



 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.



|  |  |   |             |   |  |  |
|--|--|---|-------------|---|--|--|
|  |  |   |             |   |  |  |
|  | Facility fee (e.g., ambulatory surgery center)   | No Charge   | Not Covered | None  |  |  |
|  | Physician/surgeon fees                           | No Charge   | Not Covered | None  |  |  |
|  | <a href="#">Emergency room care</a>              | No Charge   | No Charge   | None  |  |  |
|  | <a href="#">Emergency medical transportation</a> | No Charge   | No Charge   | None  |  |  |
|  | <a href="#">Urgent care</a>                      | No Charge   | Not Covered | <a href="#">Non-Plan providers</a> covered when temporarily outside the service area: No Charge   |  |  |
|  | Facility fee (e.g., hospital room)               | No Charge   | Not Covered | None  |  |  |
|  | Physician/surgeon fee                            | No Charge   | Not Covered | None  |  |  |
|  | Outpatient services                              | No Charge   | Not Covered | No Charge.  |  |  |
|  | Inpatient services                               | No Charge   | Not Covered | None  |  |  |
|  | Office visits                                    | No Charge, <a href="#">deductible</a> does not apply. | Not covered | Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |  |  |
|  | Childbirth/delivery professional services        | No Charge   | Not Covered | None  |  |  |
|  | Childbirth/delivery facility services            | No Charge   | Not Covered | None  |  |  |

|  |   |   |             |             |  |  |  |  |  |
|--|---|---|-------------|-------------|--|--|--|--|--|
|  |   |   |             |             |  |  |  |  |  |
|  | <a href="#">Home health care</a>          | No Charge   | Not Covered | Not Covered | 2-hour limit / visit, 3 visit limit / day, 100 visit limit / year. |  |  |  |  |
|  | <a href="#">Rehabilitation services</a>   | Inpatient/Outpatient: No Charge   | Not Covered | Not Covered | None   |  |  |  |  |
|  | <a href="#">Habitatation services</a>     | No Charge   | Not Covered | Not Covered | None   |  |  |  |  |
|  | <a href="#">Skilled nursing care</a>      | No Charge   | Not Covered | Not Covered | 100 day limit / benefit period.                                    |  |  |  |  |
|  | <a href="#">Durable medical equipment</a> | No Charge   | Not Covered | Not Covered | Requires prior authorization.                                      |  |  |  |  |
|  | <a href="#">Hospice service</a>           | No Charge   | Not Covered | Not Covered | None   |  |  |  |  |
|  | Children's eye exam                       | No Charge for refractive exam, <a href="#">deductible</a> does not apply. | Not Covered | Not Covered | None   |  |  |  |  |
|  | Children's glasses                        | Not Covered   | Not Covered | Not Covered | None   |  |  |  |  |
|  | Children's dental check-up                | Not Covered   | Not Covered | Not Covered | None   |  |  |  |  |

|  |   |                       |                       |                       |   |
|--|---|-----------------------|-----------------------|-----------------------|---|
| <a href="#">_____</a>  | <a href="#">_____</a>   | <a href="#">_____</a> | <a href="#">_____</a> | <a href="#">_____</a> | <a href="#">_____</a>   |
| Children's glasses<br>Chiropractic care<br>Cosmetic surgery<br>Dental Care (Adult & Child) | Hearing aids<br>Infertility treatment<br>Long-term care<br>Non-emergency care when traveling outside the U.S. |                       |                       |                       | Private-duty nursing<br>Routine foot care<br>Weight loss programs |
| Acupuncture (plan provider referred)   | Bariatric surgery   |                       |                       |                       | Routine eye care (Adult)  |

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is shown in the chart below. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical \_\_\_\_\_



Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#)

## Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente follows State and Federal civil rights laws.

Kaiser Permanente does not unlawfully discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services:

No-cost aids and services to people with disabilities to help them communicate better with us, such as:

Qualified sign language interpreters

Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)

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 our Member Service Contact Center at **1 800-464-4000** (TTY **711**), 24 hours a day, 7 days a week (except closed holidays). If you cannot hear or speak well, please call **711**.

Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, or another format, call our Member Service Contact Center and ask for the format you need.

### How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with Kaiser Permanente if you believe we have failed to provide these services or unlawfully discriminated in another way. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You may also speak with a Member Services representative about the options that apply to you. Please call Member Services if you need help filing a grievance.

You may submit a discrimination grievance in the following ways:

**By phone:** Call member services at **1-800-464-4000** (TTY **711**) 24 hours a day, 7 days a week (except closed holidays)

**By mail:** Call us at **1-800-464-4000** (TTY **711**) and ask to have a form sent to you

**In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at [kp.org/facilities](http://kp.org/facilities) for addresses)

**Online:** Use the online form on our website at [kp.org](http://kp.org)

You may also contact the Kaiser Permanente Civil Rights Coordinators directly at the addresses below.

**Attn: Kaiser Permanente Civil Rights Coordinator**  
Member Relations Grievance Operations  
P.O. Box 939001  
San Diego CA 92193

**How to file a grievance with the California Department of Health Care Services Office of Civil Rights (For Medi-Cal Beneficiaries Only)**

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

**By phone:** Call DHCS Office of Civil Rights at 916-440-7370 (TTY 711)

**By mail:** Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413

Complaint forms are available at: [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

Online: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

**How to file a grievance with the U.S. Department of Health and Human Services Office of Civil Rights**

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can file your complaint in writing, by phone, or online:

**By phone:** Call **1-800-368-1019** (TTY 711 or **1-800-537-7697**)

**By mail:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Complaint forms are available at  
<http://www.hhs.gov/bcr/office/file/index.html>

**Online:** Visit the Office of Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



## Aviso de no discriminación

La discriminación es ilegal. Kaiser Permanente cumple con las leyes de los derechos civiles federales y estatales.

Kaiser Permanente no discrimina ilícitamente, excluye ni trata a ninguna persona de forma distinta por motivos de edad, raza, identificación de grupo étnico, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, género, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, condición médica, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

Kaiser Permanente ofrece los siguientes servicios:

Ayuda y servicios sin costo a personas con discapacidades para que puedan comunicarse mejor con nosotros, como lo siguiente:

- intérpretes calificados de lenguaje de señas,
- información escrita en otros formatos (braille, impresión en letra grande, audio, formatos electrónicos accesibles y otros formatos).

Servicios de idiomas sin costo a las personas cuya lengua materna no es el inglés, como:

- intérpretes calificados,
- información escrita en otros idiomas.

Si necesita nuestros servicios, llame a nuestra Central de Llamadas de Servicio a los Miembros al **1-800-464-4000** (TTY **711**) las 24 horas del día, los 7 días de la semana (excepto los días festivos). Si tiene deficiencias auditivas o del habla, llame al **711**.

Este documento estará disponible en braille, letra grande, cassette de audio o en formato electrónico a solicitud. Para obtener una copia en uno de estos formatos alternativos o en otro formato, llame a nuestra Central de Llamadas de Servicio a los Miembros y solicite el formato que necesita.

### Cómo presentar una queja ante Kaiser Permanente

Usted puede presentar una queja por discriminación ante Kaiser Permanente si siente que no le hemos ofrecido estos servicios o lo hemos discriminado ilícitamente de otra forma. Consulte su *Evidencia de Cobertura* (*Evidence of Coverage*) o *Certificado de Seguro* (*Certificate of Insurance*) para obtener más información. También puede hablar con un representante de Servicio a los Miembros sobre las opciones que se apliquen a su caso. Llame a Servicio a los Miembros si necesita ayuda para presentar una queja.

Puede presentar una queja por discriminación de las siguientes maneras:

**Por teléfono:** llame a Servicio a los Miembros al **1 800-464-4000** (TTY **711**), las 24 horas del día, los 7 días de la semana (excepto los días festivos).

**Por correo postal:** llámenos al **1 800-464-4000** (TTY **711**) y pida que se le envíe un formulario.

**En persona:** llene un formulario de Queja o reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte su directorio de proveedores en [kp.org/facilities](http://kp.org/facilities) [cambie el idioma a español] para obtener las direcciones).

**En línea:** utilice el formulario en línea en nuestro sitio web en [kp.org/espanol](http://kp.org/espanol).



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1-800-464-4000 (TTY 711)

711

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*(Evidence of Coverage)*

*(Certificate of Insurance)*

7 24

1 800-464-4000 (TTY 711)

1 800-464-4000 (TTY 711)

kp.org/facilities

kp.org

**Attn: Kaiser Permanente Civil Rights Coordinator**  
Member Relations Grievance Operations  
P.O. Box 989001  
San Diego CA 92198

*Medi-Cal*

**916-440-7370 (TTY 711) (DHCS)**

Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413 MS 0009  
Sacramento, CA 95899-7413  
[http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)

CivilRights@dhcs.ca.gov

**1-800-368-1019 TTY 711 1-800-537-7697**

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

<http://www.hhs.gov/ocr/office/file/index.html>

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







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