Welcome to Kaiser Permanente

Dual Choice PPO™ Plan Resource Guide

Northwest Region – Oregon Employers

levelfunded.kp.org

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KAISER PERMANENTE®
Kaiser Permanente Insurance Company

Your Dual Choice PPO™ Plan

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

1 Understand your plan › **2** Transfer prescriptions › **3** Get care

We're here to help

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

1 Understand your plan

How the Dual Choice PPO plan works

Your Dual Choice PPO™ plan works the way you want it to. You can choose your own provider at any time.

This resource guide provides an overview of your plan. Details of your plan can be found in your employer's Benefit Booklet. If there are differences between this document and your Benefit Booklet, your Benefit Booklet will prevail.

The benefits provided in-network and out-of-network are not the same.

For members enrolled with Oregon employers

In addition to Kaiser Permanente providers, you can get care from First Choice Health providers in Oregon and Washington and First Health Network providers in California, Colorado, Georgia, Hawaii, Maryland, Virginia, and the District of Columbia. In all other states, you can visit Cigna Healthcare℠ PPO Network providers.[2]

	In-Network Providers	Out-of-Network Providers
Provider Choice	Kaiser Permanente, direct-contracted, First Choice Health, First Health Network, and Cigna Healthcare PPO Network.	Any licensed provider who is not an In-Network Provider.
Outpatient Pharmacy	Kaiser Permanente owned and operated pharmacies and Optum Rx network pharmacies.	No coverage for out-of-network pharmacies.
Out-of-Pocket Cost	Lower Cost Some services are subject to a deductible, and then coinsurance.	Higher Cost Most services are subject to a deductible and then coinsurance.
Claims	Provider generally completes and submits claims forms. You will not be balance billed.	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.

For questions about your plan

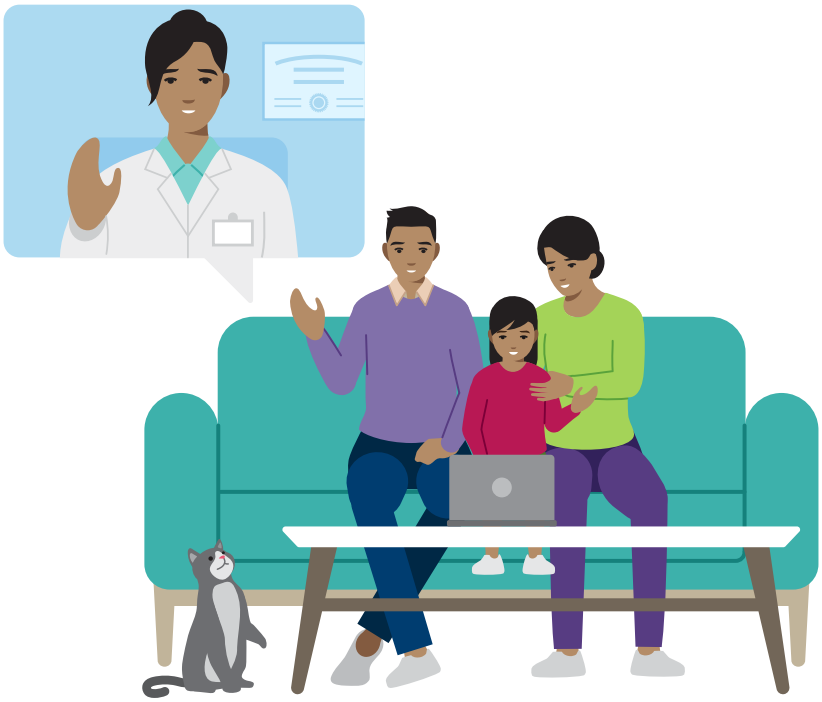
Please call Customer Service at **1-800-401-8405** (TTY **711**), Monday through Friday.

[1]Kaiser Permanente is contracted with First Choice Health, First Health Network, and Cigna Healthcare PPO Network.
[2]The Cigna Healthcare℠ PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare 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 the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc.

Choose your doctor—and change anytime

Your 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.

In-Network Providers	**Choosing an In-Network Provider** From Kaiser Permanente and direct-contracted providers and facilities and First Choice Health network providers in Oregon and Washington. From First Health Network providers in California, Colorado, Georgia, Hawaii, Maryland, Virginia, and the District of Columbia. From Cigna Healthcare℠ PPO Network providers in all other non-Kaiser states.
Out-of-Network Providers	**Choosing a provider in the community** If you seek care out-of-network, you can work directly with any licensed provider or facility anywhere. You may pay more if you choose to see an Out-of-Network 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.



2 Transfer or fill your prescriptions

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

Kaiser Permanente and Optum Rx Network Pharmacies	Fill prescriptions at Kaiser Permanente owned and operated pharmacies. Visit **https://healthy.kaiserpermante.org/oregon-washington/front-door** 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. Fill prescriptions at participating Optum Rx Network pharmacies. To verify if a pharmacy participates or to obtain a complete list of network pharmacies, call Optum Rx at **1-866-427-7701** (TTY **771**), 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 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 complete and submit a KPIC Prior Authorization Request in writing when applicable. There is also a Provider Pharmacy Authorization phone number on your ID card to assist your provider. If you have questions about your pharmacy benefits, please call Optum Rx Pharmacy Benefits at **1-866-427-7701**.

3 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 an In-Network or Out-of-Network Provider.

In-Network Providers	Pre-certification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures. Your In-Network Provider is required to obtain pre-certification at least three days before you receive certain services or have any inpatient hospital stays, or within 24 hours of an emergency department admission. Some examples of services requiring pre-certification include: • Inpatient hospital stay • Outpatient surgery • Home health, hospice, and skilled nursing facility care • Imaging For medical pre-certification, providers call **1-855-281-1840** (TTY **771**), Monday through Friday, 8 a.m. to 5 p.m. Cigna Healthcare PPO Network providers call **1-888-831-0761**.
Out-of-Network Providers	Pre-certification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures. You or your Out-of-Network Provider are required to obtain pre-certification at least three days before you receive certain services or have any inpatient hospital stays, or within 24 hours of 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. Some examples of services requiring pre-certification include: • Inpatient hospital stay • Outpatient surgery • Home health, hospice, and skilled nursing facility care • Imaging For medical pre-certification, call **1-855-281-1840** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m.

Seeing your doctor

See your doctor for preventive screenings, new or existing health concerns, or a change in a health condition that is not an urgent need.

In-Network Providers	Provider networks change regularly. Before making your appointment, confirm that the provider is still participating in the network. When you see an In-Network Provider for the first time, let the office staff know you are in-network with your plan, which allows you to see participating providers who are part of the network. For assistance finding an In-Network Provider, visit **levelfunded.kp.org** or call **1-800-401-8405** (TTY **711**).
Out-of-Network Providers	If you see an Out-of-Network Provider for care, speak with your provider for information on making appointments and to learn about how the care team is structured. When you see an Out-of-Network Provider for the first time, let the office staff know you have out-of-network benefits, which lets you see any licensed provider.

Medical advice

Whenever you need medical advice or are unsure whether you need urgent care, call your In-Network or Out-of-Network Provider, who can direct your care.

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**).

Hospital care

In-Network Providers	• You can receive inpatient and outpatient services from participating providers in the network. • See page 6 for any pre-certification requirements.
Out-of-Network Providers	• You can receive inpatient and outpatient services from any licensed or accredited hospitals/facilities and providers. • See page 6 for any pre-certification requirements. • You may be responsible for a higher out-of-pocket expense if you receive care from an Out-of-Network 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 reimbursement form for each provider or facility. See claims section on page 11 for more information.

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. For a complete definition of an emergency medical condition, please refer to **kp.org**.

Contact Permanente Advantage as soon as possible after an emergency department admission.
See page 6 for any pre-certification requirements.

Emergency care is covered at the in-network and out-of-network benefit level, and you will be responsible only for the in-network copay or coinsurance, regardless of where you seek care.

Urgent care

For illnesses or injuries requiring prompt attention but 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.

In-Network Providers	• If you think you need urgent care, call your In-Network Provider, who can direct your care. • You have access to urgent care facilities that are part of the participating provider network anywhere in the country. • Before seeking urgent care, you should confirm that the facility is part of the participating provider network.
Out-of-Network Providers	• If you think you need urgent care, call your Out-of-Network Provider, who can direct your care. • You have access to any urgent care 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.

X-ray and imaging services

In-Network Providers	• Before scheduling any X-rays or other imaging services, check first to be sure the facilities are part of the participating provider network. • Pre-certification may be required. Refer to your Benefit Booklet. • For more information on pre-certification, see page 6.
Out-of-Network Providers	• You can receive X-rays and other imaging services at any facility. • Pre-certification may be required. Refer to your Benefit Booklet. For more information on pre-certification, see page 6. • If you receive tests and screenings in out-of-network facilities, you will likely pay in full and submit a claim for reimbursement subject to the terms and conditions of your plan. 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

In-Network Providers	Before scheduling any lab test, check first to be sure the facilities are part of the participating provider network.
Out-of-Network Providers	• You can receive lab services at any facility. • If you receive tests and screenings at out-of-network facilities, you will likely pay in full and submit a claim for reimbursement subject to the terms and conditions of your plan. 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.

Behavioral/mental health

In-Network Providers	You can receive outpatient care for depression, anxiety, addiction, and mental or emotional health from a provider in the network without a referral. For assistance with finding an In-Network Provider, call Customer Service at **1-800-401-8405** (TYY **711**), Monday through Friday, or visit **levelfunded.kp.org**. Pre-certification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures. See page 6 for more information about pre-certification.
Out-of-Network Providers	You can receive outpatient care from any licensed behavioral health or chemical dependency professional for depression, anxiety, addiction, and mental or emotional health. Pre-certification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures. See page 6 for more information about pre-certification.

Claims

Generally speaking, when you have care in-network, 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 an Out-of-Network Provider. If you are asked to pay out of pocket, you must submit three 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, go to **levelfunded.kp.org** or call Customer Service at **1-800-401-8405** (TTY **711**).

Timelines for filing a claim

In-Network Providers	• Provider generally completes and submits claim forms. • If you do have to pay for services out-of-pocket, you have up to 12 months from the date you received care to submit your claim.
Out-of-Network Providers	• Your Out-of-Network 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 submitted incomplete or is missing information or documentation or 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 will also show 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 written information on the EOB document you receive. 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. Read your Benefit Booklet for more information.

Getting care away from home

You are covered to receive care for emergency illness or injury 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 at no additional cost to you when you access an In-Network Provider. If you receive preventive care services through an Out-of-Network 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 cost share

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 count toward your annual out-of-pocket maximum for most services.

Coinsurance

The percentage of charges you pay 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. Services are often subject to a deductible. Coinsurance varies according to your plan. 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 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 payment 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 from In-Network Providers. **You may be balance billed for services received from an Out-of-Network Provider.**

Maximum allowable charge

For In-Network Providers, 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 from Out-of-Network Providers, 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.

Important contacts

In-Network Providers	**See your primary care or specialty physician** Call your In-Network Provider directly. For assistance finding an In-Network Provider, visit **levelfunded.kp.org** or call Customer Service at **1-800-401-8405** (TTY **711**). **Urgent care** Visit **levelfunded.kp.org** for a list of urgent care facilities participating in the network, or call Customer Service at **1-800-401-8405** (TTY **711**). **Emergency care** Emergency care is covered at the In-Network Provider benefit level regardless of the status of the provider.
Out-of-Network Providers	**See your primary care or specialty physician** Call your Out-of-Network Provider directly. **Urgent care** You can visit any licensed out-of-network urgent care facility. Make sure to keep a copy of your bill to submit with your claim for reimbursement. **Emergency care** Emergency care is covered at the In-Network Provider benefit level regardless of the status of the provider.

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 auxillary 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: Զանգահարեք **1-866-213-3062** հեռախոսահամարով (TTY **711**):

Ɓăsɔ-Wùdù (Bassa) DYÉĐÉ-GBO-DÈ-ĐÈ: Ɔ jǔ ké m̀ dyi Ɓăsɔ-Wùdù po-nyɔ̀ jǔìn, wuqu-xwíníín mú zàzà ɓě kè gbo-kpá-kpá ɔ kè kǔà tɔ̀ɔ ɓě se wídí. péè-péè dò kɔ̃ɛɛ nì ɓó m̀ bìì. Đá **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 Sprachassistenz 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. કૉલ 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 मुफ़्त 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 bụrụ na ịna-asụ asụsụ English, ọrụ enyemaka asụsụ gụnyere ọrụ na enyemaka kwesịrị ekwesị, dị n'efu, dị maka gị. Kpọọ **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 ບໍລິການເສີມທີ່ກ່ຽວຂ້ອງໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ **1-866-213-3062** (TTY: **711**).

Naabeehó (Navajo) BEE ADIIT'ÁNÍ: T'áá shoodí éí Diné bizaad bee yáníłti', t'áá iiyisí dóó ch'iyáán yáhoot'éél nihá shikaadéél dah naashá. Doo baa akót'éego nihá bąąh daniidlį́į'. 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 निःशुल्क 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 ਮੁਫ਼ਤ 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 иуслуги. 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**).

اُردو(Urdu) توجہ دیں: اگر آپ اردو بولتے ہیں تو لسانی اعانت کی خدمات، بشمول مناسب معاون امدادی آلات اور خدمات، بلا معاوضہ، آپ کے لیے دستیاب ہیں۔ **1-866-213-30621** (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 ìrànlọ́wọ́ èdè, tití kan àwọn ohun èlò àti iṣẹ́ ìrànlọ́wọ́ tó yẹ wà fún ọ lófẹ̀ẹ́. 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

Your guide to better health

Keep this book handy as a quick reference to getting the most out of your plan.

Please call the the numbers below for assistance:

Customer Service
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**.

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