

2024

Summary of Benefits

Kaiser Permanente Senior Advantage Medicare Medi-Cal South P1 (HMO D-SNP) and
Kaiser Permanente Senior Advantage Medicare Medi-Cal North P2 (HMO D-SNP)


Introduction

This document is a brief summary of the benefits and services covered by Kaiser Permanente Senior Advantage Medicare Medi-Cal. It includes answers to frequently asked questions, important contact information, an overview of benefits and services offered, and information about your rights as a member of Kaiser Permanente Senior Advantage Medicare Medi-Cal. Key terms and their definitions appear in alphabetical order in the last chapter of the *Evidence of Coverage*.

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A. Disclaimers

 This is a summary of health services covered by Kaiser Permanente Senior Advantage Medicare Medi-Cal for 2024. This **Summary of Benefits** includes the following plans:

- Kaiser Permanente Senior Advantage Medicare Medi-Cal South P1
- Kaiser Permanente Senior Advantage Medicare Medi-Cal North P2

When you enroll in one of our plans listed above, you will also be assigned to Kaiser Permanente for your Medi-Cal managed care coverage.

This is only a summary. Please read the *Evidence of Coverage* for the full list of benefits. For details, see the *Evidence of Coverage*, which is located on our website at kp.org/eocncal or kp.org/eocscal or ask for a copy from Member Services by calling **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week.
- ❖ Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the Medi-Cal program. Enrollment in Kaiser Permanente depends on contract renewal.
- ❖ For more information about **Medicare**, you can read the *Medicare & You* handbook. It has a summary of Medicare benefits, rights, and protections and answers to the most frequently asked questions about Medicare. You can get it at the Medicare website (www.medicare.gov) or 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**. For more information about **Medi-Cal**, you can check the California Department of Healthcare Services (DHCS) website (www.dhcs.ca.gov) or contact the Medi-Cal Office of the Ombudsman **1-888-452-8609**, Monday through Friday, between 8:00 a.m. and 5:00 p.m. You can also call the special Ombudsman for people who have both Medicare and Medi-Cal, at **1-855-501-3077**, Monday through Friday, between 9:00 a.m. and 5:00 p.m.
- ❖ You can get this document for free in other formats, such as large print, braille, and/or audio. Call Member Services at **1-800-443-0815** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week. The call is free.



If you have questions, please call Member Services at **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit kp.org/medicare.

❖ Call Member Services **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week, to request the following:

- Preferred language other than English and/or alternate format,
- A standing request for future mailings and communications, and
- Change a standing request for preferred language and/or format.

B. Frequently asked questions (FAQ)

The following table lists frequently asked questions.

Frequently Asked Questions	Answers
What is a Medicare-Medi-Cal Plan?	A Medicare-Medi-Cal Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. It is for people ages 21 and older, who have both Medicare Part A and Part B, and who are eligible for Medi-Cal. A Medicare-Medi-Cal Plan is an organization made up of doctors, hospitals, pharmacies, providers of Long-term Services and Supports (LTSS), and other providers. It also has care coordinators to help you manage all your providers and services and supports. They all work together to provide the care you need.

Frequently Asked Questions	Answers
<p>Will I get the same Medicare and Medi-Cal benefits in Kaiser Permanente Senior Advantage Medicare Medi-Cal that I get now?</p>	<p>You will get most of your covered Medicare and Medi-Cal benefits directly from Kaiser Permanente Senior Advantage Medicare Medi-Cal. You will work with a team of providers who will help determine what services will best meet your needs. This means that some of the services you get now may change based on your needs, and your doctor and care team's assessment. You may also get other benefits outside of your health plan the same way you do now, directly from a State or county agency like In-Home Support Services (IHSS), specialty mental health and substance use disorder services, or regional center services.</p> <p>When you enroll in Kaiser Permanente Senior Advantage Medicare Medi-Cal, you and your care team will work together to develop a care plan to address your health and support needs, reflecting your personal preferences and goals.</p> <p>If you are taking any Medicare Part D prescription drugs that Kaiser Permanente Senior Advantage Medicare Medi-Cal does not normally cover, you can get a temporary supply and we will help you to transition to another drug or get an exception for Kaiser Permanente Senior Advantage Medicare Medi-Cal to cover your drug if medically necessary. For more information, call Member Services at the number listed at the bottom of this page.</p>



If you have questions, please call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit kp.org/medicare.

Can I go to the same doctors I use now?

Often that is the case. If your providers (including doctors, hospitals, therapists, pharmacies, and other health care providers) work with Kaiser Permanente Senior Advantage Medicare Medi-Cal and have a contract with us, you can keep going to them.

- Providers with an agreement with us are “in-network.” Network providers participate in our plan. That means they accept members of our plan and provide services our plan covers. **You must use the providers in Kaiser Permanente Senior Advantage Medicare Medi-Cal’s network.** If you use providers or pharmacies that are not in our network, the plan may not pay for these services or drugs.
- If you need urgent or emergency care or out-of-area dialysis services, you can use providers outside of Kaiser Permanente Senior Advantage Medicare Medi-Cal’s plan.
- For Medi-Cal Services, you can go to an out-of-network provider without a referral or prior authorization for emergency services or for certain sensitive care services. You can also go to an out-of-network provider for out-of-area urgent care when you are in an area where we do not operate. If you need outpatient mental health services, you can go to either a network provider or a county mental health plan provider without prior authorization. You must have a referral or pre-approval for all other out-of-network services, or they will not be covered. Note: If you are an American Indian, you can get care at an Indian Health Care Provider outside of our provider network without a referral.
- If you are currently under treatment with a provider that is out of Kaiser Permanente Senior Advantage Medicare Medi-Cal’s network, or have an established relationship with a provider that is out of Kaiser Permanente Senior Advantage Medicare Medi-Cal’s network, call Member Services to check about staying connected and ask for continuity of care. You may be able to continue going to your Out-of-Network Provider for up to 12 months if you meet specific criteria and if the provider agrees to our terms and condition. You must request continuity of care within 30 days of your enrollment. Call our Member Service department for more information on continuity of care services.

Frequently Asked Questions	Answers
	<p>To find out if your doctors are in the plan’s network, call Member Services at the number listed at the bottom of this page or read Kaiser Permanente Senior Advantage Medicare Medi-Cal’s provider and pharmacy directories on the plan’s website at kp.org/directory.</p> <p>If Kaiser Permanente Senior Advantage Medicare Medi-Cal is new for you, we will work with you to develop a care plan to address your needs.</p>
<p>What is a Kaiser Permanente Senior Advantage Medicare Medi-Cal care coordinator?</p>	<p>A Kaiser Permanente Senior Advantage Medicare Medi-Cal care coordinator is one main person for you to contact. This person helps to manage all your providers and services and make sure you get what you need.</p>
<p>What are Long-term Services and Supports (LTSS)?</p>	<p>Long-term Services and Supports are help for people who need assistance to do everyday tasks like bathing, toileting, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital. In some cases, a county or other agency may administer these services, and your care coordinator or care team will work with that agency.</p>
<p>What is a Multipurpose Senior Services Program (MSSP)?</p>	<p>A MSSP provides on-going care coordination with health care providers beyond what your health plan already provides, and can connect you to other needed community services and resources. This program helps you get services that help you live independently in your home.</p>
<p>What happens if I need a service but no one in Kaiser Permanente Senior Advantage Medicare Medi-Cal’s network can provide it?</p>	<p>Most services will be provided by our network providers. If you need a service that cannot be provided within our network, Kaiser Permanente Senior Advantage Medicare Medi-Cal will pay for the cost of an out-of-network provider.</p>



If you have questions, please call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit kp.org/medicare.

Frequently Asked Questions	Answers
<p>Where is Kaiser Permanente Senior Advantage Medicare Medi-Cal available?</p>	<p>The service area for these plans include:</p> <ul style="list-style-type: none"> • For our Kaiser Permanente Senior Advantage Medicare Medi-Cal South P1 plan in our Southern California region: <ul style="list-style-type: none"> ○ All of Los Angeles County except Catalina Island. ○ All of Orange County. ○ Parts of Riverside County, in these zip codes only: 91752, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92247-48, 92253, 92255, 92258, 92260-64, 92270, 92276, 92282, 92320, 92324, 92373, 92399, 92501-09, 92513-14, 92516-19, 92521-22, 92530-32, 92543-46, 92548, 92551-57, 92562-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599, 92860, 92877-83. ○ Parts of San Bernardino County, in these zip codes only: 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758-59, 91761-64, 91766, 91784-86, 92305, 92307-08, 92313-18, 92321-22, 92324-25, 92329, 92331, 92333-37, 92339-41, 92344-46, 92350, 92352, 92354, 92357-59, 92369, 92371-78, 92382, 92385-86, 92391-95, 92397, 92399, 92401-08, 92410-11, 92413, 92415, 92418, 92423, 92427, 92880.

Frequently Asked Questions	Answers
	<ul style="list-style-type: none"> ○ Parts of San Diego County, in these zip codes only: 91901–03, 91908–17, 91921, 91931-33, 91935, 91941-46, 91950-51, 91962-63, 91976-80, 91987, 92003, 92007-11, 92013-14, 92018-28, 92029-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-61, 92064-65, 92067-69, 92071-72, 92074-75, 92078-79, 92081-86, 92088, 92091-93, 92096, 92101-24, 92126-32, 92134-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-61, 92163, 92165-79, 92182, 92186-87, 92191-93, and 92195-99. ● For our Kaiser Permanente Senior Advantage Medicare Medi-Cal North P2 plan in our Northern California region: <ul style="list-style-type: none"> ○ All of Sacramento and San Mateo counties. ○ Parts of Fresno County, in these zip codes only: 93242, 93602, 93606-07, 93609, 93611-13, 93616, 93618-19, 93624-27, 93630-31, 93646, 93648-52, 93654, 93656-57, 93660, 93662, 93667-68, 93675, 93701-12, 93714-18, 93720-30, 93737, 93740-41, 93744-45, 93747, 93750, 93755, 93760-61, 93764-65, 93771-79, 93786, 93790-94, 93844, 93888 ○ Parts of Kings County, in these zip codes only: 93230, 93232, 93242, 93631, 93656 ○ Parts of Madera County, in these zip codes only: 93601-02, 93604, 93614, 93623, 93626, 93636-39, 93643-45, 93653, 93669, 93720 ○ Parts of Santa Clara County, in these zip codes only: 94022-24, 94035, 94039-43, 94085-89, 94301-06, 94309, 94550, 95002, 95008-09, 95011, 95013-15, 95020-21, 95026, 95030-33, 95035-38, 95042, 95044, 95046, 95050-56, 95070-71, 95076, 95101, 95103, 95106, 95108-13, 95115-36, 95138-41, 95148, 95150-61, 95164, 95170, 95172-73, 95190-94, and 95196. <p>You must live in one of these areas to join the plan.</p>



If you have questions, please call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit kp.org/medicare.

Frequently Asked Questions	Answers
<p>What is prior authorization?</p>	<p>Prior authorization means an approval from Kaiser Permanente Senior Advantage Medicare Medi-Cal to seek services outside of our network or to get services not routinely covered by our network before you get the services. Kaiser Permanente Senior Advantage Medicare Medi-Cal may not cover the service, procedure, item, or drug if you don't get prior authorization.</p> <p>If you need urgent or emergency care or out-of-area dialysis services, you don't need to get prior authorization first. Kaiser Permanente Senior Advantage Medicare Medi-Cal can provide you or your provider with a list of services or procedures that require you to get prior authorization from Kaiser Permanente Senior Advantage Medicare Medi-Cal before the service is provided. If you have questions about whether prior authorization is required for specific services, procedures, items, or drugs, call Member Services at the numbers listed at the bottom of this page for help.</p>
<p>What is a referral?</p>	<p>A referral means that your primary care provider (PCP) must give you approval to go to someone that is not your PCP. A referral is different than a prior authorization. If you don't get a referral from a network provider for a service that requires a referral, Kaiser Permanente Senior Advantage Medicare Medi-Cal may not cover the services. Kaiser Permanente Senior Advantage Medicare Medi-Cal can provide you with a list of services that require you to get a referral before the service is provided.</p> <p>Refer to the <i>Evidence of Coverage</i>, Chapters 3 and 4, to learn more about when you will need to get a referral from your PCP.</p>
<p>Do I pay a monthly amount (also called a premium) under Kaiser Permanente Senior Advantage Medicare Medi-Cal?</p>	<p>No. Because you have Medi-Cal, you will not pay any monthly premiums, including your Medicare Part B premium, for your health coverage.</p>

Frequently Asked Questions	Answers
<p>Do I pay a deductible as a member of Kaiser Permanente Senior Advantage Medicare Medi-Cal?</p>	<p>No. You do not pay deductibles in Kaiser Permanente Senior Advantage Medicare Medi-Cal.</p>
<p>What is the maximum out-of-pocket amount that I will pay for medical services as a member of Kaiser Permanente Senior Advantage Medicare Medi-Cal?</p>	<p>There is no cost sharing for medical services in Kaiser Permanente Senior Advantage Medicare Medi-Cal, so your annual out-of-pocket costs will be \$0.</p>
<p>Do I have a coverage gap for drugs?</p>	<p>No. Because you have Medicaid you will not have a coverage gap stage for your drugs.</p>



If you have questions, please call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit kp.org/medicare.

C. List of covered services

The following table is a quick overview of what services you may need, your costs, and rules about the benefits.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need hospital care	Hospital stay	\$0	There's no limit to the number of medically necessary inpatient hospital days. Referral and prior authorization are required.
	Doctor or surgeon care	\$0	
	Outpatient hospital services, including observation	\$0	
	Ambulatory surgical center (ASC) services	\$0	
You want a doctor	Visits to treat an injury or illness	\$0	
	Specialist care	\$0	A referral is required for most specialists. Refer to your <i>Evidence of Coverage</i> for a list of services that do not require a referral.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Wellness visits, such as a physical	\$0	<p>Routine physical exams are covered if the exam is medically appropriate preventive care in accord with generally accepted professional standards of practice.</p> <p>Your first annual wellness visit can't take place within 12 months of your "Welcome to Medicare" preventive visit. However, you don't need to have had a "Welcome to Medicare" visit to be covered for annual wellness visits after you've had Part B for 12 months.</p>
	Care to keep you from getting sick, such as flu shots and screenings to check for cancer	\$0	The following preventive care services require a referral: abdominal aortic aneurysm screenings, medical nutritional therapy, flexible sigmoidoscopy, screening colonoscopy, bone density screening, and lab tests.
	"Welcome to Medicare" (preventative visit one time only)	\$0	We cover the "Welcome to Medicare" preventive visit only during the first 12 months that you have Medicare Part B. When you make your appointment, tell your doctor's office you want to schedule your "Welcome to Medicare" preventive visit.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need emergency care	Emergency room services	\$0	You can receive emergency care inside or outside of the United States and its territories. Prior authorization is not required.
	Urgent care	\$0	You can receive urgent care inside or outside of the United States and its territories. Prior authorization is not required.
You need medical tests	Diagnostic radiology services (for example, X-rays or other imaging services, such as CAT scans or MRIs)	\$0	A referral is required.
	Lab tests and diagnostic procedures, such as blood work	\$0	A referral is required.
You need hearing/auditory services	Hearing screenings	\$0	A referral is required.
	Hearing aids	\$0	Hearing aids are covered according to Medi-Cal coverage rules.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need dental care</p>	<p>Dental check-ups and preventive care</p>	<p>\$0</p>	<p>For information on Medicare dental coverage, refer to the <i>Evidence of Coverage</i>, visit deltadentalins.com, or call Delta Dental Customer Service Department at 1-877-644-1774, Monday through Friday, 5 a.m. to 6 p.m. TTY users should call 1-800-735-2929.</p> <p>For information on Medi-Cal dental coverage, call Smile California at 1 800-322-6384 (TTY 1-800-735-2922). You may also visit the Denti-Cal website at smilecalifornia.org.</p>
	<p>Restorative and emergency dental care</p>	<p>\$0</p>	<p>For information on Medicare dental coverage, refer to the <i>Evidence of Coverage</i>, visit deltadentalins.com, or call Delta Dental Customer Service Department at 1-877-644-1774, Monday through Friday, 5 a.m. to 6 p.m. TTY users should call 1-800-735-2929.</p> <p>For information on Medi-Cal dental coverage, call Smile California at 1 800-322-6384 (TTY 1-800-735-2922). You may also visit the Denti-Cal website at smilecalifornia.org.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need eye care</p>	<p>Eye exams</p>	<p>\$0</p>	<p>A referral is required for ophthalmology.</p>
	<p>Glasses or contact lenses</p>	<p>\$0</p>	<p>Eyeglasses or contact lenses after cataract surgery: \$0 up to Medicare's limit, but you pay any amounts beyond that limit.</p> <p>Other eyewear (\$350 allowance every 12 months) through your Medicare coverage: If your eyewear costs more than \$350, you pay the difference.</p>
	<p>Other vision care</p>	<p>\$0</p>	<p>Low vision devices are covered in accordance with Medi-Cal Program rules.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need mental health services</p>	<p>Mental health services</p>	<p>\$0</p>	<p>Your Medicare Medi-Cal plan covers inpatient and outpatient mental health services.</p> <p>In addition, you have coverage for additional specialty mental health services and substance use disorder treatment services through Fee-for-Service Medi-Cal.</p>
	<p>Inpatient and outpatient care and community-based services for people who need mental health services</p>	<p>\$0</p>	<p>Your Medicare Medi-Cal plan covers inpatient and outpatient mental health services.</p> <p>You might qualify for community-based services under Medi-Cal. Ask your care coordinator for more information.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need a substance use disorder services</p>	<p>Substance use disorder services</p>	<p>\$0</p>	<p>We pay for the following services, and maybe other services not listed here:</p> <ul style="list-style-type: none"> • Alcohol misuse screening and counseling. • Treatment of drug abuse. • Group or individual counseling by a qualified clinician, including marriage and family therapist. • Subacute detoxification in a residential addiction program. • Alcohol and/or drug services in an intensive outpatient treatment center. • Extended release Naltrexone (vivitrol) treatment. <p>You also have coverage through Fee-for-Service Medi-Cal for substance use disorder treatment services that are not covered by Medicare.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
You need a place to live with people available to help you	Skilled nursing care	\$0	A referral and prior authorization are required.
	Nursing home care	\$0	
	Adult Foster Care and Group Adult Foster Care	\$0	
You need therapy after a stroke or accident	Occupational, physical, or speech therapy	\$0	A referral is required.
You need help getting to health services	Ambulance services	\$0	\$0 if you are eligible for Medicare cost-sharing assistance under Medicaid. Otherwise \$150 per one-way trip if you are enrolled in our Kaiser Permanente Senior Advantage Medicare Medi-Cal South P1 plan or \$200 per one-way trip if you are enrolled in our Kaiser Permanente Senior Advantage Medicare Medi-Cal North P2 plan.



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Emergency transportation	\$0	\$0 if you are eligible for Medicare cost-sharing assistance under Medicaid. Otherwise \$150 per one-way trip if you are enrolled in our Kaiser Permanente Senior Advantage Medicare Medi-Cal South P1 plan or \$200 per one-way trip if you are enrolled in our Kaiser Permanente Senior Advantage Medicare Medi-Cal North P2 plan.
	Transportation to medical appointments and services	\$0	Medi-Cal covers non-emergency medical transportation (referral required) and non-medical transportation to help you get to appointments and to the pharmacy when you don't have a way to get there yourself. You pay the ambulance copay for non-emergency ambulance services (see "Ambulance services" above).
You need drugs to treat your illness or condition (continued on the next page)	Medicare Part B prescription drugs	\$0	Part B drugs include drugs given by your doctor in their office, some oral cancer drugs, and some drugs used with certain medical equipment. Read the <i>Evidence of Coverage</i> for more information on these drugs.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need drugs to treat your illness or condition (continued)</p>	<p>Generic drugs (no brand name)</p>	<p>Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.</p>	<p>There may be limitations on the types of drugs covered. Please refer to Kaiser Permanente Senior Advantage Medicare Medi-Cal's <i>List of Covered Drugs (Drug List)</i> for more information.</p> <p>Once you or others on your behalf pay \$8,000, you have reached the catastrophic coverage stage and you pay \$0 for all your Medicare Part D drugs for the rest of the calendar year. Read the <i>Evidence of Coverage</i> for more information on this stage.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs (Drug List)</i>. Our plan covers most Part D vaccines at no cost to you.</p> <p>A long-term supply (up to 100 days or three months) may be available from either a retail pharmacy or our mail-order pharmacy at the same cost-sharing as a one-month supply. Not all drugs are available through mail order.</p>



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Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Brand name drugs	Copays for prescription drugs may vary based on the level of Extra Help you get. Please contact the plan for more details.	<p>There may be limitations on the types of drugs covered. Please refer to Kaiser Permanente Senior Advantage Medicare Medi-Cal's <i>List of Covered Drugs</i> (Drug List) for more information.</p> <p>Once you or others on your behalf pay \$8,000, you have reached the catastrophic coverage stage and you pay \$0 for all your Medicare Part D drugs for the rest of the calendar year. Read the <i>Evidence of Coverage</i> for more information on this stage.</p> <p>Important Message About What You Pay for Vaccines – Some vaccines are considered medical benefits. Other vaccines are considered Part D drugs. You can find these vaccines listed in the plan's <i>List of Covered Drugs</i> (Drug List). Our plan covers most Part D vaccines at no cost to you.</p> <p>A long-term supply (up to 100 days or three months) may be available from either a retail pharmacy or our mail-order pharmacy at the same cost-sharing as a one-month supply. Not all drugs are available through mail order.</p>

	<p>Over-the-counter (OTC) drugs</p>	<p>\$0 for nicotine replacement therapies at network pharmacies.</p> <p>\$0 for other OTC items from our OTC catalog, subject to the plan benefit limit.</p>	<p>We cover certain FDA-approved nicotine replacement therapies for over-the-counter use. The items must be ordered by a network provider and obtained from a network pharmacy. We will provide up to a 100-day supply twice during the calendar year.</p> <p>We also cover OTC items listed in our OTC catalog for free home delivery. You may order OTC items up to the quarterly benefit limit for your plan:</p> <ul style="list-style-type: none"> • \$250 if you enroll in our Kaiser Permanente Senior Advantage Medicare Medi-Cal South P1 plan. • \$140 if you enroll in our Kaiser Permanente Senior Advantage Medicare Medi-Cal North P2 plan. <p>Each order must be at least \$25. Your order may not exceed your quarterly benefit limit. Any unused portion of the quarterly benefit limit doesn't carry forward to the next quarter. (Your benefit limit resets on January 1, April 1, July 1, and October 1).</p>
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If you have questions, please call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit kp.org/medicare.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
			<p>To view our catalog and place an order online, please visit kp.org/otc/ca. You may place an order over the phone or request a printed catalog be mailed to you by calling 1-833-569-2360 (TTY 711), 7 a.m. to 6 p.m. PST, Monday through Friday.</p> <p>You may have additional coverage for certain OTC items covered under Medi-Cal through the Medi-Cal Rx program. For more information on Medi-Cal Rx, call Medi-Cal Rx Customer Service at 1-800-977-2273, 24 hours a day, 7 days a week. TTY users can call 711, Monday through Friday, 8 a.m. to 5 p.m. You can also visit the Medi-Cal Rx website at https://www.Medi-CalRx.dhcs.ca.gov/home/.</p>
<p>You need help getting better or have special health needs</p>	Rehabilitation services	\$0	
	Medical equipment for home care	\$0	<p>If you are eligible for Medicare cost-sharing assistance under Medi-Cal, you pay \$0. Otherwise, you pay 20% coinsurance, except for peak flow meters and ultraviolet light therapy equipment you pay \$0. Prior authorization is required.</p>

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Dialysis services	\$0	If you are eligible for Medicare cost-sharing assistance under Medi-Cal, you pay \$0. Otherwise, you pay 20% coinsurance.
You need foot care	Podiatry services	\$0	A referral is required.
	Orthotic services	\$0	Prior authorization is required.
You need durable medical equipment (DME) Note: This is not a complete list of covered DME. For a complete list, contact Member Services or refer to Chapter 4 of the Evidence of Coverage .	Wheelchairs, crutches, and walkers	\$0	If you are eligible for Medicare cost-sharing assistance under Medi-Cal, you pay \$0. Otherwise, you pay 20% coinsurance. Prior authorization is required.
	Nebulizers	\$0	If you are eligible for Medicare cost-sharing assistance under Medi-Cal, you pay \$0. Otherwise, you pay 20% coinsurance. Prior authorization is required.
	Oxygen equipment and supplies	\$0	If you are eligible for Medicare cost-sharing assistance under Medi-Cal, you pay \$0. Otherwise, you pay 20% coinsurance. Prior authorization is required.



If you have questions, please call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit kp.org/medicare.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
<p>You need help living at home</p>	Home health services	\$0	A referral is required.
	Home services, such as cleaning or housekeeping, or home modifications such as grab bars	\$0	Community Supports are suitable and cost-effective alternative services or settings to those covered under your Medicare Medi-Cal Plan. If you qualify, Community Supports may help you live more independently. These services do not replace benefits you already get under your Medicare Medi-Cal Plan. They are not available in all areas. Not all Members qualify to receive Community Supports To qualify, you must meet specific criteria. For more information on Community Supports, call our Member Service Department.
	Adult day health, Community Based Adult Services (CBAS), or other support services	\$0	Community Based Adult Service (“CBAS”) is a service you may be eligible for if you have health problems that make it hard for you to take care of yourself and you need extra help. For information about CBAS services, ask your care coordinator.
	Day habilitation services	\$0	

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Services to help you live on your own (personal care attendant services)	\$0	You may be eligible for home and community-based waiver services under your Medi-Cal coverage. To get more information on these services, call your care coordinator.
Additional services	Chiropractic services	\$0	<p>We cover adjustments of the spine to correct alignment. These Medicare-covered services are provided by a network chiropractor. For the list of network chiropractors, please refer to the Provider and Pharmacy Directory. Prior authorization is required. A referral is required for Northern California members.</p> <p>Medi-Cal may cover chiropractic services when received at an Federally Qualified Health Center (FQHC) or Rural Health Clinics (RHC) in Kaiser Permanente’s network. FQHCs and RHCs may require a referral to get services. To get more information about services available at an FQHC or RHC, call Member Services.</p>
	Diabetes supplies and services	\$0	



If you have questions, please call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit kp.org/medicare.

Health need or concern	Services you may need	Your costs for in-network providers	Limitations, exceptions, & benefit information (rules about benefits)
	Fitness benefit — The Silver&Fit® Program	\$0	<p>You pay no additional cost for standard membership to any of the participating fitness centers in the Silver&Fit program. You can also choose one Home Fitness Kit from a selection of kits to help you stay fit at home.</p> <p>The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&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>
	Home-delivered meals	\$0	Under Medi-Cal, you may qualify for home delivered meals under Community Supports. Community Supports are not available in all areas and you have to meet specific eligibility criteria. Ask your doctor for more information about Medi-Cal Community Supports.
	Prosthetic services	\$0	Prior authorization is required.
	Radiation therapy	\$0	A referral is required.
	Services to help manage your disease	\$0	

The above summary of benefits is provided for informational purposes only and is not a complete list of benefits. For a complete list and more information about your benefits, you can read the Kaiser Permanente Senior Advantage Medicare Medi-Cal *Evidence of Coverage*.

If you don't have a *Evidence of Coverage*, call Kaiser Permanente Senior Advantage Medicare Medi-Cal Member Services at the number listed at the bottom of this page to get one. If you have questions, you can also call Member Services or visit kp.org/medicare.

D. Benefits covered outside of Kaiser Permanente Senior Advantage Medicare Medi-Cal

There are some services that you can get that are not covered by Kaiser Permanente Senior Advantage Medicare Medi-Cal but are covered by Medicare, Medi-Cal, or a State or county agency. This is not a complete list. Call Member Services at the number listed at the bottom of this page to find out about these services.

Other services covered by Medicare, Medi-Cal, or a State Agency	Your costs
Certain hospice care services covered outside of Senior Advantage Medicare	\$0
Psychosocial rehabilitation	\$0
Targeted case management	\$0
Rest home room and board	\$0
Medi-Cal Rx Outpatient Prescription Drug Program	\$0
Medi-Cal Dental Program services	\$0
Substance Use Disorder Treatment Services	\$0
Specialty Mental Health Services	\$0
Home and Community Based Waiver Services	\$0
Multipurpose Senior Services Program	\$0
Regional Center Services covered by Medi-Cal	\$0



If you have questions, please call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

E. Services that Kaiser Permanente Senior Advantage Medicare Medi-Cal, Medicare, and Medi-Cal do not cover

This is not a complete list. Call Member Services at the number listed at the bottom of this page to find out about other excluded services.

Services Kaiser Permanente Senior Advantage Medicare Medi-Cal, Medicare, and Medi-Cal do not cover	
<p>Certain exams and services needed:</p> <ul style="list-style-type: none">• To get or keep a job• To get insurance• To get any kind of license• By order of a court, or if for parole or probation	<p>This exclusion does not apply if a network doctor finds that the services are medically necessary.</p>
<p>Comfort, convenience, or luxury equipment or features. These include items that are solely for the comfort or convenience of a member, a member's family member, or a member's health care provider.</p>	<p>This exclusion does not apply to retail-grade breast pumps that are provided to women after a pregnancy. This exclusion also does not apply to items approved for you under Community Supports.</p>
<p>Cosmetic services. Services to change the way you look (including surgery on normal parts of your body to change how you look).</p>	<p>This exclusion does not apply to covered prosthetic devices:</p> <ul style="list-style-type: none">• Testicular implants implanted as part of a covered reconstructive surgery• Breast prostheses needed after a mastectomy or lumpectomy• Prostheses to replace all or part of an external facial body part

Services Kaiser Permanente Senior Advantage Medicare Medi-Cal, Medicare, and Medi-Cal do not cover

<p>Experimental services</p>	<p>Experimental services are drugs, equipment, procedures, or services that are being tested in a laboratory or on animals, but they are not ready to be tested in humans, except as a covered clinical research study described in the <i>Evidence of Coverage</i>.</p>
<p>Items and services that are not health care items and services</p>	<p>Unless they are approved under your Medi-Cal coverage under the ILOS program or Durable Medical Equipment.</p>
<p>Items and services for the promotion, prevention, or other treatment of hair loss or hair growth.</p>	
<p>Massage therapy services.</p>	<p>This exclusion does not apply to therapy services that are part of a physical therapy treatment plan.</p>
<p>Private duty nurses or full-time nursing care in your home</p>	
<p>Routine foot care and services not covered by Medicare</p>	
<p>Services considered not “reasonable and medically necessary,” according Medicare and Medi-Cal standards</p>	<p>Unless we list these as covered services. This exclusion doesn't apply to services or items that aren't covered by Original Medicare but are covered by our plan.</p>



If you have questions, please call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

Services Kaiser Permanente Senior Advantage Medicare Medi-Cal, Medicare, and Medi-Cal do not cover

Services not approved by the federal Food and Drug Administration

We do not cover drugs, supplements, tests, vaccines, devices, radioactive materials, and any other services that by law require federal Food and Drug Administration (“FDA”) approval in order to be sold in the U.S. but are not approved by the FDA. This exclusion does not apply to the following situations: Covered emergency services received in Canada or Mexico, services covered under Clinical Trials, and services provided as part of covered investigational services.

Services provided to veterans in Veterans Affairs (VA) facilities.

However, when a veteran gets emergency services at a VA hospital and the VA cost sharing is more than the cost sharing under our plan, we will reimburse the veteran for the difference. You are still responsible for your cost-sharing amounts, if any.

When a service is not covered, all services related to the noncovered service are excluded

This exclusion does not apply to treatment of complications that result from the noncovered services, if those complications would be otherwise covered. For example, if you have cosmetic surgery that is not covered, we will not cover the services you get to prepare for the surgery or for follow-up care. If you later suffer a life-threatening complication such as a serious infection, this exclusion will not apply and we will cover the services needed to treat the complication, as long as the services are covered under the *Evidence of Coverage*.

Services Kaiser Permanente Senior Advantage Medicare Medi-Cal, Medicare, and Medi-Cal do not cover

Personal care services that are not Medically Necessary, such as help with activities of daily living (for example: walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking medicine).

This exclusion does not apply to assistance with activities of daily living that is provided as part of coverage described under the following sections:

- Hospice and palliative care
- Long-term care services and supports
- Skilled nursing/intermediate/subacute facility care
- Community Supports

Reversal of sterilization.

Services by unlicensed people. These include services that are performed safely and effectively by people who do not require licenses or certificates by the state to provide health care services and where the Member's condition does not require that the services be provided by a licensed health care provider.

This exclusion does not apply to the following:

- Covered Community Supports approved for you.
- Covered doula services.
- Covered community health worker services.



F. Your rights as a member of the plan

As a member of Kaiser Permanente Senior Advantage Medicare Medi-Cal, you have certain rights. You can exercise these rights without being punished. You can also use these rights without losing your health care services. We will tell you about your rights at least once a year. For more information on your rights, please read the *Evidence of Coverage*. Your rights include, but are not limited to, the following:

- **You have a right to respect, fairness, and dignity.** This includes the right to:
 - Get covered services without concern about medical condition, health status, receipt of health services, claims experience, medical history, disability (including mental impairment), marital status, age, sex (including sex stereotypes and gender identity) sexual orientation, national origin, race, color, religion, creed, or public assistance
 - Get information in other languages and formats (for example, large print, braille, or audio) free of charge
 - Be free from any form of physical restraint or seclusion
- **You have the right to get information about your health care.** This includes information on treatment and your treatment options. This information should be in a language and format you can understand. This includes the right to get information on:
 - Description of the services we cover
 - How to get services
 - How much services will cost you
 - Names of health care providers

-
- **You have the right to make decisions about your care, including refusing treatment.** This includes the right to:
 - Choose a primary care provider (PCP) and change your PCP at any time during the year
 - Use a women's health care provider without a referral
 - Get your covered services and drugs quickly
 - Know about all treatment options, no matter what they cost or whether they are covered
 - Refuse treatment, even if your health care provider advises against it
 - Stop taking medicine, even if your health care provider advises against it
 - Ask for a second opinion. Kaiser Permanente Senior Advantage Medicare Medi-Cal will pay for the cost of your second opinion visit
 - Make your health care wishes known in an advance directive
 - **You have the right to timely access to care that does not have any communication or physical access barriers.** This includes the right to:
 - Get timely medical care
 - Get in and out of a health care provider's office. This means barrier-free access for people with disabilities, in accordance with the Americans with Disabilities Act
 - Have interpreters to help with communication with your health care providers and your health plan
 - **You have the right to seek emergency and urgent care when you need it.** This means you have the right to:
 - Get emergency services without prior authorization in an emergency
 - Use an out-of-network urgent or emergency care provider, when necessary
 - **You have a right to confidentiality and privacy.** This includes the right to:
 - Ask for and get a copy of your medical records in a way that you can understand and to ask for your records to be changed or corrected
 - Have your personal health information kept private



- **You have the right to file a complaint or appeal a denied, delayed, or modified service, please see section G below.** This includes the right to:
 - File a complaint or grievance against us or our providers
 - Appeal certain decisions made by us or our providers.
 - File a complaint with the California Department of Managed Health Care (DMHC) through a toll-free phone number **(1-888-466-2219)**, or a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The DMHC website (**www.dmhc.ca.gov**) has complaint forms, Independent Medical Review (IMR) application forms, and instructions available online.
 - Ask DMHC for an IMR of Medi-Cal services or items that are medical in nature.
 - Ask for a State Hearing.
 - Get a detailed reason for why services were denied and ask for free copies of all the information used to make the decision.

For more information about your rights, you can read the *Evidence of Coverage*. If you have questions, you can call Kaiser Permanente Senior Advantage Medicare Medi-Cal Member Services at the number listed at the bottom of this page.

You can also call the special Ombudsman for people who have Medicare and Medi-Cal at **1-855-501-3077**, Monday through Friday, between 9:00 a.m. and 5:00 p.m., or the Medi-Cal Office of the Ombudsman **1-888-452-8609**, Monday through Friday, between 8:00 a.m. and 5:00 p.m.

G. How to file a complaint or appeal a denied, delayed, or modified service

If you have a complaint or think Kaiser Permanente Senior Advantage Medicare Medi-Cal improperly denied, or modified a service, call Member Services at the number listed at the bottom of this page. You may be able to appeal our decision.

For questions about complaints and appeals, you can read Chapter 9 of the *Evidence of Coverage*. You can also call Kaiser Permanente Senior Advantage Medicare Medi-Cal Member Services at the number listed at the bottom of this page.

Coverage Decisions, Appeals and Complaints about medical care

A **coverage decision** about your health care is a decision about:

- your benefits and covered services **or**
- the amount we pay for your health services.

An **appeal** is a formal way of asking us to review a decision we made about your coverage and asking us to change it if you think we made a mistake or disagree with the decision.

You can make a **complaint** about us or any provider (including a non-network or network provider). A network provider is a provider who works with our plan. You can also make a complaint about the quality of the care you got to us or to the Quality Improvement Organization. You can send a complaint about our plan to Medicare. You can use an online form at www.medicare.gov/MedicareComplaintForm/home.aspx Or you can call **1-800-MEDICARE (1-800-633-4227)** to ask for help. You can make a complaint about our plan to the Ombuds Program by calling **1-888-452-8609**. Monday through Friday, 8 a.m. to 5 p.m., excluding state holidays.



If you have questions, please call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit kp.org/medicare.

CALL	<p>1-800-443-0815</p> <p>This call is free. 7 days a week, 8 a.m. to 8 p.m.</p> <p>We have free interpreter services for people who do not speak English.</p> <p>If your coverage decision, appeal, or complaint qualifies for a fast decision as described in the <i>Evidence of Coverage</i>, call the Expedited Review Unit at 1-888-987-2252, 8:30 a.m. to 5 p.m., Monday through Saturday.</p>
TTY	<p>711</p> <p>This call is free. 7 days a week, 8 a.m. to 8 p.m.</p>
FAX	<p>If your coverage decision, appeal, or complaint qualifies for a fast decision, fax your request to our Expedited Review Unit at 1-888-987-2252.</p>
WRITE	<p>For a standard coverage decision or complaint, write to your local Member Services office (see the Provider and Pharmacy Directory for locations).</p> <p>For a standard appeal, write to the address shown on the denial notice we send you.</p> <p>If your coverage decision, appeal, or complaint qualifies for a fast decision, write to:</p> <p>Kaiser Permanente Expedited Review Unit P.O. Box 1809 Pleasanton, CA 94566</p>
WEBSITE	<p>You can submit a complaint about our plan directly to Medicare. To submit an online complaint to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx</p>

Coverage decisions for Part D prescription drugs

A coverage decision about your Medicare drugs is a decision about:

- your benefits and Medicare covered drugs or
- the amount we pay for your Medicare drugs.

CALL	1-877-645-1282 This call is free. 7 days a week, 8 a.m. to 8 p.m. We have free interpreter services for people who do not speak English.
TTY	711 This call is free. 7 days a week, 8 a.m. to 8 p.m.
FAX	1-844-403-1028
WRITE	OptumRx c/o Prior Authorization P.O. Box 25183 Santa Ana, CA 92799
WEBSITE	kp.org



If you have questions, please call Member Services at **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week. The call is free.
For more information, visit **kp.org/medicare**.

Appeals for Part D prescription drugs

An appeal is a way to ask us to change a coverage decision.

CALL	1-866-206-2973 This call is free. Monday through Friday, 8:30 a.m. to 5 p.m. We have free interpreter services for people who do not speak English.
TTY	711 This call is free. Monday through Friday, 8 a.m. to 8 p.m.
FAX	1-866-206-2974
WRITE	Kaiser Permanente Medicare Part D Unit P.O. Box 1809 Pleasanton, CA 94566
WEBSITE	kp.org

Complaints for Part D prescription drugs

You can make a complaint about us or any pharmacy. This includes a complaint about your Medicare prescription drugs.

If your complaint is about a coverage decision about your Medicare prescription drugs, you can make an appeal (see "Appeals for Part D prescription drugs" above).

CALL	1-800-443-0815 This call is free. 7 days a week, 8 a.m. to 8 p.m. If your complaint qualifies for a fast decision, call the Part D Unit at 1-866-206-2973 , 8:30 a.m. to 5 p.m., Monday through Friday. See Chapter 9 to find out if your issue qualifies for a fast decision. We have free interpreter services for people who do not speak English.
TTY	711 This call is free. Monday through Friday, 8 a.m. to 8 p.m.
FAX	If your complaint qualifies for a fast decision, fax your request to our Part D Unit at 1-866-206-2974 .
WRITE	For a standard complaint, write to your local Member Services office (see the Provider and Pharmacy Directory for locations). If your complaint qualifies for a fast decision, write to: Kaiser Permanente Medicare Part D Unit P.O. Box 1809 Pleasanton, CA 94566
WEBSITE	You can submit a complaint about our plan directly to Medicare. To submit an online complaint to Medicare, go to www.medicare.gov/MedicareComplaintForm/home.aspx



If you have questions, please call Member Services at **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit **kp.org/medicare**.

Quality Improvement Organization (QIO)

Our state has an organization called Livanta. This is a group of doctors and other health care professionals who help improve the quality of care for people with Medicare. Livanta is not connected with our plan. Contact Livanta for help with:

- Questions about your health care rights
- You can make a complaint about the care you got if you:
 - have a problem with the quality of care,
 - think your hospital stay is ending too soon, **or**
 - think your home health care, skilled nursing facility care, or comprehensive outpatient rehabilitation facility (CORF) services are ending too soon.

CALL	1-877-588-1123
TTY	711
WRITE	Livanta BFCC-QIO Program 10820 Guilford Road, Suite 202 Annapolis Junction, MD 20701-1105
WEBSITE	www.livantaqio.com

California Department of Managed Health Care

The California Department of Managed Health Care (DMHC) is responsible for regulating health plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services.

CALL	1-888-466-2219 DMHC representatives are available between the hours of 8:00 a.m. and 6:00 p.m., Monday through Friday.
TDD	1-877-688-9891 This number is for people who have hearing or speaking problems. You must have special telephone equipment to call it.
WRITE	Help Center California Department of Managed Health Care 980 Ninth Street, Suite 500 Sacramento, CA 95814-2725
FAX	1-916-255-5241
WEBSITE	www.dmhc.ca.gov

You can also file an Independent Medical Review/Complaint form with the Department of Managed Health Care (DMHC) to have our decision reviewed or ask for an Independent Medical Review (“IMR”) from DMHC. During DMHC’s IMR, an outside doctor who is not part of Kaiser Permanente will review your case. DMHC’s toll-free telephone number is **(1-888-466-2219)** and the TTY line for the hearing and speech impaired is **(1-877-688-9891)**. You can find the Independent medical Review/Complaint form and instructions online at the DMHC’s website at **www.dmhc.ca.gov**.



If you have questions, please call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit **kp.org/medicare**.

H. What to do if you suspect fraud

Most health care professionals and organizations that provide services are honest. Unfortunately, there may be some who are dishonest.

If you think a doctor, hospital or other pharmacy is doing something wrong, please contact us.

- Call us at Kaiser Permanente Senior Advantage Medicare Medi-Cal Member Services. Phone numbers are listed at the bottom of this page.
- Or, call the Medi-Cal Customer Service Center at **1-800-541-5555**. TTY users may call **1-800-430-7077**.
- Or, call Medicare at 1-800-MEDICARE (**1-800-633-4227**). TTY users may call **1-877-486-2048**. You can call these numbers for free, 24 hours a day, 7 days a week.

Notice of Nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide 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 Member Services at **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

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, or sex, you can file a grievance with our Civil Rights Coordinator by writing to One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. 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**, **1-800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Nondiscrimination Notice

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

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

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
 - ◆ Qualified sign language interpreters
 - ◆ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters
 - ◆ Information written in other languages

If you need these services, call our Member Service Contact Center at **1-800-464-4000 (TTY 711)**, 24 hours a day, 7 days a week (except closed holidays). If you cannot hear or speak well, please call **711**.

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

How to file a grievance with Kaiser Permanente

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

You may submit a discrimination grievance in the following ways:

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

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

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

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

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

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)

- **By mail:** Fill out a complaint form or send a letter to:

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

Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- **Online:** Send an email to CivilRights@dhcs.ca.gov

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

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

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)

- **By mail:** Fill out a complaint form or send a letter to:

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

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

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

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 **1-800-443-0815 (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 **1-800-443-0815 (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 **1-800-443-0815 (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 **1-800-443-0815 (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 **1-800-443-0815 (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 **1-800-443-0815 (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 **1-800-443-0815 (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 **1-800-443-0815** (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 **1-800-443-0815** (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 **1-800-443-0815** (TTY 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: لننقل قدم خدمات المترجم للهجوري للمجاني في إل سجةة عن أي أسئلة تتعلق قب الص حة أو جدول أل دوي ؤل وين ال ل حصول ؤي نخرج فور ي، لئيس ؤي س ؤي سوي أل تص البنا ؤي (TTY 711) **1-800-443-0815**. بيق ومش خص مايت حدشال عربي قب من اعتك. 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 **1-800-443-0815** (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 **1-800-443-0815** (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 **1-800-443-0815** (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 **1-800-443-0815 (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 **1-800-443-0815 (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、**1-800-443-0815 (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。

Language Assistance Services

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

Arabic: خدمات الترجمة العربية متوفرة لك مجاناً في مدارك الاعمال في أيام العياد في كل طب خدمة الترجمة العربية وترجمة الوثائق للغة أو لصيغة أخرى لميكروفون أو طب من اعدادات لمؤقتة وأج زمني مؤقتاً. ما عليك سوى الاتصال بنا في الرقم **1-800-464-4000** في مدارك الاعمال في أيام العياد (مفتوح أيام الاعطال) لمستخدمي خدمة الهاتف النصي يرجي الاتصال في الرقم **711**.

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

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

Farsi: خدمت‌های زبان‌ی در 24 ساعت‌بان روز و 7 روز مفت‌مبدون اخ‌ن‌زین‌ه در لتخی ارش‌ما لت. شما می‌توانید برای خدمت‌های مترجم شفاهی یا مترجم مدارک زبان‌ شما و یا به صورت‌های دیگر در ایست‌ کنید. شما هم‌چنین می‌توانید کلمات یا جملی و وسطی که می‌خواهید برای محل‌ای‌ت خود. در خواست‌های‌ت در 24 ساعت‌بان روز و 7 روز مفت‌مبدون است‌ن‌ای روز‌ه‌لتی عطی‌ال‌بام‌ا به شما راه **1-800-464-4000** لتی بگویی‌د کو اب‌ران‌شن‌وا (TTY) یا شماره **711** لتی بگویی‌د.

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

Hmong: Muaj kev pab txhais lus pub dawb rau koj, 24 teev ib hnub twg, 7 hnub ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntawv txhais ua koj hom lus, los yog ua lwm hom. Koj kuj thov tau lwm yam kev pab thiab khoom siv hauv peb tej tsev hauj lwm. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnub twg, 7 hnub ib lim tiam twg (cov hnub caiv kaw). Cov neeg siv TTY hu **711**.

Japanese: 当院では、言語支援を無料で、年中無休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。補助サービスや当施設の機器についてもご相談いただけます。お気軽に **1-800-464-4000** までお電話ください（祭日を除き年中無休）。TTY ユーザーは **711** にお電話ください。

Khmer: ជំនួយភាសា គឺឥតគិតថ្លៃថ្លែងដល់អ្នកឡើយ 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែឯកសារដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទំរង់ជំនួសផ្សេងៗទៀត។ អ្នកក៏អាចស្នើសុំឧបករណ៍ និងបរិក្ខារជំនួយទំនាក់ទំនងសម្រាប់អ្នកពិការនៅទីតាំងរបស់យើងផងដែរ។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ 711។

Korean: 요일 및 시간에 관계없이 언어지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 또한 저희 시설에서 보조기구 및 기기를 요청하실 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자번호 **711**.

Laotian: ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໄດ້ໂດຍບໍ່ເສັງຄ່າແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ທ່ານສາມາດຂໍອຸປະກອນຊ່ວຍເສີມ ແລະ ອຸປະກອນຕ່າງໆໃນສະຖານບໍລິການຂອງພວກເຮົາໄດ້. ພຽງແຕ່ໂທ ຫາພວກເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

Mien: Mbenc nzoih liouh wang-henh tengx nzie faan waac bun muangx maiv zuqc cuotv zinh nyaanh meih, yietc hnoi mbenc maaih 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaih 7 hnoi. Meih se haih tov heuc tengx lorx faan waac mienh tengx faan waac bun muangx, dorh nyungc horngh jaa-sic mingh faan benx meih nyei waac, a'fai liouh ginv longc benx haaix hoc sou-guv daan yaac duqv. Meih corc haih tov longc benx wuote ginc jaa-dorngx tengx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Kungx douc waac mingh lorx taux yie mbuo yiem njiec naaiv **1-800-464-4000**, yietc hnoi mbenc maaih 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaih 7 hnoi. (hnoi-gec se guon gorn zangc oc). TTY nyei mienh nor douc waac lorx **711**.

Navajo: Doo bik'é asínílaágóó saad bee ata' hane' bee áká e'elyeed nich'í' áą'át'é, t'áá álahjí' jíigo dóó tl'ée'go áádóó tsosts'íjí áą'át'é. Ata' hane' yídííkił, naaltsoos t'áá Diné bizaad bee bik'i' ashchíigo, éí doodago hane' bee didííts'ííligíí yídííkił. Hane' bee bik'i' di'dííííligíí dóó bee hane' didííts'ííligíí bína'ídííkiłgo yídííkił. Kojí hodiilnih **1-800-464-4000**, t'áá álahjí', jíigo dóó tl'ée'go áádóó tsosts'íjí áą'át'é. (Dahodíłzingóne' doo nida'anish dago éí da'deelkaal). TTY chodayoof'ínígíí kojí dahalne' **711**.

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

Russian: Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Мы также можем помочь вам с вспомогательными средствами и альтернативными форматами. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

Spanish: Tenemos disponible asistencia en su idioma sin ningún costo para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. También puede solicitar recursos para discapacidades en nuestros centros de atención. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (excepto los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tagalog: May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Maaari ka ring humiling ng mga karagdagang tulong at device sa aming mga pasilidad. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

Thai: มีบริการช่วยเหลือด้านภาษาฟรีตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์ คุณสามารถขอใช้บริการล่าม แปลเอกสารเป็นภาษาของคุณ หรือในรูปแบบอื่นได้ คุณสามารถขออุปกรณ์และเครื่องมือช่วยเหลือได้ที่ศูนย์บริการให้ความช่วยเหลือของเรา โดยโทรหาเราที่ **1-800-464-4000** ตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์ (ยกเว้นวันหยุดราชการ) ผู้ใช้ TTY ให้โทร **711**

Ukrainian: Послуги перекладача надаються безкоштовно, цілодобово, 7 днів на тиждень. Ви можете зробити запит на послуги усного перекладача, отримання матеріалів у перекладі мовою, якою володієте, або в альтернативних форматах. Також ви можете зробити запит на отримання допоміжних засобів і пристроїв у закладах нашої мережі компаній. Просто зателефонуйте нам за номером **1-800-464-4000**. Ми працюємо цілодобово, 7 днів на тиждень (крім святкових днів). Номер для користувачів телетайпа: **711**.

Vietnamese: Dịch vụ thông dịch được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. Quý vị cũng có thể yêu cầu các phương tiện trợ giúp và thiết bị hỗ trợ tại các cơ sở của chúng tôi. Quý vị chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.

❖ If you have general questions or questions about our plan, services, service area, billing, or Member ID Cards, please call Kaiser Permanente Senior Advantage Medicare Medi-Cal Member Services:
1-800-443-0815 (TTY 711).
Calls to this number are free. 8 a.m. to 8 p.m., 7 days a week.
Member Services also has free language interpreter services available for non-English speakers.
