

**SAN FRANCISCO HEALTH  
SERVICE SYSTEM**

**Summary of Benefits Chart for  
Kaiser Permanente Senior Advantage (HMO) with Part D (1/1/24—12/31/24)**

**Plan Out-of-Pocket Maximum**

For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to one of the following amounts:

For any one Member .....	\$1,000 per calendar year
For any one Member in a Family of two or more Members.....	\$1,000 per calendar year
For an entire Family of two or more Members.....	\$2,000 per calendar year

**Plan Deductible** **None**

**Professional Services (Plan Provider office visits) You Pay**

Most Primary Care Visits and most Non-Physician Specialist Visits	\$20 per visit
Most Physician Specialist Visits.....	\$20 per visit
Annual Wellness visit and the “Welcome to Medicare” preventive visit.....	No charge
Routine physical exams.....	No charge
Routine eye exams with a Plan Optometrist.....	No charge
Urgent care consultations, evaluations, and treatment.....	\$20 per visit
Physical, occupational, and speech therapy.....	\$20 per visit

**Telehealth Visits You Pay**

Primary Care Visits and Non-Physician Specialist Visits by interactive video.....	No charge
Physician Specialist Visits by interactive video.....	No charge
Primary Care Visits and Non-Physician Specialist Visits by telephone.....	No charge
Physician Specialist Visits by telephone.....	No charge

**Outpatient Services You Pay**

Outpatient surgery and certain other outpatient procedures.....	\$35 per procedure
Most immunizations (including the vaccine) .....	No charge
Most X-rays and laboratory tests .....	No charge
Manual manipulation of the spine.....	\$20 per visit

**Hospital Inpatient Services You Pay**

Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs.....	\$100 per admission
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**Emergency Services You Pay**

Emergency department visits .....	\$50 per visit
Note: If you are admitted directly to the hospital as an inpatient for covered Services, you will pay the inpatient Cost Share instead of the emergency department Cost Share (see “Hospital Inpatient Services” for inpatient Cost Share)	

**Ambulance and Transportation Services You Pay**

Ambulance Services.....	No charge
Other transportation Services when provided by our designated transportation provider as described in this EOC .....	No charge for up to 24 one-way trips (50 miles per trip) per calendar year

<b>Prescription Drug Coverage</b>	<b>You Pay</b>
Covered outpatient items in accord with our drug formulary guidelines:	
Most generic items at a Plan Pharmacy .....	\$5 for up to a 30-day supply, \$10 for a 31- to 60-day supply, or \$15 for a 61- to 100-day supply
Most generic refills through our mail-order service.....	\$5 for up to a 30-day supply or \$10 for a 31- to 100-day supply
Most brand-name items at a Plan Pharmacy .....	\$15 for up to a 30-day supply, \$30 for a 31- to 60-day supply, or \$45 for a 61- to 100-day supply
Most brand-name refills through our mail-order service .....	\$15 for up to a 30-day supply or \$30 for a 31- to 100-day supply
Most specialty drugs .....	20 percent Coinsurance (not to exceed \$100) for up to a 100-day supply

Note: For each covered insulin, you will not pay more than \$35 for a 30-day supply, \$70 for a 31- to 60-day supply, and \$105 for a 61- to 100-day supply.

<b>Durable Medical Equipment (DME)</b>	<b>You Pay</b>
Covered durable medical equipment for home use .....	No charge

<b>Mental Health Services</b>	<b>You Pay</b>
Inpatient psychiatric hospitalization .....	\$100 per admission
Individual outpatient mental health evaluation and treatment.....	\$20 per visit
Group outpatient mental health treatment .....	\$10 per visit

<b>Substance Use Disorder Treatment</b>	<b>You Pay</b>
Inpatient detoxification.....	\$100 per admission
Individual outpatient substance use disorder evaluation and treatment .....	\$20 per visit
Group outpatient substance use disorder treatment.....	\$5 per visit

<b>Home Health Services</b>	<b>You Pay</b>
Home health care (part-time, intermittent) .....	No charge

<b>Other</b>	<b>You Pay</b>
Hearing aid(s) every 36 months.....	Amount in excess of \$2,500 Allowance per aid, per ear
Skilled nursing facility care (up to 100 days per benefit period).....	No charge
External prosthetic and orthotic devices .....	No charge
Meals delivered to your home immediately following discharge from a network hospital or Skilled Nursing Facility .....	No charge up to three meals per day in a consecutive four-week period, once per calendar year

This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For additional information, please refer to the *Summary of Benefits* booklet enclosed; for a complete explanation, refer to the *EOC*.

# 2024 Summary of Benefits

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Kaiser Permanente Senior Advantage (HMO) Group plan

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
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care

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

### For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which 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	You pay
<b>Plan premium</b>	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.
<b>Deductible</b>	Please see the enclosed Kaiser Permanente Senior Advantage benefit chart to find out if your plan has a deductible and the yearly limit amount.
<b>Your maximum out-of-pocket responsibility</b> Doesn't include Medicare Part D drugs	Please see the enclosed Kaiser Permanente Senior Advantage benefit chart to find out what the yearly limit is for your group's plan.
<b>Benefits</b>	Please see the enclosed Kaiser Permanente Senior Advantage benefit chart for benefits you receive through your group's plan.

## Medicare Part D prescription drug coverage

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

- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at [kp.org/seniorrx](http://kp.org/seniorrx) or call Member Services to ask for a copy at **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 100-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- Whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial, coverage gap, or catastrophic coverage stage).

Note: For each insulin product covered by our plan, you will not pay more than **\$35** for a 30-day supply, **\$70** for a 31- to 60-day supply, and **\$105** for a 61- to 90-day supply of, regardless of the tier. Our plan covers most Part D vaccines at no cost to you.

Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

Please see the enclosed Kaiser Permanente Senior Advantage benefit chart for your group's prescription drug coverage.

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

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

## Member discounts for products and services

Kaiser Permanente partners with leading companies to support your health, safety, and well-being — and offer substantial savings and discounts.

### Lively™ Mobile Plus

Get a personal emergency response system that provides 24/7 help with the push of a button. Receive a reduced one-time device fee and choice of two monthly service plans (coverage limits may apply). Visit [greatcall.com/KP](http://greatcall.com/KP) or call **1-800-205-6548** (TTY **711**) for more information.

### CareLinx

Kaiser Permanente has partnered with CareLinx to provide you with a discount for purchasing non-medical, in-home help with daily activities. Your caregiver can help you live an independent lifestyle in your own home by assisting with light housekeeping, meal preparation, companionship and more.

Visit [carelinx.com/kaiserpermanente-affinity](http://carelinx.com/kaiserpermanente-affinity) or call toll-free **1-855-271-2656** Monday-Friday, 7 a.m. – 6 p.m., and on weekends, 9 a.m. – 5 p.m.

### Comfort Keepers in-home care and assistance

In-home care services to help you maintain independence at home with everything from 24-hour care, respite, meal preparation, and light housekeeping. Receive a discount on all services and get a free in-home safety assessment. Visit [comfortkeepers.com/kaiser-permanente](http://comfortkeepers.com/kaiser-permanente) or call **1-800-611-9689** (TTY **711**) for more information.

### Mom's Meals healthy meal delivery

Getting the right nutrition is essential to achieving and maintaining good health. Receive delivery of refrigerated ready-to-heat-and-eat meals to homes nationwide. Crafted by chefs and registered dietitians, meals are medically tailored to support most major chronic conditions and overall wellness. Kaiser Permanente members enjoy discounted pricing and free shipping from Mom's Meals. Visit [momsmealsnc.com](http://momsmealsnc.com) or call **1-866-224-9483** (TTY **711**) for more information.

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Senior

Advantage grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.

## Who can enroll

You can sign up for this plan if:

- You are enrolled in Kaiser Permanente through your group plan and meet your group's eligibility requirements.
- You have Medicare Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums for this plan.)
- You're a citizen or lawfully present in the United States.
- 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, Santa Cruz, 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 all of Los Angeles County except Catalina Island**. We also cover **parts of these counties** in these ZIP codes only:
  - **Kern County:** 93203, 93205–06, 93215–16, 93220, 93222, 93224–26, 93238, 93240–41, 93243, 93249–52, 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
  - **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, 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, 92003, 92007–11, 92013–14, 92018–30, 92033, 92037–40, 92046, 92049, 92051–52, 92054–61, 92064–65, 92067–69, 92071–72, 92074–75, 92078–79, 92081–86, 92088, 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, 92191–93, 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. If you receive non-covered care or services, you must pay the full cost.

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

## 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](http://kp.org/directory) or ask us to mail you a copy by calling Member Services at **1-800-443-0815 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

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

## Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You 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/finddoctors](https://kp.org/finddoctors).

## Help managing conditions

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

## Notices

### Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. 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 about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

### Kaiser Foundation Health Plan

Kaiser Foundation Health Plan, Inc., is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Senior Advantage. When you join Kaiser Permanente, you are enrolling in one of two health plan regions in California (either our Northern California region or Southern California region), which we call your "Home Region." The coverage information in this **Summary of Benefits** applies when you obtain care in your Home Region.

You must complete a new Senior Advantage enrollment request to continue Senior Advantage coverage if you move from your Home Region service area to the service area of our other California Region.

### Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** on [kp.org/privacy](https://kp.org/privacy) to learn more.

## 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 difference.

### **Benefit period**

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

### **Calendar year**

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

### **Coinsurance**

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

### **Copay**

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

### **Deductible**

It's the amount you must pay for Medicare Part D drugs before you will enter the initial coverage stage.

### **Evidence of Coverage**

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

### **Maximum out-of-pocket responsibility**

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

### **Medically necessary**

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

### **Non-plan provider**

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

### **Plan**

Kaiser Permanente Senior Advantage.

### **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.

### **Prior authorization**

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

**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 one of our Senior Advantage plan's service area.

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

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

# Notice of Nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not 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 is not 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., seven 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>.



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-443-0815 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-443-0815 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-443-0815 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-443-0815 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-443-0815 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-443-0815 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-443-0815 (TTY 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-443-0815 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-443-0815 (TTY 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-443-0815 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-443-0815 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-443-0815 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-443-0815 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-443-0815 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-443-0815 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-443-0815 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-443-0815 (TTY 711)** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



**[kp.org/medicare](http://kp.org/medicare)**

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