Department of Health &amp; Human Services, Center for Consumer Information &amp; Insurance Oversight</td>
<td>1-877-267-2323 x61565</td>
<td><a href="http://www.cciio.cms.gov">www.cciio.cms.gov</a></td>
</tr>
<tr>
<td>California Department of Insurance</td>
<td>1-800-927-HELP (4357)</td>
<td><a href="http://www.insurance.ca.gov">www.insurance.ca.gov</a></td>
</tr>
<tr>
<td>California Department of Managed Healthcare</td>
<td>1-888-466-2219</td>
<td><a href="http://www.healthhelp.ca.gov">www.healthhelp.ca.gov</a></td>
</tr>
</tbody>
</table>

Does this plan provide Minimum Essential Coverage? Yes
If you don’t have Minimum Essential Coverage for a month, you’ll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

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 (Español): Para obtener asistencia en Español, 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 (中文): 如果需要中文的帮助，请拨打这个号码 1-800-757-7585 (TTY: 711)
NAVAJO (Dine): Dinek’ehgo shika a’t’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.

<table>
<thead>
<tr>
<th>Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)</th>
<th>Managing Joe’s type 2 Diabetes (a year of routine in-network care of a well-controlled condition)</th>
<th>Mia’s Simple Fracture (in-network emergency room visit and follow up care)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The plan’s overall deductible</strong></td>
<td><strong>The plan’s overall deductible</strong></td>
<td><strong>The plan’s overall deductible</strong></td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Specialist copayment</strong></td>
<td><strong>Specialist copayment</strong></td>
<td><strong>Specialist copayment</strong></td>
</tr>
<tr>
<td>$15</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td><strong>Hospital (facility) copayment</strong></td>
<td><strong>Hospital (facility) copayment</strong></td>
<td><strong>Hospital (facility) copayment</strong></td>
</tr>
<tr>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td><strong>Other (blood work) copayment</strong></td>
<td><strong>Other (blood work) copayment</strong></td>
<td><strong>Other (x-ray) copayment</strong></td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

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)

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)

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

<table>
<thead>
<tr>
<th>Total Example Cost</th>
<th>In this example, Peg would pay:</th>
<th>Total Example Cost</th>
<th>In this example, Joe would pay:</th>
<th>Total Example Cost</th>
<th>In this example, Mia would pay:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$12,800</strong></td>
<td><strong>Cost Sharing</strong></td>
<td><strong>$7,400</strong></td>
<td><strong>Cost Sharing</strong></td>
<td><strong>$1,900</strong></td>
<td><strong>Cost Sharing</strong></td>
</tr>
<tr>
<td>Deductibles</td>
<td>$0</td>
<td>Deductibles</td>
<td>$0</td>
<td>Deductibles</td>
<td>$0</td>
</tr>
<tr>
<td>Copays</td>
<td>$100</td>
<td>Copays</td>
<td>$900</td>
<td>Copays</td>
<td>$200</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$0</td>
<td>Coinsurance</td>
<td>$200</td>
<td>Coinsurance</td>
<td>$10</td>
</tr>
</tbody>
</table>

*What isn’t covered*

| Limits or exclusions | $60 | Limits or exclusions | $50 | Limits or exclusions | $0 |
|---|---|---|---|---|
| The total Peg would pay is | **$160** | The total Joe would pay is | **$1,150** | The total Mia would pay is | **$210** |

The plan would be responsible for the other costs of these EXAMPLE covered services.
Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. Auxiliary aids and services for individuals with disabilities are available at no cost to you during all hours of operation. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. You may request materials translated in your language, and may also request these materials in large text or in other formats to accommodate your needs at no cost to you. For more information, call 1-800-464-4000 (TTY users call 711).

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your Evidence of Coverage or Certificate of Insurance or speak with a Member Services representative for the dispute-resolution options that apply to you. This is especially important if you are a Medicare, Medi-Cal, MRMIP, Medi-Cal Access, FEHBP, or CalPERS member because you have different dispute-resolution options available.

You may submit a grievance in the following ways:

- By completing a Complaint or Benefit Claim/Request form at a Member Services office located at a Plan Facility (please refer to Your Guidebook or the facility directory on our website at kp.org for addresses)
- By mailing your written grievance to a Member Services office at a Plan Facility (please refer to Your Guidebook or the facility directory on our website at kp.org for addresses)
- By calling our Member Service Contact Center toll free at 1-800-464-4000 (TTY users call 711)
- By completing the grievance form on our website at kp.org

Please call our Member Service Contact Center if you need help submitting a grievance.

The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, sex, age, or disability. You may also contact the Kaiser Permanente Civil Rights Coordinator directly at One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at hhs.gov/ocr/office/file/index.html.
Aviso de no discriminación

Kaiser Permanente no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

La Central de Llamadas de Servicio a los Miembros brinda servicios de asistencia con el idioma las 24 horas del día, los siete días de la semana (excepto los días festivos). Se ofrecen servicios de interpretación sin costo alguno para usted durante el horario de atención, incluido el lenguaje de señas. Se ofrecen aparatos y servicios auxiliares para personas con discapacidades sin costo alguno durante el horario de atención. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Puede solicitar los materiales traducidos a su idioma, y también los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades sin costo para usted. Para obtener más información, llame al 1-800-788-0616 (los usuarios de la línea TTY deben llamar al 711).

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. Por ejemplo, si usted cree que ha sufrido discriminación de nuestra parte, puede presentar una queja. Consulte su Evidencia de Cobertura (Evidence of Coverage) o Certificado de Seguro (Certificate of Insurance), o comuníquese con un representante de Servicio a los Miembros para conocer las opciones de resolución de disputas que le corresponden. Esto tiene especial importancia si es miembro de Medicare, Medi-Cal, el Programa de Seguro Médico para Riesgos Mayores (Major Risk Medical Insurance Program MRMIP), Medi-Cal Access, el Programa de Beneficios Médicos para los Empleados Federales (Federal Employees Health Benefits Program, FEHBP) o CalPERS, ya que dispone de otras opciones para resolver disputas.

Puede presentar una queja de las siguientes maneras:

- Completando un formulario de queja o de reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte las direcciones en Su Guía o en el directorio de centros de atención en nuestro sitio web en kp.org/espanol)
- Enviando por correo su queja por escrito a una oficina de Servicio a los Miembros en un centro del plan (consulte las direcciones en Su Guía o en el directorio de centros de atención en nuestro sitio web en kp.org/espanol)
- Llamando a la línea telefónica gratuita de la Central de Llamadas de Servicio a los Miembros al 1-800-788-0616 (los usuarios de la línea TTY deben llamar al 711)
- Completando el formulario de queja en nuestro sitio web en kp.org/espanol

Llame a nuestra Central de Llamadas de Servicio a los Miembros si necesita ayuda para presentar una queja.

Se le informará al coordinador de derechos civiles de Kaiser Permanente (Civil Rights Coordinator) de todas las quejas relacionadas con la discriminación por motivos de raza, color, país de origen, género, edad o discapacidad. También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente en One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

無歧視公告

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

會員服務聯絡中心每週七天每天 24 小時提供語言協助服務（節假日除外）。本機構在全部營業時間內免費為您提供口譯，包括手語服務，以及殘障人士輔助器材和服務。我們還可為您和您的親友提供使用本機構設施與服務所需要的一切特別協助。您還可免費索取翻譯成您的語言的資料，以及符合您需求的大號字體或其他格式的版本。若需更多資訊，請致電 1-800-757-7585（TTY 專線使用者請撥 711）。

申訴指任何您或您的授權代表透過申訴程序來表達不滿的做法。例如，如果您認為自己受到歧視，即可提出申訴。若需瞭解適用於自己的爭議解決選項，請參閱《承保範圍說明書》(Evidence of Coverage)或《保險證明書》(Certificate of Insurance)，或諮詢會員服務代表。如果您是 Medicare、MediCal、高風險醫療保険計劃 (Major Risk Medical Insurance Program, MRMIP)、Medi-Cal Access、聯邦僱員健康保險計劃 (Federal Employees Health Benefits Program, FEHBP) 或 CalPERS 會員，採取上述行動尤其重要，因為您可能有不同的爭議解決選項。

您可透過以下方式提出申訴：

- 在健康保險計劃服務設施的會員服務處填寫《投訴或福利索賠/申請表》（地址見《健康服務指南》(Your Guidebook) 或我們網站 kp.org 上的服務設施名錄）
- 將書面申訴信郵寄到健康保險計劃服務設施的會員服務處（地址見《健康服務指南》或我們網站 kp.org 上的服務設施名錄）
- 致電我們的會員服務聯絡中心，免費電話號碼是 1-800-757-7585（TTY 專線請撥 711）
- 在我們的網站上填寫申訴表，網址是 kp.org

如果您在提交申訴時需要協助，請致電我們的會員服務聯絡中心。

涉及人種、膚色、原國籍、性別、年齡或殘障歧視的一切申訴都將通知 Kaiser Permanente 的民權事務協調員。您也可與 Kaiser Permanente 的民權事務協調員直接聯絡，地址：One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612。

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 and ask for language assistance. Help is available 24 hours a day, 7 days a week, excluding holidays.

Armenian: Այս տեղեկագրությունը Կայսերյան Պերմենենտից է. Եթե հանգած չէ ուսումնասիրել այս տեղեկագրությունը, մեսերի ուսումնական համարին հետևի համար կիրառվում է 1-800-464-4000 հեռախոսահամարը: Kaiser Permanente տարածքում 24 ժամ, 7 օր անցկացնում է օգնություն.

Chinese: 這是來自 Kaiser Permanente 的重要資訊。如果您需要協助瞭解此資訊，請致電 1-800-757-7585 尋求語言協助。我們每週 7 天，每天 24 小時皆提供協助（節假日休息）。

Hindi: यह Kaiser Permanente की ओर से महत्वपूर्ण सूचना है। यदि आपको इस सूचना को समझने के लिए मदद की जरूरत है, तो कृपया 1-800-464-4000 पर फोन करें।

Hmong: Qhov xov xwm no tseem ceeb los ntawnm Kaiser Permanente. Yog kaj xav tau kev pab kom nkag siab cov xov xwm no, thov hu rau 1-800-464-4000 thiab kev pab 24 tiew ib hnh ub twg, 7 hnh ub lim taim twg, tisis xam cov hnhub caiv.

Japanese: Kaiser Permanente から重要なお知らせがあります。この情報を理解するためにヘルプが必要な場合は、1-800-464-4000 に電話してください。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。

Khmer: នេះគឺជាព័ត៌មាោៈពី Kaiser Permanente ។ ប្រសិនបើអ្នកបានស្វែងរកម្នេសមួយព័ត៌មាោៈក្នុងព័ត៌មាោៈនេះ ឬប្រសិនបើការរៀបចំអាចមានកុំព្យូទ័រ 1-800-464-4000 ។


Laotian: ສິລະລິບດັດ ປະຊາທິດ Kaiser Permanente. ແຕ່ ນັກຂ້າງໜຶ່ງໜ້າ ມົງການ ເປັນການໃຊ້ ເຮືອມ ຜ່າກ ຜ່າກໃຫຍ່ ແລະ ພ້ອມການ ຜ່າກ 24 ເວລາ ແລະ ທັງໝັ້ນຄວາມເຈັດ ທັງໝັ້ນຄວາມເຈັດ.


Punjabi: ਇਹ Kaiser Permanente ਦੇ ਹੋਰ ਤੁਕੜੀ ਹਾਲਤੀ ਹੈ। ਸੇਹਾਂ ਹੀਮ ਹਾਲਤੀ ਹੈ ਮਾਕ ਦੀ ਹਾਲਤ ਭੀ ਲੈਣਾ ਹੈ, ਉਹ ਬਿਖਰਾ ਬਚਣ ਵਾਲੇ 1-800-464-4000 ਦੇ ਦੋਤ ਵੇਲੇ ਇਸ ਦੁਆਰ ਛੰਦ ਸ਼ਹਾਦਾ ਹੋਂਦੇ, ਸਿੱਟੀਆਂ ਦੇ ਦੋਤ ਵੇਲੇ ਹੇਠਾਂ ਵੇਲੇ ਹੀ।

Russian: Это важная информация от Kaiser Permanente. Если Вам требуется помощь, чтобы понять эту информацию, позвоните по номеру 1-800-464-4000 и попросите предоставить Вам услуги переводчика. Помощь доступна 24 часа в сутки, 7 дней в неделю, кроме праздничных дней.