January 1–December 31, 2024

# 2024 Summary of Benefits

Kaiser Permanente Medicare Advantage Key Plan (HMO)

*This plan includes Medicare Part D prescription drug coverage and is available in Island, King, Kitsap, Pierce, Snohomish, and Thurston counties.*

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# About this Summary of Benefits

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

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

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

## For more details

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

This plan includes Medicare Part D prescription drug coverage. We also offer other plans, including a plan without Part D drug coverage. If you'd like information about our other plans, call **1-800-446-8882** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week, or go to **kp.org/medicare**.

## Have questions?

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

# What's covered and what it costs

*Your plan provider may need to provide a referral.
†Prior authorization may be required.

| Benefits and premiums | You pay |
|---|---|
| **Monthly plan premium** | **$0**<br>You must continue to pay your Medicare Part B premium. |
| **Deductible** | **None** |
| **Your maximum out-of-pocket responsibility**<br>Includes copays and other costs for medical services for the year.<br>Doesn't include Medicare Part D drugs. | **$6,600** |
| **Inpatient hospital services*†**<br>There's no limit to the number of medically necessary inpatient hospital days. | **$375** per day for days 1 through 4 of your stay and **$0** for the rest of your stay |
| **Outpatient hospital services*†** | **$0–$300** per visit |
| **Ambulatory Surgical Center (ASC)*†** | **$300** per visit |
| **Doctor's visits**<br>• Primary care providers | **$0** |
| • Specialists*† | **$35** per visit |
| **Preventive care***<br>• Abdominal aortic aneurysm screening<br>• Alcohol misuse screenings & counseling<br>• Bone mass measurements (bone density)†<br>• Cardiovascular disease screenings<br>• Cardiovascular disease (behavioral therapy)<br>• Cervical & vaginal cancer screening<br>• Colorectal cancer screenings (barium enemas, colonoscopies, fecal occult blood tests, flexible sigmoidoscopies, and multi-target stool DNA tests)†<br>• Depression screenings<br>• Diabetes screenings<br>• Diabetes self-management training†<br>• Glaucoma tests†<br>• Hepatitis B Virus (HBV) infection screenings†<br>• Hepatitis C screening tests†<br>• HIV screenings<br>• Lung cancer screenings†<br>• Mammograms (screening)<br>• Medicare Diabetes Prevention Program†<br>• Nutrition therapy services†<br>• Obesity screenings & counseling† | **$0**<br>Any additional preventive services approved by Medicare during the contract year will be covered. See your **EOC** for frequency of covered services. |

| Benefits and premiums | You pay |
|---|---|
| • One-time “Welcome to Medicare” preventive visit<br>• Prostate cancer screenings†<br>• Sexually transmitted infections screenings & counseling<br>• Shots that include COVID-19 vaccines†, flu shots, Hepatitis B shots and Pneumococcal shots<br>• Tobacco use cessation counseling<br>• Yearly "Wellness" visit | |
| **Emergency care**<br>We cover emergency care anywhere in the world. | **$90** per emergency department visit |
| **Urgently needed services**<br>We cover urgent care anywhere in the world. | **$30** per visit |
| **Diagnostic services, lab, and imaging***<br>• Lab tests<br>• X-rays | **$0** |
| • Diagnostic tests and procedures (like EKG)† | **$20** per visit |
| • Other imaging procedures (like MRI, CT, and PET)† | **$175** per visit |
| **Hearing services**<br>• Evaluations to diagnose medical conditions*†<br>• Routine hearing exam (1 per calendar year) | **$0** per visit with an audiologist or **$35** per visit with other providers |
| • Hearing aid fitting and evaluation exam (1 exam per calendar year) | **$0** |
| • Hearing aids (allowance for both ears combined every 24 months)<br>This is the maximum allowance for hearing aid(s) for both ears combined, not per ear. | **$4,000** allowance<br>If your hearing aid purchase is more than $4,000, **you pay the difference**. |
| **Dental services**<br>Covered preventive dental care listed below:<br>• Oral exam (limited to 2 oral exams per year)<br>• Prophylaxis (limited to 2 cleanings per year)<br>• Fluoride treatments (limited to 2 treatments per year)<br>• Bite-wing X-ray (limited to 2 visits per year)<br>• Panoramic X-ray or complete series (once every 3 years)<br>Services must be received from a licensed Delta Dental of Washington network dentist. To find a dentist, visit **www.DeltaDentalWA.com** and search the Delta Dental PPO Plus Premier™ network or call Delta Dental Customer Service at | **$0** |

| Benefits and premiums | You pay |
|---|---|
| **1-877-719-4006**, Monday through Friday, 7 a.m. to 5 p.m.<br>When visiting your Delta Dental network dentist, please provide your Kaiser Permanente member ID card and inform them of your dental coverage with Delta Dental of Washington. Your dentist will submit your claims to Delta Dental on your behalf.<br>Note: Comprehensive dental coverage is available if you sign up for the optional Delta Dental PPO Plus Premier™ dental plan. (See Advantage Plus for details.) | |
| **Vision services**<br>• Visits to diagnose and treat eye diseases and conditions<br>• Routine eye exam (1 per calendar year) | **$0** per visit with an optometrist or<br>**$35** with an ophthalmologist |
| • Preventive glaucoma screening*†<br>• Diabetic retinopathy services | **$0** |
| • Eyeglasses or contact lenses after cataract surgery | **$0** up to Medicare's limit, but you pay any amounts beyond that limit |
| • Other eyewear<br>• Eyewear can be purchased from any provider. If you get eyewear out-of-network, you must file a claim to get reimbursed for covered eyewear expenses. | **$350** allowance per calendar year. If your eyewear costs more than $350, **you pay the difference**. |
| **Mental health services†**<br>• Inpatient mental health* | You pay **$375** per day for days 1–4 ($0 for the rest of your stay). |
| • Outpatient group therapy | **$30** per visit |
| • Outpatient individual therapy | **$40** per visit |
| **Skilled nursing facility*†**<br>We cover up to 100 days per benefit period. | **Per benefit period:**<br>• **$0** per day for days 1 through 20<br>• **$160** per day for days 21 through 100 |
| **Physical therapy*†** | **$40** per visit |
| **Ambulance†** | **$250** per one-way trip |
| **Transportation (nonemergent/routine)**<br>Rides to and from plan providers, dentists, and pharmacies. To schedule a ride, call **1-877-828-4512** (TTY **711**), 24 hours a day, 7 days a week, at least 2 business days in advance. | **$0** for up to 6 round trips per calendar year |

| Benefits and premiums | You pay |
|---|---|
| **Medicare Part B drugs†**<br>We cover Medicare Part B drugs listed below when you get them from a plan provider. See the **EOC** for details.<br>• Chemotherapy drugs<br>• Antigens (allergy shots)<br>• All other Part B drugs | **0%-20%** coinsurance, depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.<br><br>**Note:** Insulin cost-sharing is subject to a coinsurance cap of **$35** for a one-month's supply of insulin. |

# Medicare Part D prescription drug coverage†

The amount you pay for drugs will be different depending on:

- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at **kp.org/seniorrx** or call Member Services to ask for a copy at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 90-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- The type of plan pharmacy that fills your prescription (preferred pharmacy, standard pharmacy, or our mail-order pharmacy). To find our pharmacy locations, see the **Pharmacy Directory** at **kp.org/directory**. Note: Not all drugs can be mailed.
- When you get a 31- to 90-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial coverage, coverage gap, or catastrophic coverage stages).

Note: Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, the deductible and coinsurance discussed below do not apply to you; instead, please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

## Deductible stage

Because we have no deductible, this payment stage does not apply to you and you start the year in the initial coverage stage.

## Initial coverage stage

You pay the copays and coinsurance shown in the chart below for up to a 30-day supply until your total yearly drug costs reach **$5,030**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the $5,030 limit in 2024, you move on to the coverage gap stage and your coverage changes.

| Drug tier | Retail plan pharmacy | | | | | |
|---|---|---|---|---|---|---|
| | Up to a 30-day supply | | 31- to 60-day supply | | 61- to 90-day supply | |
| | **Preferred pharmacy** | **Standard pharmacy** | **Preferred pharmacy** | **Standard pharmacy** | **Preferred pharmacy** | **Standard pharmacy** |
| **Tier 1** (Preferred generic) | **$0** | **$15** | **$0** | **$30** | **$0** | **$45** |
| **Tier 2** (Generic) | **$7** | **$20** | **$14** | **$40** | **$21** | **$60** |
| **Tier 3*** (Preferred brand-name) | **$47** | | **$94** | | **$141** | |
| **Tier 4*** (Nonpreferred drugs) | **$99** | | **$198** | | **$297** | |
| **Tier 5*** (Specialty) | **31%** | | **31%** | | **31%** | |
| **Tier 6**** (Vaccines) | **$0** | | **N/A** | | **N/A** | |

*After you have met the deductible. For each insulin product covered by our plan, you will not pay more than **$35** for a 30-day supply, **$70** for a 31- to 60-day supply, and **$105** for a 61- to 90-day supply, regardless of the tier.

**Our plan covers most Part D vaccines at no cost to you.

| Drug tier | Mail-order plan pharmacy | | |
|---|---|---|---|
| | Up to a 30-day supply | 31- to 60-day supply | 61- to 90-day supply |
| **Tier 1** (Preferred generic) | **$0** | **$0** | **$0** |
| **Tier 2** (Generic) | **$7** | **$0** | **$0** |
| **Tier 3*** (Preferred brand-name) | **$47** | **$94** | **$117.50** |
| **Tier 4*** (Nonpreferred drugs) | **$99** | **$198** | **$247.50** |
| **Tier 5*** (Specialty) | **31%** | **31%** | **31%** |

Note: Tier 6 (vaccines) are not available through mail order.

*After you have met the deductible. For each insulin product covered by our plan, you will not pay more than **$35** for a 30-day supply, **$70** for a 31- to 60-day supply, and **$105** for a 61- to 90-day supply, regardless of the tier.

### Coverage gap stage

The coverage gap stage begins if you or a Part D plan spends **$5,030** on your drugs during 2024. You pay the following copays and coinsurance during the coverage gap stage:

| Drug tier | You pay |
|---|---|
| **Tiers 1 and 6** | The same copays listed above that you pay during the initial coverage stage |
| **Tiers 2, 3, 4, and 5** | **25%** coinsurance |

### Catastrophic coverage stage

If you or others on your behalf spend **$8,000** on your Part D prescription drugs in 2024, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, **you pay nothing** for covered Part D drugs in 2024.

### Long-term care, plan home-infusion, and non-plan pharmacies

- If you live in a **long-term care facility** and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the **Evidence of Coverage** for details.

## Advantage Plus (optional benefits)

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

| Delta Dental PPO Plus Premier™ benefits and premium | You pay |
|---|---|
| **Additional monthly premium** | **$58** |
| **Annual benefit limit for comprehensive dental care** | **$1,500** (You pay 100% for the rest of the calendar year after our plan has paid $1,500 for dental care.) |
| **Annual deductible for comprehensive dental care** | **$100** (You pay 100% at the beginning of the year for comprehensive dental care until you have spent $100.) |

| Delta Dental PPO Plus Premier™ benefits and premium | You pay |
|---|---|
| **Comprehensive dental care**<br>Covered services include fillings, extractions, crowns, endodontics, periodontics, and dentures. | After the deductible is met, **20% or 50%** coinsurance, depending on the service |

## Additional benefits

*Your plan provider may need to provide a referral.
†Prior authorization may be required.

| These benefits are available to you as a plan member: | You pay |
|---|---|
| **Diabetic supplies, including therapeutic shoes/inserts†**<br>• Supplies to monitor your blood glucose: blood glucose monitor, blood glucose test strips, lancet devices, lancets, and glucose-control solutions for checking the accuracy of test strips and monitors.<br>• For people with diabetes who have severe diabetic foot disease: one pair per calendar year of therapeutic custom-molded shoes (including inserts provided with such shoes) and 2 additional pairs of inserts, or one pair of depth shoes and 3 pairs of inserts (not including the noncustomized removable inserts provided with such shoes). Coverage includes fitting. | **$0** |
| **Fitness benefit – Silver&Fit® Healthy Aging and Exercise Program**<br>You pay no additional cost for a Standard network fitness center membership in the Silver&Fit program. Selecting a Premium network fitness center requires a monthly membership fee. You can select one Home Fitness Kit per calendar year from many Home Fitness Kits to help you stay fit at home. Visit **kp.org/SilverandFit** or call Silver&Fit Customer Service at **1-877-750-2746** (TTY **711**), Monday through Friday, 5 a.m. to 6 p.m.<br>The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Participating fitness centers and fitness chains may vary by location and are subject to change. | **$0** |
| **Medicare-covered Acupuncture***† (physician referred)<br>• for chronic low back pain | **$10** per visit |
| **Medicare-covered Chiropractic services***† (physician referred)<br>• manual manipulation of the spine to correct subluxation | **$15** per visit |

| These benefits are available to you as a plan member: | **You pay** |
|---|---|
| **Supplemental Chiropractic and Acupuncture Services**<br>You pay:<br>**$10** copay for **acupuncture** and **$15** copay for **nonspinal chiropractic care** for up to 25 visits total per year | |
| **Over-the-counter (OTC) items**<br>We cover OTC items listed in our OTC catalog for free home delivery. You may order OTC items each quarter of the year up to the quarterly benefit limit shown in the right column. Each order must be at least **$15**.<br>To view our catalog and place an order online, please visit **kp.org/otc/wa.** You may place an order over the phone or request a printed catalog be mailed to you by calling **1-833-238-6618** (TTY **711**), Monday through Friday, 5 a.m. to 4 p.m. | **$75** quarterly benefit limit. |

# Who can enroll

You can sign up for this plan if:

- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- You're a citizen or lawfully present in the United States.
- You live in the service area for this plan, which includes all of Island, King, Kitsap, Pierce, Snohomish, and Thurston counties.

# Coverage rules

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

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider Directory** and **Pharmacy Directory**. But there are exceptions to this rule. We also cover:
  - Care from plan providers in another Kaiser Permanente Region
  - Covered care from designated providers in Maricopa and Pima counties in Arizona
  - Covered care from designated providers in every state outside of another Kaiser Permanente Region
    **NOTE:** The nationwide travel benefit applies to the **Key**, **Essential** and **Vital** HMO plans only. In states where Kaiser Permanente facilities are present, members must use Kaiser Permanente medical facilities, unless exceptions for urgent or emergency care apply. States with Kaiser Permanente facilities include California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C. In states without Kaiser Permanente facilities, members can use Multiplan network providers or Banner providers in

Pima and Maricopa counties in Arizona, or if needed any provider who accepts Medicare. Visit **kp.org/directory** to search for available providers or contact Member Services for assistance.

- Emergency care
- Out-of-area dialysis care
- Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
- Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

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

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

# Getting care

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

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

## Your personal doctor

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

## Help managing conditions

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

# Notices

## Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time period that includes the date you received the item or service. If we

say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

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

## Kaiser Foundation Health Plan

Kaiser Foundation Health Plan of Washington is a nonprofit corporation and a Medicare Advantage plan. We offer several Kaiser Permanente Medicare Advantage plans in our larger Washington Region’s service area, which you can read about in the Evidence of Coverage.

Each plan has different benefits, copays, coinsurance, premiums, and plan service areas. But you can get care from plan providers anywhere in our Washington Region’s service area, which includes parts of Grays Harbor and Mason counties and all of Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties.

If you move from your plan’s service area to another service area in our Washington Region, you’ll have to enroll in a Kaiser Permanente Medicare Advantage plan in your new service area.

## Privacy

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

# Helpful definitions (glossary)

**Allowance**

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

**Benefit period**

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

**Calendar year**

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

**Coinsurance**

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

**Copay**

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

**Deductible**

If you sign up for optional supplemental dental benefits, it's the amount you must pay for comprehensive dental services before our plan begins to pay. Also, it’s the amount you must pay for certain Medicare Part D drugs before you will enter the initial coverage stage.

**Evidence of Coverage**

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

**Maximum out-of-pocket responsibility**

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

**Medically necessary**

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

**Non-plan provider**

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

**Plan**

Kaiser Permanente Medicare Advantage.

**Plan premium**

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

**Plan provider**

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

**Preferred pharmacy**

A plan pharmacy where you can get your prescriptions at preferred copays. These pharmacies are usually located at plan medical offices. (See the **Pharmacy Directory** for locations.) The amount you pay at these pharmacies is less than you pay at other plan pharmacies that only offer standard copays, which are referred to in this document as standard pharmacies.

**Prior authorization**

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

**Region**

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

**Retail plan pharmacy**

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

**Standard pharmacy**

A plan pharmacy where you can get your prescriptions at standard copays. These pharmacies aren't usually located at plan medical offices. (See the **Pharmacy Directory** for locations.) The amount you pay at these pharmacies is more than you pay at plan pharmacies that only offer preferred copays, which are referred to in this document as preferred pharmacies.

**Service area**

The geographic area where we offer Kaiser Permanente Medicare Advantage plans. To enroll and remain a member of our plan, you must live in one of our Kaiser Permanente Medicare Advantage plan's service area.

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

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

# Notice of Nondiscrimination

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

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

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

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

You can also file a civil rights complaint with:

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

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Form Approved
OMB# 0938-1421

# Multi-Language Insert

## Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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