

January 1–December 31, 2024

# 2024 Summary of Benefits

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Kaiser Permanente Medicare Advantage Basic Plan (HMO)

*This plan does not include Medicare Part D prescription drug coverage and is available in Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties and parts of Grays Harbor and Mason counties. (See “Who can enroll” for details.)*



## About this Summary of Benefits

Thank you for considering Kaiser Permanente Medicare Advantage. You can use this **Summary of Benefits** to learn more about our plan. It includes information about:

- Premiums
- Benefits and costs
- Optional supplemental dental benefits (Advantage Plus)
- Additional benefits
- Who can enroll
- Coverage rules
- Getting care

For definitions of some of the terms used in this booklet, see the glossary at the end.

### For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at [kp.org/eocwa](http://kp.org/eocwa) or ask for a copy from Member Services by calling **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

We offer other plans that include Part D drug coverage. If you'd like information about our other plans, call **1-800-446-8882 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week, or go to [kp.org/medicare](http://kp.org/medicare).

### Have questions?

- If you're not a member, please call **1-800-446-8882 (TTY 711)**.
- If you're a member, please call Member Services at **1-888-901-4600 (TTY 711)**.
- 7 days a week, 8 a.m. to 8 p.m.

## What's covered and what it costs

\*Your plan provider may need to provide a referral.

†Prior authorization may be required.

Benefits and premiums	You pay
<b>Monthly plan premium</b>	<b>\$76</b> You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	<b>None</b>
<b>Your maximum out-of-pocket responsibility</b> Includes copays and other costs for medical services for the year.	<b>\$4,200</b>
<b>Inpatient hospital services*†</b> There's no limit to the number of medically necessary inpatient hospital days.	<b>\$200</b> per day for days 1 through 3 of your stay and <b>\$0</b> for the rest of your stay
<b>Outpatient hospital services*†</b>	<b>\$0–\$200</b> per visit
<b>Ambulatory Surgical Center (ASC)*†</b>	<b>\$200</b> per visit
<b>Doctor's visits</b>	
• Primary care providers	<b>\$0</b>
• Specialists*†	<b>\$30</b> per visit
<b>Preventive care*</b>	
<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse screenings &amp; counseling</li> <li>• Bone mass measurements (bone density)†</li> <li>• Cardiovascular disease screenings</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cervical &amp; vaginal cancer screening</li> <li>• Colorectal cancer screenings (barium enemas, colonoscopies, fecal occult blood tests, flexible sigmoidoscopies, and multi-target stool DNA tests)†</li> <li>• Depression screenings</li> <li>• Diabetes screenings</li> <li>• Diabetes self-management training†</li> <li>• Glaucoma tests†</li> <li>• Hepatitis B Virus (HBV) infection screenings†</li> <li>• Hepatitis C screening tests†</li> <li>• HIV screenings</li> <li>• Lung cancer screenings†</li> <li>• Mammograms (screening)</li> <li>• Medicare Diabetes Prevention Program†</li> <li>• Nutrition therapy services†</li> <li>• Obesity screenings &amp; counseling†</li> </ul>	<p><b>\$0</b></p> <p>Any additional preventive services approved by Medicare during the contract year will be covered. See your <b>EOC</b> for frequency of covered services.</p>

Benefits and premiums	You pay
<ul style="list-style-type: none"> <li>• One-time “Welcome to Medicare” preventive visit</li> <li>• Prostate cancer screenings†</li> <li>• Sexually transmitted infections screenings &amp; counseling</li> <li>• Shots that include COVID-19 vaccines†, flu shots, Hepatitis B shots and Pneumococcal shots</li> <li>• Tobacco use cessation counseling</li> <li>• Yearly "Wellness" visit</li> </ul>	
<p><b>Emergency care</b> We cover emergency care anywhere in the world.</p>	<b>\$90</b> per emergency department visit
<p><b>Urgently needed services</b> We cover urgent care anywhere in the world.</p>	<b>\$25</b> per visit
<p><b>Diagnostic services, lab, and imaging*</b></p> <ul style="list-style-type: none"> <li>• Lab tests</li> <li>• X-rays</li> <li>• Diagnostic tests and procedures (like EKG)†</li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• Other imaging procedures (like MRI, CT, and PET)†</li> </ul>	<b>\$200</b> per visit
<p><b>Hearing services</b></p> <ul style="list-style-type: none"> <li>• Evaluations to diagnose medical conditions*†</li> <li>• Routine hearing exam (1 per calendar year)</li> </ul>	<b>\$0</b> per visit with an audiologist or <b>\$30</b> per visit with other providers
<ul style="list-style-type: none"> <li>• Hearing aid fitting and evaluation exam (1 exam per calendar year)</li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• Hearing aids (allowance for both ears combined every 24 months) This is the maximum allowance for hearing aid(s) for both ears combined, not per ear.</li> </ul>	<b>\$1,500</b> allowance If your hearing aid purchase is more than \$1,500, <b>you pay the difference.</b>
<p><b>Dental services</b> Covered preventive dental care listed below:</p> <ul style="list-style-type: none"> <li>• Oral exam (limited to 2 oral exams per year)</li> <li>• Prophylaxis (limited to 2 cleanings per year)</li> <li>• Fluoride treatments (limited to 2 treatments per year)</li> <li>• Bite-wing X-ray (limited to 2 visits per year)</li> <li>• Panoramic X-ray or complete series (once every 3 years)</li> </ul> <p>Services must be received from a licensed Delta Dental of Washington network dentist. To find a dentist, visit <a href="http://www.DeltaDentalWA.com">www.DeltaDentalWA.com</a> and search the Delta Dental PPO Plus Premier™ network or call Delta Dental Customer Service at</p>	<b>\$0</b>

Benefits and premiums	You pay
<p><b>1-877-719-4006</b>, Monday through Friday, 7 a.m. to 5 p.m.</p> <p>When visiting your Delta Dental network dentist, please provide your Kaiser Permanente member ID card and inform them of your dental coverage with Delta Dental of Washington. Your dentist will submit your claims to Delta Dental on your behalf.</p> <p>Note: Comprehensive dental coverage is available if you sign up for the optional Delta Dental PPO Plus Premier™ dental plan. (See Advantage Plus for details.)</p>	
<p><b>Vision services</b></p> <ul style="list-style-type: none"> <li>• Visits to diagnose and treat eye diseases and conditions</li> <li>• Routine eye exam (1 per calendar year)</li> </ul>	<p><b>\$0</b> per visit with an optometrist or <b>\$30</b> with an ophthalmologist</p>
<ul style="list-style-type: none"> <li>• Preventive glaucoma screening*†</li> <li>• Diabetic retinopathy services</li> </ul>	<p><b>\$0</b></p>
<ul style="list-style-type: none"> <li>• Eyeglasses or contact lenses after cataract surgery</li> </ul>	<p><b>\$0</b> up to Medicare's limit, but you pay any amounts beyond that limit</p>
<ul style="list-style-type: none"> <li>• Other eyewear</li> <li>• Eyewear can be purchased from any provider. If you get eyewear out-of-network, you must file a claim to get reimbursed for covered eyewear expenses.</li> </ul>	<p><b>\$350</b> allowance per calendar year. If your eyewear costs more than \$350, <b>you pay the difference.</b></p>
<p><b>Mental health services†</b></p> <ul style="list-style-type: none"> <li>• Inpatient mental health*</li> </ul>	<p>You pay <b>\$200</b> per day for days 1–3 (\$0 for the rest of your stay).</p>
<ul style="list-style-type: none"> <li>• Outpatient group therapy</li> </ul>	<p><b>\$20</b> per visit</p>
<ul style="list-style-type: none"> <li>• Outpatient individual therapy</li> </ul>	<p><b>\$30</b> per visit</p>
<p><b>Skilled nursing facility*†</b></p> <p>We cover up to 100 days per benefit period.</p>	<p><b>Per benefit period:</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> per day for days 1 through 20</li> <li>• <b>\$50</b> per day for days 21 through 100</li> </ul>
<p><b>Physical therapy*†</b></p>	<p><b>\$30</b> per visit</p>
<p><b>Ambulance†</b></p>	<p><b>\$200</b> per one-way trip</p>
<p><b>Transportation (nonemergent/routine)</b></p> <p>Rides to and from plan providers, dentists, and pharmacies. To schedule a ride, call <b>1-877-828-4512 (TTY 711)</b>, 24 hours a day, 7 days a week, at least 2 business days in advance.</p>	<p><b>\$0</b> for up to 12 round trips per calendar year</p>

Benefits and premiums	You pay
<p><b>Medicare Part B drugs†</b> We cover Medicare Part B drugs listed below when you get them from a plan provider. See the <b>EOC</b> for details.</p> <ul style="list-style-type: none"> <li>• Chemotherapy drugs</li> <li>• Antigens (allergy shots)</li> <li>• All other Part B drugs</li> </ul>	<p><b>0%-20%</b> coinsurance, depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation. <b>Note:</b> Insulin cost-sharing is subject to a coinsurance cap of <b>\$35</b> for a one-month's supply of insulin.</p>

## Advantage Plus (optional benefits)

In addition to the benefits that come with your plan, you can choose to buy an optional supplemental dental benefit called Advantage Plus for an additional monthly cost that's added to your monthly plan premium. Covered services are provided by Delta Dental of Washington and must be rendered by Delta Dental participating dental providers. See the **Evidence of Coverage** for details.

Delta Dental PPO Plus Premier™ benefits and premium	You pay
<b>Additional monthly premium</b>	<b>\$58</b>
<b>Annual benefit limit for comprehensive dental care</b>	<b>\$1,500</b> (You pay 100% for the rest of the calendar year after our plan has paid \$1,500 for dental care.)
<b>Annual deductible for comprehensive dental care</b>	<b>\$100</b> (You pay 100% at the beginning of the year for comprehensive dental care until you have spent \$100.)
<p><b>Comprehensive dental care</b> Covered services include fillings, extractions, crowns, endodontics, periodontics, and dentures.</p>	After the deductible is met, <b>20% or 50%</b> coinsurance, depending on the service

## Additional benefits

\*Your plan provider may need to provide a referral.

†Prior authorization may be required.

These benefits are available to you as a plan member:	You pay
<p><b>Diabetic supplies, including therapeutic shoes/inserts†</b></p> <ul style="list-style-type: none"> <li>• Supplies to monitor your blood glucose: blood glucose monitor, blood glucose test strips, lancet devices, lancets, and glucose-control solutions for checking the accuracy of test strips and monitors.</li> </ul>	<b>\$0</b>

These benefits are available to you as a plan member:	You pay
<ul style="list-style-type: none"> <li>For people with diabetes who have severe diabetic foot disease: one pair per calendar year of therapeutic custom-molded shoes (including inserts provided with such shoes) and 2 additional pairs of inserts, or one pair of depth shoes and 3 pairs of inserts (not including the noncustomized removable inserts provided with such shoes). Coverage includes fitting.</li> </ul>	
<p><b>Fitness benefit – Silver&amp;Fit® Healthy Aging and Exercise Program</b></p> <p>You pay no additional cost for a Standard network fitness center membership in the Silver&amp;Fit program. Selecting a Premium network fitness center requires a monthly membership fee. You can select one Home Fitness Kit per calendar year from many Home Fitness Kits to help you stay fit at home. Visit <a href="http://kp.org/SilverandFit">kp.org/SilverandFit</a> or call Silver&amp;Fit Customer Service at <b>1-877-750-2746</b> (TTY 711), Monday through Friday, 5 a.m. to 6 p.m.</p> <p>The Silver&amp;Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&amp;Fit is a federally registered trademark of ASH and used with permission herein. Participating fitness centers and fitness chains may vary by location and are subject to change.</p>	<b>\$0</b>
<p><b>Medicare-covered Acupuncture*†</b> (physician referred)</p> <ul style="list-style-type: none"> <li>for chronic low back pain</li> </ul>	<b>\$10</b> per visit
<p><b>Medicare-covered Chiropractic services*†</b> (physician referred)</p> <ul style="list-style-type: none"> <li>manual manipulation of the spine to correct subluxation</li> </ul>	<b>\$20</b> per visit
<p><b>Supplemental Chiropractic and Acupuncture Services</b>            You pay <b>\$10</b> copay for <b>acupuncture</b> and <b>\$20</b> copay for <b>nonspinal chiropractic care</b> for up to 15 visits total per year.</p>	

## Who can enroll

You can sign up for this plan if:

- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- You're a citizen or lawfully present in the United States.
- You live in the service area, which includes:
  - All of Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties
  - These ZIP codes in Grays Harbor County: 98541, 98557, 98559, and 98568
  - These ZIP codes in Mason County: 98524, 98528, 98546, 98548, 98555, 98584, 98588, and 98592



## Coverage rules

We cover the services and items listed in this document and the **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider Directory**. But there are exceptions to this rule. We also cover:
  - Care from plan providers in another Kaiser Permanente Region
  - Covered care from designated providers in Maricopa and Pima counties in Arizona
  - Emergency care
  - Out-of-area dialysis care
  - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
  - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. If you receive non-covered care or services, you must pay the full cost.

For details about coverage rules, including non-covered services (exclusions), see the **Evidence of Coverage**.

## Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care and lab work. To find our provider locations, see our **Provider Directory** at [kp.org/directory](http://kp.org/directory) or ask us to mail you a copy by calling Member Services at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

The provider network may change at any time. You will receive notice when necessary.

## Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You must choose one of our available plan providers to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services.

## **Help managing conditions**

If you have more than one ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

## **Notices**

### **Appeals and grievances**

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time period that includes the date you received the item or service. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage ([kp.org/eocwa](http://kp.org/eocwa))** for details about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

### **Privacy**

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** at [kp.org/privacy](http://kp.org/privacy) to learn more.

## Helpful definitions (glossary)

### **Allowance**

A dollar amount you can use to help pay for items and services.

### **Benefit period**

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

### **Calendar year**

The year that starts on January 1 and ends on December 31.

### **Coinsurance**

A percentage you pay of our plan's total charges for certain services or Medicare Part B prescription drugs. For example, a 20% coinsurance for a \$200 item means you pay \$40.

### **Copay**

The set amount you pay for covered services — for example, a \$20 copay for an office visit.

### **Deductible**

If you sign up for optional supplemental dental benefits, it's the amount you must pay for comprehensive dental services before our plan begins to pay.

### **Evidence of Coverage**

A document that explains in detail your plan benefits and how your plan works.

### **Maximum out-of-pocket responsibility**

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

### **Medically necessary**

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

### **Non-plan provider**

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

### **Plan**

Kaiser Permanente Medicare Advantage.

### **Plan premium**

The amount you pay for your Kaiser Permanente Medicare Advantage health care coverage.

### **Plan provider**

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

### **Prior authorization**

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.

## Region

A Kaiser Foundation Health Plan organization. We have Kaiser Permanente Regions located in Northern California, Southern California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your "**Medicare & You**" handbook. You can view it online at [medicare.gov](https://www.medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

# Notice of Nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable Federal and Washington state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
  - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at **1-888-901-4636 (TTY 711)**.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**  
Complaint forms are available at **<https://www.hhs.gov/ocr/complaints/index.html>**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>**, or by phone at **800-562-6900, 360-586-0241 (TDD)**. Complaint forms are available at **<https://fortress.wa.gov/oic/onlineServices/cc/pub/complaintinformation.aspx>**



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-901-4600 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-888-901-4600 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-888-901-4600 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-888-901-4600 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-888-901-4600 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-888-901-4600 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-888-901-4600 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-888-901-4600 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-888-901-4600 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-888-901-4600 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-888-901-4600 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-888-901-4600 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-888-901-4600 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-888-901-4600 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-888-901-4600 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-888-901-4600 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-888-901-4600 (TTY 711)**. にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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