

Added Choice[®]

PLAN OVERVIEW

KAISER PERMANENTE[®]  thrive



ADDED CHOICE POINT-OF-SERVICE (POS) PLAN

At Kaiser Permanente, we believe that there's no better choice than choosing good health. That's why we provide you with a health plan that gives you the tools you need to get healthy and stay healthy. You'll also have the flexibility you need and the choice of doctors you want.

Kaiser Permanente Added Choice is a point-of-service health plan that gives you and your family the freedom to choose any of the following options each time you seek care:

- Kaiser Permanente's full-service care delivery system
- Contracted providers in the community¹
- Any licensed non-contracted provider¹

UNDERSTANDING YOUR ADDED CHOICE BENEFITS

	The Kaiser Permanente provider option	The contracted provider option ¹	The non-contracted provider option ¹
Network of providers	You can see Kaiser Permanente Hawaii physicians at any of our 22 facilities on Oahu, Maui, Hawaii Island, Kauai and Kaiser Permanente contracted physicians on Kauai, Lanai, and Molokai. Many Kaiser Permanente locations offer primary care, lab, X-ray, and pharmacy services together in one place.	As of June 2016, you can see more than 2,230 Kaiser Permanente Insurance Company (KPIC) contracted providers and 162 contracted hospitals and care facilities in Hawaii.	You can see any other licensed provider in Hawaii or on the mainland.
Choosing a doctor	You choose your own primary care physician (practicing in internal medicine, pediatrics, or family medicine) to coordinate care and direct access to specialists. Women may also choose their own obstetrician-gynecologist.	You are not required to choose a primary care physician.	You are not required to choose a primary care physician.
Referrals	Your personal physician can refer you to a Kaiser Permanente specialist.	Referrals are not needed when seeking specialty care. Precertification is required for certain services. Failure to obtain precertification may result in a reduction in the benefits that would otherwise be payable.	Referrals are not needed when seeking specialty care. Precertification is required for certain services. Failure to obtain precertification may result in a reduction in the benefits that would otherwise be payable.
Lifetime maximum	Unlimited lifetime maximum.	No maximum benefit while insured.	
Annual deductibles	No annual deductible.	Annual deductible applies.	Calendar year deductible applies.

¹The contracted and non-contracted provider option portions of this plan are underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP).

	The Kaiser Permanente provider option	The contracted provider option ¹	The non-contracted provider option ¹
Out-of-pocket costs	Lowest.	Generally higher than under the Kaiser Permanente provider option.	Generally higher than under the Kaiser Permanente provider option.
Outpatient prescription drugs	Lowest out-of-pocket costs. You may have prescription refills mailed to your home for additional convenience and savings. Prescriptions written by contracted and non-contracted providers may be filled at any Kaiser Permanente pharmacy (subject to our drug formulary).	If your employer purchased coverage for outpatient prescription drugs, the out-of-pocket costs are generally higher than under the Kaiser Permanente provider option. You can visit any of the contracted pharmacies in Hawaii for routine pharmacy services (subject to KPIC's drug formulary). Not all drug benefits are available at all contracted pharmacies.	No prescription drug coverage, except for FDA-approved contraceptives, oral chemotherapy drugs, and tobacco cessation drugs. You must pay the full cost of the drug and then file a claim with KPIC for reimbursement.
Claims	Virtually no paperwork or claims to file.	Most contracted providers file claims on your behalf. You're responsible for meeting the annual deductible and any applicable coinsurance. There is no balance billing for covered services; however, the Maximum Allowable Charge (MAC) applies. When you see a contracted provider, the negotiated rate equals the MAC, protecting you from balance billing.	You will be required to file a claim for reimbursement. The provider will bill you for the balance of expenses not covered by the KPIC reimbursement. You're responsible for meeting the annual deductible, any applicable coinsurance, and the difference between the Maximum Allowable Charge (MAC) and the actual billed charge.
How much a \$250 office visit for a covered expense would cost you²	Total billed charge: \$250 Your copayment: \$20 Your total payment: \$20	After annual deductible is met: Total billed charge: \$250 MAC: \$180 You pay 20% of the MAC (\$180 x 20%): \$36 KPIC pays \$144 (\$180 x 80%). Your total responsibility: \$36	After annual deductible is met: Total billed charge: \$250 MAC: \$180 You pay 20% of the MAC (\$180 x 20%): \$36 You are also responsible for the difference between the billed charge and the MAC (\$250 - \$180 = \$70) KPIC pays \$144 Your total responsibility: (\$36 + \$70): \$106

²This example is an illustration of the type of out-of-pocket costs you may incur based on the type of provider you choose. Your actual plan benefits may vary from the example shown. Benefits under the Added Choice plan are also subject to exclusions and limitations.

MAXIMIZE YOUR COVERAGE BY RECEIVING CARE FROM KAISER PERMANENTE

At Kaiser Permanente, we're committed to keeping you well. When you receive care from a Kaiser Permanente physician or at one of our facilities, you'll also have access to convenient tools and cost-saving features unique to Kaiser Permanente.

LOW PREDICTABLE COPAYMENTS FOR OFFICE VISITS

Your out-of-pocket costs will generally be lower when you receive services from Kaiser Permanente.

CONVENIENCE YOU CAN COUNT ON

Most Kaiser Permanente locations offer primary care, lab, X-ray, and pharmacy all under one roof, so you won't have to run all over town.

You also have three convenient ways to seek care for nonurgent conditions from Kaiser Permanente clinicians:

- **Schedule an appointment.** You may do so by calling your neighborhood Kaiser Permanente facility, visiting [kp.org](https://www.kp.org), or using the Kaiser Permanente mobile app.*
- **Phone appointment.** Call your neighborhood facility during normal office hours and ask for a phone appointment with your doctor. For medical problems or questions that you

may have after the facility is closed, call our After-Hours Advice Line (see the important phone numbers section). Registered nurses can provide advice when medically appropriate or direct you to the appropriate place for care.

- **Email communication.** Send a nonurgent confidential email to your doctor's office. (Get started at [kp.org/registernow](https://www.kp.org/registernow)). You can expect a response within two business days (Monday through Friday, except on holidays).

Your Kaiser Permanente benefits cover qualifying emergency and out-of-area urgent care services under specific circumstances. In addition, you can use your benefits at Kaiser Permanente facilities around the country for nonemergency services. For more information about your benefits or the visiting member program, call Member Services (see the important phone numbers section).

OUR TEAM APPROACH

In our distinctive approach to health care, our physicians and other health care team members work together to share information and expertise. This approach helps make it simpler for our members to get referred to one of our specialists.



*You must be registered on [kp.org](https://www.kp.org) to use the Kaiser Permanente mobile app.

MAXIMIZE YOUR COVERAGE BY RECEIVING CARE FROM KAISER PERMANENTE



QUALITY DOCTORS

Kaiser Permanente's excellent medical professionals are dedicated to providing compassionate, personal care. We put them through a rigorous, selective hiring process. This helps ensure that we select skilled medical professionals with whom our members can build long, trusting relationships. Once they become a part of Kaiser Permanente, our medical professionals receive ongoing training in their specialties as well as in general patient care. This includes cultural sensitivity training, new technology education, and education in our accepted best practices.

ELECTRONIC HEALTH RECORD

When you receive in-network care from Kaiser Permanente, your doctor is connected to your electronic medical record. This helps your doctor understand your health history and personalize your care to meet your individual needs. Additionally, your electronic health record follows you wherever you go within Kaiser Permanente—our pharmacies, labs, and exam rooms—so everyone on your health care team has access to the same information.

Keeping you well with healthy lifestyle programs

Keep your life well-balanced with health classes at Kaiser Permanente facilities or with online personalized action plans to help you lose weight, get fit, stop smoking, manage stress, and more. The Total Health Assessment (THA) feature on kp.org/healthylifestyles allows you to become better engaged with your own health. It provides

easy to follow action steps for improving your health, and, because the THA will be connected to your electronic medical record, you can allow (via opt-in) your Kaiser Permanente health care team to view your assessment, enabling you and your doctor to make health care decisions together.

Online features that save you time and money

As a Kaiser Permanente member, you can access a wealth of services and information online for your in-plan health record and in-plan services. To start, visit kp.org/newmember. You'll find everything you need to locate a Kaiser Permanente facility near you, choose your personal physician, and learn how to get care and services at the nearest facility or online. You can also order your prescription refills, schedule routine appointments, and look up health and drug information—24 hours a day, seven days a week.

And that's not all. You also have online access to your secure electronic health record, so you'll be able to do the following:

- email your doctor's office
- schedule routine appointments
- view most test results
- see a list of your ongoing health conditions
- view your allergies and recent immunization history
- order most prescriptions (new or refills)
- check future appointments
- review past office visit information
- view portions of your child's (age 13 or younger) health information and use selected secure features on behalf of your child
- request updates to your medical record

IMPORTANT PHONE NUMBERS

ADDED CHOICE HELPLINE

1-800-238-5742

- Press **1** for claims (Monday–Friday, 4 a.m.–3 p.m.)
- Press **2** for precertification (24 hours a day, 7 days a week)
- Press **3** for Customer Service (Monday–Friday, 8 a.m.–5 p.m.; Saturday, 8 a.m.–noon)

MEMBER SERVICES

Oahu and neighbor islands **1-800-966-5955**

TTY (toll free) **711**

- Monday–Friday, 8 a.m.–5 p.m.
- Saturday, 8 a.m.–noon

AFTER-HOURS ADVICE LINE

Oahu **808-432-7700**

Neighbor islands **1-800-467-3011**

TTY (toll free) **711**

- Monday–Friday, 5 p.m.–8 a.m. (next day)
- Weekends and Holidays, 24 hours

HAWAII POISON HOTLINE

1-800-222-1222

Open 24 hours a day, 7 days a week

OCCUPATIONAL HEALTH SERVICES

For additional information or to schedule an appointment:

Oahu **808-432-2208**

Neighbor islands (toll free) **1-844-685-1395**

PRESCRIPTION ORDERS

Save time and money by refilling your prescription written by a Kaiser Permanente physician or Added Choice contracted provider.

Order most medications (new and refills) refills by phone, 24 hours a day, 7 days a week **808-643-RxRx (808-643-7979)** or order online at kp.org/pharmacycenter.*

TTY (FOR HEARING/SPEECH IMPAIRED)

711 or **1-877-447-5990** (toll free)

FILING A CLAIM FOR PAYMENT

NONEMERGENCY CLAIMS

Have your provider file a standard CMS-1500 claim form and mail to:

Kaiser Permanente Added Choice
P.O. Box 261205
Plano, TX 75026-1205

PRECERTIFICATION

Precertification by the KPIC Medical Review Program is required on all inpatient admission and select outpatient services to assess the medical necessity, efficiency, and/or appropriateness of specified health care services or treatment. Precertification must be received to avoid a reduction in benefits otherwise payable. Call the Added Choice Helpline at **1-800-238-5742** and press **2** for precertification. TTY users may call **711** or **1-877-447-5940**. For details, see your Benefit Summary and KPIC Certificate of Insurance.

EMERGENCY CLAIMS

Kaiser Foundation Health Plan, Inc.
Hawaii Claims Administration
P.O. Box 378021
Denver, CO 80237

If you are admitted to a facility other than the Kaiser Permanente Moanalua Medical Center, call **1-800-227-0482** immediately. Failure to call within 48 hours (or as soon as reasonably possible) after your admittance may result in a reduction of benefits. For details, see your *Benefit Summary* or *Member Handbook*.

*We are not licensed to mail medications out of state. There are restrictions for delivery of certain medications and supplies, including but not limited to controlled medications, injections, medications affected by temperature, and medications excluded by Kaiser Permanente's Pharmacy & Therapeutics Committee.

Balance billing: Any charge above the KPIC determined Maximum Allowable Charge (MAC) billed to you by your non-contracted provider.

Coinsurance: The percentage of covered charges you must pay for the care you receive. Most coinsurance amounts apply toward satisfaction of your out-of-pocket maximum.

Copayment: A specific dollar amount you must pay for covered health plan services. Most copayments apply toward your Kaiser Permanente provider option out-of-pocket maximum.

Deductible: The dollar amount of covered charges you must pay during each accumulation period before benefits become payable for covered services. Deductibles are applicable only for the contracted and non-contracted provider options. Deductibles apply toward satisfaction of your out-of-pocket maximum.

Formulary: Our preferred drug list of generic, brand-name, and specialty drug medications that Kaiser Permanente physicians and pharmacists have determined to be the safest, most appropriate, and most cost-effective treatments for our members. Please note that KPIC has a separate formulary applicable to any prescription drug coverage provided under its tiers of coverage.

Maximum Allowable Charge (MAC): The maximum charge that we will consider for a covered service you receive from contracted or non-contracted health care providers. For nonemergency services, the MAC is determined by Kaiser Permanente Insurance Company (KPIC) as the lesser of:

1. the usual and customary charge for services or supplies generally made by providers within a local area;
2. the rate KPIC has negotiated in advance with the provider for covered services; or
3. the actual billed charges for the covered services.

For non-contracted providers, this amount may be less than the amount billed by your provider. You may be responsible for any amount in excess of the MAC when seeking care from non-contracted providers. You can find a more detailed description of the MAC in your *KPIC Certificate of Insurance*. An exception to this definition exists for emergency services rendered by non-contracted providers. Please see your *KPIC Certificate of Insurance* for details regarding this exception.

Precertification: The required assessment of the medical necessity, efficiency, and/or appropriateness of specified health care services or treatment made by the KPIC Medical Review Program. Requests for precertification must be made by the covered person or the covered person's attending physician prior to the commencement of any non-emergency service or treatment. If precertification is required, it must be obtained in order to avoid a reduction in the benefits otherwise payable. Consult your *KPIC Certificate of Insurance* for complete details. If you have questions, call us at **1-800-238-5742** and press **2** for precertification. TTY users may call **711**.

KAISER PERMANENTE INSURANCE COMPANY NON-DISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC 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 the number provided below.

1-888-251-7052

TTY 711

If you believe that KPIC 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 the KPIC Civil Rights Coordinator, Grievance 1557, 5855 Copley Drive, Suite 250, San Diego, CA 92111, telephone number 1-888-251-7052. You can file a grievance by mail or phone. If you need help filing a grievance, the KPIC Civil Rights Coordinator is able 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>.

KAISER FOUNDATION HEALTH PLAN, INC.

NON-DISCRIMINATION NOTICE

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats, such as large print, audio, and accessible electronic formats

- Provide free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, call the number provided below to talk to an interpreter.

Hawaii 1-800-966-5955
TTY 711

If you believe that Kaiser Foundation Health Plan 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 the Kaiser Civil Rights Coordinator, 711 Kapiolani Blvd, Honolulu, HI 96813, telephone number: 1- 800-966-5955. You can file a grievance by mail or phone. If you need help filing a grievance, the Kaiser 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>.

Cebuano (Bisaya): Anaa moy katungod nga mangayo og tabang sa inyo pinulongan ug kini walay bayad. Kung naa mo pangutana bahin sa inyo aplikasyon o coverage sa Kaiser Permanente, o kung kaning pahibalo nanginahanglan sa inyo paglihok sa dili pa usa ka piho nga petsa, palihug lang pagtawag sa mga numero sa telepono nga gihatag sa imong estado ("state") o rehiyon ("region") para makigstorya sa usa ka interpreter.

中文 (Chinese): 您有權免費以您的語言獲得幫助。如果您對您的Kaiser Permanente申請或承保有任何疑問，或者如果本通知要求您在具體日期之前採取措施，請致電您所在的州或地區的電話，與口譯員進行溝通。

Chuuk (Chukese): Mei wor omw pwuung omw kopwe angei aninis non foosun fonuomw (Chuukese), ese kamo. Ika mei wor omw kapas eis usun omw apilikeison me/ika policy fan nemenien Kaiser Permanente, are ika ei esinesin a erenuk pwe kopwe fori pwan ekoch foror, ka tongeni omw kopwe kori ewe nampa mei kawor faniten omw state ika fonu (asan) iwe eman chon chiakku epwe anisuk non kapasen fonuomw.

Français (French): Une assistance gratuite dans votre langue est à votre disposition. Si vous avez des questions à propos de votre demande d'inscription ou de la couverture par Kaiser Permanente, ou si cet avis vous demande de prendre des mesures à une date précise, appelez le numéro indiqué pour votre Etat ou votre région pour parler à un interprète.

Deutsch (German): Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Falls Sie Fragen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutzes durch Kaiser Permanente haben oder falls Sie aufgrund dieser Benachrichtigung bis zu bestimmten Stichtagen handeln müssen, rufen Sie die für Ihren Bundesstaat oder Ihre Region aufgeführte Nummer an, um mit einem Dolmetscher zu sprechen.

ગુજરાતી (Gujarati): તમને કોઈ પણ ખર્ચ વગર તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. જો તમને Kaiser Permanente મારફતે તમારી અરજી અથવા કવરેજ વિશે પ્રશ્નો હોય, અથવા જો આ નોટિસ હોય જેમા તમને કોઈચોક્કસ તારીખથી પગલાં લેવાની જરૂર હોય, તો દુભાષિયા સાથે વાત કરવા તમારા સ્ટેટ અથવા રીજીયન માટે પૂરા પાડવામાં આવેલ નંબર પર ફોન કરો.

Kreyòl Ayisyen (Haitian Creole): Ou gen dwa pou jwenn èd nan lang ou gratis. Si ou gen nenpòt kesyon sou aplikasyon ou an oswa asirans ou ak Kaiser Permanente, oswa si nan avi sa a gen bagay ou sipoze fè sa a avan yon sètèn dat, rele nimewo nou mete pou Eta oswa rejyon ou a pou w ka pale ak yon entèprèt.

‘ōlelo Hawai‘i (Hawaiian): He pono a ua loa‘a no kekahi kōkua me kāu ‘ōlelo inā makemake a he manuahi no ho‘i. Inā he mau nīnau kāu e pili ana i kāu palapala noi ‘inikua ola kino a i ‘ole i kōkua ma‘ō ka polokalamu kōkua ola kino Kaiser Permanente, a i ‘ole inā ke ha‘i nei paha kēia leka nei iā‘oe e hana koke aku i kēia ma mua o kekahi lā i waiho ‘ia, e kelepona aku i ka helu i loa‘a ma kēia leka nei no kāu moku‘āina a i ‘ole pana‘āina no ka wala‘au ‘ana me kekahi kanaka unuhi ‘ōlelo.

हिन्दी (Hindi): आपको बिना किसी कीमत चुकाए आपकी भाषा में सहायता पाने का अधिकार है। यदि आप आपके आवेदन पत्र के विषय में या Kaiser Permanente के कवरेज के विषय में कुछ पूछना चाहते हैं या यदि यह एक नोटिस है जिसके कारण आपको किसी विशेष तिथि तक कारवाई करनी पड़ेगी तो आपके राज्य या क्षेत्र के लिए दिए गए नंबर पर फोन करके किसी दुभाषिये से बात करें।

Hmoob (Hmong): Koj muaj cai kom tau txais kev pab uas hais koj hom lus yam tsis tau them nqi. Yog koj muaj lus nug txog koj daim ntawv thov los yog cov kev pab them nyiaj tim Kaiser Permanente, los yog tias daim ntawv no yog ib tsab ntawv ceebtoom uas yuav kom koj ua ib yam dabtsi raws li hnuv tau teev tseg, hu rau tus nab npawb xovtooj uas tau muab rau koj lub xeev lossis cheeb tsam kom tau tham nrog tus kws txhais lus.

Igbo (Igbo): ! nwere ikike inweta enyemaka n'asusu gi na akwughị ugwo o bula. O buru na i nwere ajuju gbasara akwukwo anamachoihe gi ma o bu mkpuchi si na Kaiser Permanente, ma o bu o buru na nke bu okwa a chorọ ka i mee ihe tupu otu ubochi, kpoọ nomba enyere maka steeti ma o bu mpaghara gi iji kwukorita okwu n'etiti onye okowa okwu.

Iloko (Ilocano): Adda ti karbenganyo a dumawat iti tulog iti pagsasaoyo nga awan ti bayadanyo. No addaankayo kadagiti saludsod maipanggep ti aplikasionyo wenno coverage babaen ti Kaiser Permanente, wenno no daytoy ket maysa a pakdaar a kalikagumanna a rumbeng nga aramidenyto ti addang iti espesipiko a petsa, tawagan ti numero nga inpaay para ti estado wenno rehiyon tapno makipatang ti maysa mangipatarus iti pagsasao.

Italiano (Italian): Hai il diritto di ricevere assistenza nella tua lingua gratuitamente. In caso di domande riguardanti la tua richiesta o la copertura attraverso Kaiser Permanente, o se occorre intervenire entro una data specifica secondo quanto indicato in questa comunicazione, chiama il numero fornito per il tuo stato o la tua regione per parlare con un interprete.

日本語 (Japanese): あなたは、費用負担なしでご使用の言語で支援を受ける権利を保持しています。お申し込みまたはKaiser Permanenteの担保範囲に関してご質問があるか、または本通知により、あなたが特定の日付までに行動を起こすよう依頼されている場合、お住まいの州または地域に対して提供された電話番号に電話して、通訳とお話ください。

ខ្មែរ (Khmer): អ្នកមានសិទ្ធិទទួលបានជំនួយជាភាសារបស់អ្នក ដោយឥតគិតថ្លៃ។ បើសិនអ្នកមានសំណួរណាមួយអំពីពាក្យស្នើសុំ ឬការធានារ៉ាប់រងតាមរយៈ Kaiser Permanente ឬប្រសិនបើ ជាលិខិតជូនដំណឹងដែលតម្រូវឱ្យអ្នកចាត់វិធានការត្រឹមកាលបរិច្ឆេទ ជាក់លាក់ សូមទូរស័ព្ទទៅលេខដែលបានផ្តល់ជូនសម្រាប់រដ្ឋ ឬតំបន់របស់អ្នកដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ។

한국어 (Korean): 귀하에게는 한국어 통역서비스를 무료로 받으실 수 있는 권리가 있습니다. Kaiser Permanente를 통한 귀하의 보험 신청서나 보험 보장 범위에 관해 질문이 있을 경우 또는 이 통지서의 요구대로 어느 날짜까지 조취를 취해야만 하는 경우, 귀하의 주 및 지역의 제공된 전화번호로 연락해 통역사와 통화하십시오.

ລາວ (Laotian): ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາ ຂອງທ່ານໂດຍບໍ່ເສັຽຄ່າ. ຖ້າວ່າ ທ່ານມີຄໍາຖາມກ່ຽວກັບການສະໝັກ ຂອງທ່ານ ຫຼື ການຄຸມຄອງຜ່ານ Kaiser Permanente, ຫຼື ຖ້າອັນນີ້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດໍາເນີນການພາຍໃນ ວັນທີ່ທີ່ເຈາະຈົງໃດໜຶ່ງ, ໃຫ້ໂທຕາມພາຍເລກທີ່ໃຫ້ໄວ້ສໍາລັບລັດ ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລິມັດຖານພາສາ.

Kajin Majōl (Marshallese): Ewōr jimwe eo aṃ in bōk jipaṃ ilo kajin eo aṃ ejjelōk wōṃāān. Ŋe ewōr aṃ kajjitōk kōn peba in aplaiki eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak ŋe enaan in kōjelā in ej aikuj bwe kwōn ṃakūtkūt ṃokta jān juon raan eo eṃōj an kallikkar, kaḷok nōṃba eo ej lelōk ṃan state eo aṃ ak jikūṃ bwe kwōn maroṃ kōnono ippān juon ri-ukōt.

Naabeehó (Navajo): T'áa ni nizaad bee níká i'doolwoł doo bik'é asíníáágóó éí bee náhaz'á. Kaiser Permanente áká aná'álwo' ná bik'é azláadoo yínikeedgo naaltsoos hadinilaa, éí bína'idílkid doogo, éí doodago díí naaltsoos haa'ída yoolkáalgo hait'áoda í'díilíil nílniigo éí nitsaa hahoodzojí éí doodago t'áa aadi nahós'a'di ata' dahalne'ígíí bich'í' hólne'go bee bíł ahíł hodílnih.

नेपाली (Nepali): तपाईंसँग कुनै शुल्क नदिइ आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसँग आफ्नो आवेदन बारे वा Kaiser Permanente मार्फत कवरज बारेमा कुनै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोभाषेसंग कुराकानी गर्न तपाईंको राज्य वा क्षेत्रका लागि दिइएको नम्बरमा कल गर्नुहोस् ।

Afaan Oromoo (Oromo): Baasii malee afaan keetiin gargaarsa argachuudhaaf mirga qabda. Waa'ee iyyata keetii yookaan tajaajila Kaiser Permanente hammatu ilaalchisee gaaffii yoo qabaatte, yookaan yoo kun beeksisa guyyaa murtaa'e irratti tarkaanfii akka ati fudhattu gaafatu ta'e, lakkoofsa bilbilaa naannoo yookaan goodina keetiif kenname bilbiluudhaan turjumaana haasofsiisi.

فارسی (Persian): شما حق دارید که بدون هیچ هزینه ای به زبان خود کمک دریافت کنید. اگر درباره درخواست یا پوشش خود در Kaiser Permanente سوالی داشته یا بر اساس این اعلامیه باید تا تاریخ مشخصی اقدامی بعمل آورید، برای صحبت با یک مترجم شفاهی یا شماره تلفن ارائه شده برای ایالت یا منطقه خود تماس بگیرید.

lokaiahn Pohnpei (Pohnpeian): Komw anehki pwung en rapahki sounkawehwe en omw palien lokaia ni sohte isaihs. Ma mie iren owmi kalelapak ohng applikeisin de iren audepe kan ohng Kaiser Permanente, de ma pakair wet me anahne komwi en mwekid ohng rahn me kileledi, ah komw anahne koahl nempe me sansalehr ohng owmi palien wehi pwe komwi en lokaiaiang owmi tungoal soun kawehwe.

Português (Portuguese): Você tem o direito de obter ajuda em seu idioma sem nenhum custo. Se você tiver dúvidas sobre sua solicitação ou cobertura por meio da Kaiser Permanente, ou se este aviso exigir que você tome alguma medida até uma data específica, ligue para o número fornecido para seu estado ou região para falar com um intérprete.

ਪੰਜਾਬੀ (Punjabi): ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਮੁਲਕ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਪਾਉਣ ਦਾ ਹੱਕ ਹੈ. ਜੇਕਰ ਤੁਹਾਡੇ ਆਪਣੀ ਅਰਜ਼ੀ ਜਾਂ Kaiser Permanente ਰਾਹੀਂ ਕਵਰੇਜ ਬਾਰੇ ਸਵਾਲ ਹਨ, ਜਾਂ ਇਸ ਨੋਟਿਸ ਵਜੋਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਨਿਸ਼ਚਿਤ ਮਿਤੀ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪਵੇ, ਤਾਂ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਆਪਣੇ ਰਾਜ ਜਾਂ ਇਲਾਕੇ ਲਈ ਮੁਹੱਈਆ ਕਰਵਾਏ ਗਏ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ.

Română (Romanian): Aveți dreptul de a solicita ajutor care să vă fie oferit în mod gratuit în limba dumneavoastră. Dacă aveți întrebări legate de solicitarea dumneavoastră sau de acoperirea oferită de Kaiser Permanente sau dacă acest aviz vă solicită să luați măsuri până la o anumită dată, sunați la numărul de telefon furnizat pentru statul sau regiunea dumneavoastră pentru a sta de vorbă cu un interpret.

Русский (Russian): У вас есть право получить бесплатную помощь на своем языке. Если у вас имеются вопросы относительно вашего заявления или медицинского страхования в Kaiser Permanente, либо если такое уведомление требует от вас каких-либо действий к определенной дате, позвоните по номеру телефона для своего штата или региона, чтобы поговорить с переводчиком.

Faa-Samoa (Samoan): E iai lou 'aia e maua se fesoasoani i lou gagana e aunoa ma le totagi. Afai e iai ni fesili e uiga i lou tusi apalai po o puipuiga e ala mai Kaiser Permanente, po o lenei tusi e manaomia ona e gaoioi i se taimi atofaina, vili le numera ua fuafuaina mo lou setete po o oganuu e fesoota'i i se faaliliu.

Español (Spanish): Usted tiene derecho a obtener ayuda en su idioma sin costo alguno. Si tiene preguntas acerca de su solicitud o cobertura a través de Kaiser Permanente, o si este es un aviso que requiere que usted tome alguna medida antes de una fecha determinada, llame al número de teléfono que se proporciona para su estado o región para hablar con un intérprete.

Tagalog (Tagalog): Mayroon kang karapatang humingi ng tulong sa iyong wika nang walang bayad. Kung mayroon kang mga katanungan tungkol sa iyong aplikasyon o coverage sa pamamagitan ng Kaiser Permanente, o kung ito ay abisong nangangailangan ng iyong aksyon sa tiyak na petsa, tumawag sa numerong ibinigay para sa iyong estado o rehiyon para makipag-usap sa isang interpreter.

ไทย (Thai): ท่านมีสิทธิที่จะได้รับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย หากท่านมีคำถามเกี่ยวกับการสมัครของท่าน หรือความคุ้มครองผ่าน Kaiser Permanente หรือหากนี่คือหนังสือที่ต้องการให้ท่านดำเนินการภายในวันที่ที่กำหนดไว้ โปรดติดต่อหมายเลขที่ให้ไว้สำหรับรัฐหรือเขตพื้นที่ของท่านเพื่อคุยกับล่าม

Lea Faka-Tonga (Tongan): 'Oku 'ia ho totonu ke ke ma'ua fakatonulea ta'etotongi. Kapau 'oku 'i ai ha'ofefu'ki ho tohi kole na'e fakafonu ki he malu'i 'inisua 'a e Kaiser Permanente, pea kapau ke e tohini 'oku fiema'u keke fai ha me'a ki ai pe ko ha 'aho na'e tuku pau atu ke fai ia, taa ki he fika kuo 'oatu ki ho siteiti pe ko e vahefonua 'oku ke 'i ai ke talanoa mo ha tokotaha tene fakatonu lea atu kiate koe.

Українська (Ukrainian): У Вас є право на отримання допомоги безкоштовно на Вашій рідній мові. Якщо Ви маєте питання стосовно Вашого звернення чи страхового покриття в Kaiser Permanente, чи якщо відповідно до такого повідомлення Вам треба буде здійснити певну дію до конкретної дати, подзвоніть по номеру, що відповідає Вашій країні чи регіону, щоб поговорити з перекладачем.

اردو (Urdu): آپ کو کوئی بھی قیمت ادا کرنے بغیر اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ اگر آپ کے ذہن میں اپنی درخواست یا Kaiser Permanente کے ذریعہ کوریج کے متعلق کوئی بھی سوالات ہیں، یا اگر اس نوٹس کی وجہ سے آپ کو کسی مخصوص تاریخ تک عمل انجام دینے کی ضرورت ہوگی تو، کسی مترجم سے بات چیت کرنے کے لئے آپ کی ریاست یا علاقہ کے لئے فراہم کئے گئے نمبر پر کال کریں۔

Tiếng Việt (Vietnamese): Quý vị có quyền được nhận trợ giúp miễn phí bằng ngôn ngữ của mình. Nếu quý vị có các câu hỏi về mẫu đơn hoặc mức bảo hiểm của mình thông qua Kaiser Permanente, hoặc đây là thông báo yêu cầu quý vị thực hiện vào một ngày cụ thể, hãy gọi đến số điện thoại được cung cấp cho bang hoặc khu vực của quý vị để trò chuyện với phiên dịch viên.

Yorùbá (Yoruba): O ní ètò láti rí iránlọwọ gbà nípá èdè rẹ láisan owó. Bí o bá ní ìbèèrè nípá iwé tí o kọ tàbí ìsedéédé nípásẹ Kaiser Permanente, tàbí ifitọnlétí yí jẹ èyí o nílò láti igbèsẹ kan ní ojọ kan patọ, pé nọmbà tí a pèsè fún ipínlẹ tàbí agbègbè rẹ láti bá òngbifọ kan sọrọ.



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KAH2562
5946MEM-16
August 2016

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