

Welcome to Kaiser Permanente

Added Choice[®] POS Plan
Resource Guide

Northwest Region – Oregon Employers



Your Added Choice[®] Point of Service (POS) Plan

Welcome! In this guidebook, you'll find instructions on how to choose a doctor and fill your prescriptions, get care, and important resources.



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We're here to help

You can reach Customer Service at **1-800-401-8405 (TTY 711)**, Monday through Friday.

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Understand your plan

How Point of Service (POS) plans work

Your POS plan works the way you want it to. You can choose your own provider under any of the tiers and you can move between tiers at any time.

This resource guide provides information about your 3-tiered POS plan. If you have additional questions, call Customer Service at **1-800-401-8405 (TTY 711)**, Monday-Friday.

Your plan is governed by your employer's Benefit Booklet. Inside this resource guide, we refer to the Benefit Booklet and other plan documents.

This resource guide provides an overview of your benefits and services. If there are any differences between this document and your Benefit Booklet, your Benefit Booklet will prevail.

The benefits provided under the KP Select Provider, PPO Provider, and Nonparticipating Provider Tiers are not the same. Kaiser Permanente Insurance Company (KPIC) subcontracts with Kaiser Foundation Health Plan (KFHP) of the Northwest for KP Select Providers under Tier 1. For PPO Providers under Tier 2, your plan has 3 networks based upon where you receive care: First Choice¹ network providers in Oregon and Washington; First Health Network providers in California, Colorado, Georgia, Hawaii, Maryland, Virginia, and District of Columbia; and the Cigna HealthcareSM PPO Network² for access to care when outside a Kaiser Permanente state. Access to Nonparticipating Providers is also available with your plan.

		KP Select Providers	PPO Providers	Nonparticipating Providers
POS plan with 3 tiers	Provider choice	Kaiser Permanente providers and pharmacies	First Choice Health, First Health Network, and Cigna Healthcare PPO Network	Any licensed provider who is not a PPO Provider
	Out-of-pocket cost	Lowest cost ³	Higher cost ³	Highest cost
	Outpatient pharmacy	Kaiser Permanente owned and operated pharmacies	Optum Rx network pharmacies	No coverage for nonparticipating pharmacies
	Claims	No claims to complete for care received inside Kaiser Permanente.	PPO Providers are responsible for completing and submitting claims on your behalf. You are not responsible for charges billed above the allowed amount. You will not be balance billed.	Nonparticipating Providers may complete and submit claims on your behalf or they may require you to pay your cost share at the time of service and submit a claim for reimbursement from your health plan. You may be balance billed if your provider charges above the allowed amount.

¹Kaiser Permanente is contracted with First Choice Health, First Health Network, and Cigna Healthcare PPO Network. ²The Cigna HealthcareSM PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna Healthcare is an independent company and not affiliated with Kaiser Permanente Insurance Company. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with Kaiser Foundation Health Plan, Inc. and your plan's Administrative Services Only (ASO) Agreement with Kaiser Permanente Insurance Company (KPIC). The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other marks are owned by Cigna Intellectual Property, Inc. ³For most plans, you will have a lower cost with KP Select Providers. Please consult your Benefit Booklet to verify your costs. Your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company (KPIC) provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.



Choose your doctor – and change anytime

Your POS plan gives you the freedom to choose how you receive care. When you go to your appointments, please make sure you bring your ID card. If your provider has questions about your plan, you can refer them to the Customer Service phone number on the front of your ID card.

KP Select Providers

Choosing a Kaiser Permanente provider

Kaiser Permanente providers deliver care in our medical offices that are conveniently located throughout Oregon and Washington. Select a convenient facility and browse doctor profiles by gender, languages spoken, and more at kp.org/locations.

Choose online at kp.org or call Customer Service at **1-800-401-8405 (TTY 711)**, Monday through Friday.

PPO Providers

Choosing a participating provider

From First Choice Health network providers in Oregon and Washington.

From First Health Network providers in California, Colorado, Georgia, Hawaii, Maryland, Virginia, and District of Columbia.

From Cigna HealthcareSM PPO Network providers in all other non-Kaiser states.

Nonparticipating Providers

Choosing a provider in the community

If you seek care with a Nonparticipating Provider, you can work directly with any licensed provider or facility anywhere. You may pay more if you choose to see a Nonparticipating Provider.

You can call the provider's office and make an appointment. Simply state that your plan allows you to see any provider in the community.



Transfer or fill your prescriptions

You can fill prescriptions from any provider using one of these pharmacy options.

Kaiser Permanente pharmacies	Fill prescriptions at Kaiser Permanente owned and operated pharmacies. Visit kp.org/nw for pharmacy hours and locations or call Customer Service at 1-800-401-8405 . To find a list of covered drugs, visit kp.org/formulary , choose your region, and select the formulary link under the Self Funded/Level Funded section.
Optum Rx pharmacies	Fill prescriptions at participating Optum Rx pharmacies. To verify if a specific pharmacy participates, or to obtain a complete list of participating pharmacies, call Optum Rx at 1-866-427-7701 , 24 hours a day. For a list of covered drugs, visit kp.org/formulary , choose your region, and select the prescription drug formulary link under the Self Funded/Level Funded section.

Prior authorization of outpatient prescription drugs

With your plan, we use a drug formulary. In addition, certain outpatient prescription drugs may be subject to utilization management requirements, such as prior authorization, step therapy, and/or quantity limits. Please ask your prescribing provider to request prior authorization, when applicable. There is a Provider Pharmacy Authorization phone number on your ID card to assist providers. If you have questions about your pharmacy benefit, please call Optum Rx Pharmacy Benefits at **1-866-427-7701**.



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Create your online account

Start using our secure website, kp.org, or our mobile app to manage your health and services under the KP Select Provider Tier.

Go to kp.org/newmember or use the Kaiser Permanente app.

If you haven't already, make sure to create your online account at kp.org/registernow. Once you sign up, you can securely access time-saving tools and resources to manage your health. You'll need your **medical record number** to create your account, which you can find on your ID card.

You can also access your digital ID card with the Kaiser Permanente app.

- View most lab test results⁴
- Refill most prescriptions⁴
- Email your doctor's office with nonurgent questions⁴
- Schedule and cancel routine appointments⁴
- Manage a family member's health care⁵



⁴These features are available when you get care from Kaiser Permanente facilities. ⁵Online features change when children reach age 12. Teens are entitled to additional privacy protection under state laws. When your child turns 12 years old, you will still be able to manage care for your teen, with modified access to certain features.



Get care

Prior approval (pre-certification)

To ensure that the medical service ordered is medically necessary, prior approval may be required. This is known as pre-certification for services ordered by a Kaiser Permanente Provider, PPO Provider, or Nonparticipating Provider.

KP Select Providers	Your KP Select Provider will arrange for preauthorization, if required, for certain services.
PPO Providers	<p>Pre-certification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.</p> <p>Your PPO Provider is required to obtain pre-certification at least 3 days before you receive certain services or have any inpatient hospital stays, or as soon as medically appropriate after an emergency department admission. If pre-certification for covered services that require it is not obtained, you may pay a penalty or services may not be covered at all.</p> <p>Some examples of services requiring pre-certification include:</p> <ul style="list-style-type: none"> • Inpatient hospital stay • Outpatient surgery • Home health, hospice, and skilled nursing facility care • Imaging <p>For medical pre-certification, providers call 1-855-281-1840 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.</p> <p>Cigna Healthcare PPO Network providers call 1-888-831-0761.</p>
Nonparticipating Providers	<p>Pre-certification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.</p> <p>You are required to obtain pre-certification at least 3 days before you receive certain services or have any inpatient hospital stays, or as soon as medically appropriate after an emergency department admission. If pre-certification for covered services that require it is not obtained, you may pay a penalty or services may not be covered at all.</p> <p>Some examples of services requiring pre-certification include:</p> <ul style="list-style-type: none"> • Inpatient hospital stay • Outpatient surgery • Home health, hospice, and skilled nursing facility care • Imaging <p>For medical pre-certification call 1-855-281-1840 (TTY 711), Monday through Friday, 8 a.m. to 5 p.m.</p>



Medical advice

If you need medical advice or are unsure if you need urgent care, you can call Kaiser Permanente at **1-800-813-2000**. If you receive services at Kaiser Permanente medical offices, our advice nurses will be able to access your personal medical information when you call. You can also chat online with a Kaiser Permanente clinician by signing on to **kp.org** and clicking “chat.”

Behavioral/mental health

KP Select Providers	<p>You can get care for depression, substance use, eating disorders, anxiety, medication evaluation and management, and more. No referral is required for routine outpatient mental health services.</p> <p>To access these services, call Kaiser Permanente at 1-800-813-2000, 24 hours a day, 7 days a week.</p>
PPO Providers	<p>You can receive outpatient care for depression, substance use, eating disorders, anxiety, medical evaluation and management, and more from a provider in the network.</p> <p>For assistance in finding a provider, call Customer Service at 1-800-401-8405 (TTY 711), Monday through Friday.</p> <p>Pre-certification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures.</p>
Nonparticipating Providers	<p>You can receive outpatient care from any licensed behavioral health or chemical dependency professional for depression, substance use, eating disorders, anxiety, medication evaluation and management, and more.</p> <p>Pre-certification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures.</p>



Seeing your doctor

Routine appointments consist of recommended preventive screenings and visits for a health issue currently being treated, a new health issue, or changes to an existing health issue that do not require urgent care.

KP Select Providers	To schedule appointments, visit kp.org/appointments or call 1-800-813-2000 (TTY 711) .
PPO Providers	<p>Provider networks change regularly. Before making your appointment, confirm that the provider is still participating in the network.</p> <p>When you see a PPO Provider for the first time, let the office staff know you are using the PPO Provider Tier of your plan, which allows you to see participating providers who are part of the network or is a direct contracted provider.</p> <p>For assistance finding a PPO Provider, visit levelfunded.kp.org or call 1-800-401-8405.</p>
Nonparticipating Providers	<p>If you see a Nonparticipating Provider for care, speak with your Nonparticipating Provider for information about making appointments and to learn about how their care team is structured.</p> <p>When you see a Nonparticipating Provider for the first time, let the office staff know you are using the Nonparticipating Provider Tier of your plan, which lets you see any licensed provider.</p>



Urgent care

For illnesses or injuries requiring prompt attention that are not medical or psychiatric emergencies. This can include abdominal pain, asthma, cough, fever, sore throat, earaches, headaches, migraines, minor lacerations, ankle sprains, and other urgent conditions.

KP Select Providers	<ul style="list-style-type: none">• If you think you need urgent care, call call your provider, who can direct your care.• You can go to select Kaiser Permanente medical offices that provide urgent care. Visit kp.org/locations to find a list of urgent care locations.
PPO Provider	<ul style="list-style-type: none">• If you think you need urgent care, call your PPO Provider, who can direct your care.• You have access to urgent care facilities that are part of the PPO Provider network.
Nonparticipating Providers	<ul style="list-style-type: none">• You have access to any urgent care facility regardless of the participating status of the facility, anywhere in the country.• The facility may ask you to pay in full when you receive care. If so, retain a copy of the bill as proof of payment, and submit your claim for reimbursement.

Emergency care

When your health is in danger and you require immediate care. For example, if you feel like you are having a heart attack, have severe difficulty breathing, lose the ability to talk or to move one side of your body, develop slurred speech, experience a sudden change in consciousness, have serious wounds or injuries, or have a psychiatric emergency.

If you think you are experiencing an emergency medical condition, call **911**, or if time and safety permit, go to the nearest emergency room. Your care will be covered.

If you visit an emergency room, anywhere in the world, report your visit as soon as reasonably possible to Customer Service at **1-800-401-8405** (TTY **711**).

Emergency care is covered with KP Select Providers, and you will be responsible only for the KP Select Provider cost share, regardless of where you seek care.



Hospital care

KP Select Providers	<ul style="list-style-type: none">• Kaiser Permanente carefully selects hospitals to partner with us in taking great care of you. For regular care, your doctor works closely with specialists, pharmacists, lab technicians, therapists, and many other professionals for a better care experience. We've chosen hospitals to be our partners for coordinating your care when you need inpatient or outpatient hospital care.
PPO Providers	<ul style="list-style-type: none">• You can receive inpatient and outpatient services from the PPO Provider network.
Nonparticipating Providers	<ul style="list-style-type: none">• You can receive inpatient and outpatient services from any licensed or accredited hospitals/facilities and providers.• Depending on your benefit plan, you may be responsible for a higher out-of-pocket expense if you receive care from a Nonparticipating Provider or facility.• The provider/facility may require you to pay up front for these services. If that should occur then you will also need to submit a member reimbursement form for each provider or facility. See Claims section for more information.

Care for newborns

Your newborn will receive care from the time of birth through the first 31 days. Eligibility for care is available according to your employer's Plan and coordination of benefits may apply. For information on enrolling your newborn for health care beyond 31 days, call Customer Service at **1-800-401-8405 (TTY 711)**.



X-ray and imaging services

KP Select Providers	<ul style="list-style-type: none">• You will find medical imaging services at most Kaiser Permanente medical offices.• For most services, you need a referral from your doctor. They will let you know how to schedule your appointment.
PPO Providers	<ul style="list-style-type: none">• Before scheduling X-rays or other imaging services, check to be sure the facilities are part of the PPO Provider network.• Pre-certification may be required. Refer to your Benefit Booklet.
Nonparticipating Providers	<ul style="list-style-type: none">• You can receive X-rays and other imaging services at any facility.• Pre-certification may be required. Refer to your plan agreement.• If you receive tests and screenings in nonparticipating facilities, you will likely pay in full and submit a claim for reimbursement. The provider may also bill you for the difference, if any, between actual billed charges and the maximum allowable charge (as determined by KPIC). Refer to your Benefit Booklet for more details.



Lab tests and results

KP Select Providers	<ul style="list-style-type: none">• Labs are located within most Kaiser Permanente medical offices.• For most routine lab tests, your Kaiser Permanente doctor will send the order electronically to the lab, and you can just walk in without an appointment.
PPO Providers	<ul style="list-style-type: none">• Before scheduling a lab test, check to be sure the facilities are part of the PPO Provider network.
Nonparticipating Providers	<ul style="list-style-type: none">• You can receive lab services at any facility.• Or consider having your labs in the EPO in-network, even if you are seeing a Nonparticipating Provider. This will reduce your costs.• If you receive tests and screenings in nonparticipating facilities, you will likely pay in full and submit a claim for reimbursement. The provider may also bill you for the difference, if any, between actual billed charges and the maximum allowable charge (as determined by KPIC). Refer to your Benefit Booklet for more details. <p>Please contact Customer Service for questions at 1-800-401-8405 (TTY 711), Monday through Friday.</p>



Claims

Generally speaking, when you have care under the KP Select Provider or PPO Provider Tiers, you will not have to file a claim. That is handled by your provider. You may be required to pay the full amount you are charged when you receive care from a Nonparticipating Provider. If you are asked to pay out of pocket, you must submit 3 items to be reimbursed.

1. Completed claim form:

- Name of the patient
- Patient's ID number (on each page of the document)
- Date of service

2. Itemized bill from your provider (please contact your provider and request the itemized bill):

- Services provided (procedures performed, with CPT codes)
- Diagnosis with ICD code
- Amount charged for each service

3. Proof of payment (one of the following):

- Credit card receipt
- Bank statement
- Copies of your original check (front and back)

To obtain medical claim forms, contact Customer Service at **1-800-401-8405 (TTY 711)**, Monday through Friday.

Timelines for filing a claim

KP Select Providers	<ul style="list-style-type: none">• When you get care at Kaiser Permanente, you will not have to file a claim.
PPO Providers	<ul style="list-style-type: none">• Provider generally completes and submits claim forms.• If you have to pay for services out of pocket, you have up to 12 months from the date you received care to submit your claim.
Nonparticipating Providers	<ul style="list-style-type: none">• Your Nonparticipating Provider does not have a contracted rate and can establish their own fee.• You will be responsible for the balance if your provider bills you for more than your plan allows.• You have up to 12 months from the date you received care to submit your claim.



Where to send your claim

Mail your claim form and itemized statement to:

KPIC Self-Funded-Claims Administrator

P.O. Box 30547

Salt Lake City, UT 84130-0547

Payor ID: 94320

Cigna Providers, send claims to:

Cigna Claims Administrator

P.O. Box 188061

Chattanooga, TN 37422-8061

EDI Payor ID: 62308

What to expect next

You'll receive a response within 30 days. If your claim form is incomplete, is missing information or documentation, or is unsigned, it will be returned for correction and re-submission.

If the claim submitted is complete, you will receive an Explanation of Benefits (EOB) that will show you a breakdown of the charges and payments for your visit and how much you are responsible for paying, as well as your deductible and out-of-pocket maximum.

If your claim is denied

If your claim is denied, in whole or in part, you will receive detailed information on the EOB document explaining why. You have the right to file an appeal if you disagree with the decision not to authorize medical services or drugs, or not to pay for a claim. Refer to your plan agreement for specific details about your appeals process. Read your Benefit Booklet for more information.

Getting care away from home

Urgent and emergency care are covered anywhere in the world, regardless of provider. Use this checklist before you get care away from home. A little planning makes a big difference. Plan now for a healthy trip.

- Contact your doctor if you need to manage a condition during your trip.
- Refill your prescriptions to have enough while you're away.
- Make sure your immunizations are up to date, including your yearly flu shot.
- Bring your health insurance ID card. It has important phone numbers on the back.

For additional information, please call Customer Service at **1-800-401-8405 (TTY 711)**.



Glossary

Preventive care

With most plans, preventive care is provided at no additional cost when you access a provider in the EPO in-network provider tier or the participating provider tier. If you receive preventive care services through a Nonparticipating Provider, you may have to pay the full cost of services and submit a claim for reimbursement. Additionally, a copayment, deductible, and/or coinsurance may apply.

Preventive care includes routine physicals, well-child visits, and certain screenings and tests (such as mammograms). So there's no need to delay making your first appointment with your doctor.

Sometimes, the doctor will want to do something that is not preventive care. For example, during your routine appointment, the doctor may find a mole that needs to be removed for testing. Because that's not covered as preventive care, you will be asked to pay a copayment, deductible, or coinsurance for the service. In most cases, you will get a bill in the mail for such additional, nonpreventive services.

Types of costs

Here are different types of costs (such as copays, coinsurance, or deductibles) you may be required to pay under your plan.

Copayments (copays)

The specific dollar amount you pay for a covered service (e.g., nonpreventive office visit) every time that service is provided. Copayments vary depending on your plan and do not generally count toward a deductible, if applicable. However, they do count toward your annual out-of-pocket maximum for most services.

Coinsurance

The percentage of charges for a covered service. For example, if your coinsurance is 15% and your allowed office visit cost is \$100, then you pay \$15 and the

health plan pays \$85. Coinsurance varies according to your plan and is often subject to the deductible. This means you usually have to fully meet your deductible before paying coinsurance. Coinsurance payments also count toward your annual out-of-pocket maximum for most services.

Nearly all plans have copayments or coinsurance. A copayment or coinsurance may be owed on the day you receive services, for each visit, even if multiple visits occur on the same day.

Out-of-pocket maximum

The maximum amount you pay out of pocket each plan year for most covered services. Once you meet your out-of-pocket maximum, you won't pay anything for most covered services for the remainder of the plan year. For a detailed description, including any cross accumulation of your out-of-pocket maximum between tiers, see your Benefit Booklet. Fees, penalties, or balance billing won't count toward your out-of-pocket maximum.

Deductible

The set amount you must pay each plan year for covered medical services before the health plan begins to pay its share. Not all services may be subject to the deductible. Deductibles vary depending on the plan you have.

Once you have met your deductible, you will be required to pay only the applicable copayment or coinsurance for most covered services for the remainder of your plan year until you reach your out-of-pocket maximum. Certain conditions may apply.

If you have a deductible, you will be billed for the full allowed amount for each service that is subject to the deductible during check-in or after the service via a mailed bill. You may also receive an estimate of your charges before your office visit for certain services, and you may choose to make a deposit based on that estimate.



Balance billing

This may occur when you are billed for any charges above the maximum allowable charge set out in your Benefit Booklet. There is no balance billing in the EPO in-network provider tier and the participating provider tier.

You may be balance billed for services received at Nonparticipating Providers.

Maximum allowable charge

For providers in the PPO Provider Tier, the maximum allowable charge is the negotiated contracted rate agreed upon to provide discounts for covered services.

For all other providers, it is the lesser of the usual, customary, and reasonable (UCR) charges and the actual billed charges.

When you go to a provider or facility or receive services in the Nonparticipating Provider Tier, you may be balance billed for any amount in excess of the maximum allowable charge. It is important that you understand that you are responsible for 100% of all amounts balance billed and that payments of a balance bill do not count toward your deductible or out-of-pocket maximum.

Usual, customary, and reasonable (UCR)

The general level of charges made by other providers for specified covered services within the area where the charge is incurred.



Learn more at levelfunded.kp.org

- Get benefit details
- Access forms
- Find a provider



Important contacts

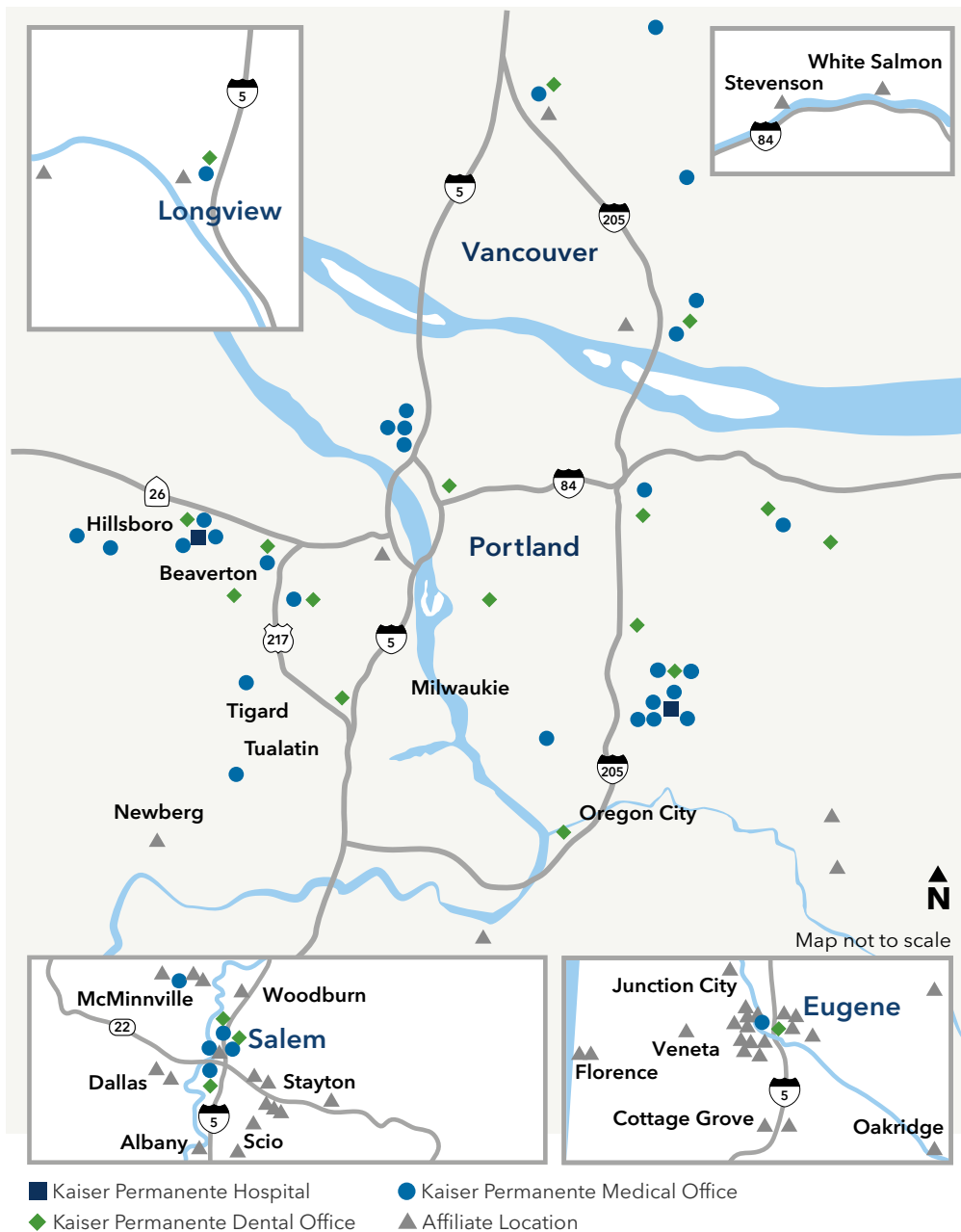
KP Select Providers	See your primary care or specialty physician Schedule an appointment online at kp.org/appointments , or on the mobile app, or call 1-800-813-2000 (TTY 711) 24 hours a day, 7 days a week.
PPO Providers	See your primary care or specialty physician Call your PPO Provider directly. For assistance finding a provider, visit kp.org/doctors or call 1-800-401-8405 (TTY 711) .
Nonparticipating Providers	See your primary care or specialty physician Call your Nonparticipating Provider directly.





In-person care locations

We provide quality care to more than 600,000 members in Oregon and Southwest Washington. Our service area extends from Eugene, Oregon, to Longview, Washington, and includes medical offices, dental offices, Vision Essentials by Kaiser Permanente optical retail locations, urgent care clinics, and hospitals. We also have a network of affiliated providers for routine, urgent, or emergency care.



Get care now

Choose from convenient options, like 24/7 phone and video or an e-visit, and find the care you need, when and where you need it.*

kp.org/getcare



Facility information current as of October 2025.

Go to kp.org/locations to see all our current locations and to find the facility closest to you. Or call Member Services at 1-800-813-2000 (TTY 711).

*When appropriate and available. These features are available when you get care at Kaiser Permanente facilities. For high deductible health plan members, e-visits, phone visits, and video appointments are subject to your plan's annual deductible. 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. To have a video visit, members must be registered on kp.org and have a camera-equipped computer or mobile device. Applicable cost shares will apply for services or items ordered during an e-visit.

HELP IN YOUR LANGUAGE:

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal and state civil rights law and does not discriminate or exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), ancestry, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expressions, and sex stereotypes), religion, creed or marital status.

KPIC:

- Provides no cost auxiliary 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, braille and accessible electronic formats
- Provides 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: **1-866-213-3062** (TTY: **711**)

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-866-213-3062** (TTY: **711**).

አማርኛ (Amharic) ማሳሰቢያ:- አማርኛ የሚናገሩ ከሆነ፣ ተገቢ የሆኑ ረዳት መርጃዎች እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ለእርስዎ ይገኛሉ። ወደ **1-866-213-3062** (TTY: **711**) ይደውሉ።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-866-213-3062** (TTY: **711**).

Հայերեն (Armenian) ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե հայերեն եք խոսում, ձեզ համար մատչելի են լեզվական աջակցության անվճար ծառայություններ, ներառյալ համապատասխան օժանդակ միջոցներ և ծառայություններ: Ջանգախարեք **1-866-213-3062** հեռախոսահամարով (TTY **711**):

Bàsɔ-Wùdù (Bassa) DYÉÐÉ-GBO-DÈ-ÐÈ: Ɔ jũ ké m̄ dyi Bàsɔ-Wùdù po-nyò jùin, wudu-xwíniín mú zàzà b̄è kè gbo-kpá-kpá ɔ kè kùà t̄ò b̄è se wídí. p̄éè-p̄éè d̄ò k̄ðeε ni b̄ó m̄ bìì. Ɖá **1-866-213-3062** (TTY: **711**).

বাংলা (Bengali) মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে আপনি প্রয়োজনীয় সহায়ক উপকরণ ও সেবা, সহ ভাষা পরিষেবা বিনামূল্যে পেতে পারেন। কল করুন **1-866-213-3062** (TTY: **711**).

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言協助服務，包括適當的輔助與服務。請致電**1-866-213-3062** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید خدمات کمکرسانی زبانی، شامل کمک‌ها و خدمات جانبی مناسب، به صورت رایگان در دسترس‌تان قرار می‌گیرد. با شماره **1-866-213-3062** تماس بگیرید (TTY: **711**).

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique, notamment des aides et des services auxiliaires adaptés, sont mis gratuitement à votre disposition. Appelez le **1-866-213-3062** (TTY : **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenten mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Bitte wählen Sie die **1-866-213-3062** (TTY: **711**).

ગુજરાતી (Gujarati) ધ્યાન રાખો: જો તમે ગુજરાતી બોલતા હોવ, તો યોગ્ય સહાયક સહાય અને સેવાઓ, સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. કૌલ કરો **1-866-213-3062** (TTY: **711**).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl ayisyen, gen sèvis asistans lengwistik ansanm ak èd epi sèvis ki gen rapò ak sa yo, ki disponib pou ou san w p ap peye. Rele **1-866-213-3062** (TTY: **711**).

हिंदी (Hindi) ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएँ मुफ्त उपलब्ध हैं। **1-866-213-3062** (TTY: **711**) पर कॉल करें।

Hmoob (Hmong) CEEB TOOM: Yog tias koj hais lus Hmoob, muaj cov kev pab txhais lus uas pab dawb rau koj. Hu rau **1-866-213-3062** (TTY: **711**).

Igbo (Igbo) Gee ntị: O buru na ina-asu asusu English, oru enyemaka asusu gunyere oru na enyemaka kwesiri ekwesiri, di n'efu, di maka gi. Kpoo **1-866-213-3062** (TTY: **711**).

Italiano (Italian) ATTENZIONE: Se parla italiano, può usufruire gratuitamente dei servizi di assistenza linguistica compresi gli opportuni aiuti e servizi ausiliari. Chiami il numero **1-866-213-3062** (TTY: **711**).

日本語 (Japanese) お知らせ : 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。電話 : **1-866-213-3062** (TTY: **711**)。

ខ្មែរ (Khmer) សូមយកចិត្តទុកដាក់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសា រួមទាំងឧបករណ៍ និងសេវាកម្មជំនួយសមរម្យ ដោយមិនគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរសព្ទទៅលេខ **1-866-213-3062** (TTY: **711**)។

한국어 (Korean) 참고: 한국어를 구사하시는 경우, 필요한 보조 기기와 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-866-213-3062**(TTY: **711**)번으로 전화하십시오.

ພາສາລາວ (Laotian) ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ຈະມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງຄວາມຊ່ວຍເຫຼືອ ແລະ ບໍລິການເສີມທຳກ່ຽວຂ້ອງໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ **1-866-213-3062** (TTY: **711**).

Naabeehó (Navajo) BEE ADIIT'ÁNÍ: T'áá shoodí éí Diné bizaad bee yániití', t'áá iiyisí dóó ch'iyáán yáhoot'éeł nihá shikaadééł dah naashá. Doo baa akót'éego nihá baqah daniidíí'. Háálá **1-866-213-3062** (TTY: **711**).

नेपाल (Nepali) ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने उपयुक्त सहायक साधनहरू र सेवाहरू सहितको भाषा सहायता सेवा तपाईंको लागि नि:शुल्क उपलब्ध छ। **1-866-213-3062** (TTY: **711**) मा फोन गर्नुहोस्।

Afaan Oromoo (Oromo) FUULEFFANNAA: Afaan Oromoo dubbattu yoo ta'e, tajaajiloonni afaanii meeshaalee fi tajaajiloota qaama miidhamtootaaf mijaa'oo ta'an dabalatee, kaffaltii irraa bilisa karaa ta'een, ni argamu. Bilbilaa **1-866-213-3062** irratti (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se você fala português, serviços de assistência de idioma, incluindo recursos e serviços auxiliares adequados, estão disponíveis gratuitamente para você. Ligue para **1-866-213-3062** (TTY: 711).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਢੁਕਵੇਂ ਸਹਾਇਕ ਉਪਕਰਨਾਂ ਸਮੇਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। **1-866-213-3062** (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Română (Romanian) ATENȚIE: Dacă vorbiți limba română, vă sunt disponibile în mod gratuit servicii de asistență lingvistică, inclusiv ajutoare și servicii auxiliare adecvate. Sunați la numărul **1-866-213-3062** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите по-русски, вы можете получить бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Звоните по телефону **1-866-213-3062** (TTY: 711).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen aparatos y servicios auxiliares adecuados y gratuitos. Llame al **1-866-213-3062** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung kayo ay nagsasalita ng Tagalog, ang mga serbisyo ng tulong sa wika, kabilang ang mga naaangkop na karagdagang tulong at serbisyo, na walang bayad, ay available sa inyo. Tumawag sa **1-866-213-3062** (TTY: 711).

ไทย (Thai) หมายเหตุ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โปรดติดต่อหมายเลข **1-866-213-3062** (เครื่อง TTY: 711)

Українська (Ukrainian) УВАГА! Якщо ви володієте українською мовою, вам доступні безкоштовні послуги з мовної допомоги, включно із відповідною додатковою допомогою та послугами. Телефонуйте **1-866-213-3062** (TTY: 711).

اردو (Urdu) توجہ دین: اگر آپ اردو بولتے ہیں تو لسانی اعانت کی خدمات، بشمول مناسب معاون امدادی آلات اور خدمات، بلا معاوضہ، آپ کے لیے دستیاب ہیں۔ **1-866-213-3062** (TTY: 711) پر کال کریں۔

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu nói tiếng Việt, quý vị có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Gọi số **1-866-213-3062** (TTY: 711).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Bí o bá lè sọ èdè Yorùbá, àwọn ètò ìrànlọwọ èdè, tífí kan àwọn ohun èlò àti ìṣẹ ìrànlọwọ tó yẹ wà fún ọ lófẹ́. Pe **1-866-213-3062** (TTY: 711).

NONDISCRIMINATION NOTICE:

If you believe that KPIC has failed to provide these services or discriminated in another way on the basis of national origin, ancestry, age, disability, sex, religion, creed, or marital status, you can file a grievance by mail or phone with your home region Civil Rights Coordinator office:

Colorado	Georgia	Northwest
KPIC Civil Rights Coordinator PO Box 378066 Denver, CO 80237-8066 Fax: 1-866-466-4042 Phone: 1-855-364-3184	KPIC Civil Rights Coordinator Nine Piedmont Center 3495 Piedmont Rd NE Atlanta, GA 30305-1736 Fax: 1-404-949-5001 Phone: 1-855-364-3185	KPIC Civil Rights Coordinator 500 NE Multnomah St., Suite 100 Portland, OR 97232-2099 Fax: 1-855-347-7239 Phone: 1-866-616-0047
California	Mid-Atlantic (DC, MD, VA)	Washington
KPIC Civil Rights Coordinator PO Box 1809 Pleasanton, CA 94566 Fax: 1-888-987-2252 Phone: 1-800-788-0710	KPIC Civil Rights Coordinator PO Box 1809 Pleasanton, CA 94566 Fax: 1-888-987-2252 Phone: 1-800-788-0710	KPIC Civil Rights Coordinator P.O. Box 34593 Seattle, WA 98124-1593 Fax: 1-206-630-1859 Phone: 1-866-458-5479

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- By completing the complaint form and submitting the form to:

The U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, DC 20201
Phone: 1-800-368-1019
Phone (TDD): 1-800-537-7697

Complaint forms can be found online:
<http://www.hhs.gov/ocr/office/file/index.html>.

- Or, electronically by submitting your complaint through the Office for Civil Rights Complaints Online Portal:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



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Please call the numbers below for assistance:

Customer Service center

1-800-401-8405 (TTY 711)

Pharmacy benefits

Optum Rx: **1-866-427-7701**

Appointments, urgent care, and medical advice

1-800-813-2000 (TTY 711)

To find providers and locations, visit kp.org/locations.

Your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.

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