Kaiser Permanente Member Resource Guide

Table of contents

The information in this guide is updated from time to time and is current as of November 2025. It is intended for members of commercial plans (through employer groups), individual plans, and private and public Exchange members. It is not intended for enrollees of Medicare Senior Advantage, Medi-Cal, or KPIC EPO plans. For information about out of network coverage, if you're a Point of Service (POS) member, please visit kp.org/kpic/pos. If you're a KP Plus member, see kp.org/kpplus/ca.

If you have questions about this guide, please call Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY), 24 hours a day, 7 days a week (closed holidays).

Create your online account on kp.org

If you haven't already, be sure to create your online account through the Kaiser Permanente app or at **kp.org/registernow**.

Once you've registered, you can securely access many timesaving tools and resources to help you manage the care you get at Kaiser Permanente facilities, including:

- View your medical history, immunizations, most lab results, and more
- Message your Kaiser Permanente care team anytime with nonurgent medical questions
- Fill or refill most prescriptions
- Schedule, view, and cancel routine appointments
- Manage a family member's health care[1]
- View your benefits
- Pay bills and estimate costs
- Access your digital ID Card – (It has your medical record number and important contact information and can be used just like your physical ID card.)

Get inspired at kp.org
Explore kp.org and find many tools and tips for healthy living as well as recipes and articles on a wide range of health topics.

Go mobile
Download the Kaiser Permanente app from your preferred app site. If you already have an account on **kp.org**, you can use the same user ID and password to sign into the app.

Northern California apps
In Northern California, you have 2 additional apps to help you manage care for you and your family – anytime, anywhere.

With the **My Doctor Online app,** you can:

- Get timely updates about your care
- Stay in touch with your doctors
- Manage your primary care and specialty appointments and join video visits[2]

With the **My KP Meds app,** you can:

- Create reminders to take medications at the right time
- Order most refills from your smartphone or mobile device
- Manage medication lists, schedules, and reminder histories

You can download either app from the **Apple App Store** or **Google Play**.[3]

[1] Online features change when children reach age 12. Teens are entitled to additional privacy protection under state law. When your child turns 12 years old, you'll need to re-add your teen to your kp.org account under the Act for a Family Member feature. This will grant you limited access to manage their care and to certain features.

[2] When appropriate and available.

[3] Apple and the Apple logo are trademarks of Apple, Inc., registered in the U.S. and other countries. App Store is a service mark of Apple, Inc. Google Play and the Google Play logo are trademarks of Google LLC.

Choose your doctor – and change anytime

Select from a wide variety of great Kaiser Permanente primary care doctors

At Kaiser Permanente, we know how important it is to find a doctor who matches your specific needs. Having a doctor who you connect with is an important part of taking care of your health.

Choose the right doctor for you

To find a personal doctor who's right for you, go to our provider directory at **kp.org** and browse our online doctor profiles. You can search available doctors by gender, location, languages spoken, and more. You can view their name, facility address, telephone number, education (medical school attended and residency completion), and credentials (professional qualifications, specialty, and board certification status).

You can choose a personal doctor within these specialties:

- Adult medicine/internal medicine
- Family medicine
- Pediatrics/adolescent medicine (for children up to 18)

Each covered family member can choose their own personal doctor.

Women 18 and older can choose an ob-gyn as well as a personal doctor, although women choosing a family medicine physician as their personal doctor may not need to choose a separate ob-gyn.

Change doctors anytime

You can change to another available Kaiser Permanente doctor at any time, for any reason – online or by phone.

See specialists, some without a referral

You don't need a referral for some specialties, such as:

- Most obstetrics-gynecology services
- Optometry services
- Most mental health services
- Most substance use disorder treatment

Refer to our **kp.org** provider directory to see when referral is not required. For other types of specialty care, your personal doctor can refer you.

To choose your doctor, make an appointment, or learn about specialty care:

Visit **kp.org** or the Kaiser Permanente app.

Or by phone:

In Southern California, call **1-833-KP4CARE (1-833-574-2273)** or **711** (TTY), Monday through Friday, 7 a.m. to 7 p.m.

In Northern California, call Member Services 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Getting care (Northern California)

Your care, your way
Get the care you need the way you want it. No matter which type of care you choose, your care team can see your Kaiser Permanente health history and give you personalized advice that fits your needs.[2]

Find the care you need at **kp.org** or through our mobile app (**kpdoc.org/mobile**). You can also call us anytime at **1-866-454-8855** (TTY **711**) to make an appointment or to speak to a nurse for medical advice and care guidance.

Want help choosing care options for you? Get Care Now

Visit **kp.org/getcare** and tell us about your symptoms or concerns and we'll guide you to timely, convenient care based on your needs**.**

Video visit
Meet face-to-face online with a clinician on your computer, smartphone, or tablet for many minor conditions or follow-up care.[3,4]

E-visit
Get quick and convenient online care for minor health problems. Answer a few questions on **kp.org** or on our app for 24/7 self-care advice. In some cases, a Kaiser Permanente clinician will get back to you with a care plan and prescriptions (if appropriate) — usually within 2 hours between 7 a.m. and 7 p.m., 7 days a week.

Phone appointment
Save yourself a trip to the doctor's office for many minor conditions or follow-up care.[3,4]

In-person visit
We offer same-day, next-day, after-hours, and weekend services at most of our locations. Sign in to **kp.org** anytime, or call us to schedule a visit.

Email
Message your care team with nonurgent medical questions anytime and get a reply usually within two business days.

If your plan includes a copay, coinsurance, or deductible, you'll be asked for a payment when you check in. You can pay by debit or credit card at the reception desk or at the kiosk. You'll receive a statement that shows what services you got, how much you paid, and whether you still owe anything. Ask the receptionist for details or see your *Evidence of Coverage, Certificate of Insurance,* or other plan documents.

Urgent care and emergency services

As a Kaiser Permanente member, you're covered for emergency and urgent care anywhere in the world.[1]

An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. Examples include:

- Minor injuries
- Backaches
- Earaches
- Sore throats
- Coughs
- Upper-respiratory symptoms
- Frequent urination or a burning sensation when urinating

If you believe you have an emergency medical condition, call **911** or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents. If you are experiencing

a mental health crisis, you can also call or text **988** to be connected to a trained crisis counselor. You do not need prior authorization for emergency services.

Post-stabilization care is medically necessary care related to your emergency medical condition that you receive after your treating provider determines that this condition is stabilized. Kaiser Permanente covers post-stabilization care from a non-Kaiser Permanente provider only if the services are authorized in advance, or if otherwise required by applicable law, as described in your *Evidence of Coverage* or other coverage document.

[1]IPlease refer to your *Evidence of Coverage* or other plan documents for details about coverage for urgent care and emergency services.

[2]These features are available when you get care at Kaiser Permanente facilities.

[3]When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

[4]Some providers offer services exclusively through a telehealth technology platform and have no physical location at which you can receive services. See page 20 for more information.

Getting care (Southern California)

Your care, your way
Get the care you need the way you want it. No matter which type of care you choose, your providers can see your Kaiser Permanente health history and give you personalized advice that fits your needs.[2]

Choose how you get care
Find the care you need at **kp.org** or through our mobile app. To make an appointment or speak to a nurse for medical advice and care guidance, call us 24/7 at **1-833-KP4CARE (1-833-574-2273)** or **711** (TTY).[2] You can also schedule some appointments online at **kp.org/appointments** or with the Kaiser Permanente app.

E-visit
Get quick and convenient online care for minor health problems. Answer a few questions on **kp.org/evisits** or on our app for 24/7 self-care advice. In some cases, a Kaiser Permanente clinician will get back to you with a care plan and prescriptions (if appropriate) — usually within 2 hours between 7 a.m. to 9 p.m., 7 days a week.

Phone appointment
Save yourself a trip to the doctor's office for minor conditions by scheduling a call or getting personalized support 24/7.[3,4]

If your plan includes a copay, coinsurance, or deductible, you'll be asked for a payment when you check in. You can pay by debit or credit card at the reception desk or at the kiosk. You'll receive a statement that shows what services you got, how much you paid, and whether you still owe anything. Ask the receptionist for details or see your *Evidence of Coverage, Certificate of Insurance*, or other plan documents.

Video visit
Meet face-to-face online with a clinician on your computer, smartphone, or tablet for minor conditions or follow-up care. [3,4] Appointments are optional.

Email
Message your doctor's office with nonurgent questions anytime. Sign in to **kp.org** or use our mobile app.[1]

In-person visit
Same-day appointments are often available at most locations. Sign in to **kp.org** anytime, or call us to schedule a visit.

Target Clinics, with care provided by Kaiser Permanente
Get care for more than 85 nonemergency needs, such as wellness exams, minor illnesses, and vaccines. Conveniently located in 35 Target stores in Southern California. Walk-ins welcome. Find appointments and locations at **kptargetclinic.org**.

Urgent care and emergency services

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- Minor injuries
- Backaches
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- Frequent urination or a burning sensation when urinating

If you believe you have an emergency medical condition, call **911** or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents. If you are experiencing a mental health crisis, you can also call or text **988** to be connected to a trained crisis counselor. You do not need prior authorization for emergency services.

Post-stabilization care is medically necessary care related to your emergency medical condition that you receive after your treating provider determines that this condition is stabilized. Kaiser Permanente covers post-stabilization care from a non-Kaiser Permanente provider only if the services are authorized in advance, or if otherwise required by applicable law, as described in your *Evidence of Coverage* or other coverage document.

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[4]Some providers offer services exclusively through a telehealth technology platform and have no physical location at which you can receive services. See page 20 for more information.

Accessing emergency care

If you believe you have an emergency medical condition, call **911** or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other

coverage documents. If you are experiencing a mental health crisis, you can also call or text 988 to be connected to a trained crisis counselor.

Emergency services coverage
When you have an emergency medical condition, we cover emergency services you receive from Plan providers or non-Plan providers anywhere in the world. You do not need prior authorization for emergency services.

Emergency services include all of the following with respect to an emergency medical condition:

- Medical screening, examination, and evaluation by a physician and surgeon, or, to the extent permitted by applicable law, by other appropriate personnel under the supervision of a physician and surgeon, to determine if an emergency medical condition or active labor exists and, if it does, the care, treatment, and surgery, within the scope of that person's license, if necessary to relieve or eliminate the emergency medical condition, within the capability of the facility
- An additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a psychiatric emergency medical condition exists, and the care and treatment necessary to relieve or eliminate the psychiatric emergency medical condition within the capability of the facility

"Stabilize" means to provide medical treatment for your emergency medical condition that is necessary to assure, within reasonable medical probability, that no material deterioration of your condition is likely to result from or occur during your transfer from the facility. With respect to a pregnant woman who is having contractions, when there is not adequate time to safely transfer her to another hospital before delivery (or the transfer may pose a threat to the health or safety of the woman or her unborn child), "stabilize" means to deliver (including the placenta). For more information on emergency care coverage, see your *Evidence of Coverage*, *Certificate of Insurance,* or other plan documents.

Care away from home

As a Kaiser Permanente member, you're covered for emergency and urgent care anywhere in the world.[1] Whether you're traveling in the United States or internationally, it's important to remember that how you get care can vary depending on where you are.

Visit **kp.org/travel** to find answers to common questions that can help you plan for a healthy trip and get medical care if you need it. Or call the Away from Home Travel Line at **1-951-268-3900** (TTY **711**) for travel support anytime, anywhere.[2]

Before you go
A little planning makes a big difference. Plan now for a healthy trip.

- Register on **kp.org** so you can see your health information online and message your Kaiser Permanente doctor's office with nonurgent questions anytime.
- If you'll spend a lot of time in another Kaiser Permanente region, like for work or school, call **1-877-300-9371** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m. Pacific time. We'll help you set up another kp.org account that's tied to your travel Health/Medical Record number so you can track and manage your Kaiser

Permanente care while you're away from home.

- Save the Away from Home Travel Line phone number (**1-951-268-3900** or TTY **711**) to your mobile device for travel support anytime, anywhere.[2]
- Get our Kaiser Permanente app for your smartphone or mobile device to stay connected when you're on the go and for quick access to your digital ID card. You can also order a new or replacement ID card before you travel.

- See your doctor if you need to manage a condition during your trip.
- Refill your eligible prescriptions, including contact lenses, to have enough while you're away. Be sure to refill at least 1 or 2 weeks before your trip so there's time to process your request.
- If you travel by plane, keep your prescription medications with you in your carry-on baggage.
- Order an electronic copy of your medical record on the Kaiser Permanente app (tap "Medical record" then "Medical information requests.") If you're traveling somewhere without internet access, consider printing a copy to take with you.
- Make sure your immunizations are up to date, including the COVID-19 vaccine and your yearly flu shot.
- Learn about immunizations required for international travel, including the COVID-19 vaccine and/or testing requirements. If you're leaving the country, ask your doctor or local travel clinic about vaccinations or medications you may need.
- Don't forget your Kaiser Permanente ID card.
- Make sure you understand what services are covered while you travel. Call the Away from Home Travel Line if you have any questions.

[1]Please refer to your *Evidence of Coverage* or other plan documents for details.

[2]This number can be dialed from both inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

Timely access to scheduled appointments

Your health is our top priority. And we're committed to offering you a timely appointment when you need care.

The following standards for appointment availability were developed by the California Department of Managed Health Care (DMHC). This information can help you know what to expect when you request an appointment.

Type of care	Appointment offered
Urgent care appointment	Within 48 hours
Routine (nonurgent) primary care appointment (including adult/internal medicine, pediatrics, and family medicine)	Within 10 business days
Routine (nonurgent) mental health care or substance use disorder treatment with a practitioner other than a physician	Within 10 business days

Routine (nonurgent) follow-up mental health care or substance use disorder treatment with a practitioner other than a physician	Within 10 business days of the prior appointment
Routine (nonurgent) specialty care with a physician	Within 15 business days

If you prefer to wait for a later appointment that will better fit your schedule or to see the provider of your choice, we'll respect your preference. In some cases, your wait may be longer than the time listed if a licensed health care professional decides that a later appointment won't have a negative effect on your health.

The standards for appointment availability don't apply to preventive care services. Your provider may recommend a specific schedule for these types of services, depending on your needs. Preventive care services may include physical exams, vision and hearing tests, immunizations, health education, and prenatal care. Unless otherwise stated, the standards also do not apply to periodic follow-up care for ongoing conditions or standing referrals to specialists.

Timely access to telephone assistance
In addition, the following standards for answering telephone inquiries require health plans to answer the following telephone inquiries within specified time frames:

- For telephone advice about whether you need to get care and where to get care, plans must answer within 30 minutes, 24 hours a day, 7 days a week.
- For customer service inquiries, plans must answer within 10 minutes during normal business hours.

Use interpreter services at no cost to you
When you call us or come in for an appointment, we want to speak with you in the language you're most comfortable using. Interpreter services, including sign language, are available during all business hours at no cost to you. For more about our interpreter services, call Member Services 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Getting your prescriptions

Your provider may order a prescription for you during your appointment. Prescriptions are sent to our pharmacies electronically, and you may choose from several convenient ways to receive your prescriptions:

- Mail order delivery[1]
- Same day delivery or next day delivery on most prescriptions for an additional fee[2]
- Local Pharmacy pick up – Start at the Check-in Window

Mail order refills[1]
Save time and money and have your prescriptions mailed to your home at no additional cost. Our Mail Order Pharmacy offers a convenient way to refill most of your prescriptions. When you request your prescriptions to be mailed, you should receive them within 3-5 days. Not all prescriptions can be mailed, restrictions apply.

- Visit **kp.org/refill** or access the KP mobile app to order refills and check the status of your orders. Sign up for Auto Refill so you can get your refill mailed to you automatically. You can sign up to receive pharmacy order status or new prescription text/email notifications as well as refill and pick up reminders. If it's your first time

placing a refill order online, please create an account by visiting **kp.org/register**. With order tracking tools, refill reminders, and more, you've got many convenient ways to fill and manage prescriptions when and where it works best for you.

- To refill by phone, please call **1-888-218-6245 (option 5)** in Northern California or **1-866-206-2983 (option 2)** in Southern California (TTY 711).

Need it sooner?

Same-day or next-day delivery is available in some areas and for most prescriptions for an additional fee.[2] Order using the Kaiser Permanente app, **kp.org/homedelivery**, or call **1-877-761-4091**. Some exclusions apply.

Pharmacy pick up

If you need to place a prescription order, you can start the order via **kp.org**, the KP app, the pharmacy call center via phone or text chat, or in person at the Pharmacy Check-In Window. We recommend ordering your prescription in advance of your pharmacy arrival.

Have questions?

Please call the pharmacy number printed at the top of your prescription label.

For information about your benefits, call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Out of refills?

If you're out of prescription refills when you place an order, we will request refills from your provider. Please allow 2 business days for us to process your order once the refill is approved.

Need to transfer prescriptions?[3]

- **From a non–Kaiser Permanente pharmacy to a Kaiser Permanente pharmacy**:
  Have the prescription number and phone number of the non–Kaiser Permanente pharmacy ready and call the Kaiser Permanente pharmacy you want to use. We'll handle the rest. Please allow 2 business days for us to complete the transfer.
- **From one Kaiser Permanente pharmacy to another:**
  Go to **kp.org/refill** and select the prescription you want to refill, the pharmacy you'd like to pick up from, and complete your order. Or call the Kaiser Permanente pharmacy where you'd like to pick up your prescription and provide the prescription information.

Prescription benefits

Most of our plans only cover prescriptions from:

- Kaiser Permanente or affiliated providers and staff
- Providers to whom we've referred you
- Providers providing emergency services or out-of-area urgent care
- Dentists

Prescriptions written by a non-Plan provider are not covered, except as described in your *Evidence of Coverage* or other coverage document. If your plan does not have a prescription benefit, you'll be charged full price for both formulary and non-formulary drugs. For new members, Kaiser Permanente will cover a temporary supply of non-formulary drugs until you can transfer your care to a Kaiser Permanente provider.

Over-the-counter (OTC) drugs

OTC drugs do not require a prescription and are available for purchase. Kaiser

Permanente pharmacies carry a variety of OTC drugs and supplements, including vitamins, antacids, and cough and cold medicines. Your plan may include coverage for certain OTC drugs. If an OTC drug is covered under your plan, you need a prescription to obtain it under the terms of your plan (except that a prescription is not required for OTC contraceptives).

Drug formulary[4]

Our formulary is a list of preferred drugs that have been carefully evaluated and approved by our Pharmacy and Therapeutics (P&T) Committee, primarily composed of Kaiser Permanente Plan doctors and pharmacists. The committee selects drugs to include on the formulary based on several factors, including safety and effectiveness.

The formulary is updated monthly based on new information or when new drugs become available. Plan providers may prescribe generic or brand-name drugs.

A generic drug is a chemical copy of a brand-name drug and is equivalent to the brand-name drug in action, quality, and safety, but usually costs less. Generic drugs have the same active ingredients in the same dosage as their brand-name counterparts and are approved by the U.S. Food and Drug Administration.

Some brand-name drugs have a generic version and others don't. Generally, when a new generic drug becomes available, it's added to the formulary and the brand-name equivalent is removed. When both versions are available, the generic version is usually listed in our formulary. When a generic version isn't available, the formulary will list the brand-name version. In addition to federal regulation, Kaiser Permanente performs an additional quality review before approving generic drugs for use within the program.

If you have a prescription benefit and are prescribed a formulary drug, that drug will be covered under the terms of your benefits. Nonformulary drugs are not covered unless your provider determines it is medically necessary. Nonformulary drugs are covered when prescribed as medically necessary by the Plan provider and the nonformulary drug exception process is followed.

For more information on the prescription drug formulary for your plan, visit **kp.org/formulary** or call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Changing to a different drug

Sometimes a prescription is changed from one drug to another because your provider has decided the new drug is a better option based on standards of safety, effectiveness, or affordability. This is known as "therapeutic interchange."

Usually, when a drug change like this happens, your pharmacist will automatically change your prescription to the new drug at your next refill.

If a drug you're taking is affected by a change to the formulary, you may be able to continue receiving it if your provider decides it's medically necessary.

Please note that just because a drug is on our formulary, it doesn't mean your provider will prescribe it for you. Your provider will choose the right drug for you based on your medical needs.

See your *Evidence of Coverage*, *Certificate of Insurance,* or other plan documents for more information about your drug benefits.

1Please see your Evidence of Coverage or other plan documents for information about your drug coverage or check with your local Kaiser Permanente pharmacy if you

have a question about where we can mail prescriptions. Not all prescriptions can be mailed, restrictions may apply.

2These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and delivery addresses. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice, and other restrictions may apply. Medi-Cal beneficiaries should ask your local pharmacy for more information.

3Some drugs, such as Schedule II controlled substances, are not transferable due to their high potential for abuse and addiction.

4The prescription drug formulary may vary depending on your health plan and is subject to change. For more information about which drug formulary applies to your plan, visit **kp.org/formulary** or call Member Services.

Managing chronic conditions (Northern California)

Disease management programs

Our disease management programs help our members get the care they need to manage their chronic conditions and get the most out of life. Services include specialized care, medication monitoring, and education to help prevent complications.

We offer disease management programs with evidence-based care for a variety of chronic conditions:

- Asthma
- Hepatitis C
- Hypertension
- Coronary artery disease
- Cardiac rehabilitation
- Diabetes
- Congestive heart failure
- Fracture prevention
- Chronic pain

Cardiac rehabilitation offers support and care management after a heart attack or other cardiovascular event. Our PHASE (Prevent Heart Attacks and Strokes Everyday) program is for members who are at increased risk for heart attack or stroke.

If you're ready to make lifestyle changes or want to be considered for a program, talk to your provider or call the number for Health Education at your local facility.

Take control of your health

One of the keys to managing ongoing conditions is taking the right medications and using them only as prescribed. These tips can help.

Coronary artery disease and heart failure: A heart healthy lifestyle includes regular physical activity, stress management, and careful control of blood pressure and cholesterol. In addition, following dietary recommendations (such as limiting salt) and monitoring weight are recommended, as well as taking medications as prescribed. Your care team will help you determine if certain medications can make you and your heart feel better.

Asthma help: Prevent asthma flare-ups by taking your controller medications daily as prescribed. Talk with your doctor if you're using quick-relief or rescue medication (like albuterol) more than twice a week, waking up from asthma 2 or more times a month, or refilling your albuterol inhaler prescription more than twice a year. Your doctor may need to adjust your asthma medication. When your asthma is under control, you'll breathe easier, have more energy, and get more out of life. For more tips on how to manage your asthma, visit **kpdoc.org/asthma**.

Diabetes ABCs:

- "A" is for A1c or average blood sugar. An A1c test gives a 3-month average of your blood sugar levels.
- "B" is for blood pressure. The goal is at least 139/89 or lower, or 134/84 or lower if you use a validated above-the-elbow monitoring machine at home. Check with your provider for the goal that's right for you.
- "C" is for cholesterol. For most people with diabetes, using a statin medication at the right dose, along with healthy lifestyle changes, protects the heart and cardiovascular system.

Keep your ABCs under control and prevent heart attacks, strokes, and kidney disease.

Complex Chronic Conditions (CCC) Case Management Program

The Complex Chronic Conditions (CCC) Case Management Program helps members who have trouble managing more than one chronic condition. Nurses and social workers work with you and your doctor to address your needs. You'll learn self-care skills to properly manage your chronic conditions. If you or your caregiver thinks you qualify for the program, call the Case Management number at your local facility.

Regional Complete Care Support Programs (Southern California)

Kaiser Permanente Southern California Region's Complete Care Support Programs uses an evidence-based, population-oriented approach to offer comprehensive care for members at every stage of health, including those who are healthy, those with specific health concerns, individuals with chronic illnesses, and those at the end of life. Our care delivery system incorporates disease management into every interaction with our members, which helps to ensure we provide both preventive care and chronic disease management. This member-centric strategy is tailored to reflect each individual's health profile.

While disease management has long been an integral part of our care model, Kaiser Permanente is committed to enhancing preventive care and healthy lifestyle management, which can significantly impact our members' lives. We provide holistic care that addresses total health at every life stage.

Kaiser Permanente's thorough approach to various conditions, including asthma, cancer, cardiovascular disease, chronic pain, diabetes, depression, and weight management, is reinforced by our integrated systems, programs, and dedicated personnel. Together, we focus on treating each member as a whole, aiming to align our organization with the unique needs of every patient. This is what sets our Complete Care approach apart and empowers our members to thrive.

Your immunization information

Your immunization information is reported to the California Immunization Registry (CAIR), as required by CA Title 17 and other public health mandates. The secure database is managed by the CA Department of Public Health.

California health care providers and schools can query CAIR to view patient immunization history. Go to **cairweb.org/forms** for more information.

Here are some benefits of sharing your information:

- You have a backup in case you lose your or your child's yellow immunization card.
- Participating schools can easily view your child's required immunizations.
- You'll have a consistent immunization record if you ever need to change health plans.

If you don't want CAIR to share your or your child's immunization history with California health care providers or participating schools, you can opt out at any time. Visit **cairweb.org/forms** and click "User Guides & Forms," then "CAIR forms" for information about opting out.

Protecting your privacy and security

We take protecting you, your medical information, and resources for your care very seriously. One way we protect your privacy is by checking your Kaiser Permanente ID card and asking to see a photo ID when you come in for care.

We are committed to ethical conduct, integrity in our work, and compliance with all regulatory requirements. We train our employees and doctors to help protect your privacy and prevent fraud and identity theft. We monitor our systems and operations for indications of misconduct and take corrective action when needed.

If you notice any potential signs of misconduct, such as someone improperly using another person's ID card or information, receiving a statement with charges for care you didn't receive, or unexpected changes to your prescription medications, please contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). For more information about how we are working to protect you, visit **kp.org/protectingyou**.

Your rights and responsibilities

Kaiser Permanente is your partner in total health care. Active communication between you and your doctor as well as others on your health care team helps us to provide you with the most appropriate and effective care. We want to make sure you receive the information you need about your health plan, the people who provide your care, and the services available, including important preventive care guidelines. Having this information contributes to you being an active participant in your own medical care. We also honor your right to privacy and believe in your right to considerate and respectful care. This section details your rights and responsibilities as a Kaiser Permanente member and gives you information about Member Services, specialty referrals, privacy and confidentiality, and the dispute-resolution process.

For additional information, contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

As a member, you have a right to:

- Receive information about your rights and responsibilities.
- Receive information about your health plan, the services your health plan offers you, and the health care providers available to care for you.
- Make recommendations regarding the health plan's member rights and responsibilities policy.
- Receive information about all health care services available to you, including a clear explanation of how to obtain them and whether the health plan may impose certain limitations on those services.
- Know the costs for your care, and whether your deductible or out-of-pocket maximum have been met.
- Choose a health care provider in your health plan's network, and change to another doctor in your health plan's network if you are not satisfied.
- Receive timely and geographically accessible health care.
- Have a timely appointment with a health care provider in your health plan's network, including one with a specialist.
- Have an appointment with a health care provider outside of your health plan's network when your health plan cannot provide timely access to care with an in-network health care provider.
- Certain accommodations for your disability (please also see "Guide for members with disabilities" on page 27), including:
  - ♦ equal access to medical services, which includes accessible examination rooms and medical equipment at a health care provider's office or facility.
  - ♦ full and equal access, as other members of the public, to medical facilities.
  - ♦ extra time for visits if you need it.
  - ♦ taking your service animal into exam rooms with you.
- Purchase health insurance or determine Medi-Cal eligibility through the California Health Benefit Exchange, Covered California.
- Receive considerate and courteous care and be treated with respect and dignity.

- Receive culturally competent care, including but not limited to:
  - ♦ Trans-Inclusive Health Care, which includes all medically necessary services to treat gender dysphoria or intersex conditions.
  - ♦ to be addressed by your preferred name and pronoun.
- Receive from your health care provider, upon request, all appropriate information regarding your health problem or medical condition, treatment plan, and any proposed appropriate or medically necessary treatment alternatives. This information includes available expected outcomes information, regardless of cost or benefit coverage, so you can make an informed decision before you receive treatment.
- Participate with your health care providers in making decisions about your health care, including giving informed consent when you receive treatment. To the extent permitted by law, you also have the right to refuse treatment.
- A discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- Receive health care coverage even if you have a pre-existing condition.
- Receive medically necessary treatment of a mental health or substance use disorder.
- Receive certain preventive health services, including many without a co-pay, co-insurance, or deductible.
- Have no annual or lifetime dollar limits on basic health care services.
- Keep eligible dependent(s) on your health plan. If you are enrolled in coverage through an employer group, ask your group whether dependents are eligible to enroll under your plan
- If you are enrolled through an individual plan, be notified of an unreasonable rate increase or change, as applicable.
- Protection from illegal balance billing by a health care provider.
- Request from your health plan a second opinion by an appropriately qualified health care professional.
- Expect your health plan to keep your personal health information private by following its privacy policies, and state and federal laws.
- Ask most health care providers for information regarding who has received your personal health information.
- Ask your health plan or your doctor to contact you only in certain ways or at certain locations.
- Have your medical information related to sensitive services protected.
- Get a copy of your records and add your own notes. You may ask your doctor or health plan to change information about you in your medical records if it is not correct or complete. Your doctor or health plan may deny your request. If this happens, you may add a statement to your file explaining the information. To review, receive, or release copies of your medical records, contact our Release of Information Department at **kp.org/requestrecords**.
- Have an interpreter who speaks your language at all points of contact when you receive health care services.
- Have an interpreter provided at no cost to you.
- Receive written materials in your preferred language where required by law.

- Have health information provided in a usable format if you are blind, deaf, or have low vision.
- Request continuity of care if your health care provider or medical group leaves your health plan or you are a new health plan member.
- Have an Advance Health Care Directive.
- Be fully informed about your health plan's grievances procedure and understand how to use it without fear of interruption to your health care.
- File a complaint, grievance, or appeal in your preferred language about:
  - your health plan or health care provider.
  - any care you receive, or access to care you seek.
  - any covered service or benefit decision that your health plan makes.
  - any improper charges or bills for care.
  - any allegations of discrimination on the basis of gender identity or gender expression, or for improper denials, delays, or modifications of Trans-Inclusive Health Care, including medically necessary services to treat gender dysphoria or intersex conditions.
  - not meeting your language needs.
- Know why your health plan denies a service or treatment.
- Contact the Department of Managed Health Care (DMHC) if you are having difficulty accessing health care services or have questions about your health plan.
- Ask for an Independent Medical Review if your health plan denied, modified, or delayed a health care service.

As a member, you have the responsibility to:

- Treat all health care providers, health care provider staff, and health plan staff with respect and dignity.
- Share the information needed with your health plan and health care providers, to the extent possible, to help you get appropriate care.
- Participate in developing mutually agreed-upon treatment goals with your health care providers and follow the treatment plans and instructions to the degree possible.
- To the extent possible, keep all scheduled appointments, and call your health care provider if you may be late or need to cancel.
- Refrain from submitting false, fraudulent, or misleading claims or information to your health plan or health care providers.
- Notify your health plan if you have any changes to your name, address, or family members covered under your health plan.
- Timely pay any premiums, copayments, and charges for non-covered services.
- Notify your health plan as soon as reasonably possible if you are billed inappropriately.

As a member, you also have the responsibility to:

- Be civil and respectful. At Kaiser Permanente, we are committed to ensuring a safe, secure, and respectful environment for everyone, including our members, patients, visitors, clinicians, providers, health care teams, and employees. We expect all individuals to demonstrate civil and respectful behavior while on our premises or in virtual or home health care interactions. As part of

the Member/Patient/Visitor Code of Conduct, we expressly prohibit the following:

- Abusive language including threats and slurs
- Sexual harassment
- Physical assault
- Possession or use of all types of weapons, including firearms

We reserve the right to take appropriate measures to address abusive, disruptive, inappropriate, or aggressive behavior.

Policies and procedures

This section discusses the prescription drug formulary and policies on specialty referrals, new technology, confidentiality, and privacy practices. It also describes the dispute-resolution process and the procedures for decisions about coverage and medical treatment.

To speak with a representative about our policies and procedures, including benefits and coverage, contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Contraceptive services
If your Plan does not cover contraceptive services, additional services may be available through the California Reproductive Health Equity Program at no cost.

About your Kaiser Permanente identification (ID) card
Each member is assigned a unique medical record number, which we use to locate membership and medical information. Every member receives an ID card that shows their unique number.

Your ID card is for identification only. To receive covered services, you must be a current member. If you were a member and have reenrolled in our health plan, you will receive a new ID card that shows your original medical record number.

Whenever you receive a new ID card, destroy all old cards and begin using the new card. If you lose your ID card, or if we inadvertently issue you more than 1 medical record number, please call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Referrals for specialty care
Your primary care doctor will refer you to a Plan specialist when they believe that you require specialty care. Some specialty care, such as obstetrics-gynecology, most mental health services, and substance use disorder treatment, don't require a referral. There may be instances when you require the services of a non-Plan doctor. These services are covered only when authorized by the Medical Group. Please see your *Evidence of Coverage*, *Certificate of Insurance,* or other plan documents for more information.

Notice of availability of Online and Printed Provider Directory
Kaiser Permanente is required by California law to publish and maintain an online Provider Directory with certain information about providers available to our members, including whether a provider is accepting new patients.

The provider directory is a listing of Plan Physicians and Plan Facilities in your Home Region. This directory is available on our website at **kp.org/facilities**. To obtain a

printed copy, call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). The directory is updated periodically. The availability of Plan Physicians and Plan Facilities may change. If you have questions, please call Member Services.

Telehealth services through third-party providers

Some Plan providers offer services exclusively through telehealth appointments (video visits, phone appointments, and/or secure email) and have no physical locations where you can receive in-person services.

- **Your choice of service delivery**: You are not required to receive telehealth services from these telehealth providers. You may choose to receive in-person services from another Plan provider instead.
- **Cost sharing:** Any cost-sharing you pay for telehealth services will accrue to the applicable deductible or out-of-pocket maximum on the same basis as in-person visits.
- **Right to access medical records:** If you receive telehealth services through these providers, you may request access to your medical record for this visit, and such information may be added to your medical record and shared with your primary care physician. To review, receive, or release your medical records, contact our Release of Information Department at **kp.org/requestrecords**. If you wish to object to sharing of your medical records, contact Member Services.

You can reach Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services).

New technology

Kaiser Permanente has a rigorous process for monitoring and evaluating the clinical evidence for new medical technologies that are treatments and tests. Kaiser Permanente doctors decide if new medical technologies shown to be safe and effective in published, peer-reviewed clinical studies are medically appropriate for their patients.

Coordination of Benefits (COB)

You and your family may be able to save on medical expenses if you are covered by more than one medical plan. COB determines how much each plan will pay toward the cost of a service. Through COB, your health care organizations and insurance companies work together to pay for your medical care.

- If you have Medicare coverage, we will determine which coverage pays first using Medicare rules. To find out which Medicare rules apply to your situation, and how payment will be handled, call Member Services at **1-800-464-4000,** 24/7 (closed holidays).

- If you have more than one medical plan through an employer group, California coordination of benefits rules determine which coverage pays first. For more information about COB, please see your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents, or call Member Services at **1-800-464-4000.**

Accrual toward deductibles and out-of-pocket maximums

To see how close you are to reaching your deductibles, if any, and out-of-pocket maximums, use our online Out-of-Pocket Summary tool at **kp.org** or call Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services). We will provide you with an accrual balance information for every month that you

receive services until you reach your individual out-of-pocket maximum or your family reaches the family out-of-pocket maximums.

We will provide accrual balance information by mail unless you have opted to receive notices electronically. You can change your document delivery preferences at any time at **kp.org** or by calling Member Services.

Claims status information
You have the right to track the status of a claim in the claims process and obtain the following information in one telephone contact with a representative from Member Services: the stage of the process, the amount approved, amount paid, member cost, and date paid (if applicable). To inquire about the status of a claim, please contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).

Coverage or service decisions
Managing how health care services and related resources are used is an important part of how Kaiser Permanente doctors and staff work together to help control costs and improve health care services for you. Managing our resources effectively includes making decisions that help ensure that you receive the care you need. Communicating openly with the members of your health care team is an important way to help ensure that you get the care you need.

Many agencies, accrediting bodies, and employers require managed care organizations and hospitals to detect and correct potential underuse and overuse of services. Among them are the National Committee for Quality Assurance, the Centers for Medicare & Medicaid Services (Medicare and Medi-Cal), and The Joint Commission. This monitoring of services is called “resource management.”

At Kaiser Permanente, utilization management (UM) prior authorization is conducted for a small number of health care services requested by your provider. The UM review determines whether the requested service is medically necessary for your care. If it is medically necessary, then you will be authorized to receive that care in a clinically appropriate place consistent with the terms of your health coverage. We make UM decisions using evidence-based UM criteria and the *Evidence of Coverage*. In the event of a UM denial, members and providers will receive a written notice communicating the decision, a description of the criteria used and the clinical reasons for the decision. A copy of the specific UM criteria used to support the decision is available and will be provided to you upon request. Also, we do not specifically reward providers or individuals conducting a utilization review for issuing denials of coverage or service. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

The type of coverage you have determines your benefits. Your Kaiser Permanente doctors and contracted providers make decisions about your care and the services you receive based on your individual clinical needs. Our doctors and other providers may use clinical practice guidelines (information, tools, and other decision-making aids) to assist in making treatment decisions.

Your Kaiser Permanente doctor does not make decisions on your health care because of receiving a financial reward, or because they would be hired, fired, or promoted. Your Kaiser Permanente doctor does not receive any financial reward if they do not provide the services you need. Kaiser Permanente makes sure that your doctor provides the care you need at the right time and the right place.

For more information about policies regarding financial incentives and how we control utilization of services and expenditures, contact Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **\711** (TTY).

Assistance with utilization management (UM) issues and processes

For calls regarding UM issues, questions, or processes, please call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY).You can also get information at **kp.org/um**.

Member Services representatives and UM staff are available during normal business hours to address your questions or concerns related to UM issues. Please call your local medical center number and request the Member Services or Utilization Management Department. Business hours are Monday through Friday (excluding holidays), 9 a.m. to 5 p.m. You can also inquire about UM processes or specific UM issues by leaving a voicemail after hours. Please leave your name, medical record number and/or birth date, telephone number where you can be reached, and your specific question. Messages will be responded to no later than the next business day.

Sign up for organ donation: Help save lives

Did you know that one person can save 8 lives and enhance 50 others through organ and tissue donation? If you haven't already signed up to be an organ donor, do it today at **donatelifecalifornia.org**. Be sure to tell your loved ones, family, and doctor about your wishes.

Quality

At Kaiser Permanente, we are proud of our delivery of high-quality health care and services to our members. Our commitment to quality is demonstrated through the recognition we've received from independent organizations for our internal improvement program and for our use of advanced technologies in providing medical care. You can find out more about our quality program by visiting **kp.org/quality**.

We participate in various activities that demonstrate the quality of care and service we provide. Information to better understand the quality of care we deliver at Kaiser Permanente, as well as a way to compare our performance to other California health plans, is available. This clinical and patient experience information is reported through the California Center for Data Insights and Innovation (CDII) (formerly Office of the Patient Advocate) and is available to view and print. For clinical and patient-experience measures for all Kaiser Permanente locations and explanations of the scoring and rating methodologies used to demonstrate performance for clinical care and patient experience, visit **https://www.cdii.ca.gov/consumer-reports/**.

We also participate in various activities in the community to improve patient safety — one of our top priorities. For example, we participate in the Leapfrog Group survey. The Leapfrog Group is composed of Fortune 500 companies and other public and private organizations throughout the country that provide health care benefits. The group's goal is to improve the safety and quality of health care in the United States.

One of Leapfrog Group's main programs is a voluntary, web-based survey used to gather information about medical care in urban hospitals. All Kaiser Permanente medical centers in California and the majority of our

contracted hospitals participated in the most recent survey. To see the survey results, visit **https://www.leapfroggroup.org/ratings-reports**.

Privacy practices
Kaiser Permanente protects the privacy of your protected health information (PHI). We also require contracting providers to protect your PHI. Your PHI is individually identifiable information (oral, written, or electronic) about your health, health care services you receive, or payment for your health care.

You may generally see and receive copies of your PHI, request to correct or update your PHI, and ask us for an accounting of certain disclosures of your PHI. You can request delivery of confidential communications to a location other than your usual address or through an alternative means of delivery. You may request confidential communications by completing a form, which is available on **kp.org** under "Request for Confidential Communications Forms." Your request for confidential communications will be valid until you submit a revocation or a new request for confidential communications. If you have questions, please call Member Services (see numbers below).

We may use or disclose your PHI for treatment, payment, and health care operations purposes, such as measuring the quality of services. We are sometimes required by law to give PHI to others, such as government agencies or in judicial actions. In addition, if you have coverage through an employer group, PHI is shared with your group only with your authorization or as otherwise permitted by law. We will not use or disclose your PHI for any other purpose without your (or your representative's) written authorization, except as described in our Notice of Privacy Practices. Giving us authorization is at your discretion.

This is only a brief summary of some of our key privacy practices. Our Notice of Privacy Practices, which provides additional information about our privacy practices and your rights regarding your PHI, is available by visiting **kp.org/privacy** and choosing Southern or Northern California. To request a printed copy, please call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000 (**English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). You can also find the Notice at your local Plan facility.

Dispute resolution

We are committed to promptly resolving your concerns. The following sections describe some dispute-resolution options that may be available to you. Please refer to your *Evidence of Coverage*, *Certificate of Insurance,* or other plan documents or speak with a Member Services representative for the dispute-resolution options that apply to you. This is especially important if you are a Medicare, Medi-Cal, MRMIP, Federal Employee Health Benefits Program (FEHB), Postal Service Health Plan (PSHB), or CalPERS member because you have different dispute-resolution options available. The information below is subject to change when your *Evidence of Coverage*, *Certificate of Insurance,* or other plan documents are revised.

We will confirm receipt of your complaint, grievance, or appeal within 5 days. We will send you our decision within 30 days from the date we received your written or verbal complaint. We will make every attempt to resolve your issue promptly. In the case of an

urgent grievance, we will respond as described below in the Urgent Procedure section.

Complaints about quality of care or service, or access to facilities or services
If you have a complaint about your quality of care or service, or access to facilities or services, you may file a complaint online or you may contact a patient assistance coordinator or a Member Services representative at a local Plan facility, or call Member Services, 24 hours a day, 7 days a week at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY) to discuss your issue. To file a complaint online, go to **kp.org** and scroll to the bottom of the page. Under "Member Support," click "Support Center." On the left side of the screen, click "File a complaint." Our representatives will advise you about our resolution process and ensure that the appropriate parties review your complaint.

Grievances
A grievance is any expression of dissatisfaction by you or your authorized representative through the grievance process. Here are some examples of reasons you might file a grievance:

- You received a written denial of Services that require prior authorization from the Medical Group and you want us to cover the Services
- You received a written denial for a second opinion or we did not respond to your request for a second opinion in an expeditious manner, as appropriate for your condition
- Your treating doctor has said that Services are not medically necessary and you want us to cover the Services
- You were told that Services are not covered and you believe that the Services should be covered
- You want us to continue to cover an ongoing course of covered treatment
- You believe you have faced discrimination from providers, staff, or Health Plan
- We terminated your membership and you disagree with that termination

Who may file
The following people may file a complaint or grievance:

- You may file for yourself.
- You can ask a friend, relative, attorney, or any other person to file for you by appointing them in writing as your authorized representative.
- A parent may file for their child under age 18, except that the child must appoint the parent as authorized representative if the child has the legal right to control release of information that is relevant.
- A court-appointed guardian may file for their ward, except that the ward must appoint the court-appointed guardian as authorized representative if the ward has the legal right to control release of information that is relevant.
- A court-appointed conservator may file for their conservatee.
- An agent under a currently effective health care proxy, to the extent provided under state law, may file for their principal.
- Your doctor may act as your authorized representative with your verbal consent to request an urgent grievance as described in the *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

Independent Medical Review (IMR)
If you qualify, you or your authorized representative may have your issue reviewed through the Independent Medical Review (IMR) process managed by the California

Department of Managed Health Care. The Department of Managed Health Care determines which cases qualify for IMR. This review is at no cost to you.

You may qualify for IMR if all of the following are true:

- One of these situations applies to you:
  - You have a recommendation from a provider requesting medically necessary services.
  - You have received emergency or urgent medical services from a provider who determined the services to be medically necessary.
  - You have been seen by a Plan Provider for the diagnosis or treatment of your medical condition.
- Your request for payment or services has been denied, modified, or delayed based in whole or in part on a decision that the services are not medically necessary.
- You have filed a grievance and we have denied it or we haven't made a decision about your grievance within 30 days (or 3 days for urgent grievances). The Department of Managed Health Care may waive the requirement that you first file a grievance with us in extraordinary and compelling cases, such as severe pain or potential loss of life, limb, or major bodily function. If we have denied your grievance, you must submit your request for an IMR within 6 months of the date of our written denial. However, the Department of Managed Health Care may accept your request after 6 months if they determine that circumstances prevented timely submission.

You may also qualify for IMR if the Service you requested has been denied on the basis that it is experimental or investigational as described under "Experimental or investigational denials" in your *Evidence of Coverage*, *Certificate of Insurance*, or other plan documents.

If the Department of Managed Health Care determines that your case is eligible for IMR, it will ask us to send your case to the Department of Managed Health Care's Independent Medical Review organization. The Department of Managed Health Care will promptly notify you of its decision after it receives the Independent Medical Review organization's determination. If the decision is in your favor, we will contact you to arrange for the service or payment.

Independent Review Organization for nonformulary outpatient prescription drug requests

If you filed a grievance to obtain a nonformulary outpatient prescription drug and we did
not decide in your favor, you may submit a request for a review of your grievance by an independent review organization (IRO).
You must submit your request for IRO review within 180 days of the receipt of our decision letter.

For urgent IRO reviews, we will forward to you the independent reviewer's decision within 24 hours. For nonurgent requests, we will forward the independent reviewer's decision to you within 72 hours. If the independent reviewer does not decide in your favor, you may submit a complaint to the Department of Managed Health Care, as described under "Department of Managed Health Care." You may also submit a request for an Independent Medical Review as described under "Independent Medical Review."

Urgent Procedure

If you want us to consider your grievance on an urgent basis, please tell us that when you file your grievance. Note: Urgent is sometimes referred to as "exigent." If exigent circumstances exist, your grievance may be

reviewed using the urgent procedure described in this section.

You must file your urgent grievance or request for IRO review in one of the following ways:

- By calling our Expedited Review Unit toll-free at **1-888-987-7247** (TTY **711**)
- By going to **kp.org** — you can file a complaint or grievance, including a request for an expedited review, on our website
- By mailing a written request to:
  Kaiser Foundation Health Plan, Inc.
  Expedited Review Unit

  P.O. Box 1809
  Pleasanton, CA 94566
- By faxing a written request to our Expedited Review Unit toll-free at **1-888-987-2252**
- By visiting a Member Services office at a Plan facility

We will decide whether your grievance is urgent or nonurgent unless your attending health care provider tells us your grievance is urgent.

If we determine that your grievance is not urgent, we will use the procedure described in your *Evidence of Coverage* or other plan documents. Generally, a grievance is urgent only if one of the following is true:

- Using the standard procedure could seriously jeopardize your life, health, or ability to regain maximum function.
- Using the standard procedure would, in the opinion of a doctor with knowledge of your medical condition, subject you to severe pain that cannot be adequately managed without extending your course of covered treatment.
- A doctor with knowledge of your medical condition determines that your grievance is urgent.
- You have received emergency services but have not been discharged from a facility and your request involves admissions, continued stay, or other health care Services
- You are undergoing a current course of treatment using a non-formulary outpatient prescription drug and your grievance involves a request to refill a non-formulary outpatient prescription drug

For most grievances that we respond to on an urgent basis, we will give you oral notice of our decision as soon as your clinical condition requires, but not later than 72 hours after we received your grievance. We will send you a written confirmation of our decision within three days after we received your grievance.

If your grievance involves a request to obtain a non-formulary outpatient prescription drug and we respond to your request on an urgent basis, we will notify you of our decision within 24 hours of your request. For information on how to request a review by an independent review organization, see "Independent Review Organization for Non- Formulary Prescription Drug Requests" above.

If we do not decide in your favor, our letter will explain why and describe your further appeal rights.

NOTE: If you have an issue that involves an imminent and serious threat to your health (such as severe pain or potential loss of life, limb, or major bodily function), you can contact the California Department of Managed Health Care at any time at **1-888-466-2219** or **1-877-688-9891** (TTY) without first filing a grievance with us.

Binding arbitration

You have the right to voice complaints about Kaiser Permanente and the care we provide. Most member concerns are resolved through our complaint and grievance process. However, if you believe your care has been

negligent, you can ask for binding arbitration by an arbitrator.

Upon enrollment, Kaiser Permanente members agree to use binding arbitration* instead of a jury or court trial for certain matters that are not resolved by our dispute-resolution process. Arbitration is a widely used alternative to the court system. Arbitration does not limit a member's ability to sue Kaiser Permanente (Kaiser Foundation Health Plan, Inc.), The Permanente Medical Group, Inc. (TPMG), Southern California Permanente Medical Group (SCPMG), and its providers, employees, etc. (collectively "Kaiser Permanente"). Arbitration is simply a different forum for resolution of the dispute.

The Office of the Independent Administrator is the neutral entity that administers these arbitrations. Under the Office of the Independent Administrator, the arbitration system has been designed so that many cases are resolved timely and, in many circumstances, faster than if in court. A pool of nearly 300 independent arbitrators has been established by the Office of the Independent Administrator. About one-third of the arbitrators are retired judges. The arbitrator's decision is binding on both members and Kaiser Permanente.

For more information about binding arbitration, please refer to your *Evidence of Coverage* or other plan documents. The Office of the Independent Administrator issues annual reports available to the public regarding the arbitration system. The Office of the Independent Administrator may be reached at **1-213-637-9847.** Information about the arbitration system is also available on the website for the Office of the Independent Administrator, **oia-kaiserarb.com**.

Department of Managed Health Care

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY) and use your health plan's grievance process before contacting DMHC. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call DMHC for assistance. You may also be eligible for an Independent Medical Review (IMR).

If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. DMHC also has a toll-free telephone number **(1-888-466-2219**) and a TTY line **(1-877-688-9891)** for the deaf or hard of hearing. DMHC's website **www.dmhc.ca.gov** has complaint forms, IMR application forms, and instructions.

Notice of personal information sharing with Covered California

California Law requires Kaiser Permanente to notify you every year that we will provide your information, including your name, address, and email, to Covered California if you end your health care coverage with us. Covered California will use this information to help you obtain other health coverage. If you do not

want to allow Kaiser Permanente to share your information with Covered California, you may opt out of this information sharing.

If you do not want us to share your information with Covered California, visit **kp.org/notifications**, or contact Member Services at **1-800-464-4000** (English and more than 150 languages using interpreter services), 24 hours a day, 7 days a week (closed holidays) (for TTY, call **711)** 30 days before your coverage ends, to opt out of this information sharing. Thank you.

Guide for members with disabilities

Kaiser Permanente is committed to providing individuals with disabilities full and equal access to its care and facilities. The information presented here will guide you through available resources to help you plan your visit or hospital stay at any of our facilities statewide.

Accessibility in Video Appointments

The Zoom platform that Kaiser Permanente uses for web-based video appointments, classes, and group visits has the following accessibility features to provide effective communication for members who are deaf or hard of hearing:

- integrated chat
- integrated, automated captioning
- the capacity to add a Qualified Sign Language Interpreter, Qualified Deaf Interpreter, and/or Qualified Professional Captioner into the appointment as integrated participant(s)
- the capacity for live captioning to be integrated, and
- the capacity for appointment participants to view all other participants side by side or to pin specific participants.

We also use our best efforts to ensure that Qualified Sign Language Interpreters, Qualified Deaf Interpreters, and Qualified Professional Captioners engaged for video appointments with our members who are deaf or hard of hearing have appropriate technology to join and conduct video appointments without significant disruptions to live video. Interpreters and captioners will strive to join the appointment by the time the patient and provider join the appointment, to help avoid gaps in communication.

Members who are deaf or hard of hearing may indicate their preference for one or a combination of the following video appointment accessibility options which will be noted in their member profile:

- an integrated Qualified Sign Language Interpreter
- an integrated Qualified Deaf Interpreter
- automated captioning
- live captioning by a Qualified Professional Captioner
- any gender preference for interpreters.

Information about accessibility in video appointments is available in American Sign Language in **this video**.

Physical accessibility at Kaiser Permanente facilities

Kaiser Permanente complies with all requirements of the Americans with Disabilities Act (ADA) and related disability civil rights laws. Individuals with disabilities are welcome at all our facilities. If you are curious about access at a specific facility, we offer information regarding the physical accessibility of parking, building exterior,

building interior, restrooms, exam rooms, and exam tables/scales for many of our facilities online. On **kp.org** under Doctors & Locations, you may enter your location or zip code and key words to find doctors or facilities near you. Once you select a facility, that facility's listing may indicate the following levels of access based on Department of Health Care Services (DHCS) guidelines:

- **Basic access**: The facility demonstrates physical accessibility for people with disabilities for each of the following 5 areas surveyed: parking, outside building, inside building, restrooms, and exam rooms.
- **Limited access**: The facility demonstrates physical accessibility for people with disabilities for some but not all of the following 5 areas surveyed: parking, outside building, inside building, restrooms, and exam rooms.
- **Medical equipment access**: The facility demonstrates that patients with disabilities have access to height-adjustable exam tables and weight scales accessible to patients with wheelchairs and scooters. Also indicated by the T symbol described below.

Additional information about a facility's physical accessibility may also be included using the following symbols:

E = exam room

The entrance to the exam room is accessible with a clear path. The doors open wide enough to accommodate a wheelchair or scooter and are easy to open. The exam room has enough room for a wheelchair or scooter to turn around.

EB = exterior (outside) building

Curb ramps and other ramps to the building are wide enough for a wheelchair or scooter. Handrails are provided on both sides of the ramp. There is an accessible entrance to the building. Doors open wide enough to let a wheelchair or scooter enter and have handles that are easy to use.

IB = interior (inside) building

Doors open wide enough to let a wheelchair or scooter enter and have handles that are easy to use. Interior ramps are wide enough and have handrails. Stairs, if available, have handrails. If there is an elevator, it is available for public use at all times when the building is open. The elevator has enough room for a wheelchair or scooter to turn around. If there is a platform lift, it can be used without help.

P = parking

Parking spaces, including spaces designated for vans, are accessible. Pathways have curb ramps between the parking lots, offices, and at drop-off locations.

R = restroom

The restroom is accessible, and the doors are wide enough to accommodate a wheelchair or scooter and are easy to open. The restroom has enough room for a wheelchair or scooter to turn around and close the door. There are grab bars that allow easy transfer from wheelchair to toilet. The sink is easy to get to and the faucets, soap, and toilet paper are easy to reach and use.

T = exam table or scale

The exam table moves up and down and the scale is accessible with handrails to assist people with wheelchairs and scooters. The weight scale can accommodate a wheelchair.

If a facility you are interested in visiting does not have physical accessibility information listed online, that doesn't mean that it is not accessible. Contact the facility directly or speak with your provider if you have any concerns about ensuring that your individual needs are accommodated when you visit.

Alternative formats

- **Print documents are available in alternative formats**
  Large print, braille, audio, and electronic files (accessible PDFs or Microsoft Word documents) are available at no charge to individuals with disabilities. The amount of time required for production of written materials in alternative formats may vary depending on the complexity, type, and length of the document requested, as well as whether the materials are prepared in-house or by third-party vendors. Generally, written materials in alternative formats can be produced within two weeks or less. Many electronic documents may be available for immediate viewing or downloading on **kp.org**.

  To request documents in alternative formats, call Member Services, 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), **1-800-757-7585** (Chinese dialects), or **711** (TTY). You can also contact us online by visiting our **Support Center**.

Auxiliary aids and services:

Auxiliary aids and services are available to assist with effective communication so that you can fully participate in your care and our services, at no cost. Contact your provider or Member Services to inquire about the types of aids, services, or modifications that we can offer to make our services and communications fully accessible to you. Examples include sign language interpreter services, real-time captioning, hearing amplification devices, documents in alternative formats, wheelchair transfer assistance, access to accessible medical equipment, and more.

Pharmacy services

Kaiser Permanente pharmacies offer a variety of communication solutions for members who are blind, low vision, deaf, hard of hearing, or may have difficulties with remembering or understanding, including:

- Alternative formats (braille, large print, audio, and screen readable documents)
- Large print prescription labels and audible prescription labels. The ScripTalk Station and ScripTalk Mobile App reads aloud specially designed prescription labels. Request audible prescription labels and the ScripTalk station through your local pharmacy, pharmacy call center, or through the mail order pharmacy. Or download the **ScripTalk Mobile App** from the **Apple App Store** or **Google Play.**
- Assistive listening devices (ALDs), such as a Pocket Talker, which is a personal hearing amplifier
- Sign language interpreters
- Other auxiliary aids and services upon request

For additional information or assistance:

Get local pharmacy or pharmacy call center numbers by:

- **Calling Member Services,** 24 hours a day, 7 days a week (closed holidays) at **1-800-464-4000** (English and more than 150 languages using interpreter services), **1-800-788-0616** (Spanish), or **1-800-757-7585** (Chinese dialects). For TTY, call **711.**
- **Using kp.org**
  Sign in, select “Pharmacy,” and select “Find a KP pharmacy.”
- **Using the KP mobile app**
  Sign in, navigate to the Pharmacy section, and select “Find a Pharmacy.”

Service animals

Kaiser Permanente welcomes service animals in its facilities. Service animals are defined by the ADA as dogs (and, as may be permitted under the ADA, miniature horses) that are individually trained to do work or perform tasks for people with disabilities. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA and are not permitted in Kaiser Permanente facilities. Misrepresenting an animal as a trained service animal is a misdemeanor punishable by up to 6 months in jail and/or up to a $1,000 fine. (Penal Code Section 365.7(a)).

Technology access

At Kaiser Permanente we're dedicated to making our digital experience accessible to everyone. We continually review and modify our technology to improve their accessibility for people with disabilities. We strive to provide equivalent and positive digital experiences to people who use assistive technologies or adaptive methods.

- **kp.org and our KP mobile app**
  Kaiser Permanente has a core group of accessibility subject matter experts that form the Kaiser Permanente Digital Accessibility Program. These specialists engage with the digital information teams throughout the product life cycle – from design toward testing. Our digital properties – including our website, our Kaiser Permanente mobile applications, and our electronic documents – support the Web Content Accessibility Guidelines, version 2.2, levels A and AA (referred to as WCAG 2.2 AA).

  We determine compliance through accessibility reviews and testing during design and development, assessing accessibility using a combination of automated and manual testing. Our tools and methods include keyboard, JAWS, VoiceOver, TalkBack, zooming to 400%, text spacing, and Color Contrast Analyzer. PDFs are tested with a variety of tools including Adobe Acrobat Pro Accessibility Checker, CommonLook PDF Validator, Color Contrast Analyzer, and JAWS.

  You can get more information about our accessibility efforts at **kp.org/accessibility**.

- **Technology at Kaiser Permanente facilities**
  Kaiser Permanente uses a variety of technologies at its medical centers to provide our members with information and services. We design, select, and install these technologies so that as many of our members as possible may use them. However, these technologies don't replace one-on-one help. If you don't know how to use any technologies you encounter during your visits, our employees are here to help you.
- **Need help?**
  If you'd like to report a digital accessibility issue or provide feedback on the accessibility of our websites or our Kaiser Permanente mobile applications, please send an email to **accessibility-feedback@kp.org**. If you need immediate user help, please call the general website support number **1-800-556-7677** or **711** (TTY), available 24 hours, 7 days a week. You can also visit our **Support Center** for assistance.

Notice of Language Assistance

English: ATTENTION. Timely language assistance is available at no cost to you. You can ask for interpreter services, including sign language interpreters. You can ask for materials translated into your language or alternative formats, such as braille, audio, or large print. You can also request auxiliary aids and devices at our facilities. Call our Member Services department for help. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 hours a day, 7 days a week
- All others: **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week

Arabic: انتباه المساعدة اللغوية متوفرة في الوقت المناسب بدون تكلفة عليك. يمكنك طلب خدمات الترجمة، بما في ذلك مترجمي لغة الإشارة. يمكنك طلب وثائق مترجمة بلغتك أو بصيغ بديلة مثل طريقة برايل للمكفوفين أو ملف صوتي أو الطباعة بأحرف كبيرة. يمكنك أيضًا طلب وسائل مساعدة وأجهزة مساعدة في مرافقنا. اتصل مع قسم خدمات الأعضا (Member Services) لدينا للحصول على المساعدة. قسم خدمات الأعضاء مغلق أيام العطلات الرئيسية.

- Medicare، بما في ذلك D-SNP على: **1-800-443-0815** (TTY **711**)، 8 صباحاً إلى 8 مساءً، 7 أيام في الأسبوع
- Medi-Cal: على **1-855-839-7613** (TTY **711**)، 24 ساعة في اليوم، 7 أيام في الأسبوع
- الآخرين جميعاً: **1-800-464-4000** (TTY **711**)، 24 ساعة في اليوم، 7 أيام في الأسبوع

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Ժամանակին տրամադրվող լեզվական աջակցությունը հասանելի է ձեզ անվճար: Դուք կարող եք խնդրել բանավոր թարգմանության ծառայություններ, այդ թվում՝ ժեստերի լեզվի թարգմանիչներ: Դուք կարող եք խնդրել ձեր լեզվով թարգմանված նյութեր կամ այլընտրանքային ձևաչափեր, ինչպիսիք են՝ բրայլը, ձայնագրությունը կամ խոշոր տառատեսակը: Դուք կարող եք նաև դիմել օժանդակ աջակցության և սարքերի համար, որոնք առկա են մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման բաժին: Անդամների սպասարկման բաժինը (Member Services) փակ է հիմնական տոն օրերին:

- Medicare, ներառյալ D-SNP՝ **1-800-443-0815** (TTY **711**), 8 a.m.-ից 8 p.m.-ը, շաբաթը 7 օր
- Medi-Cal՝ **1-855-839-7613** (TTY **711**), օրը 24 ժամ, շաբաթը 7 օր
- Մյուս բոլորը՝ **1-800-464-4000** (TTY **711**), օրը 24 ժամ, շաբաթը 7 օր

Chinese：请注意。我们免费为您提供及时语言协助。您可以要求我们提供口译服务，包括手语翻译员。您可以要求将资料翻译成您所使用的语言或其他格式，如盲文版、音频版或大字版。您还可以要求在我们的设施使用语言辅助工具和设备。请致电会员服务部(Member Services)以获取帮助。会员服务部于重要节假日休息。

- 联邦医疗保险计划 (Medicare)，包括 D-SNP：**1-800-443-0815** (TTY **711**)，每周 7 天，上午 8:00 至晚上 8:00
- 加州医疗保健辅助计划：**1-855-839-7613** (TTY **711**)，每周 7 天，每天 24 小时
- 所有其他计划：**1-800-757-7585** (TTY **711**)，每周 7 天，每天 24 小时

Farsi: توجه. امکان بهره‌مندی به‌موقع و مقتضی از مساعدت زبانی به طور رایگان برای شما وجود دارد. می‌توانید خدمات ترجمه شفاهی را درخواست کنید، از جمله مترجمان زبان اشاره. همچنین می‌توانید مطالب ترجمه‌شده به زبان خودتان یا در قالب‌های جایگزین را درخواست کنید، از جمله خط بریل، فایل صوتی، یا چاپ با حروف درشت. همچنین می‌توانید امکانات و دستگاه‌های کمکی را از مراکز ما درخواست کنید. برای دریافت کمک، با بخش خدمات اعضای ما (Member Services) تماس بگیرید. بخش خدمات اعضا در تعطیلات رسمی تعطیل می‌باشد.

- Medicare، شامل D-SNP: با شماره **1-800-443-0815** (TTY **711**) از 8 صبح تا 8 عصر، در 7 روز هفته تماس بگیرید
- Medi-Cal: با شماره **1-855-839-7613** (TTY **711**)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید
- همه موارد دیگر: با شماره **1-800-464-4000** (TTY **711**)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید

Hindi: ध्यान दें। समय पर भाषा सहायता आपके लिए बिना किसी शुल्क के उपलब्ध है। आप दुभाषिया सेवाओं के लिए अनुरोध कर सकते हैं, जिसमें साइन लैंगुवेज के दुभाषिये भी शामिल हैं। आप सामग्रियों को अपनी भाषा या वैकल्पिक प्रारूप, जैसे कि ब्रेल, ऑडियो, या बड़े प्रिंट में अनुवाद करवाने के लिए भी कह सकते हैं। आप हमारे सुविधा-केंद्रों पर सहायक साधनों और उपकरणों का भी अनुरोध कर सकते हैं। सहायता के लिए हमारे सदस्य सेवा (Member Services) विभाग को कॉल करें। सदस्य सेवा विभाग मुख्य छुट्टियों वाले दिन बंद रहता है।

- Medicare, जिसमें D-SNP शामिल है: **1-800-443-0815** (TTY **711**), सुबह 8 बजे से रात 8 बजे तक, सप्ताह के 7 दिन
- Medi-Cal: **1-855-839-7613** (TTY **711**), दिन के चौबीस घंटे, सप्ताह के 7 दिन
- बाकी सभी: **1-800-464-4000** (TTY **711**), दिन के चौबीस घंटे, सप्ताह के 7 दिन

Hmong: CEEB TOOM. Sij hawm muaj kev pab txhais lus pub dawb rau koj. Koj muaj peev xwm thov kom pab txhais lus, suav nrog kws txhais lus piav tes. Koj muaj peev xwm thov kom muab cov ntaub ntawv no txhais ua koj yam lus los sis ua lwm hom, xws li hom ntawv rau neeg dig muag xuas, tso ua suab lus, los sis luam tawm kom koj. Koj kuj tuaj yeem thov kom muab tej khoom pab dawb thiab tej khoom siv txhawb tau rau

ntawm peb cov chaw kuaj mob. Hu mus thov kev pab rau ntawm peb Lub Chaw Pab Cuam Tswv Cuab. Lub Chaw Pab Cuam (Member Services) Tswv Cuab raug kaw rau cov hnub so tseem ceeb.

- Medicare, suav nrog D-SNP: **1-800-443-0815** (TTY **711**), 8 teev sawv ntxov txog 8 teev tsaus ntuj, 7 hnub hauv ib lub vij
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 teev hauv ib hnub, 7 hnub hauv ib lub vij
- Tag nrho lwm yam: **1-800-464-4000** (TTY **711**), 24 teev hauv ib hnub, 7 hnub hauv ib lub vij

Japanese：注意。タイムリーな言語サポートを無料でご利用いただけます。あなたは手話通訳を含む通訳サービスを依頼できます。点字、大型活字、または録音音声など、あなたの言語に翻訳された資料や別のフォーマットの資料を求めることができます。当社の施設では補助器具や機器の要請も承っております。支援が必要な方は、加入者サービス部門 (Member Services) にお電話ください。加入者向けサービスは、主要な休日には営業しておりません。

- D-SNP を含む Medicare: **1-800-443-0815** (TTY **711**)、午前 8 時から午後 8 時まで、年中無休
- Medi-Cal: **1-855-839-7613** (TTY **711**)、24 時間、年中無休
- その他全て: **1-800-464-4000** (TTY **711**)、24 時間、年中無休

Khmer (Cambodian): យកចិត្តទុកដាក់។
ជំនួយភាសាទាន់ពេលវេលាអាចរកបានដោយមិនគិតថ្លៃសម្រាប់អ្នក។
អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ រួមទាំងអ្នកបកប្រែភាសាសញ្ញាផងដែរ។
អ្នកអាចស្នើសុំឯកសារដែលត្រូវបានបកប្រែជាភាសារបស់អ្នក
ឬទម្រង់ផ្សេងទៀតដូចជាអក្សរស្ដាប សំឡេង ឬអក្សរធំៗ។ អ្នកក៏អាចស្នើសុំជំនួយបន្ថែម និងឧបករណ៍ជំនួយនៅតាមកន្លែងរបស់យើងផងដែរ។
សូមទូរសព្ទទៅផ្នែកសេវាសមាជិករបស់យើងសម្រាប់ជំនួយ។
សេវាកម្មសមាជិកត្រូវបានបិទនៅថ្ងៃឈប់សម្រាកសំខាន់ៗ (Member Services)។

- Medicare រួមទាំង D-SNP: **1-800-443-0815** (TTY **711**) ពីម៉ោង 8 ព្រឹក ដល់ 8 យប់ 7 ថ្ងៃក្នុងមួយសប្ដាហ៍
- Medi-Cal: **1-855-839-7613** (TTY **711**) 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្ដាហ៍
- ផ្សេងៗទៀតទាំងអស់៖ **1-800-464-4000** (TTY **711**) 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្ដាហ៍

Korean: 참고. 무료로 시기적절한 언어 지원을 제공합니다. 수화 통역사를 포함한 통역 서비스를 요청할 수 있습니다. 한국어로 번역된 자료 또는 점자, 오디오 또는 큰 글씨와 같은 대체 형식의 자료를 요청할 수 있습니다. 저희 시설에서 보조 기구와 장치를 요청할 수도 있습니다. 가입자 서비스 (Member Services) 부서에 전화하여 도움을 요청하십시오. 주요 공휴일에는 가입자 서비스를 운영하지 않습니다.

- Medicare(D-SNP 포함): 주 7 일 오전 8 시~오후 8 시에 **1-800-443-0815** (TTY **711**)번으로 문의
- Medi-Cal: **1-855-839-7613** (TTY **711**), 주 7 일, 하루 24 시간
- 기타 모두: **1-800-464-4000** (TTY **711**), 주 7 일, 하루 24 시간

Laotian: ຂໍ້ຄວນເອົາໃຈໃສ່. ມີການຊ່ວຍເຫຼືອດ້ານພາສາຢ່າງທັນເວລາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍບໍລິການລ່າມແປພາສາ, ລວມທັງລ່າມແປພາສາມື.
ທ່ານສາມາດຂໍເອກະສານທີ່ແປເປັນພາສາຂອງທ່ານ ຫຼື ຮູບແບບອື່ນ ເຊັ່ນ: ອັກສອນນູນ, ສຽງ ຫຼື ຕົວພິມໃຫຍ່. ນອກຈາກນີ້ ທ່ານຍັງສາມາດຮ້ອງຂໍເຄື່ອງຊ່ວຍເຫຼືອ ແລະ ອຸປະກອນເສີມໄດ້ທີ່ສະຖານທີ່ຍ່ານພະຍາບານຂອງພວກເຮົາ. ໂທຫາພະແນກການບໍລິການສະມາຊິກ (Member Services) ຂອງພວກເຮົາສຳລັບການຊ່ວຍເຫຼືອ. ການບໍລິການສະມາຊິກຈະປິດໃນວັນພັກສຳຄັນ.

- Medicare, ລວມທັງ D-SNP: **1-800-443-0815** (TTY **711**), 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, 7 ມື້ຕໍ່ອາທິດ
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 ຊົ່ວໂມງຕໍ່ມື, 7 ມື້ຕໍ່ອາທິດ
- ທັງໝົດອື່ນໆ: **1-800-464-4000** (TTY **711**), 24 ຊົ່ວໂມງຕໍ່ມື, 7 ມື້ຕໍ່ອາທິດ

Mien: MBUOX JANGX-FIM WAAC. Ninh mbuo duqv liepc ziangx tengx faan waac bun meih muangx hingh mv zuqc hoic meih ndortv nyaanh cingv oc. Meih corc haiv tov taux ninh mbuo tengx lorz faan waac bun meih, caux longc buoz wuv faan waac bun muangx. Meih aengx haih tov taux ninh mbuo dorh nyungc horngh jaa dorngx faan benx meih nyei waac a'fai fiev bieqc da'nyeic diuc daan, fiev benx domh nzangc-pokc bun hluo, bungx waac-qiez bun uangx, a'fai aamx bieqc domh zeiv-linh. Meih corc haih tov longc benx wuotc ginc jaa-dorngx tengx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Mborqv finx lorz taux yie mbuo dinc zangc domh gorn ziux goux baengc mienh nyei dorngx liouh tov heuc ninh mbuo tengx nzie weih. Goux baengc mienh nyei dorngx duqv guon mv zoux gong yiem gingc nyei hnoi-nyieqc oc (Member Services).

- Medicare, caux D-SNP: **1-800-443-0815** (TTY **711**), yiem 8 dimv lungh ndorm taux 8 dimv lungh muonx, yietc norm leiz baaix zoux gong 7 hnoi
- Medi-Cal: **1-855-839-7613** (TTY **711**), yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi
- Yietc zungv da'nyeic diuc jauv-louc: **1-800-464-4000** (TTY **711**), yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi

Navajo: YÁ'ÁDÍÍŁTĮĮH. T'áá Bíní'dée'go Bizaad Bee Na'anish Bééhózin, Doo BéeNOLso Bee Na'al'a' Da. Tł'éé'góó tł'ízí'ígíí éí tséé' naalkáah sidá'ígíí bikáa' dah sidaaígíí, t'á'ii bik'eh dah na'ałkaígíí. T'á'ii éí tł'éé'góó tł'ízí'ígíí bik'eh dah deidiyós, t'á'ii éí bi'éé' bik'eh dah na'ałkaígíí bik'eh dah deidiyós. T'á'ii bik'eh dah na'ałkaígíí bikáa' dah na'ałkaígíí t'áá ałtso bik'eh dah deidiyós. Bi'éé' naalkáah sidá'ígíí bik'eh ha'a'aah. T'á'ii bik'eh dah na'ałkaígíí éí bik'eh dah naazhjaa'ígíí bik'eh dah na'ałkaígíí (Member Services).

- Medicare, 'ałdó' bii' hóló D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. góó 8 p.m., 7 j´ t'ááłá'í damóo
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 tł'ohch'oolí t'ááłá'í j´, 7 j´ t'ááłá'í damóo
- T'áá ał'ąą: **1-800-464-4000** (TTY **711**), 24 tł'ohch'oolí t'ááłá'í j´, 7 j´ t'ááłá'í damóo

Punjabi: ਧਿਆਨ ਦਿਓ। ਸਮੇਂ ਸਿਰ ਦਿੱਤੀ ਜਾਣ ਵਾਲੀ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਦੇ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਦੁਭਾਸ਼ਿਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਿੱਤੇ ਜਾਣ ਲਈ ਸਕਦੇ ਹੋ, ਜਿਸ ਵਿੱਚ ਸਾਈਨ ਲੈਂਗੁਏਜ਼ ਦੇ ਦੁਭਾਸ਼ਿਏ ਵੀ ਸ਼ਾਮਲ ਹਨ। ਤੁਸੀਂ ਸਾਡੇ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ, ਜਾਂ ਕਿਸੇ ਵੈਕਲਪਿਕ ਫਾਰਮੈਟ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ, ਆਡੀਓ, ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਅਨੁਵਾਦਿਤ ਕਰਨ ਲਈ ਵੀ ਕਹਿ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸਹੂਲਤਾਂ 'ਤੇ ਸਹਾਇਕ

ਏਡਜ਼ ਅਤੇ ਉਪਕਰਨਾਂ ਲਈ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ ਸਾਡੇ ਮੈਂਬਰਾਂ ਸੇਵਾਵਾਂ (Member Services) ਦੇ ਵਿਭਾਗ ਨੂੰ ਕਾੱਲ ਕਰੋ। ਮੈਂਬਰਾਂ ਸੇਵਾਵਾਂ ਦਾ ਵਿਭਾਗ ਮੁੱਖ ਛੁਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ।

- Medicare, ਬਜਸ ਬਵੱ D-SNP ਵੀ ਸ਼ਾਮਲ ਹੈ: **1-800-443-0815** (TTY **711**), ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- Medi-Cal: **1-855-839-7613** (TTY **711**), ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- ਬਾਕੀ ਸਾਰੇ: **1-800-464-4000** (TTY **711**), ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ

Russian: ВНИМАНИЕ! Для Вас доступны бесплатные услуги перевода. Вы можете запросить услуги устного перевода, в том числе услуги переводчика языка жестов. Вы также можете запросить материалы, переведенные на ваш язык или в альтернативных форматах, например шрифтом Брайля, крупным шрифтом или в аудиоформате. Вы также можете запросить дополнительные приспособления и вспомогательные устройства в наших учреждениях. Если Вам нужна помощь, позвоните в отдел обслуживания участников. Отдел обслуживания участников (Member Services) не работает в дни государственных праздников.

- Medicare, включая D-SNP: **1-800-443-0815** (линия TTY **711**), ежедневно с 8:00 до 20:00.
- Medi-Cal: **1-855-839-7613** (линия TTY **711**), круглосуточно, ежедневно.
- Любые другие поставщики услуг: **1-800-464-4000** (линия TTY **711**), круглосуточно, ежедневно.

Spanish: ATENCIÓN. Se ofrece ayuda oportuna en otros idiomas sin ningún costo para usted. Puede solicitar servicios de interpretación, incluyendo intérpretes de lengua de señas. Puede solicitar materiales traducidos a su idioma o en formatos alternativos, como braille, audio o letra grande. También puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención. Llame al Departamento de Servicio a los Miembros (Member Services) para pedir ayuda. Servicio a los Miembros está cerrado los días festivos principales.

- Medicare, incluyendo D-SNP: **1-800-443-0815** (TTY **711**), los 7 días de la semana, de 8 a. m. a 8 p. m., los 7 días de la semana
- Medi-Cal: **1-855-839-7613** (TTY **711**), las 24 horas del día, los 7 días de la semana.
- Todos los demás: **1-800-788-0616** (TTY **711**), las 24 horas del día, los 7 días de la semana.

Tagalog: ATENSYON. Ang napapanahong tulong sa wika ay makukuha nang walang bayad para sa iyo. Maaari kang humiling ng mga serbisyo ng interpreter, kasama ang mga interpreter sa sign language. Maaari kang humiling ng mga babasahin na nakasalin-wika sa iyong wika o sa mga alternatibong format, na tulad ng braille, audio, o malalaking titik. Puwede ka ring humiling ng mga karagdagang tulong at device sa aming mga pasilidad. Tawagan ang aming departamento ng Mga Serbisyo sa Miyembro (Member Services) para sa tulong. Ang Mga Serbisyo sa Miyembro ay sarado sa mga pangunahing holiday.

- Medicare, kasama ang D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. hanggang 8 p.m., 7 araw sa isang linggo

- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 oras sa isang araw, 7 araw sa isang linggo
- Ang lahat ng iba: **1-800-464-4000** (TTY **711**), 24 oras sa isang araw, 7 araw sa isang linggo

Thai: ส่งถึง มีบริการความช่วยเหลือด้านภาษาอย่างทันท่วงทีให้ท่านโดยไม่มีค่าใช้จ่าย ท่านสามารถขอรับบริการล่าม รวมถึงล่ามภาษามือได้ ท่านสามารถขอให้แปลเอกสารเป็นภาษาของท่าน หรือในรูปแบบอื่นๆ เช่นอักษรเบรลล์ ไฟล์เสียง หรือตัวอักษรขนาดใหญ่ ท่านสามารถขอรับอุปกรณ์ช่วยเหลือและอุปกรณ์เสริมได้ ณ สถานที่ให้บริการของเรา โทรติดต่อฝ่ายบริการสมาชิกของเรา (Member Services) เพื่อขอความช่วยเหลือได้ ฝ่ายบริการสมาชิกจะปิดทำการในวันหยุดราชการต่างๆ

- Medicare รวมถึง D-SNP: **1-800-443-0815** (TTY **711**) 8.00 น. ถึง 20.00 น.หรือ 7 วันต่อสัปดาห์
- Medi-Cal: **1-855-839-7613** (TTY **711**) ตลอด 24 ชั่วโมง หรือ 7 วันต่อสัปดาห์
- อื่นๆ ทั้งหมด: **1-800-464-4000** (TTY **711**) ตลอด 24 ชั่วโมง หรือ 7 วันต่อสัปดาห์

Ukrainian: УВАГА! Своєчасні послуги перекладача надаються безкоштовно. Ви можете залишити запит на послуги усного перекладу, зокрема мовою жестів. Ви можете зробити запит на отримання матеріалів, перекладених вашою мовою, або в альтернативних форматах, як-от надрукованим шрифтом Брайля чи великим шрифтом, а також у звуковому форматі. Крім того, ви можете зробити запит на отримання допоміжних засобів і пристроїв у закладах нашої мережі компаній. Якщо вам потрібна допомога, зателефонуйте у відділ обслуговування клієнтів (Member Services). Відділ обслуговування клієнтів зачинений у державні свята.

- Medicare, зокрема D-SNP: **1-800-443-0815** (TTY **711**), із 8:00 до 20:00, без вихідних.
- Medi-Cal: **1-855-839-7613** (TTY **711**), цілодобово, без вихідних.
- Усі інші надавачі послуг: **1-800-464-4000** (TTY **711**), цілодобово, без вихідних.

Vietnamese: LƯU Ý. Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ kịp thời, miễn phí cho quý vị. Quý vị có thể yêu cầu dịch vụ thông dịch, bao gồm cả thông dịch viên ngôn ngữ ký hiệu. Quý vị có thể yêu cầu tài liệu được dịch sang ngôn ngữ của quý vị hay định dạng thay thế, chẳng hạn như chữ nổi braille, băng đĩa thu âm hay bản in khổ chữ lớn. Quý vị cũng có thể yêu cầu các phương tiện và thiết bị phụ trợ tại các cơ sở của chúng tôi. Gọi cho ban Dịch Vụ Hội Viên (Member Services) của chúng tôi để được trợ giúp. Ban Dịch Vụ Hội Viên không làm việc vào những ngày lễ lớn.

- Medicare, bao gồm cả D-SNP: **1-800-443-0815** (TTY **711**), 8 giờ sáng đến 8 giờ tối, 7 ngày trong tuần
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 giờ trong ngày, 7 ngày trong tuần
- Mọi chương trình khác: **1-800-464-4000** (TTY **711**), 24 giờ trong ngày, 7 ngày trong tuần.

Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente[1] 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, 24 hours a day, 7 days a week (closed holidays). The call is free:

- Medi-Cal: **1-855-839-7613** (TTY **711**)
- All others: **1-800-464-4000** (TTY **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. You can file a grievance by phone, by mail, in person, or online. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You can call Member

[1] Kaiser Permanente is inclusive of Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, and the Southern California Medical Group

Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Medi-Cal members may call **1-855-839-7613** (TTY **711**). All other members may call **1-800-464-4000** (TTY **711**). Help is available 24 hours a day, 7 days a week (closed holidays)
- **By mail:** Download a form at kp.org or call Member Services and ask them to send you a form that you can send back.
- **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 Coordinator 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:
https://www.hhs.gov/ocr/complaints/index.html

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

25-0308 November 2025