

January 1–December 31, 2018

2018 Summary of Benefits

Kaiser Permanente Senior Advantage (HMO)
for the University of California

With Medicare Part D prescription drug coverage

About this Summary of Benefits

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

- Benefits and costs
- Part D prescription drugs
- Who can enroll
- Coverage rules (including referrals and prior authorizations)
- 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 of Kaiser Permanente Senior Advantage for University of California members. It doesn't include everything about what's covered and not covered or all the plan rules. For details, refer to the **Evidence of Coverage (EOC)**, which we'll send you after you enroll. If you'd like to see it before you enroll, please ask your group benefits administrator for a copy.

Have questions?

- Please call Member Services at **1-800-443-0815** (TTY 711).
- 7 days a week, 8 a.m. to 8 p.m.

What's covered and what it costs

Benefits and premiums	Senior Advantage
<p>Monthly plan premium You must continue to pay your Medicare Part B premium and any other applicable Medicare premium(s), if not otherwise paid by Medicaid or another third party.</p>	<p>Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator.</p>
<p>Deductible</p>	<p>None</p>
<p>Your maximum out-of-pocket responsibility</p>	<p>\$1,500</p>
<p>Inpatient hospital coverage There's no limit to the number of medically necessary inpatient hospital days.</p>	<p>\$250 per admission</p>
<p>Outpatient hospital coverage</p>	<p>\$100 per surgery</p>
<p>Doctor's visits</p> <ul style="list-style-type: none"> • Primary care providers • Specialists 	<p>\$20 per visit</p>
<p>Preventive care See the EOC for details.</p>	<p>\$0</p>
<p>Emergency care We cover emergency care anywhere in the world.</p>	<p>\$65 per Emergency Department visit</p>
<p>Urgently needed services We cover urgent care anywhere in the world.</p>	<p>\$20 per office visit</p>
<p>Diagnostic services, lab, and imaging</p>	<p>\$0</p>
<p>Hearing services</p> <ul style="list-style-type: none"> • Exams to diagnose and treat hearing and balance issues • Routine hearing exams 	<p>\$20 per visit</p>
<ul style="list-style-type: none"> • Hearing aids (allowance provided every three years) 	<p>\$2,500 allowance. (If the hearing aid(s) you purchase costs more than \$2,500, you pay the difference.)</p>
<p>Dental services Preventive and comprehensive dental coverage</p>	<p>Not covered</p>
<p>Vision services</p> <ul style="list-style-type: none"> • Visits to diagnose and treat eye diseases and conditions • Routine eye exams 	<p>\$20 per visit</p>

Benefits and premiums	Senior Advantage
<ul style="list-style-type: none"> Preventive glaucoma screening 	\$0
<ul style="list-style-type: none"> Eyeglasses or contact lenses after cataract surgery 	\$0 up to Medicare's limit, but you pay any amounts beyond that limit.
<ul style="list-style-type: none"> Other eyeglasses or contact lenses (covered once every 24 months) 	If your eyewear costs more than \$150 , you pay the difference .
Mental health services	
<ul style="list-style-type: none"> Outpatient group therapy 	\$10 per visit
<ul style="list-style-type: none"> Outpatient individual therapy 	\$20 per visit
Skilled nursing facility Our plan covers up to 100 days per benefit period.	\$0
Physical therapy	\$20 per visit
Ambulance	\$0
Transportation	Not covered
Medicare Part B drugs A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details. <ul style="list-style-type: none"> Drugs that must be administered by a health care professional 	\$0
<ul style="list-style-type: none"> Up to a 30-day supply from a plan pharmacy 	<ul style="list-style-type: none"> \$5 for generic drugs \$25 for brand-name drugs

Medicare Part D prescription drug coverage

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

- The tier your drug is in. To find out which tier your drug is in, see our Part D formulary at kp.org/seniorrx or call Member Services to ask for a copy at **1-800-443-0815**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).
- Your drug quantity (like a 30-day or 100-day supply). Note: A 100-day supply isn't available for all drugs.
- When you get a 100-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 (initial or catastrophic coverage stages).

Initial coverage stage

You pay the copays and coinsurance shown in the chart below until your total yearly drug costs reach **\$5,000**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$5,000 limit, you move on to the coverage gap stage and your coverage changes.

Drug tier	Senior Advantage
Tiers 1 (Preferred Generic) and 2 (Generic)	\$5 (up to a 30-day supply)
Tiers 3 (Preferred Brand), 4 (Nonpreferred Brand), and 5 (Specialty)	\$25 (up to a 30-day supply)
Tier 6 (Vaccines)	\$0

When you get a 31- to 100-day supply, you will pay the following for drugs in Tiers 1-5:

- If you get a 31- to 60-day supply from a plan pharmacy (retail or mail order), you pay 2 copays.
- If you get a 61- to 100-day supply from one of our retail pharmacies, you pay 3 copays.
- If you get a 61- to 100-day supply from our mail-order pharmacy, you pay 2 copays.

Catastrophic coverage stages

If you spend **\$5,000** on your Part D prescription drug costs in 2018, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, your copays and coinsurance will change for the rest of the year. To find out what you would pay during this stage, see the **Evidence of Coverage**.

Long-term care 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 plan pharmacy and you can get up to a 31-day supply. If you get covered Part D drugs from a non-plan pharmacy, you pay the same as at a 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.

Who can enroll

You can sign up for this plan if:

- You are enrolled in Kaiser Permanente through your group plan and meet the eligibility requirements.

- You have Medicare Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare.)
- You're a citizen or lawfully present in the United States.
- You don't have end-stage renal disease (ESRD) unless you got ESRD when you were already a member of one of our plans or you were a member of a different plan that ended.
- You live in the **Northern California** region's service area for this plan, which includes all of **Alameda, Contra Costa, Marin, Napa, Sacramento, San Francisco, San Joaquin, San Mateo, Solano, and Stanislaus counties**. It also includes parts of these counties in these ZIP codes only:
 - **Amador County:** 95640 and 95669
 - **El Dorado County:** 95613–14, 95619, 95623, 95633–35, 95651, 95664, 95667, 95672, 95682, and 95762
 - **Fresno County:** 93242, 93602, 93606–07, 93609, 93611–13, 93616, 93618–19, 93624–27, 93630–31, 93646, 93648–52, 93654, 93656–57, 93660, 93662, 93667–68, 93675, 93701–12, 93714–18, 93720–30, 93737, 93740–41, 93744–45, 93747, 93750, 93755, 93760–61, 93764–65, 93771–79, 93786, 93790–94, 93844, and 93888
 - **Kings County:** 93230, 93232, 93242, 93631, and 93656
 - **Madera County:** 93601–02, 93604, 93614, 93623, 93626, 93636–39, 93643–45, 93653, 93669, and 93720
 - **Mariposa County:** 93601, 93623, and 93653
 - **Placer County:** 95602–04, 95610, 95626, 95648, 95650, 95658, 95661, 95663, 95668, 95677–78, 95681, 95703, 95722, 95736, 95746–47, and 95765
 - **Santa Clara County:** 94022–24, 94035, 94039–43, 94085–89, 94301–06, 94309, 94550, 95002, 95008–09, 95011, 95013–15, 95020–21, 95026, 95030–33, 95035–38, 95042, 95044, 95046, 95050–56, 95070–71, 95076, 95101, 95103, 95106, 95108–13, 95115–36, 95138–41, 95148, 95150–61, 95164, 95170, 95172–73, 95190–94, and 95196
 - **Sonoma County:** 94515, 94922–23, 94926–28, 94931, 94951–55, 94972, 94975, 94999, 95401–07, 95409, 95416, 95419, 95421, 95425, 95430–31, 95433, 95436, 95439, 95441–42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471–73, 95476, 95486–87, and 95492
 - **Sutter County:** 95626, 95645, 95659, 95668, 95674, 95676, 95692, and 95836–37
 - **Tulare County:** 93238, 93261, 93618, 93631, 93646, 93654, 93666, and 93673
 - **Yolo County:** 95605, 95607, 95612, 95615–18, 95645, 95691, 95694–95, 95697–98, 95776, and 95798–99
 - **Yuba County:** 95692, 95903, and 95961
- You live in the **Southern California** region's service area for this plan, which includes **all of Orange County** and **parts of these counties** in these ZIP codes only:
 - **Kern County:** 93203, 93205–06, 93215–16, 93220, 93222, 93224–26, 93238, 93240–41, 93243, 93250–52, 93263, 93268, 93276, 93280, 93285, 93287, 93301–

- 09, 93311–14, 93380, 93383–90, 93501–02, 93504–05, 93518–19, 93531, 93536, 93560–61, and 93581
- **Los Angeles County:** 90001–84, 90086–91, 90093–96, 90099, 90189, 90201–02, 90209–13, 90220–24, 90230–33, 90239–42, 90245, 90247–51, 90254–55, 90260–67, 90270, 90272, 90274–75, 90277–78, 90280, 90290–96, 90301–12, 90401–11, 90501–10, 90601–10, 90623, 90630–31, 90637–40, 90650–52, 90660–62, 90670–71, 90701–03, 90706–07, 90710–17, 90723, 90731–34, 90744–49, 90755, 90801–10, 90813–15, 90822, 90831–35, 90840, 90842, 90844, 90846–48, 90853, 90895, 90899, 91001, 91003, 91006–12, 91016–17, 91020–21, 91023–25, 91030–31, 91040–43, 91046, 91066, 91077, 91101–10, 91114–18, 91121, 91123–26, 91129, 91182, 91184–85, 91188–89, 91199, 91201–10, 91214, 91221–22, 91224–26, 91301–11, 91313, 91316, 91321–22, 91324–31, 91333–35, 91337, 91340–46, 91350–57, 91361–62, 91364–65, 91367, 91371–72, 91376, 91380–87, 91390, 91392–96, 91401–13, 91416, 91423, 91426, 91436, 91470, 91482, 91495–96, 91499, 91501–08, 91510, 91521–23, 91526, 91601–12, 91614–18, 91702, 91706, 91711, 91714–16, 91722–24, 91731–35, 91740–41, 91744–50, 91754–56, 91759, 91765–73, 91775–76, 91778, 91780, 91788–93, 91801–04, 91896, 91899, 93243, 93510, 93532, 93534–36, 93539, 93543–44, 93550–53, 93560, 93563, 93584, 93586, 93590–91, and 93599
 - **Riverside County:** 91752, 92201–03, 92210–11, 92220, 92223, 92230, 92234–36, 92240–41, 92247–48, 92253, 92255, 92258, 92260–64, 92270, 92276, 92282, 92320, 92324, 92373, 92399, 92501–09, 92513–14, 92516–19, 92521–22, 92530–32, 92543–46, 92548, 92551–57, 92562–64, 92567, 92570–72, 92581–87, 92589–93, 92595–96, 92599, 92860, and 92877–83
 - **San Bernardino County:** 91701, 91708–10, 91729–30, 91737, 91739, 91743, 91758–59, 91761–64, 91766, 91784–86, 91792, 92305, 92307–08, 92313–18, 92321–22, 92324–25, 92329, 92331, 92333–37, 92339–41, 92344–46, 92350, 92352, 92354, 92357–59, 92369, 92371–78, 92382, 92385–86, 92391–95, 92397, 92399, 92401–08, 92410–11, 92413, 92415, 92418, 92423, 92427, and 92880
 - **San Diego County:** 91901–03, 91908–17, 91921, 91931–33, 91935, 91941–46, 91950–51, 91962–63, 91976–80, 91987, 92007–11, 92013–14, 92018–27, 92029–30, 92033, 92037–40, 92046, 92049, 92051–52, 92054–58, 92064–65, 92067–69, 92071–72, 92074–75, 92078–79, 92081–85, 92091–93, 92096, 92101–24, 92126–32, 92134–40, 92142–43, 92145, 92147, 92149–50, 92152–55, 92158–61, 92163, 92165–79, 92182, 92186–87, 92190–93, and 92195–99
 - **Ventura County:** 90265, 91304, 91307, 91311, 91319–20, 91358–62, 91377, 93001–07, 93009–12, 93015–16, 93020–22, 93030–36, 93040–44, 93060–66, 93094, 93099, and 93252

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
- 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.

Referrals

Your plan provider must make a referral before you can get most services or items. But a referral **isn't** needed for the following:

- Emergency services
- Flu shots, hepatitis B vaccinations, and pneumonia vaccinations given by a plan provider
- Kidney dialysis services that you get at a Medicare-certified dialysis facility when you're temporarily outside our service area
- Mental health services provided by a plan provider
- Most preventive care
- Optometry services provided by a plan provider
- Routine women's health care provided by a plan provider
- Second opinions from another plan provider except for certain specialty care
- Urgently needed services from plan providers
- Urgently needed services from non-plan providers when plan providers are temporarily unavailable or inaccessible — for example, when you're temporarily outside of our service area

Prior authorization

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). These are some services and items that require prior authorization:

- Durable medical equipment
- Nonemergency ambulance services

- Post-stabilization care following emergency care from non-plan providers
- Prosthetic and orthotic devices
- Referrals to non-plan providers if services aren't available from plan providers
- Skilled nursing facility care
- Transplants

For details about coverage rules, including services that aren't covered (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. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you. To find our provider locations, see our **Provider Directory** or **Pharmacy Directory** at kp.org/directory or ask us to mail you a copy by calling Member Services at **1-800-443-0815**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

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 may choose any available plan provider 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 or at kp.org.

Help managing conditions

If you have more than 1 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. 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** for details.

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan, Inc., California Regions is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Senior Advantage (HMO).

Notice of nondiscrimination

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

Provide no-cost aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats, such as large print, audio, and accessible electronic formats

Provide no-cost language services to people whose primary language isn't English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call Member Services at **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **1-800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Privacy

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

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.

The benefit information provided is a brief summary, not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-800-443-0815** (TTY: **711**).

ATENCIÓN: Si habla español, tenemos a su disposición servicios gratuitos de asistencia con el idioma. Llame al **1-800-443-0815** (los usuarios de la línea TTY deben llamar al: **711**).

If you want to know more about the coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. 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**.

Helpful definitions (glossary)

Allowance

A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the excess.

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.

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 Senior Advantage.

Plan premium

The amount you pay for your Senior 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.

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.

Service area

The geographic area where we offer Senior Advantage plans. To enroll and remain a member of our plan, you must live in our Senior Advantage plan service area.

Multi-language Interpreter Services

English

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call **1-800-443-0815** (TTY: **711**).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-443-0815** (TTY: **711**).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-443-0815** (TTY: **711**)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-443-0815** (TTY: **711**).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-443-0815** (TTY: **711**).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-800-443-0815 (TTY: **711**)번으로 전화해 주십시오.

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգահարեք **1-800-443-0815** (TTY (հեռատիպ) **711**):

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-443-0815** (телетайп: **711**).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-443-0815** (TTY:**711**) まで、お電話にてご連絡ください。

Punjabi

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1-800-443-0815 (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-800-443-0815** (TTY: 711)។

Hmong

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-800-443-0815** (TTY: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-443-0815** (TTY: 711) पर कॉल करें।

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-443-0815** (TTY: 711).

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-443-0815** (TTY: 711) تماس بگیرید.

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **5180-344-008-1** (رقم هاتف الصم والبكم: 117).

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