

2025 SFHSS Custom HMO MAPD

Kaiser Permanente 2025 Medicare Advantage (HMO) Group Plan with Part D Benefits Summary

Your employer joins with Kaiser Permanente to offer you the select benefits listed here. The accompanying Medicare Advantage group packet lists more benefits and contains many other important details, provisions, contact information, and disclosures.

INPATIENT CARE	YOU PAY	NOTES
Inpatient hospital care ^{^†} (includes substance abuse and rehabilitation services)	\$100	Per Admission
Inpatient mental health care ^{^†*}	\$100	Per Admission
Skilled Nursing Facility ^{^†}	No charge	Up to 100 days per benefit period
Home health care [†]	No charge	For necessary part-time or intermittent skilled nursing and home health aide services, rehabilitation services, etc.
Hospice	No charge	When you enroll in a Medicare-certified hospice program, your hospice services are paid for by Original Medicare, not our plan.

OUTPATIENT CARE		
Primary care office visit	\$15	Each visit
Specialty care office visit ^{^†}	\$15	Each visit; includes visits for epidural steroid injections for pain management
Podiatry services ^{^†}	\$15	Each visit; for medically necessary foot care
Outpatient mental health [†]	\$15	Each individual therapy visit
Outpatient surgery ^{^†}	\$50	For each visit for outpatient surgery performed in a hospital facility or ambulatory surgical center.
Ambulance services [†]	\$150	Per one-way trip
Emergency care	\$75	Each visit, waived if admitted as an inpatient
Urgently needed care	\$15	Each visit
Outpatient rehabilitation services ^{^†}	\$15	For each physical, occupational, and speech language therapy visit
Medicare Part B prescription drugs [†]	No charge	For up to a 30-day supply from a network pharmacy

OUTPATIENT MEDICAL SERVICES AND SUPPLIES		
Durable medical equipment†	20%	Authorization rules may apply. There is no charge for diabetic self-monitoring training, nutrition therapy, and supplies
Diagnostic tests^†, X-rays^, and lab services^	No charge	Authorization rules may apply
Radiation therapy†	No Charge	For each therapeutic X-ray procedure
CT, MRI, PET and nuclear medicine procedures†	No charge	Each visit

PREVENTIVE SERVICES		
Preventive services†	No charge	For services such as: Pneumonia, flu, and Hepatitis B immunizations, mammogram, colonoscopy, prostate cancer screening, and tobacco use cessation counseling

END-STAGE RENAL DISEASE		
End-Stage Renal Disease (ESRD) ^†	No Charge	For Medicare-approved renal dialysis

OUTPATIENT PRESCRIPTION DRUGS**		
Drug Tier	Retail Plan Pharmacy (up to a 30-day supply)	Mail-order Plan Pharmacy (up to a 90-day supply)
Tier 1 (Preferred generic)	\$15	Two times the listed copay
Tier 2 (NonPreferred generic)	\$15	Two times the listed copay
Tier 3 (Preferred brand)	\$30	Two times the listed copay
Tier 4 (NonPreferred brand)	\$30	Two times the listed copay
Tier 5 (Specialty)	\$30	Two times the listed copay
Tier 6 (Injectable Vaccines)	No charge	

ADDITIONAL BENEFITS		
Hearing exams^†	\$15	Each visit for routine diagnostic hearing exams
Hearing aids	Total less credit	\$1,000 per ear allowance per 36-month period
Vision services	\$15	Each visit for routine eye exams
Optical hardware (lenses, frames)	Not Covered	No coverage applies under this plan.

One annual routine physical exam	No charge	If you receive care during that visit beyond what your benefit covers, you may incur additional charges for that care provided
Health and wellness education	Class fees	See quarterly Healthy Living Schedule for classes, dates, times, locations, and fees
One Pass™ fitness	No charge	At participating Core and Premium network locations
Alternative Therapies	\$20	Up to 8 -visits for Acupuncture; 3 -visits for naturopathy; 10 -visits for chiropractic; 10 -visits medically necessary massage therapy†
Transportation	No Charge	Up to 6 round-way trips each year for non-emergent medical services
Advanced Care at Home	Covered in Full	When found medically appropriate by a physician based on your health status, covered at the applicable cost share
Travel Benefit	Not Covered	No coverage applies under this plan
Out-of-Pocket Maximum	\$2,500 Per Individual	After you reach the OPM, you are not charged further for certain covered services that year. Outpatient Part D prescription drugs do not apply to the OPM.

^Your plan provider may need to provide a referral.

†Prior authorization may be required.

* There is a 190-day lifetime limit in a psychiatric hospital.

**You will be enrolled in Medicare Part D through Kaiser Permanente and we will notify Medicare on your behalf.

You may only be enrolled in one Part D plan at a time, which means you will be disenrolled from any other Part D plan when your coverage under this plan becomes effective.

If you decide to enroll in Medicare Part D through another Prescription Drug Plan, you will be automatically disenrolled from Kaiser Permanente.

For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail order pharmacy. You should receive them within 10 business days. If not, please call **1-800-245-7979 (TTY: 711)**, Monday through Friday, 7:30 a.m. to 7:00 p.m., and Saturday and Sunday, 8:00 a.m. to 4:30 p.m.

You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

This information is not a complete description of benefits. Call Member Services toll-free at **1-888-901-4600 (TTY: 711)**, from 8:00 a.m. - 8:00 p.m., seven days a week, for more information.

This sheet, customized for your employer, is not a contract and does not replace nor take precedence over your Evidence of Coverage. For questions on your coverage, please contact Member Services toll-free at **1-888-901-4600 (TTY: 711)**, from 8:00 a.m. - 8:00 p.m., seven days a week.

Notice of nondiscrimination

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

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

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

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

If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

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

1127757052 WA
July 2023



January 1–December 31, 2025

2025 Summary of Benefits

Kaiser Permanente Medicare Advantage (HMO) Group

With Medicare Part D prescription drug coverage

About this Summary of Benefits

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

- Benefits and costs
- Part D prescription drugs
- Additional benefits
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan

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

For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at kpwa.memberdoc.com, or ask for a copy from Member Services by calling **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m. 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 **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.
- If you're not a member, please call **1-800-581-8252 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m.

What's covered and what it costs

	You pay
<p>Monthly plan premium</p> <p>You must continue to pay your Medicare Part B premium and any other applicable Medicare premium(s), if not otherwise paid by Medicaid or another third party.</p>	<p>Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator.</p>
<p>Deductible</p>	<p>Please see the enclosed Kaiser Permanente Medicare Advantage benefit chart to find out if your plan has a deductible and the yearly limit amount.</p>
<p>Your maximum out-of-pocket responsibility</p> <p>The amount you pay for premiums, Medicare Part D drugs, and certain services does not apply to this maximum (see the Evidence of Coverage for details).</p>	<p>Please see the enclosed Kaiser Permanente Medicare Advantage benefit chart to find out what the yearly limit is for your group's plan.</p> <p>If you reach the limit during 2025 for services subject to the out-of-pocket maximum, you will not have to pay any more copays or coinsurance for those services for the rest of the year.</p>
<p>Benefits</p>	<p>Please see the enclosed Kaiser Permanente Medicare Advantage benefit chart for benefits you receive through your employer or trust fund.</p>

Medicare Part D prescription drug coverage

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

- The Kaiser Permanente Medicare Advantage plan you enroll in.
- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at kp.org/seniorrx or call Member Services to ask for a copy at **1-800-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 90-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- When you get a 31- to 90-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial coverage stage, or catastrophic coverage stage).

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

Deductible stage

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

Initial coverage stage

You pay the copays and coinsurance shown in the benefit chart until your out-of-pocket costs reach **\$2,000**. If you reach the \$2,000 limit in 2025, you move on to the catastrophic stage and your coverage changes.

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.

Catastrophic coverage stage

If you or others on your behalf spend **\$2,000** on your Part D prescription drugs in 2025, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2025.

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.

Additional benefits

Fitness benefit

This benefit is available to you as a plan member:	You pay
<p>Fitness benefit – One Pass™</p> <p>You have access to the One Pass complete fitness program for the body and mind. One Pass includes:</p> <ul style="list-style-type: none"> • A large core and premium gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location. • Live, on-demand, and digital fitness programs at home. • Social clubs and activities available on the One Pass member website and mobile app. • One home fitness kit annually for strength, yoga, or dance. • Online brain health cognitive training programs. <p>For more information about participating gyms and fitness locations, the program’s benefits, or to set up your online account, visit YourOnePass.com or call 1-877-614-0618 (TTY 711), Monday through Friday, 6 a.m. to 7 p.m., PT.</p>	<p>\$0</p>

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 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/kp-affinity or call toll-free 1-844-636-4592 Monday-Friday, 7 a.m. – 6 p.m., MST, and on weekends, 9 a.m. – 5 p.m., MST.

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, and personal care, meal preparation, and light housekeeping. Receive a discount on all services and get a free in-home safety assessment. Visit [comfortkeepers.com/kaiser-permanente](https://www.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 www.momsmealsnc.com/kp/home.aspx 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 Medicare 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 both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare.)
- You're a citizen or lawfully present in the United States.
- You live in the service area for this plan, which includes:
 - Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties
 - These ZIP codes in Grays Harbor County: 98541, 98557, 98559, and 98568
 - These ZIP codes in Mason County: 98524, 98528, 98546, 98548, 98555, 98584, 98588, and 98592

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
- Covered care from designated providers in Maricopa and Pima counties in Arizona

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

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

Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you. To find our provider locations, see our **Provider Directory** or **Pharmacy Directory** at kp.org/directory or ask us to mail you a copy by calling Member Services at **1-888-901-4600**, 7 days a week, 8 a.m. to 8 p.m. (TTY **711**).

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

Your personal doctor

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

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.

Medicare prescription payment program

The Medicare Prescription Payment Plan is a new payment option for 2025 that can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available to anyone with Medicare Part D and works with your drug coverage. It can be especially helpful to people with high drug cost sharing earlier in the plan year and help manage out-of-pocket drug costs, but it doesn't save you money or lower your drug costs. Contact us, visit kp.org/seniormedrx, or medicare.gov to learn more about this program.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time period that includes the date you received the item or service. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

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

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan of Washington is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Medicare Advantage.

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

If you need these services, contact Member Services at **1-888-901-4636 (TTY 711)**. If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191, or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F,

HHH Building, Washington, DC 20201

- **1-800-368-1019, 1-800-537-7697** (TDD)
- Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

Privacy

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

Helpful definitions (glossary)

Allowance

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

Benefit period

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

Calendar year

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

Coinsurance

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

Copay

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

Deductible

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 Medicare 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). Services or items subject to prior authorization are flagged with a † symbol in the enclosed Kaiser Permanente Medicare Advantage benefit chart.

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 facilities.

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

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

Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

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

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

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-888-901-4600 (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 **1-888-901-4600 (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 **1-888-901-4600 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-888-901-4600 (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 **1-888-901-4600 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

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

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

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

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

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Kaiser Foundation Health Plan of Washington
2715 Naches Ave SW
Renton, WA 98057

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