Better Informed
Better Together

easy to get appointments

I can choose my doctor

excellent prenatal care

I'm part of the decision

free to focus on my patients

a wide range of specialists

I can email my doctor

test results online
A better choice for good health

With care and coverage working seamlessly together, Kaiser Permanente is uniquely designed to give you the information and support you need to live healthy.

your choice of top doctors
Our doctors are among the best, and caring for people is their passion. Plus, you’ve got the power to change doctors anytime.

personalized care and attention
Your doctors, nurses, and specialists are connected to your electronic health record, so they can work together to deliver great care that’s right for you.

everything under one roof
You can do more and drive less because many of our locations include pharmacy, lab, X-ray services, and more.

lots of healthy extras
Stay at your best with healthy resources like farmers markets and wellness classes, many of which are free.

online access anytime, anywhere
Use your computer, smartphone, or mobile device to email your doctor’s office, schedule routine appointments, view lab test results, refill prescriptions, and more.

a better experience
We care about the whole you—body, mind, and spirit. Our doctors, health plans, and medical facilities all work as one, so your experience is smoother and simpler.

kp.org/thrive

Note: Many features discussed in this book are available only to members receiving care at Kaiser Permanente medical facilities.

Welcome to your Kaiser Permanente for Individuals and Families Enrollment Guide. This guide will help you understand what health care means for you and how to select the right health plan for your needs. Read on to learn why Kaiser Permanente is the best choice for you and your family.

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Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
Why health care matters

Health care coverage makes it easier to get the care you need to get healthy and stay healthy. There are two parts of health care. One part involves the team (doctors, nurses, specialists) that provides care and the facilities where you receive care. The other part is the coverage you need to pay for that care. At Kaiser Permanente, we offer both parts in one convenient package.

Health care

Almost everyone gets sick or hurt, or needs some kind of medical help. To get better, you usually need care—like seeing a doctor, staying in a hospital, taking medication, or all of the above. Health care includes many important services, such as:

- doctors’ office visits
- hospital stays
- emergency room visits
- X-rays
- laboratory tests
- prescription drugs
- preventive care
  - well-baby visits
  - well-woman visits
  - immunizations
  - screenings

Health coverage

Health insurance is a lot like the insurance people have to protect their car or home. Some people get health insurance through their jobs, and some buy it themselves. Without insurance, high medical bills can wipe out savings and even lead to bankruptcy. Insurance helps protect you financially if you have a serious illness or injury that requires extensive care.

- Each month, you pay a premium—your monthly rate—to your insurance company or health plan for your health care coverage. If you qualify for federal financial assistance, you might get help paying this premium. The federal government would pay any financial assistance to Kaiser Permanente on your behalf. See page 4 to learn more.
- When you need care (such as doctor visits, hospital care, and medications), your insurance company or health plan may help you pay for it.

How you benefit

Here are some of the major advantages of having health care coverage:

- **Peace of mind.** You shouldn’t have to worry about how you’re going to pay if you get sick, injured, or pregnant. Life is unpredictable, but when you have health coverage, you have more control, and you can rest easy knowing that you’re going to get the care you need.
- **Care when you need it.** You can see a doctor when you’re sick or just need preventive care. You don’t need to ignore symptoms or hope they’ll go away. You can get treated before things get worse.
- **Stay on a healthy path.** Preventive care helps you catch minor symptoms before they become problems. Screenings, like mammograms and cholesterol level tests, can catch problems early—when they’re easier to treat.
What health care reform means for you

On March 23, 2010, the Affordable Care Act (ACA)—also known as health care reform—became federal law. Many of the changes resulting from the law mean more peace of mind for you and your family.

If you have health coverage now, you’re probably already enjoying some of the benefits of health care reform, including more preventive care for no charge and being able to keep your children on your plan until they turn 26. If this is your first time shopping for health coverage, or you’re switching plans, you’ll be getting all of these benefits and more with your new ACA-compliant plan.

Everyone can enroll

Anyone can get coverage. You can no longer be denied coverage because of a medical condition, and you don’t have to pass a medical exam to qualify for coverage.

Stay up-to-date with ACA requirements

All of our plans can help you meet the requirement that most U.S. citizens and legal residents have a basic level of health coverage starting January 1, 2014. In most cases, if you don’t buy coverage and go without it for three consecutive months or longer, you’ll be charged a tax penalty by the government.

Some people don’t have to buy insurance. For example, if your income is below a certain level or you have certain religious beliefs, you may not have to purchase insurance. In such cases, you may be able to file for an exemption at the Health Insurance Marketplace.

Marketplaces are open

You can buy your Kaiser Permanente plan directly from us and the Health Insurance Marketplace. Marketplaces are federal- or state-run markets where you can shop, compare, and buy health care coverage. In California, the Marketplace is called Covered California.

The choice is yours

When shopping at the Marketplace for a Kaiser Permanente plan, you’ll see four levels of coverage—Bronze, Silver, Gold, and Platinum. You can choose the plan that best meets your needs.

- All plans will offer the same essential health benefits (such as doctor visits, hospital care, prescriptions, and maternity care) and will include certain preventive services for no charge.
- The main difference is how you pay for care. Our Bronze plans generally offer lower premiums but higher out-of-pocket costs. Gold plans generally have higher premiums and lower out-of-pocket costs.
- There’s an additional Catastrophic plan, a high-deductible plan option for applicants under age 30. Applicants age 30 and older may also purchase this plan only if they provide a certificate from Covered California demonstrating hardship or lack of affordable coverage. The Catastrophic plan has the same basic benefits as the Bronze, Silver, Gold, and Platinum plans. But it has lower premiums and higher out-of-pocket costs (including a higher deductible than the other deductible plans). However, the Catastrophic plan offers a total of three office visits for certain services as well as preventive care services for no charge before the deductible.
Do you qualify for financial assistance?

If you need help paying for health care, you may qualify for financial assistance. Under health care reform, the federal government will provide financial assistance for people with qualifying incomes. Here’s some information to help you find out whether you may be eligible.

Federal financial assistance available

Starting in October 2013, you’ll be able to apply for financial assistance from the federal government to help pay for care and coverage under Kaiser Permanente’s new 2014 plans.

- Help with premiums and out-of-pocket expenses (deductibles, copayments, coinsurance) will be available only if you buy your new ACA-compliant Kaiser Permanente coverage through your Health Insurance Marketplace, Covered California.
- If you qualify, the federal government will pay Kaiser Permanente any financial assistance on your behalf.
- Assistance will be on a sliding scale, based on modified adjusted gross income and family size.

Are you eligible for assistance?

There are a few ways to find out:

- Use this chart to get an idea of whether you and your family may qualify:

<table>
<thead>
<tr>
<th>Number of people in household</th>
<th>2013 annual family income levels to qualify*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$45,960 or below</td>
</tr>
<tr>
<td>2</td>
<td>$62,040 or below</td>
</tr>
<tr>
<td>3</td>
<td>$78,120 or below</td>
</tr>
<tr>
<td>4</td>
<td>$94,200 or below</td>
</tr>
<tr>
<td>5</td>
<td>$110,280 or below</td>
</tr>
<tr>
<td>6</td>
<td>$126,360 or below</td>
</tr>
<tr>
<td>7</td>
<td>$142,440 or below</td>
</tr>
<tr>
<td>8</td>
<td>$158,520 or below</td>
</tr>
</tbody>
</table>

*2013 modified adjusted gross income levels are the latest available; assistance will be based on estimated 2014 modified adjusted gross income.

- Use Kaiser Permanente’s online calculator at buykp.org. You’ll get an estimate of how much assistance you may receive to help pay your premium.

What should you do next?

Go to CoveredCA.com for a determination of your total financial assistance eligibility for your premium and out-of-pocket expenses. You’ll also be able to enroll in an ACA-compliant Kaiser Permanente plan through Covered California if you qualify for assistance.

Please note that if you have the option of receiving health coverage through your employer, you may not be eligible for financial assistance.

What if you don’t qualify for assistance?

You have two choices:

- You can still purchase an ACA-compliant Kaiser Permanente plan through Covered California.
- Or you can purchase your coverage directly from us – that’s easiest.

Either way, your plan will offer the same benefits and services.

Have questions?

We’ve got answers. We’ll help you decide which Kaiser Permanente plan is best for you, even if you apply through CoveredCA.com. Call us at 1-800-494-5314, or contact your agent or broker.

You can also review the “Choosing the right plan for you” section on page 14 and the “Health plan benefit highlights” chart starting on page 18 for helpful details on your health care coverage options. For information on when and how to enroll, see page 12.
Your partner for better health

Making smart decisions about your health may be easier than you think, whether you’re looking for a new plan or choosing health coverage for the first time. Take a look at all you get with your membership, and you’ll see how Kaiser Permanente can help you live a healthier life.

➡ The power to choose
Make the best choice for you and your family. With many great doctors and convenient facilities to choose from, it’s easier to get the care you need when you need it.

➡ Excellent care
Your electronic health record informs your care team at Kaiser Permanente facilities and enables their teamwork. This way you’re treated as a person, not a symptom.

➡ Online access anytime, anywhere
Stay better informed about your health—and better able to manage it—with online and mobile tools that help you get the support you need.

➡ Convenient classes, resources, and more
Take your health beyond checkups with a partner that provides the inspiration and information you need to live life to the fullest.

➡ Everything at your fingertips
Make life easier. Our online and mobile resources can help you to pick the right plan, find locations near you, and get the most out of your coverage.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
The power to choose
Stay in charge of your health. It’s simple to make the right choice when you’ve got great doctors, convenient facilities, and care when you need it.

Your choice of top doctors
We’ve carefully selected our doctors so you can make the right choice for you and your family. Many of our highly respected doctors come from the top medical schools in the country. And it’s easy to take your pick—just go online to view our doctor profiles. You can choose or change your doctor anytime.

Under-one-roof convenience
Save time and avoid driving all over town for care. You have many locations to choose from, and most of them offer multiple services under one roof. You can see your doctor, get a lab test or an X-ray, and pick up your medications—all without leaving the building. And when you get care with fewer delays, you can get better faster.

What you need, when you need it
- Email your doctor’s office with nonurgent questions.
- Refill most prescriptions online with free shipping.
- Make routine appointments with a call or click.
- View recent office visits and most test results online.
- Get same-day, after-hours, and weekend services at many locations.
- Call for advice from a registered nurse, 24 hours a day.
- Travel freely; you’re covered for emergency care worldwide.

See how Kaiser Permanente has helped members at kp.org/carestories.

Your electronic health record brings it all together
Your record gets updated with each visit to our Kaiser Permanente facilities, so it’s always current.

Your doctor’s office

Pharmacy, lab, X-ray
No need for paperwork when you get services at our facilities—your doctor’s orders are already there.

Have questions? Call us at 1-800-494-5314. Go to buykp.org/apply. Or contact your agent or broker.
Excellent care

Teamwork and expertise combined help make our doctors, nurses, and specialists better informed to provide the best care for your needs.

Personalized care and attention

A care team that’s informed and focused on you can lead to better health. Supported by your secure electronic health record, your doctors, nurses, and specialists are better prepared to deliver the right care at the right time—even if you go to different Kaiser Permanente locations in your area.

Easy access to specialty care

Our specialists are connected to real-time updates on your electronic health record, so they can diagnose and treat conditions more efficiently. And because they work closely with your doctor, referrals are easier. You can email your doctor’s office to request a referral, and once you get it, see any available specialist of your choice.

A focus on you and your family

With medical care and health coverage working together, there are fewer administrative hassles for you and your care team. You’re empowered to get the care you need, and your doctors, nurses, and specialists can focus on what they do best. With caring, compassion, and a love for what they do, your team is united by one shared goal—to help you get well and stay well.

Learn more about the doctors available in your area at kp.org/doctorsandlocations.

Specialty care

Your specialists are up to speed and ready to take care of you.

At home or on the go

Get your health information on your computer or mobile device to stay informed and in charge.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
Online access anytime, anywhere
At home or on the go, we’ve got you covered. Plug into your health with our online and mobile tools that help you get what you want, when you want it.

It’s easy to stay connected
Members registered on kp.org have secure access to My Health Manager, the online tool that helps you manage your care at our facilities.

- Email your doctor’s office.
- Refill most prescriptions.
- View most lab test results.
- Schedule or cancel routine appointments.
- Care for a family member using these features.

A website full of healthy ideas
Get informed and inspired on our award-winning website, kp.org. Take charge of your health with articles, wellness topics, and health calculators. Our music channels, podcasts, fitness videos, and recipes from world-class chefs can help you find new ways to live well.

Good health on the go
Manage your care at home, work, or play with our mobile app. It puts all the convenient features of My Health Manager right in the palm of your hand. You can download the free Kaiser Permanente app from the App Store℠ or Google Play®.

For a guided tour of My Health Manager, visit kp.org/experience.

Top reasons to join Kaiser Permanente
Better care
A care team that’s coordinated and focused on you.

Better doctors
Choose from top doctors who are in it because they care.

Have questions? Call us at 1-800-494-5314. Go to buykp.org/apply. Or contact your agent or broker.
Convenient classes, resources, and more

We have a passion for prevention. That’s why we give you lots of healthy extras that can help you stay informed about ways to live healthier in body, mind, and spirit.

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Learn something new

Fit wellness into your schedule, no matter how busy you are. With the many health classes offered at our facilities, there’s something for everyone. Try classes on yoga, eating well, baby care, specific health conditions, and much more. Classes vary by location and some may require a fee.

Fresh food in the parking lot

Eating well is easier when you bring home fresh food from our farmers markets. They’re conveniently located at many of our facilities, so you can pick up some healthy fruits and veggies after your visit.

Maximize your health

Our personalized online wellness programs can help you lose weight, stay active, reduce stress, sleep better, stop smoking, and much more. You can also download the free Every Body Walk! app for your smartphone or mobile device from the App Store or Google Play. It’s a fun, interactive tool to help you create and maintain a daily walking routine.

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Find tools, tips, and information for living well at kp.org/livehealthy.

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Better access

Email your doctor, call for advice, get appointments when you need them.

Better visits

Doctor, lab, X-rays, and pharmacy all in one place at most of our locations.

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Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

60128810_V3 California January 2014
Everything at your fingertips

We know you have a busy schedule. That’s why we do everything we can to make things simpler for you—whether you’re enrolling in a health plan or looking for a medical facility to get care.

**Online enrollment**

You’ll find the *Application for Health Coverage* included with this guide. But for the fastest response, enroll online today at [buykp.org/apply](http://buykp.org/apply). If you’re working with an agent or broker, use the personalized link he or she has provided.

**Checking for financial help**

Federal financial assistance to help pay for health coverage is available for those who qualify. If you qualify for assistance and purchase a Kaiser Permanente plan through Covered California, the federal government will pay any financial assistance directly to Kaiser Permanente on your behalf. Use our online calculator at [buykp.org](http://buykp.org) to get an estimate of how much assistance you may receive to help pay your premium.

**Location, location, location**

It’s easy to find the care you need, when you need it. Many Kaiser Permanente facilities are located in your area. Visit [buykp.org/facilities](http://buykp.org/facilities) to find one near your home or office. You can even search our locations when you’re on the go. Just download our free Kaiser Permanente app for your smartphone or mobile device from the App Store or Google Play—then use the location finder.

Search for a facility by ZIP code or keywords at [buykp.org/facilities](http://buykp.org/facilities).

**We’re always here to help**

We’re always here to help. Call us at **1-800-494-5314** to speak with one of our representatives who will be happy to help you understand your options and pick the right Kaiser Permanente health plan for you.

**Call us**

Call **1-800-494-5314** to speak with one of our representatives who will be happy to help you understand your options and pick the right Kaiser Permanente health plan for you.

**Go online**

Ready to purchase a Kaiser Permanente plan? Visit [buykp.org/apply](http://buykp.org/apply) to get started, or contact your agent or broker.
When to enroll in your plan

Once you understand why you need health care coverage and whether you qualify for financial assistance, the next step is knowing when and how to enroll. Here’s an overview of what you need to do to get the plan of your choice.

**Open enrollment**

There’s a deadline to apply for health care coverage. You can apply starting October 1, 2013, through March 31, 2014. This is called the open enrollment period. It’s when you can enroll in health plans through Covered California or directly through Kaiser Permanente.

To enroll during this 2014 open enrollment period, you must make sure we receive your completed Application for Health Coverage – along with your first month’s premium – no later than March 31, 2014.

**Special enrollment**

After open enrollment, you can still enroll during special enrollment periods in the case of certain events that change your status. Special enrollment periods last 60 days after any of these events, which may include the following:

- marriage
- birth or adoption of a child
- divorce
- loss of job and employer-sponsored coverage

Please include proof of your special event with your application.

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**Open enrollment period – October 1, 2013 through March 31, 2014**

<table>
<thead>
<tr>
<th>If you want your coverage to start on:</th>
<th>Your completed application and first month’s premium must be received by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 1, 2014</td>
<td>February 16, 2014 – March 15, 2014</td>
</tr>
<tr>
<td>May 1, 2014</td>
<td>March 16, 2014 – March 31, 2014</td>
</tr>
</tbody>
</table>

**Special enrollment period – April 1, 2014 through November 15, 2014**

Enrolling outside open enrollment due to a life-changing event

<table>
<thead>
<tr>
<th>If you want your coverage to start on:</th>
<th>Your completed application, first month’s premium, and proof of special event must be received by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 1, 2014</td>
<td>April 1, 2014 – April 15, 2014</td>
</tr>
<tr>
<td>June 1, 2014</td>
<td>April 16, 2014 – May 15, 2014</td>
</tr>
<tr>
<td>August 1, 2014</td>
<td>June 16, 2014 – July 15, 2014</td>
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<tr>
<td>September 1, 2014</td>
<td>July 16, 2014 – August 15, 2014</td>
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<tr>
<td>October 1, 2014</td>
<td>August 16, 2014 – September 15, 2014</td>
</tr>
<tr>
<td>November 1, 2014</td>
<td>September 16, 2014 – October 15, 2014</td>
</tr>
<tr>
<td>December 1, 2014</td>
<td>October 16, 2014 – November 15, 2014</td>
</tr>
</tbody>
</table>

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
Simple steps to enroll

1. Choose a plan
   Pick the plan that’s right for you. You can cover your entire family under the same plan or separate plans.

2. Confirm your rate area
   Check the “Health plan rates” section on page 22 to confirm your rate area is correct.
   If it isn’t, call us at 1-800-494-5314, or contact your agent or broker.

3. See if you’re eligible for financial assistance
   You may be eligible for financial assistance from the federal government for your 2014 Kaiser Permanente health plan. If you qualify, the federal government will pay any financial assistance to Kaiser Permanente on your behalf. Help may be available for:
   - monthly premiums
   - out-of-pocket costs, such as copayments, coinsurance, or deductibles
   See the “Do you qualify for financial assistance?” section of this guide on page 4 for more information. If you’re eligible, you must purchase your Kaiser Permanente plan through Covered California to get assistance. If you’re not eligible, continue to step 4.

4. Complete your application
   Complete an online application at buykp.org/apply or use a paper application. If you’re working with an agent or broker, be sure to complete that section of the application.

5. Select your payment method
   Payment for your first month’s coverage by check, money order, debit card, or credit card is required with your application.

6. Sign the application form
   Please make sure you’ve signed everywhere indicated on the application. If your application is missing any information, signatures, documentation, or payment, this may delay your effective date or cancel your application.

7. Submit the application form with payment and all necessary documentation
   - Online: For the fastest response, enroll online today at buykp.org/apply. Or if you’re working with an agent or broker, use the personalized link he or she has provided.
   - Fax: 1-866-816-5139
   - Mail: Kaiser Permanente
     California Service Center - KPIF
     P.O. Box 23219
     San Diego, CA 92193-9921
Choosing the right plan for you

Before you buy your plan – whether directly from us or through Covered California – we can help you decide which Kaiser Permanente plan is best for you. That way, you’ll know which plan to select as you complete your enrollment. Here’s some important information to help you make your decision.

→ Health plan types
Learn about our plans, and see examples of how they work. They all offer the same basic health benefits, along with quality care and support. No matter which plan you select, you get top doctors and a care team focused on you—all working together with the latest technology to offer well-coordinated, personalized care.

→ Comparing health plans
Get an overview of what you might pay for services under different plans, and get a sense of which one best meets your needs.

→ Health plan benefit highlights
Compare plans and benefits.

→ Dental Insurance Plan
Our health plans include pediatric dental benefits for anyone 18 and younger. Those who are 19 and older may add an optional adult dental plan.

→ Health plan rates
Fill out our rate worksheet so you can determine your monthly rate.
Health plan types

With each level of coverage—Bronze, Silver, Gold, and Platinum—there are different types of plans that work in different ways, depending on how you want to pay for services. You can choose one plan for your entire family or separate plans for different family members. If your family members choose different plans, each plan will have a separate deductible and out-of-pocket maximum.

Copayment plans

Copayment plans have set fees for most covered services and no deductibles.

- With copayments, you know in advance how much you’ll pay for things like doctor’s office visits or prescriptions.

How it works

Let’s say you injure your ankle and visit your primary care physician, who orders an X-ray. It’s just a sprain, so the doctor prescribes a generic pain medication.

With the KP CA Gold 0/30 copayment plan, you would pay a separate copayment for each of the covered services you received. You do not have to reach a deductible.

- In this case, you would pay a $30 copay for the doctor’s office visit, a $50 copay for the X-ray, and a $19 copay for the generic drug.
- Your copays would contribute to your out-of-pocket maximum.

Please note this is only an example of how a copayment plan works. See the “Health plan benefit highlights” chart starting on page 18 for more detailed information.

Deductible plans

Deductible plans have lower monthly rates. If you need care, you’ll usually pay full charge for most covered services until you reach a set amount known as your deductible.

- Once you’ve reached your deductible, you’ll pay a copayment or coinsurance for most covered services for the rest of the calendar year.
- Most preventive care services will be covered at no charge even before you reach your deductible.

How it works

Let’s say you injure your ankle and visit your primary care physician, who orders an X-ray. It’s just a sprain, so the doctor prescribes a generic pain medication.

On the KP CA Silver 1250/40 deductible plan, you would have to pay $1,250 out of your own pocket before being eligible to pay a copay or coinsurance for most covered services. However, our two Silver deductible plans offer generic drugs and office visits for certain services for a copay before the deductible is met.

- In this example, the doctor’s office visit and the prescription are available for a copay before you reach your deductible. You would pay just a $40 copay for the doctor’s office visit and a $20 copay for the generic drug.
- Your copays would contribute toward your out-of-pocket maximum but not toward your deductible.
- You would pay full charge for the X-ray. This amount would be applied to your $1,250 annual deductible. After reaching your deductible, you would pay a $40 copay for the X-ray.

Please note this is only an example of how a deductible plan works. See the “Health plan benefit highlights” chart starting on page 18 for more detailed information.
HSA-qualified deductible plans

HSA-qualified deductible plans allow you to pay for qualified medical expenses with tax-deductible dollars.

- You can contribute tax-deductible dollars into an HSA (health savings account), and use this money to help pay for eligible medical expenses, such as eyeglasses and laser eye surgery, dental care, acupuncture, and chiropractic services. For a complete list of qualified medical expenses, see Publication 502, Medical and Dental Expenses, at irs.gov.
- If you select a plan qualified for an HSA, we’ll send you additional information about setting up your account.
- Tax references relate to federal income tax only. For more information, consult your financial or tax adviser. To learn more about health savings accounts, visit irs.gov/publications/p969/ar02.html or call 1-800-829-1040.

How it works

Let’s say you injure your ankle and visit your primary care physician, who orders an X-ray. It’s just a sprain, so the doctor prescribes a generic pain medication.

With the KP CA Bronze HSA 3500/30 plan, you would pay full charge for most covered services until you reach your $3,500 deductible. However, if you open and fund an HSA, you can pay for your deductible, copays, and coinsurance with tax-deductible dollars. Most preventive care services would be covered at no charge even before the deductible is met.

- In the situation above, you would pay the first $3,500 of your medical and pharmacy expenses out of your own pocket. Then you would start paying a copay or coinsurance for most covered services.
- If you haven’t reached your deductible, you would pay full charge for the doctor’s office visit, the X-ray, and the medication. After reaching your deductible, you would pay $30 for the doctor’s office visit, a $30 copay for the X-ray, and a $15 copay for the generic drug.
- All the charges you pay for covered services would apply to your deductible, and your deductible would contribute to your out-of-pocket maximum.

Please note this is only an example of how an HSA-qualified plan works. See the “Health plan benefit highlights” chart starting on page 18 for more detailed information.

The HSA difference for family plans

Deductibles and out-of-pocket maximums work differently in traditional deductible plans and HSA-qualified deductible plans with family coverage.

Deductible plans with family coverage have both an individual deductible and a family deductible. That means that one member of the family can meet the lower individual deductible and be eligible for coinsurance or copayments before the higher family deductible is satisfied. Similarly, one family member can meet the individual out-of-pocket maximum before the family out-of-pocket maximum is met.

However, in HSA-qualified deductible plans with family coverage, there is no individual deductible or out-of-pocket maximum. You can meet the family deductible or out-of-pocket maximum with one family member’s expenses or a combination of family members’ out-of-pocket costs.

A focus on prevention

Preventive screenings help keep you healthy by providing an early alert for many health conditions. That way, they can be treated before they become serious. Under health care reform, many are available at no charge—even if you have a deductible plan.

Here are some examples of preventive care services:

- routine preventive physical exams
- well-child visits (0–23 months)
- well-woman visits
- immunizations
- annual flu shots
- routine preventive laboratory tests
- flexible sigmoidoscopies and colonoscopies
- bone density scans
- tuberculosis tests
- autism screenings
- mammogram screenings
- contraceptive care and counseling
- breastfeeding support

For a complete list of our preventive care services, visit kp.org/prevention.

Have questions? Call us at 1-800-494-5314. Go to buykp.org/apply. Or contact your agent or broker.
Comparing health plans

See the “Health plan benefit highlights” chart starting on the next page for an overview of what you can expect to pay for services under our plans. This will help you understand which one best meets your needs. For deductible plans, keep in mind that most of the amounts shown apply only after you reach your deductible. To get an idea of what you might pay before reaching your deductible, check out our treatment fee tool and resources at kp.org/treatmentestimates.

### Here’s a quick look at how to use the chart.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Plan type</th>
<th>KP CA Silver 2000/45</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charge for most services until you reach $2,000 for yourself or $4,000 for your family. Then you’d start paying copayments (copays) or coinsurance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual out-of-pocket maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This is the most you’ll pay for care during a policy period (usually a year) before your plan starts paying 100 percent for most covered services. In this example, you’d never pay more than $6,350 for yourself and no more than $12,700 for your family for your deductible, copayments, and coinsurance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive care at no charge</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most preventive care services—including routine physical exams and mammograms—are covered at no charge. Plus, they’re not subject to the deductible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Not subject to the deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some services are always covered at a copay or coinsurance, regardless of whether you’ve reached your deductible. Under this plan, primary care visits are covered at a $45 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits are not subject to the deductible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After reaching your deductible, you may start paying a percentage of the total cost for certain services. Here, you’d pay 20 percent of the cost for your inpatient hospital care after you reach your deductible. Your plan would pay the rest.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Copayment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This is the set amount you pay for certain services, usually after you reach your deductible. Here, you’d start paying a $250 copay for Emergency Department visits after your deductible is met.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Plan type

- **Features**
  - Individual plan annual deductible (subscriber only): $2,000
  - Family plan annual deductible (individual/family): $2,000
  - Individual plan annual out-of-pocket maximum (subscriber only): $6,350
  - Family plan annual out-of-pocket maximum (individual/family): $6,350

### Benefits

- **Preventive care**
  - Routine physical exam, mammograms, etc.: No charge

- **Outpatient services (per visit or procedure)**
  - Primary care office visit: $45
  - Specialty care office visit: $65
  - Most X-rays: $65
  - Most lab tests: $45
  - MRI, CT, PET: $250
  - Outpatient surgery: 20%
  - Mental health visit: $45

- **Inpatient hospital care (per admission)**
  - Room and board, surgery, anesthesia, X-rays, lab tests, medications: 20% after deductible

- **Maternity**
  - Routine prenatal care visit, first postpartum visit: No charge
  - Delivery and inpatient well-baby care: 20% after deductible

- **Emergency and urgent care**
  - Emergency Department visit: $250 after deductible
  - Urgent care visit: $45

- **Prescription drugs**
  - Plan pharmacy (up to a 30-day supply): Generic: $19, Brand: $50, After $250 brand deductible
  - Mail-order (up to a 100-day supply): Generic: $38, Brand: $100, After $250 brand deductible

### Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
# Health plan benefit highlights

<table>
<thead>
<tr>
<th></th>
<th>KP CA Bronze HSA 4500/40%</th>
<th>KP CA Bronze 5000/60</th>
<th>KP CA Bronze HSA 3500/30</th>
<th>KP CA Silver HSA 1500/20%</th>
<th>KP CA Silver 1250/40</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan type</strong></td>
<td>HSA-qualified</td>
<td>Deductible</td>
<td>HSA-qualified</td>
<td>HSA-qualified</td>
<td>Deductible</td>
</tr>
<tr>
<td><strong>Features</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual plan annual deductible (subscriber only)</td>
<td>$4,500</td>
<td>$5,000</td>
<td>$3,500</td>
<td>$1,500</td>
<td>$1,250</td>
</tr>
<tr>
<td>Family plan annual deductible (individual/family)</td>
<td>$9,000/$9,000</td>
<td>$5,000/$10,000</td>
<td>$7,000/$7,000</td>
<td>$3,000/$3,000</td>
<td>$1,250/$2,500</td>
</tr>
<tr>
<td>Individual plan annual out-of-pocket maximum (subscriber only)</td>
<td>$6,350</td>
<td>$6,350</td>
<td>$6,350</td>
<td>$6,350</td>
<td>$6,350</td>
</tr>
<tr>
<td>Family plan annual out-of-pocket maximum (individual/family)</td>
<td>$12,700/$12,700</td>
<td>$6,350/$12,700</td>
<td>$12,700/$12,700</td>
<td>$12,700/$12,700</td>
<td>$6,350/$12,700</td>
</tr>
</tbody>
</table>

## Benefits

### Preventive care

- **Routine physical exam, mammograms, etc.**
  - No charge

### Outpatient services (per visit or procedure)

- **Primary care office visit**
  - 40% after deductible
  - First 3 office visits $60¹
  - Additional visits $60 after deductible
  - $30 after deductible
  - 20% after deductible
  - $40

- **Siddency care office visit**
  - 40% after deductible
  - $70 after deductible
  - $30 after deductible
  - 20% after deductible
  - $40

- **Most X-rays**
  - 40% after deductible
  - 30% after deductible
  - $30 after deductible
  - 20% after deductible
  - $25 after deductible

- **Most lab tests**
  - 40% after deductible
  - 30% after deductible
  - 30% after deductible
  - 20% after deductible
  - $300 after deductible

- **Outpatient surgery**
  - 40% after deductible
  - 30% after deductible
  - 30% after deductible
  - 20% after deductible
  - 30% after deductible

- **Mental health visit**
  - 40% after deductible
  - First 3 office visits $60¹
  - Additional visits $60 after deductible
  - $30 after deductible
  - 20% after deductible
  - $40

### Inpatient hospital care (per admission)

- **Room and board, surgery, anesthesia, X-rays, lab tests, medications**
  - 40% after deductible
  - 30% after deductible
  - 30% after deductible
  - 20% after deductible
  - 30% after deductible

### Maternity

- **Routine prenatal care visit, first postpartum visit**
  - No charge

- **Delivery and inpatient well-baby care**
  - 40% after deductible
  - 30% after deductible
  - 30% after deductible
  - 20% after deductible
  - 30% after deductible

- **Emergency and urgent care**
  - 40% after deductible
  - $300 after deductible
  - 30% after deductible
  - 20% after deductible
  - $250 after deductible

- **Urgent care visit**
  - 40% after deductible
  - First 3 office visits $60¹
  - Additional visits $60 after deductible
  - $30 after deductible
  - 20% after deductible
  - $40

### Prescription drugs

- **Plan pharmacy (up to a 30-day supply)**
  - Generic: 40% Brand: 40%
  - All after deductible
  - Generic: $19 Brand: $50
  - All after deductible
  - Generic: $15 Brand: $40
  - All after deductible
  - Generic: 20% Brand: 20%
  - All after deductible
  - Generic: $20 Brand: $50
  - After $250 brand deductible

- **Mail-order (up to a 100-day supply)**
  - Generic: 40% Brand: 40%
  - All after deductible
  - Generic: $38 Brand: $100
  - All after deductible
  - Generic: $30 Brand: $80
  - All after deductible
  - Generic: 20% Brand: 20%
  - All after deductible
  -Generic: $40 Brand: $100
  - After $250 brand deductible

---

1The KP CA Bronze 5000/60 plan includes three office visits at $60 each before you reach your deductible. Office visits include primary, urgent, or outpatient mental health care.

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**Have questions?** Call us at 1-800-494-5314. **Go to buykp.org/apply.** Or contact your agent or broker.
## Health plan benefit highlights

<table>
<thead>
<tr>
<th>Plan type</th>
<th>KP CA Silver 2000/45</th>
<th>KP CA Gold 500/30</th>
<th>KP CA Gold 0/30</th>
<th>KP CA Platinum 0/20</th>
<th>KP CA Catastrophic 6350/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Features</td>
<td>Deductible</td>
<td>Deductible</td>
<td>Copayment</td>
<td>Copayment</td>
<td>Deductible</td>
</tr>
<tr>
<td>Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual plan annual deductible (subscriber only)</td>
<td>$2,000</td>
<td>$500</td>
<td>None</td>
<td>None</td>
<td>$6,350</td>
</tr>
<tr>
<td>Family plan annual deductible (individual/family)</td>
<td>$2,000/$4,000</td>
<td>$500/$1,000</td>
<td>None/None</td>
<td>None/None</td>
<td>$6,350/$12,700</td>
</tr>
<tr>
<td>Individual plan annual out-of-pocket maximum (subscriber only)</td>
<td>$6,350</td>
<td>$6,350</td>
<td>$6,350</td>
<td>$4,000</td>
<td>$6,350</td>
</tr>
<tr>
<td>Family plan annual out-of-pocket maximum (individual/family)</td>
<td>$6,350/$12,700</td>
<td>$6,350/$12,700</td>
<td>$6,350/$12,700</td>
<td>$4,000/$8,000</td>
<td>$6,350/$12,700</td>
</tr>
</tbody>
</table>

### Benefits

#### Preventive care

- Routine physical exam, mammograms, etc.:
  - No charge

#### Outpatient services (per visit or procedure)

<table>
<thead>
<tr>
<th>Service Type</th>
<th>KP CA Silver 2000/45</th>
<th>KP CA Gold 500/30</th>
<th>KP CA Gold 0/30</th>
<th>KP CA Platinum 0/20</th>
<th>KP CA Catastrophic 6350/03</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care office visit</td>
<td>$45</td>
<td>$30</td>
<td>$30</td>
<td>$20</td>
<td>First 3 office visits no charge. Additional visits no charge after deductible.</td>
</tr>
<tr>
<td>Specialty care office visit</td>
<td>$65</td>
<td>$30</td>
<td>$50</td>
<td>$40</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td>Most X-rays</td>
<td>$65</td>
<td>$20</td>
<td>$50</td>
<td>$40</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td>Most lab tests</td>
<td>$45</td>
<td>$20</td>
<td>$30</td>
<td>$20</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td>MRI, CT, PET</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
<td>$150</td>
<td>No charge after deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>20%</td>
<td>$600 after deductible</td>
<td>$600</td>
<td>$250</td>
<td>No charge after deductible</td>
</tr>
</tbody>
</table>

#### Mental health visit

- No charge

#### Inpatient hospital care (per admission)

- Room and board, surgery, anesthesia, X-rays, lab tests, medications:
  - 20% after deductible
  - $600 per day up to 5 days after deductible
  - $600 per day up to 5 days
  - $250 per day up to 5 days
  - No charge after deductible

#### Maternity

- Routine prenatal care visit, first postpartum visit:
  - No charge

#### Delivery and inpatient well-baby care

- 20% after deductible
- $600 per day up to 5 days after deductible
- $600 per day up to 5 days
- $250 per day up to 5 days
- No charge after deductible

#### Emergency and urgent care

- Emergency Department visit:
  - $250 after deductible
  - $250 after deductible
  - $250
  - $150
  - No charge after deductible

#### Urgent care visit

- $45
- $30
- $30
- $20
- First 3 office visits no charge. Additional visits no charge after deductible.

#### Prescription drugs

- Plan pharmacy (up to a 30-day supply):
  - Generic: $19
  - Brand: $50
- Mail-order (up to a 100-day supply):
  - Generic: $38
  - Brand: $100

This is a summary of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. For more information, please refer to the Disclosure Form. Detailed information about your plan is in the Membership Agreement, which will be mailed to you upon enrollment or upon request. To request a copy of the Membership Agreement for a particular plan, please call us at 1-800-634-4579 or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

1. After five days, there is no charge for covered services related to the admission.
2. Only applicants under age 30, or applicants age 30 and older who provide a certificate from Covered California demonstrating hardship or lack of affordable coverage, may purchase a KP CA Catastrophic 6350/0 plan.
3. The KP CA Catastrophic 6350/0 plan includes three office visits at no charge before you reach your deductible. Office visits include primary, urgent, or outpatient mental health care.

Have questions? Call us at 1-800-494-5314. Go to buykp.org/apply. Or contact your agent or broker.
Dental Insurance Plan

Kaiser Permanente health plans include pediatric dental benefits for those age 18 and younger. For adults age 19 and older, we offer this optional Dental Insurance Plan. Our optional adult dental coverage is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California, one of the nation’s largest and most experienced dental benefits providers.

Freedom to choose

This dental plan features lower annual deductibles and competitive rates. Plus, you may choose from Delta Dental’s more than 25,000 affiliated dental providers in California or select any other licensed dentist of your choice.

To enroll in or decline the Dental Insurance Plan, simply check the appropriate box on your Kaiser Permanente for Individuals and Families Application for Health Coverage.

How the plan works

If you enroll in the plan, you will receive a Table of Allowances (in the dental plan’s Certificate of Insurance) that lets you see all covered services and the amount the plan pays.1

Advantages of seeing a Delta Dental participating dentist include no claim forms and no wait for reimbursement.

Although you can visit any dentist, you may be able to pay less when you visit a Delta Dental PPO network dentist. Delta Dental PPO dentists agree to accept Delta Dental contracted fees minus any deductibles and coinsurance. Your share of the bill will likely be lower than when you visit a non-Delta dentist.

When you visit a Delta Dental participating dentist, you will pay the difference between what the dentist charges and what the plan pays. If you go to a non-Delta dentist, you may be responsible for the entire bill, and you will receive reimbursement of the covered amount from KPIC after submitting your claim to Delta Dental.

Example

<table>
<thead>
<tr>
<th>Service</th>
<th>Adult cleaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan dentist</td>
<td>$75.00</td>
</tr>
<tr>
<td>charges2</td>
<td></td>
</tr>
<tr>
<td>Plan pays</td>
<td>$43.20</td>
</tr>
<tr>
<td>You pay</td>
<td>$31.80</td>
</tr>
</tbody>
</table>

1 The Table of Allowances lists the maximum amount, or allowance, that the plan will pay for each covered dental service. The plan will pay the lowest dollar amount among the following three: the dentist’s usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist’s fee will be the responsibility of the patient.

2 Service charges vary.

3 The waiting period is the period of time during which you and your covered dependents are required to have been continuously covered under the Dental Insurance Plan before a specific dental service will be a covered benefit.

The “Sample list of allowable services” on the next page displays some covered services and the maximum amount payable by the plan. The full list is in the Certificate of Insurance.

No deductible for preventive services

There is no deductible to meet for diagnostic or preventive services, like cleanings and X-rays. For other services, there is a $25 calendar-year deductible per person, up to a maximum of $75 for your family.

Annual maximum

The plan will pay up to a maximum of $1,000 toward dental services for each covered enrollee per calendar year.

Waiting period

Some covered dental services are subject to a waiting period.3 Consult the complete Table of Allowances in the Certificate of Insurance for the specific dental services subject to this waiting period.

Eligibility

If you elect to enroll, all members of your family age 19 and older who are covered must also enroll in the Dental Insurance Plan. In other words, you cannot choose to enroll some members of your family and not others. If you do not enroll at this time, you may not enroll until the time of your next annual plan update.

<table>
<thead>
<tr>
<th>2014 monthly rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Each enrollee age 19 and older</td>
</tr>
</tbody>
</table>

Have questions? Call us at 1-800-494-5314. Go to buykp.org/apply. Or contact your agent or broker.
Sample list of allowable services

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Plan pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic</strong></td>
<td></td>
</tr>
<tr>
<td>Comprehensive oral evaluation – new or established patient</td>
<td>$25.20</td>
</tr>
<tr>
<td>X-rays – complete intraoral series including bitewings</td>
<td>$54.00</td>
</tr>
<tr>
<td><strong>Preventive</strong></td>
<td></td>
</tr>
<tr>
<td>Prophylaxis/cleaning</td>
<td>$43.20</td>
</tr>
<tr>
<td><strong>Restorative</strong></td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td></td>
</tr>
<tr>
<td>Amalgam – one surface, primary or permanent</td>
<td>$35.00</td>
</tr>
<tr>
<td>Resin-based composite – one surface, anterior</td>
<td>$46.00</td>
</tr>
<tr>
<td><strong>Crown</strong></td>
<td></td>
</tr>
<tr>
<td>Resin with high noble metal</td>
<td>$182.00</td>
</tr>
<tr>
<td><strong>Endodontics</strong></td>
<td></td>
</tr>
<tr>
<td>Root canal</td>
<td></td>
</tr>
<tr>
<td>Anterior (excluding final restoration)</td>
<td>$193.00</td>
</tr>
<tr>
<td>Bicuspid (excluding final restoration)</td>
<td>$227.00</td>
</tr>
<tr>
<td>Molar (excluding final restoration)</td>
<td>$306.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Plan pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prosthodontics</strong></td>
<td></td>
</tr>
<tr>
<td>Complete denture – mandibular</td>
<td>$241.00</td>
</tr>
<tr>
<td><strong>Oral and maxillofacial surgery</strong></td>
<td></td>
</tr>
<tr>
<td>Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)</td>
<td>$39.00</td>
</tr>
<tr>
<td><strong>General services</strong></td>
<td></td>
</tr>
<tr>
<td>Office visit</td>
<td></td>
</tr>
<tr>
<td>Office visit for observation – during regularly scheduled hours (no other services performed)</td>
<td>$24.00</td>
</tr>
<tr>
<td>Office visit – after regularly scheduled hours</td>
<td>$49.00</td>
</tr>
</tbody>
</table>

To make an appointment
Simply contact the dentist of your choice and let him or her know you are covered under Delta Dental.

Have a question? Call toll free.
Call Delta Dental at 1-800-933-9312 (if you are already enrolled, call 1-800-835-2244), 8 a.m. to 4 p.m., Monday through Friday, or visit deltadentalins.com.

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1 There are certain limitations and exclusions to the benefits of this plan. Please refer to the Certificate of Insurance for an accurate and complete list of treatments and services not covered. To receive a Certificate of Insurance, call Delta Dental of California.

2 Plan payment amounts are only a sample and are to be used for illustrative purposes only. Please refer to the Table of Allowances in the Certificate of Insurance for an accurate and complete list of benefits and allowances. To receive a Certificate of Insurance, call Delta Dental of California.
Kaiser Permanente Insurance Company
Notice of Language Assistance

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language.
For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-464-4000. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

No cost Language Services. You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-464-4000. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

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Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-464-4000. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

Անվճար Լեգային՝ Համագծին. Դուստրեր են ստանալ հիմնարկային համազգեցում եւ կարճ սպասարկություն երկու անգամ հաղորդված լրացուցիչ կազմակերպություններից. Օգնության համար միջոցով զենք երթաքննելու համար 1-800-464-4000 համար. Օգնության համար 1-800-927-4357 համար. Հատուկ համազգեցում Լեգայինում. Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-464-4000. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-800-464-4000までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

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شاد عالمیتن. هر کسچه بیشترین آموزش و مهارت در این و یا در کشورهای دیگری هست که می تواند به شماره 1-800-464-4000 تلفن کند. رابطه کاری را می تواند به شماره 1-800-927-4357 تلفن کند. Arabic

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