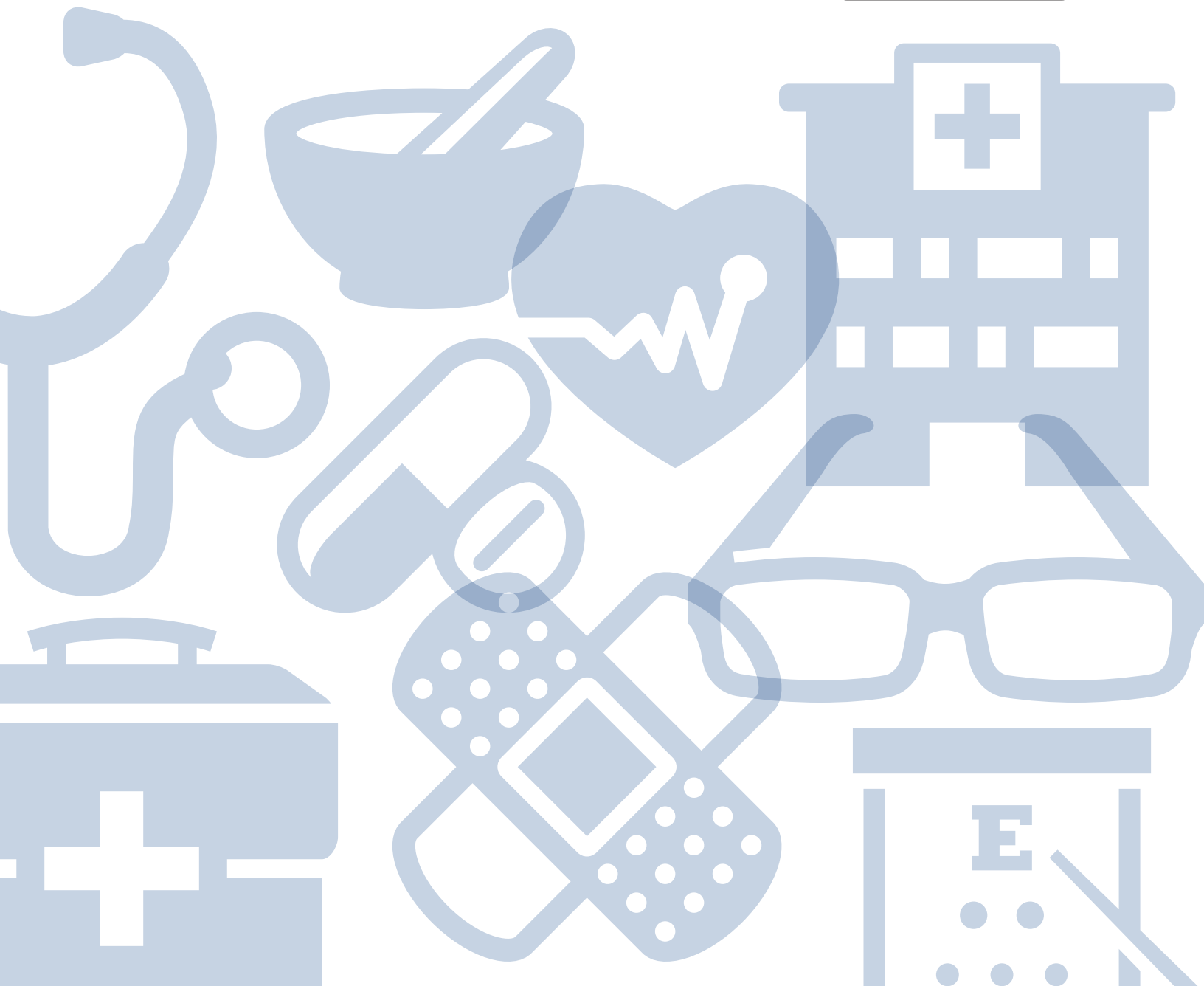


**2020**

# **KAISER PERMANENTE BENEFITS SUMMARY**

*Effective July 1, 2020 or October 1, 2020*



**This guide is only an overview. For a complete description of benefits, exclusions, limitations, and reductions, please see the Kaiser Permanente Group Evidence of Coverage.**

## BENEFIT HIGHLIGHTS

- How The Plan Works ..... **2**
- Summary of Benefits ..... **3**
- Using Your Benefits To  
The Best Advantage ..... **5**
- Get Help in Your Language ..... **6**
- If You Need Assistance ..... **8**

The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). Your employer has selected the Kaiser Permanente plan from The Local Choice Health Benefits Program to offer you and your eligible family members.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS), is a federally qualified HMO. Health care services are provided or arranged by the Mid-Atlantic Permanente Medical Group, P.C. (MAPMG) at one of Kaiser Permanente’s 38 medical centers located in the Washington metropolitan area.

## SERVICE AREA

Kaiser Permanente’s service area includes the District of Columbia and the following cities and counties in Virginia and Maryland:

**Virginia Counties:** Arlington, Caroline, Culpeper, Fairfax, Fauquier, Hanover, King George, Louisa, Loudoun, Orange, Prince William, Stafford, Spotsylvania, Westmoreland  
**Cities:** Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, Manassas Park

**Maryland Counties:** Anne Arundel, Baltimore, Calvert (partial), Carroll, Charles (partial), Frederick (partial), Harford, Howard, Montgomery, Prince Georges  
**Cities:** Baltimore

## HOW THE PLAN WORKS

- Use your Directory of Providers to choose a convenient Kaiser Permanente medical center. Then select a primary care physician for you and for each enrolled family member.
- Your Kaiser Permanente physician provides or arranges all services.
- Specialty care is provided on a referral basis by a MAPMG physician.
- Members make appointments directly with the Kaiser Permanente medical center by calling:  
Metropolitan Washington, D.C. **(703) 359-7878** or toll free at **1-800-777-7904 (TTY 711)**  
Outside Washington Area **1-800-777-7902**  
If you are registered on kp.org, you are able to make or cancel appointments.  
EAP Services through Beacon Health Options **(866) 517-7042**  
Dental Services through Dominion National **1-855-733-7524**
- Outside the service area, you are covered for emergency and urgent care anywhere in the world. For information or assistance while traveling, call the 24/7 Away from Home Travel Line at **951-268-3900** or visit [kp.org/travel](http://kp.org/travel).  
Email your doctor’s office with non-urgent questions, have a phone/video visit with your primary care physician, or connect with a licensed care provider 24/7 for medical advice.  
If you need urgent care **in a state without Kaiser Permanente**, go to the nearest MinuteClinic or urgent care facility. If you need urgent care **while traveling internationally**, go to the nearest urgent care facility or hospital.

# KAISER PERMANENTE 2020 BENEFITS

Remember, your primary care physician must coordinate all your health care services. Your primary care physician will refer you to a specialist if necessary. There are no benefits for services received out of your plan's network, except for emergency services in a life-threatening situation, and urgent care when traveling out of the area.

|  | Covered Services   | You Pay   |
|--|--|---|
| <b>Outpatient Primary Care Physician (PCP) Visits</b>  | <ul style="list-style-type: none"> <li>■ Physician, x-ray, and other diagnostic services</li> <li>■ Immunizations</li> <li>■ Pre-admission testing</li> <li>■ Voluntary family planning</li> </ul>   | \$25 copayment  |
|  | <ul style="list-style-type: none"> <li>■ Laboratory, pathology, radiology, and diagnostic testing</li> </ul>   | \$0 copayment   |
| <b>Preventive Services</b>   | <ul style="list-style-type: none"> <li>■ Periodic checkups</li> <li>■ Routine gynecological exam (Pap smear, pelvic exam, and breast exam – no referral needed)</li> </ul>   | \$0   |
|  | <ul style="list-style-type: none"> <li>■ Well baby care and primary care services for children up to age 5</li> </ul>  | \$0   |
|  | <ul style="list-style-type: none"> <li>■ Women's Preventive Care</li> </ul>  | \$0   |
| <b>Specialty Care Physician Visits</b>   | Includes physician and outpatient facility services  | \$40 copayment  |
| <b>Outpatient Surgery</b>  | Free-standing ambulatory surgery center or hospital outpatient facility  | \$75 Copayment  |
| <b>Inpatient Hospital Services</b><br><i>(For admissions arranged through your PCP and authorized by the HMO)</i>  | <ul style="list-style-type: none"> <li>■ Includes semi-private room, intensive or coronary care unit (no maximum number of days)</li> <li>■ Private room-if ordered by participating physician and approved by the HMO as medically necessary</li> <li>■ Physician services</li> <li>■ Surgery</li> <li>■ Anesthesia</li> <li>■ Diagnostic services such as lab and x-ray</li> <li>■ Blood transfusion procedures, drugs</li> <li>■ Physical therapy, chemotherapy, radiation therapy</li> </ul> | \$300 per admission   |
| <b>Maternity Care</b>  | <ul style="list-style-type: none"> <li>■ All routine outpatient pre- and postnatal care of the mother rendered by the OB/GYN</li> </ul>  | \$0   |
|  | <ul style="list-style-type: none"> <li>■ Hospital care of mother and child</li> </ul>  | \$300 per admission   |
|  | <ul style="list-style-type: none"> <li>■ Diagnostic testing (such as ultrasounds and fetal monitor procedures)</li> </ul>  | \$0   |
| <b>Emergency Services For Life-Threatening Conditions</b><br><i>(Such as heart attacks, hemorrhaging, poisoning, loss of consciousness, or convulsions – no referral needed)</i>                             | <ul style="list-style-type: none"> <li>■ Hospital emergency room</li> </ul>  | \$75 copayment per visit (waived if admitted)<br>\$40 copayment for urgent care center  |
| <b>Mental Health And Substance Abuse Services</b><br><i>(A primary care physician referral is not needed. Instead, you must contact the plan to coordinate care except in a life-threatening situation.)</i> | <ul style="list-style-type: none"> <li>■ Outpatient visits when medically necessary</li> </ul>   | Group visits - \$12 copayment per visit<br>Individual visits - \$25 copayment per visit |
|  | <ul style="list-style-type: none"> <li>■ Inpatient treatment when medically necessary</li> <li>■ Detoxification</li> </ul>   | \$300 per admission<br>\$300 per admission  |
| <b>Complementary Alternative Medicine</b>  | <ul style="list-style-type: none"> <li>■ Includes chiropractic and acupuncture services when medically necessary</li> </ul>  | \$40 copayment per visit up to 30 visits  |

|   | Covered Services  | You Pay  |
|---|---|--|
| <b>Family Planning And Infertility Services</b>   | <ul style="list-style-type: none"> <li>Sperm count</li> <li>Hysterosalpinography</li> <li>Endometrial biopsy</li> </ul>   | 50% of allowable charges   |
|   | <ul style="list-style-type: none"> <li>Vasectomy (male sterilization)</li> <li>IUD insertion (No charge, part of women's health)</li> <li>Oral contraceptives (subject to prescription drug copayments)<br/>No charge, part of women's health</li> </ul>  | \$75 copayment   |
| <b>Therapy Services</b>   | <ul style="list-style-type: none"> <li>Physical therapy (up to 30 visits per incident)</li> </ul>   | \$40 copayment   |
|   | <ul style="list-style-type: none"> <li>Chemotherapy and radiation therapy</li> </ul>  | \$40 copayment   |
| <b>Skilled Care</b>   | <ul style="list-style-type: none"> <li>Home health care, nursing, and other services in your home</li> </ul>  | \$0  |
|   | <ul style="list-style-type: none"> <li>Skilled nursing facility (up to 100 days maximum per member per calendar year)</li> </ul>  | \$300 per admission  |
| <b>Durable Medical Equipment</b>  | <ul style="list-style-type: none"> <li>Rental or purchase of plan approved durable medical equipment</li> </ul>   | \$0  |
| <b>Diabetic Supplies</b>  | <ul style="list-style-type: none"> <li>Diabetic Equipment and Supplies</li> </ul>   | 20% of allowable charges   |
| <b>Prescription Drugs</b>   | Generic program (up to 30-day supply). Brand name drugs are covered when prescribed by a physician.   | Per prescription at a Kaiser Permanente on-site pharmacy:<br>\$15 generic/\$25 brand formulary/<br>\$40 non-brand formulary  |
|   | When prescriptions are filled at a network pharmacy, your program covers the following: <ul style="list-style-type: none"> <li>Medically necessary drugs and medications prescribed by a participating physician</li> <li>Any medication which by law requires a prescription, including birth control pills</li> </ul> | Per prescription at a participating community pharmacy:<br>\$20 generic/\$45 brand formulary/<br>\$60 non-brand formulary<br>Per prescription:<br>Specialty drugs 50% up to \$75 Maximum |
| <b>Mail Service Benefit</b>   | <ul style="list-style-type: none"> <li>Maintenance drug prescription (up to 90-day supply for medications prescribed for 6 months or more) filled through the mail service pharmacy for 2x copay.</li> </ul>  | \$13 generic/\$23 brand formulary/<br>\$38 non-brand formulary   |
| <b>Out-Of-Area Urgent Care</b><br>(For unexpected conditions requiring immediate attention such as high fever, vomiting, or sprains – no referral needed) | <ul style="list-style-type: none"> <li>Physician's office visit</li> </ul>  | \$40 copayment   |
|   | <ul style="list-style-type: none"> <li>Kaiser Permanente urgent care center/after hours care center</li> </ul>  | \$40 copayment   |
|   | <ul style="list-style-type: none"> <li>Emergency room</li> </ul>  | \$75, waived if admitted   |
| <b>Additional Information</b>   | <ul style="list-style-type: none"> <li>Lifetime maximum</li> </ul>  | None   |
|   | <ul style="list-style-type: none"> <li>Annual deductibles</li> </ul>  | None   |
|   | <ul style="list-style-type: none"> <li>Benefits administered</li> </ul>   | Per contract year  |
|   | <ul style="list-style-type: none"> <li>Annual maximum out-of-pocket expense (does not include adult dental benefits, only pediatric dental benefits)</li> </ul>   | \$1500 per individual<br>\$3000 per family   |

## DENTAL PLAN *(Provided by Dominion National)*

|   |   | You Pay                        |
|---|---|--------------------------------|
|   | The plan pays an annual maximum of \$1,000 per person for in-network services and \$500 for out-of-network services |                                |
| <b>Annual Deductible</b>                  | <ul style="list-style-type: none"> <li>PPO (in-network)</li> </ul>  | \$25 individual / \$75 family  |
|   | <ul style="list-style-type: none"> <li>Out-of-network</li> </ul>  | \$50 individual / \$150 family |
| <b>Diagnostic and Preventive Services</b> | <ul style="list-style-type: none"> <li>PPO (in-network)</li> </ul>  | 0%                             |
|   | <ul style="list-style-type: none"> <li>Out-of-network</li> </ul>  | 40%                            |
| <b>Basic Services</b>                     | <ul style="list-style-type: none"> <li>PPO (in-network)</li> </ul>  | 20%                            |
|   | <ul style="list-style-type: none"> <li>Out-of-network</li> </ul>  | 50%                            |
| <b>Major Services</b>                     | <ul style="list-style-type: none"> <li>PPO (in-network)</li> </ul>  | 50%                            |
|   | <ul style="list-style-type: none"> <li>Out-of-network</li> </ul>  | 65%                            |
| <b>Orthodontics</b><br>(age 19 and under) | <ul style="list-style-type: none"> <li>PPO (in-network)</li> </ul>  | 50%                            |
|   | <ul style="list-style-type: none"> <li>Out-of-network</li> </ul>  | Not covered                    |

# USING YOUR BENEFITS TO THE BEST ADVANTAGE

You have responsibilities to make sure that your health benefits plan works to your advantage. By following the directions outlined below you can make sure you and enrolled family members receive the highest level of benefits.

## PRIMARY CARE PHYSICIAN

You will receive comprehensive medical care primarily within the Kaiser Permanente medical centers. Always contact your primary care physician when you or an enrolled family member needs care. Your primary care physician will provide or coordinate all medical services, including specialty and inpatient care. To schedule a routine or urgent appointment in metropolitan Washington, D.C., Maryland, or Virginia, call **(703) 359-7878** or toll free at **1-800-477-7904 (TTY 711)**. Outside the metropolitan Washington, D.C. area, call **1-800-777-7902**.

However, there are exceptions:

- For a life-threatening emergency, call 911 and go to the nearest emergency room for treatment. Contact your primary care physician as soon as possible.
- For mental health or substance abuse treatment, call the number shown on page 6 to schedule an appointment.

**Always remember, you pay the total cost of care when services are not coordinated by your primary care physician or approved by the health plan.**

## FOR MEDICAL, SURGICAL, OR HOSPITAL CARE

Always contact your primary care physician to receive medical care. In urgent situations such as high fever, vomiting, sprains, or broken bones, call:

For appointments:  
**(703) 359-7878** or toll free at **1-800-777-7904 (TTY 711)** —  
5:30 a.m.-7:30 p.m., Monday through Friday  
7:30 a.m.-11:30 a.m., weekends and holidays  
**1-800-777-7902** — outside the metropolitan Washington, D.C. area.

Emergency hotline: **1-800-677-1112**

When your medical center is closed, call the evening and weekend medical advice lines at:

**(703) 359-7878** or toll free at **1-800-777-7904 (TTY 711)** —  
metropolitan Washington, D.C. area  
**1-800-777-7902** — outside the metropolitan Washington, D.C. area

## FOR SPECIALTY CARE

Your primary care physician will refer you to a specialist as needed. Most specialty services are provided by members of the Kaiser Permanente medical group.

- You do not need a referral from your primary care physician to receive services within the Kaiser Permanente program for the following: OB/GYN, Optical, and Mental Health and Substance Abuse services.
- If you see a provider outside of Kaiser Permanente without a referral, you will be responsible for the total cost.

## FOR LIFE-THREATENING EMERGENCIES

(such as heart attacks, hemorrhaging, poisoning, loss of consciousness, or convulsions)

- Call 911 and go to the nearest emergency room for treatment.
- Contact your primary care physician as soon as possible.

## MENTAL HEALTH AND SUBSTANCE ABUSE CARE

Before you or an enrolled family member receives inpatient, partial day, or outpatient services, you must call Kaiser Permanente to coordinate your care:

- **Behavioral Health Access Unit: 1-866-530-8778**
- **For Medical Emergencies (Washington, D.C., Maryland, and Virginia): 1-800-677-1112**

## OUTPATIENT PRESCRIPTION DRUGS

Always ask that your prescription be filled with a generic drug. Remember, the Kaiser Permanente plan primarily covers generic drugs unless your doctor requests a brand name, or a generic substitution is not permitted by law.

### 2019 Prescription Drug Benefit:

- Kaiser Permanente Medical Center Pharmacy (Up to 30-Day supply)  
\$15 Generic/\$25 Brand formulary/\$40 Brand Non-formulary
- Community Participation Pharmacy (Up to 30-Day supply)  
\$20 Generic/\$45 Brand formulary/\$60 Brand Non-formulary
- Mail Order (Up to a 90-Day Supply 2x copay)  
\$13 Generic/\$23 Brand formulary/\$38 Brand Non-formulary
- Specialty Drug 50% up to \$75 Max

## Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

This notice has important information about your application or benefits. Look for important dates. You might need to take action by certain dates to keep your benefits or manage costs. You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

### Spanish

Este aviso contiene información importante acerca de su solicitud o sus beneficios. Busque fechas importantes. Podría ser necesario que actúe para ciertas fechas, a fin de mantener sus beneficios o administrar sus costos. Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

### Amharic

ይህ ማሰታወቂያ ሰለማመልከቻዎ ወይም ጥቅማ ጥቅሞችዎ ጠቃሚ መረጃ አለው። አስፈላጊ ቀናትን ይፈልጉ። ጥቅማ ጥቅሞችዎን ለማቆየት ወይም ክፍያዎችን ለመቆጣጠር በሆነ ቀን አንድ እርምጃ መውሰድ ያስፈልግዎ ይሆናል። ይህንን መረጃ እና እገዛ በቋንቋዎ በነጻ የማግኘት መብት አልዎት። ለእገዛ በመታወቂያ ላይ ያለውን የአባል አገልግሎቶች ቁጥር ይደውሉ። (TTY/TDD: 711)

### Arabic

يحتوي هذا الإشعار على معلومات مهمة حول طلبك أو المزايا المقدمة لك. احرص على تتبع المواعيد المهمة. قد تحتاج إلى اتخاذ إجراء قبل مواعيد محددة للاحتفاظ بالمزايا أو لإدارة التكلفة. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. يُرجى الاتصال برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة.(TTY/TDD:711)

### Bassa

Bɔi-po-po nià ke bédeé bɔ kpaɖe bá ni ɖe-mó-ɖifèdè mɔɔ kpáná-dè bɛ̀ m̀ ké dyée dyi. M̄ me mó wé kpaɖe bɛ̀ dyi. Bé ni kpáná-dè bɛ̀ ké m̀ xwa se mɔɔ bé m̀ ké píɔ xwa béin nyee, ɔ mu wèin bé m̀ kéú ɖe bɛ̀ ti kɔ nyùin. M̄ bédeé dyi-bèdèin-dèò bé m̀ ké bɔ̀ nià ke kè gbo-kpá-kpá dyé ɖé m̀ bíɖí-wùdùùn bó pídyi. Ɖá Mébà jè gbo-gmò Kpòè nòbà nià ni Dyí-dyoin-bèò kɔe, bó gbo-kpá-kpá dyé jè. (TTY/TDD: 711)

### Bengali

আপনার আবেদন বা সুবিধার বিষয়ে এই বিজ্ঞপ্তিটিতে গুরুত্বপূর্ণ তথ্য রয়েছে। গুরুত্বপূর্ণ তারিখগুলির জন্য দেখুন। আপনার সুবিধাগুলি বজায় রাখার জন্য বা খরচ নিয়ন্ত্রণ করার জন্য নির্দিষ্ট তারিখে আপনাকে কাজ করতে হতে পারে। বিনামূল্যে এই তথ্য পাওয়ার ও আপনার ভাষায় সাহায্য করার অধিকার আপনার আছে। সাহায্যের জন্য আপনার আইডি কার্ডে থাকা সদস্য পরিষেবা নম্বরে কল করুন। (TTY/TDD: 711)

### Chinese

本通知有與您的申請或利益相關的重要資訊。請留意重要日期。您可能需要在特定日期前採取行動以維護您的利益或管理費用。您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

### Farsi

این اطلاعیه حاوی اطلاعات مهم در مورد درخواست یا مزایای شما است. به تاریخهای مهم دقت کنید. ممکن است لازم باشد در برخی تاریخهای خاص اقدامی انجام دهید تا مزایای خود را حفظ کنید یا هزینه‌ها را مدیریت کنید. شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناسایی‌تان درج شده است، تماس بگیرید.(TTY/TDD:711)

### French

Cette notice contient des informations importantes sur votre demande ou votre couverture. Vous y trouverez également des dates à ne pas manquer. Il se peut que vous deviez respecter certains délais pour conserver votre couverture santé ou vos remboursements. Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

### German

Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Ihren Beihilfeleistungen. Prüfen Sie die Mitteilung auf wichtige Termine. Möglicherweise müssen Sie bis zu einem bestimmten Datum Maßnahmen ergreifen, um Ihre Beihilfeleistungen oder Kostenzuschüsse aufrechtzuerhalten. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. (TTY/TDD: 711)

Hindi  
इस सूचना में आपके आवेदन या लाभों के बारे में महत्वपूर्ण जानकारी है। महत्वपूर्ण तिथियाँ देखें। अपने लाभ बनाए रखने या लागत का प्रबंध करने के लिए, आपको निश्चित तिथियों तक कार्रवाई करने की ज़रूरत हो सकती है। आपके पास यह जानकारी और मदद अपनी भाषा में मुफ्त में प्राप्त करने का अधिकार है। मदद के लिए अपने ID कार्ड पर सदस्य सेवाएँ नंबर पर कॉल करें। (TTY/TDD: 711)

Igbo  
Ọkwa a nwere ozi di mkpa gbasara akwụkwọ anamachọihe ma ọ bụ elele gi. Chọgharja ụbọchị ndi di mkpa. I nwere ike ime ihe n'ụfọdụ ụbọchị iji dowe elele gi ma ọ bụ jikwaa ọnụego. I nwere ikike inweta ozi a yana enyemaka n'asụsụ gi n'efu. Kpọọ nọmba Ọrụ Onye Otu di na kaadi NJ gi maka enyemaka. (TTY/TDD: 711)

Korean  
이 공지사항에는 귀하의 신청서 또는 혜택에 대한 중요한 정보가 있습니다. 중요 날짜를 살펴 보십시오. 혜택을 유지하거나 비용을 관리하기 위해 특정 마감일까지 조치를 취해야 할 수 있습니다. 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Russian  
Настоящее уведомление содержит важную информацию о вашем заявлении или выплатах. Обратите внимание на контрольные даты. Для сохранения права на получение выплат или помощи с расходами от вас может потребоваться выполнение определенных действий в указанные сроки. Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Tagalog  
May mahalagang impormasyon ang abisong ito tungkol sa inyong aplikasyon o mga benepisyo. Tukuyin ang mahahalagang petsa. Maaaring may kailangan kayong gawin sa ilang partikular na petsa upang mapanatili ang inyong mga benepisyo o mapamahalaan ang mga gastos. May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Urdu  
یہ نوٹس آپ کی درخواست یا فائدوں کے بارے میں اہم معلومات پر مشتمل ہے۔ اہم تاریخیں دیکھیے۔ اپنے فائدوں یا لاگتوں کو منظم کرنے کے لیے آپ کو بعض تاریخوں پر اقدام کرنے کی ضرورت ہوسکتی ہے۔ آپ کو اپنی زبان میں مفت ان معلومات اور مدد کے حصول کا حق ہے۔ مدد کے لیے اپنے آئی ڈی کارڈ پر موجود ممبر سروس نمبر کو کال کریں۔ (TTY/TDD:711)

Vietnamese  
Thông báo này có thông tin quan trọng về đơn đăng ký hoặc quyền lợi bảo hiểm của quý vị. Hãy tìm các ngày quan trọng. Quý vị có thể cần phải có hành động trước những ngày nhất định để duy trì quyền lợi bảo hiểm hoặc quản lý chi phí của mình. Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Yoruba  
Àkìyèsí yíí ní iwífún pàtàkì nípá ibéèrè tàbí àwọn ànfàní rẹ. Wá déèti pàtàkì. O le ní láti gbé igbésè ní déèti kan pàtó láti tójú àwọn ànfàní tàbí sàkóso iye owó rẹ. O ní ètò láti gba iwífún yíí kí o sì sèrànwọ ní èdè rẹ lófèfè. Pe Nọmbà àwọn ipèsè ọmọ-ẹgbẹ lóri káàdì Ìdánimọ rẹ fún ìrànwọ. (TTY/TDD: 711)

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

NOTE: This is a brief summary of benefits. For a complete description of the plan, refer to your Kaiser Permanente Member Handbook. These handbooks are available from your Benefits Administrator, or may be obtained by calling Kaiser Permanente directly.



## IF YOU NEED ASSISTANCE

### Member Services

**(301) 468-6000**

**1-800-777-7902** outside Washington, D.C. area

### Appointments and

**(703) 359-7878**

or toll free at **1-800-777-7904 (TTY 711)**

### Medical Advice

**1-800-777-7902** outside Washington, D.C. area

### Dental Benefit Provider

Dominion National: **1-855-733-7524**

### Mental Health And Substance Abuse Care

**1-866-530-8778**

### Employee Assistance Program (EAP)

Beacon Health Options: **(866) 517-7042**

