








Healthy together

See how our care and coverage can help you thrive



Kaiser Permanente for
Individuals and Families

Experience the Kaiser Permanente difference

	With Kaiser Permanente*
 Choosing your doctor	Learn about our doctors by reading their profiles and biographies on kp.org/searchdoctors , then choose the one who's right for you.
 Choosing how you get care	For minor concerns, you have the option to request a phone appointment or email your doctor's office with routine questions.
 Making a routine appointment	You've got options: You can use your phone, computer, or mobile device – anytime, anywhere.
 Calling for medical advice	Our specially trained nurses can offer medical advice by phone 24/7. They can also help you make an appointment at the facility nearest you, if needed.
 Getting the convenient care you need	In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions all under one roof.
 Viewing your medical records and test results	You and your providers have access to your electronic health record – which includes your medical history and most test results – keeping everyone connected and in the know.
 Getting care in your language	Interpreter services are available during business hours at no cost to you. You can request an interpreter for your next visit when you call to make your appointment.

*These features are available when you get care at Kaiser Permanente facilities.

The right choice for your health

Welcome to your Kaiser Permanente for Individuals and Families enrollment guide. This guide will help you select the right health plan for your needs. Read on to learn why Kaiser Permanente is the best choice.

How to use this guide

Here are some questions you may have, and where you can find the answers in this guide.

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Your health. Your way.

Kaiser Permanente makes it easier for you to stay in charge of your health. It's simple to make smart choices when you have great doctors and convenient facilities.



Choose your doctor – and change anytime

Connecting you with a doctor who suits your needs is our top priority. At kp.org/searchdoctors, you can find information on a wide range of top-notch physicians, including their education, credentials, and specialties.

You can choose your doctor from:

- Adult medicine/internal medicine
- Family medicine
- Pediatrics/family medicine (for children up to 18)

Select one doctor for your whole family or a different doctor for each family member. You can also change your doctor anytime.



Easy access for easier care

With convenient hours and locations, it's simple to get the care you and your family need. Most of our locations offer same-day or next day appointments for nonroutine care needs. Visit kp.org/locations for more information about our locations, hours, and services offered.

Many services under one roof

Most of our facilities offer a wide variety of care and services, so you can take care of several health care needs in one visit. You can see your doctor, get a lab test or an X-ray, and pick up your medications – all without leaving the building.



Manage your health – anytime, anywhere

Online at kp.org or with our mobile app, it's easy to stay on top of the care you get at our facilities, 24/7:

- Schedule and cancel routine appointments.
- View most lab results as soon as they're available.
- Email your doctor's office with nonurgent questions.
- Print vaccination records for school, sports, or camp.
- Manage a family member's health.*
- Use tools to help manage your coverage and costs.
- Refill most prescriptions with no charge for shipping.

Visit kp.org/experience to see how it works.

*Due to privacy laws, certain features may not be available if they're being accessed on behalf of a child younger than 18. Your child's physician may also be prevented from giving you certain information without your child's consent.

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

Great care, great results

Get the care you need to stay your healthiest. Whether it's time for a preventive screening or you need help while traveling away from home, we're here for you.



Preventive care at no cost

We believe prevention plays a vital role in health care. That's why we offer so many resources to help you stay healthy and happy, and avoid getting sick.

To catch problems early, we offer preventive screenings, routine appointments, and more. Your electronic health record plays a key role in this, tracking the services you get and reminding your doctor when you're due for care. No matter which Kaiser Permanente plan you choose, there's no cost for most preventive care services.



Getting care away from home

If you get sick or injured while traveling, we can help you get care. We can also help you prepare for travel by checking if you need a vaccination, getting you a prescription refill before you leave, and more. Just call our 24/7 Away From Home Travel Line at **951-268-3900*** or visit **kp.org/travel**.



Active&Fit® by Kaiser Permanente

Fitness facility or home exercise? Choose the program that works best for you. You can also change programs each year.

- NEW! Get fit with a free gym membership**
 As part of our commitment to supporting your total health, you can earn a free gym membership if you enroll in a participating gym and work out at that gym at least 45 times by the end of 2017. If you do this, the special gym membership fee you paid will be reimbursed to you after the end of the calendar year.†
- The Active&Fit® Home Exercise Program** is \$10 per year. Work out anytime with our convenient home exercise kits. Choose any 2 from a variety of dynamic workout kits equipped with a motivational DVD, instructional booklet, and quick start guide.

*Outside the United States, dial the U.S. country code "001" for landlines and "+1" for mobile before the phone number. Long-distance charges may apply and we cannot accept collect calls. This phone line is closed on major holidays.

†Does not apply to Medicare plans. This program is a value-added service and not a medical benefit. Annual gym membership fees do not count toward your annual out-of-pocket maximum. The program is open to members 16 years of age and older. Please see your Benefit Summary for details, including conditions, limitations, and exclusions.

Chiropractic, acupuncture, and massage plans

As a Kaiser Permanente ChiroAcuMassage plan member, you get up to 12 combined visits per calendar year to participating chiropractors, acupuncturists, and massage therapists – all for a low \$20 copay per visit. Services are provided by American Specialty Health, Inc., practitioners. As an added benefit, no referrals are required for chiropractic and acupuncture services. Visit ashlink.com/ash/KaiserHIC to find a practitioner near you.

Chiropractic and manual manipulation services

- New patient exam
- Established patient exams
- Office visits with chiropractic manipulation
- \$50 allowance per calendar year toward chiropractic supports and appliances
- Adjunctive physiotherapy modalities and procedures
- X-rays, radiological consultations, and clinical laboratory services
- Covered conditions:
 - Neuromusculoskeletal disorders

Massage therapy services

- Initial therapy assessment
- Reassessments
- Massage therapy sessions require a referral.
- Covered conditions:
 - Myofascial/musculoskeletal disorders
 - Musculoskeletal functional disorders
 - Pain syndromes

Acupuncture services

- New patient exam
- Established patient exams
- Office visits with acupuncture treatment
- Adjunctive physiotherapy modalities and procedures
- Covered conditions:
 - Pain
 - Nausea
 - Musculoskeletal and related disorders

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

Why you need coverage

Health coverage is something you can't afford to be without. Kaiser Permanente makes it easy for you to get great care and coverage.



Health care reform – what you should know

Legally, most U.S. residents must have health coverage. If you don't, you may have to pay a tax penalty to the federal government.

Why choose Kaiser Permanente?

- All the plans in this guide meet the standards of health care reform. They offer the same basic services, such as doctor visits, hospital care, prescriptions, and preventive care at no cost.
- You can buy one of our plans from us or through the Health Insurance Marketplaces.



Health coverage – why you need it

Almost everyone gets sick or hurt, or needs medical care at some point. Health coverage helps you pay for the care you need to get better – like seeing a doctor, staying in a hospital, or taking medication.

Health coverage also covers care that helps you stay healthy. Preventive care – like mammograms and cholesterol tests – can help catch health problems early, when they're easier to treat.

Without coverage, paying for all this care can be difficult. High medical bills can even wipe out savings or lead to personal bankruptcy.

Important deadlines

There's a deadline to apply for health care coverage, whether you apply during open enrollment or during a special enrollment period.



To enroll during this 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 January 31, 2017.**

Enrolling during the 2017 open enrollment period

You may change or apply for 2017 coverage during the open enrollment period, which runs from **November 1, 2016, through January 31, 2017.** You can do so either through the Health Insurance Marketplace or through Kaiser Permanente.

To start coverage on:	Send your completed application and premium by:
January 1, 2017	December 15, 2016
February 1, 2017	January 15, 2017
March 1, 2017	January 31, 2017

Enrolling during a special enrollment period

You also may enroll or change your coverage if you experience what's known as a triggering event. Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you and/or your dependents. If you know that you'll be losing coverage, you can also apply for new coverage 60 days in advance.

For more information, please refer to the Enrolling During a Special Enrollment Period guide. If you didn't receive this guide, you can find it at buykp.org/apply, or you may call **1-800-494-5314** (for TTY, call **711**) to request a copy.

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

Simple steps to enroll

Applying for health coverage is easy. Choose a plan that puts you on the road to better health. Just follow these steps and see the rest of this guide for helpful information.



Choose a plan

You can cover your entire family under the same plan or separate plans.



Calculate your rate

Use the rate calculator on page 18 to find out what your monthly rate would be for the plan you choose.



See if you're eligible for federal financial assistance

If you qualify, the federal government will pay any federal financial assistance to Kaiser Permanente on your behalf. Help may be available for paying monthly premiums or out-of-pocket costs, such as copays, coinsurance, or deductibles. See "You may qualify for federal financial assistance" on page 16 for more information.



Complete your application

Complete an online application at buykp.org/apply or use a paper application. If you think you may qualify for federal financial assistance, we can help you apply through the Health Insurance Marketplace. Call us at **1-800-494-5314**.

Understanding health plans

We offer a variety of plans to fit your needs and budget. All of them offer the same quality care, but the way they split the costs between the member and the health plan is different. Learn more below.

Copay and coinsurance plans

Platinum, Gold

Copay and coinsurance plans are the simplest. You know in advance how much you will pay for things like doctor visits and prescriptions. Your monthly rate is higher, but you'll pay much less when you actually get care.

Deductible plans

Gold, Silver, Bronze

With a deductible plan, your monthly rate is lower, but you'll have to reach a deductible. This means you'll pay the full charges for covered services until you reach a set amount known as your deductible. Then you'll start paying less – just a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you meet your deductible.









*For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://www.irs.gov).

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Choosing a plan based on your care needs

If you need a lot of care, you may want a plan with a higher monthly rate so that you pay less when you come in for care. If you don't go to the doctor much, you may want a plan with a lower monthly rate, keeping in mind you'll pay more if and when you do get care.

Monthly rate versus out-of-pocket costs

Plan level	What you pay for your monthly rate	What you pay when you get care (Emergency Department visit, lab test, etc.)
Platinum		
Gold		
Silver		
Bronze		

An example of costs when you get care

Let's say you hurt your ankle. You visit your primary care doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's a sample of what you would pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
KP Gold I \$20 Fit (No deductible)	\$20	30% coinsurance	\$10/\$3 generic maintenance
KP Silver II \$30 Fit (\$1,500 deductible)	\$30	\$30	\$15/\$3 generic maintenance
KP Bronze I \$50 Fit (\$6,500 deductible)	\$50	\$60	\$30/\$3 generic maintenance

The cost estimates above are from our estimate tools website, kp.org/treatmentestimates. Visit this site anytime to get an idea of what the charges for common services might be before you meet your deductible.

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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

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

Here's a quick look at how to use the chart

	KP M KP Silver III \$30 – Fit
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$7,150/\$14,300
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$30
Specialty care office visit	\$40
Most X-rays	\$30
Most lab tests	\$30
MRI, CT, PET	\$300 after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$30 primary/\$40 specialty
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	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	20% after deductible
Urgent care visit	20% applicable charges/ \$30 primary or \$40 specialty
Prescription drugs (up to a 30-day supply)	
Generic	\$15* generic/\$3* generic maintenance
Preferred brand	50% coinsurance
Non-preferred brand	50% coinsurance
Specialty	50% coinsurance
Whole health	
Healthy services	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits

KP Offered through Kaiser Permanente
M Offered through the Health Insurance Marketplace

Annual deductible
 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 charges for covered services until you reach \$2,500 for yourself or \$5,000 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum
 This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$7,150 for yourself and no more than \$14,300 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no charge
 Most preventive care services—including routine physical exams and mammograms—are covered at no charge. Plus, they're not subject to the deductible.

Covered before you reach the deductible
 With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$30 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

Coinsurance
 After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 20% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay
 This is the set amount you pay for covered services, usually after you reach your deductible. For example, you'd start paying a \$30 copay for a primary care office visit, whether or not you have met your deductible.

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KP Offered through Kaiser Permanente

M Offered through the Health Insurance Marketplace

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on healthcare.gov.

	KP M KP Bronze II 30% – Fit	KP M KP Bronze I \$50 – Fit	KP M KP Silver III \$30 – Fit	KP M KP Silver II \$30 – Fit
Plan type	Deductible	Deductible	Deductible	Deductible
Features				
Annual medical deductible (individual/family)	\$5,500/\$11,000	\$6,500/\$13,000	\$2,500/\$5,000	\$1,500/\$3,000
Annual out-of-pocket maximum (individual/family)	\$6,550/\$13,100	\$7,150/\$14,300	\$7,150/\$14,300	\$6,850/\$13,700
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	30% after deductible	\$50	\$30	\$30
Specialty care office visit	30% after deductible	\$100	\$40	\$40
Most X-rays	30% after deductible	\$60	\$30	\$30
Most lab tests	30% after deductible	\$60	\$30	\$30
MRI, CT, PET	30% after deductible	40% after deductible	\$300 after deductible	\$300 after deductible
Outpatient surgery	30% after deductible	40% after deductible	20% after deductible	20% after deductible
Mental health visit	30% after deductible	\$50 primary/\$100 specialty	\$30 primary/\$40 specialty	\$30 primary/\$40 specialty
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	40% after deductible	20% after deductible	20% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge after deductible	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	40% after deductible	20% after deductible	20% after deductible
Emergency and urgent care				
Emergency Department visit	30% after deductible	40% after deductible	20% after deductible	20% after deductible
Urgent care visit	30% after deductible	20% applicable charges/ \$50 primary or \$100 specialty	20% applicable charges/ \$30 primary or \$40 specialty	20% applicable charges/ \$30 primary or \$40 specialty
Prescription drugs (up to a 30-day supply)				
Generic	30% after deductible	\$30* generic/\$3* generic maintenance	\$15* generic/\$3* generic maintenance	\$15* generic/\$3* generic maintenance
Preferred brand	30% after deductible	50% after \$1,000 pharmacy deductible	50% coinsurance	50% after \$250 pharmacy deductible
Non-preferred brand	30% after deductible	50% after \$1,000 pharmacy deductible	50% coinsurance	50% after \$250 pharmacy deductible
Specialty	30% after deductible	50% after \$1,000 pharmacy deductible	50% coinsurance	50% after \$250 pharmacy deductible
Whole health				
Healthy services	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply

[†]After 4 days, there is no charge for covered services related to the admission.

[‡]Waived if admitted

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-866-5955 or 808-432-5955 (Oahu residents), 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.

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KP Offered through Kaiser Permanente

M Offered through the Health Insurance Marketplace

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on healthcare.gov.

	KP M KP Gold III \$20 – Fit	KP M KP Gold I \$20 – Fit	KP M KP Platinum \$10 – Fit
Plan type	Deductible	Copayment	Copayment
Features			
Annual medical deductible (individual/family)	\$1,000/\$2,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$20	\$20	\$10
Specialty care office visit	\$30	\$30	\$20
Most X-rays	\$30	30% coinsurance	15% coinsurance
Most lab tests	\$30	30% coinsurance	15% coinsurance
MRI, CT, PET	\$250 after deductible	\$300	\$150
Outpatient surgery	\$300 after deductible	30% coinsurance	\$150
Mental health visit	\$20 primary/\$30 specialty	\$20 primary/\$30 specialty	\$10 primary/\$20 specialty
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$500 per day after deductible	30% coinsurance	\$300 per day up to 4 days ¹
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	\$500 per day after deductible	30% coinsurance	\$300 per day up to 4 days ¹
Emergency and urgent care			
Emergency Department visit	\$250 ² after deductible	\$300 ²	\$250 ²
Urgent care visit	20% applicable charges/ \$20 primary or \$30 specialty	20% applicable charges/ \$20 primary or \$30 specialty	20% applicable charges/ \$10 primary or \$20 specialty
Prescription drugs (up to a 30-day supply)			
Generic	\$15* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance
Preferred brand	50% after \$250 pharmacy deductible	\$50	\$45
Non-preferred brand	50% after \$250 pharmacy deductible	\$50	\$45
Specialty	50% after \$250 pharmacy deductible	\$200	\$200
Whole health			
Healthy services	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply

¹After 4 days, there is no charge for covered services related to the admission.

²Waived if admitted

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit kp.org/plandocuments, call us at **1-800-866-5955** or **808-432-5955** (Oahu residents), 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.

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KP Offered through Kaiser Permanente

M Offered through the Health Insurance Marketplace

ChiroAcuMassage Plans

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on healthcare.gov.

	KP M KP Bronze I \$50 – ChiroAcuMassage – Fit	KP M KP Silver II \$30 – ChiroAcuMassage – Fit	KP M KP Gold I \$20 – ChiroAcuMassage – Fit	KP M KP Platinum \$10 – ChiroAcuMassage – Fit
Plan type	Deductible	Deductible	Copayment	Copayment
Features				
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$1,500/\$3,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$7,150/\$14,300	\$6,850/\$13,700	\$6,350/\$12,700	\$4,000/\$8,000
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$50	\$30	\$20	\$10
Specialty care office visit	\$100	\$40	\$30	\$20
Most X-rays	\$60	\$30	30% coinsurance	15% coinsurance
Most lab tests	\$60	\$30	30% coinsurance	15% coinsurance
MRI, CT, PET	40% after deductible	\$300 after deductible	\$300	\$150
Outpatient surgery	40% after deductible	20% after deductible	30% coinsurance	\$150
Mental health visit	\$50 primary/\$100 specialty	\$30 primary/\$40 specialty	\$20 primary/\$30 specialty	\$10 primary/\$20 specialty
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	20% after deductible	30% coinsurance	\$300 per day up to 4 days ¹
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	20% after deductible	30% coinsurance	\$300 per day up to 4 days ¹
Emergency and urgent care				
Emergency Department visit	40% after deductible	20% after deductible	\$300 ²	\$250 ²
Urgent care visit	20% applicable charges/ \$50 primary or \$100 specialty	20% applicable charges/ \$30 primary or \$40 specialty	20% applicable charges/ \$20 primary or \$30 specialty	20% applicable charges/ \$10 primary or \$20 specialty
Prescription drugs (up to a 30-day supply)				
Generic	\$30* generic/\$3* generic maintenance	\$15* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance
Preferred brand	50% after \$1,000 pharmacy deductible	50% after \$250 pharmacy deductible	\$50	\$45
Non-preferred brand	50% after \$1,000 pharmacy deductible	50% after \$250 pharmacy deductible	\$50	\$45
Specialty	50% after \$1,000 pharmacy deductible	50% after \$250 pharmacy deductible	\$200	\$200
Whole health				
Healthy services	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for 2 home kits

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply

¹After 4 days, there is no charge for covered services related to the admission.

²Waived if admitted

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit kp.org/plandocuments, call us at **1-800-866-5955** or **808-432-5955** (Oahu residents), 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.

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M Offered through the Health Insurance Marketplace

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through the Health Insurance Marketplace.

	M KP Silver III \$20 - Fit CSR 73	M KP Silver III \$5 - Fit CSR 87	M KP Silver III \$5 - Fit CSR 94	M KP Silver II \$20 - Fit CSR 73	M KP Silver II \$15 - Fit CSR 87
Plan type	Deductible	Copayment	Copayment	Deductible	Copayment
Features					
Annual medical deductible (individual/family)	\$2,000/\$4,000	\$0	\$0	\$1,500/\$3,000	\$0
Annual out-of-pocket maximum (individual/family)	\$5,700/\$11,400	\$2,350/\$4,700	\$2,250/\$4,500	\$5,700/\$11,400	\$2,350/\$4,700
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	\$20	\$5	\$5	\$20	\$15
Specialty care office visit	\$30	\$10	\$5	\$30	\$25
Most X-rays	\$20	\$5	\$5	\$20	\$15
Most lab tests	\$20	\$5	\$5	\$20	\$15
MRI, CT, PET	\$250 after deductible	\$250	\$10	\$300 after deductible	\$150
Outpatient surgery	10% after deductible	10% coinsurance	10% coinsurance	20% after deductible	20% coinsurance
Mental health visit	\$20 primary/\$30 specialty	\$5 primary/\$10 specialty	\$5 primary/\$5 specialty	\$20 primary/\$30 specialty	\$15 primary/\$25 specialty
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible	10% coinsurance	10% coinsurance	20% after deductible	20% coinsurance
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	10% after deductible	10% coinsurance	10% coinsurance	20% after deductible	20% coinsurance
Emergency and urgent care					
Emergency Department visit	10% after deductible	10% coinsurance	10% coinsurance	20% after deductible	20% coinsurance
Urgent care visit	20% applicable charges/ \$20 primary or \$30 specialty	20% applicable charges/ \$5 primary or \$10 specialty	20% applicable charges/ \$5 primary or \$5 specialty	20% applicable charges/ \$20 primary or \$30 specialty	20% applicable charges/ \$15 primary or \$25 specialty
Prescription drugs (up to a 30-day supply)					
Generic	\$15* generic/\$3* generic maintenance	\$15* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance	\$15* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance
Preferred brand	50% coinsurance	50% coinsurance	5% coinsurance	50% after \$250 pharmacy deductible	40% coinsurance
Non-preferred brand	50% coinsurance	50% coinsurance	5% coinsurance	50% after \$250 pharmacy deductible	40% coinsurance
Specialty	50% coinsurance	50% coinsurance	5% coinsurance	50% after \$250 pharmacy deductible	40% coinsurance
Whole health					
Healthy services	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for two home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for two home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for two home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for two home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for two home kits

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply

[†]After 4 days, there is no charge for covered services related to the admission.

[‡]Waived if admitted

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit kp.org/plandocuments, call us at **1-800-866-5955** or **808-432-5955** (Oahu residents), 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.

The 2017 Kaiser Permanente for Individuals and Families rates and benefits are still pending state regulatory review and may be subject to change. If rates are revised, we will send you those revised rates as soon as they are available. Benefits are for effective dates beginning January 1, 2017, and are subject to change.

M Offered through the Health Insurance Marketplace

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through the Health Insurance Marketplace.

	M KP Silver II \$5 - Fit CSR 94	M KP Silver II \$20 - ChiroAcuMassage - Fit CSR 73	M KP Silver II \$15 - ChiroAcuMassage - Fit CSR 87	M KP Silver II \$5 - ChiroAcuMassage - Fit CSR 94
Plan type	Copayment	Deductible	Copayment	Copayment
Features				
Annual medical deductible (individual/family)	\$0	\$1,500/\$3,000	\$0	\$0
Annual out-of-pocket maximum (individual/family)	\$2,250/\$4,500	\$5,700/\$11,400	\$2,350/\$4,700	\$2,250/\$4,500
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$5	\$20	\$15	\$5
Specialty care office visit	\$10	\$30	\$25	\$10
Most X-rays	\$5	\$20	\$15	\$5
Most lab tests	\$5	\$20	\$15	\$5
MRI, CT, PET	\$50	\$300 after deductible	\$150	\$50
Outpatient surgery	10% coinsurance	20% after deductible	20% coinsurance	10% coinsurance
Mental health visit	\$5 primary/\$10 specialty	\$20 primary/\$30 specialty	\$15 primary/\$25 specialty	\$5 primary/\$10 specialty
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% coinsurance	20% after deductible	20% coinsurance	10% coinsurance
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	10% coinsurance	20% after deductible	20% coinsurance	10% coinsurance
Emergency and urgent care				
Emergency Department visit	10% coinsurance	20% after deductible	20% coinsurance	10% coinsurance
Urgent care visit	20% applicable charges/ \$5 primary or \$10 specialty	20% applicable charges/ \$20 primary or \$30 specialty	20% applicable charges/ \$15 primary or \$25 specialty	20% applicable charges/ \$5 primary or \$10 specialty
Prescription drugs (up to a 30-day supply)				
Generic	\$5* generic/\$0* generic maintenance	\$15* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance	\$5* generic/\$0* generic maintenance
Preferred brand	10% coinsurance	50% after \$250 pharmacy deductible	40% coinsurance	10% coinsurance
Non-preferred brand	10% coinsurance	50% after \$250 pharmacy deductible	40% coinsurance	10% coinsurance
Specialty	10% coinsurance	50% after \$250 pharmacy deductible	40% coinsurance	10% coinsurance
Whole health				
Healthy services	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for two home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for two home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for two home kits	Active&Fit® Participating fitness center membership: \$200 per year Home fitness program: \$10 per year for two home kits

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply

†After 4 days, there is no charge for covered services related to the admission.

‡Waived if admitted

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-866-5955 or 808-432-5955 (Oahu residents), 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.

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You may qualify for federal financial assistance

Do you need help paying for health care? Under health care reform, the federal government will provide federal financial assistance for many people, depending on their income. Learn more below.

3 things to know:

- Financial assistance is available for premiums and out-of-pocket expenses.
- If you qualify for assistance, the federal government will pay it directly to us.
- Assistance is available on a sliding scale, based on income and family size.

Determine if you qualify

Call us at **1-800-494-5314** or go to **healthcare.gov** to see if you qualify for assistance. Or contact your agent or broker.

Both your eligibility and the exact amount of your financial assistance will be determined by the Health Insurance Marketplace.

To quickly check if you may be eligible, use this chart, which shows the estimated 2016 family income levels that qualify people for help with paying premiums.

Number of people in household	Annual family income level
1	\$54,680 or below
2	\$73,720 or below
3	\$92,760 or below
4	\$111,800 or below
5	\$130,840 or below
6	\$149,880 or below
7	\$168,920 or below
8	\$188,040 or below

You can also use our online calculator to find out if you may qualify. Just go to **buykp.org**.

If you do qualify

If you qualify, you'll need to buy your plan through the Health Insurance Marketplace. If you'd like, we can help you enroll in one of our plans there. Just call us at **1-800-494-5314**.

Keep in mind that enrolling in a new plan will not end any other coverage you have through the Health Insurance Marketplace or Kaiser Permanente. Don't want to pay for 2 plans? Be sure to end your current plan the day before your new plan starts. That way, you'll avoid paying 2 premiums and having a gap in your coverage.

If you don't qualify

Even if you can't get assistance from the federal government, you can buy a Kaiser Permanente plan from us or through the Health Insurance Marketplace.

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

Working out your rate

Use the rate calculator and monthly rates chart on the following pages to help you evaluate our plan options, or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you will need to pay when you get care. See page 9 for more information.

What determines your rate?

Your rate is based on the following:

- The plan you select
- Where you live
- Your age on your start date (effective date)
- Whether you use tobacco
- If you already have pediatric dental coverage for children 18 and younger

Family plans have advantages:

- Children can be covered under your plan until they reach age 26, whether or not they're in school or living at home.
- If you have more than 3 children under 21 on the same plan, you will only be charged for the 3 oldest. Other children under 21 are covered at no additional cost.
- If you have a child-only account and everyone on the account is under 21, you will only be charged for the subscriber and the 3 oldest children under 21.

The rates on page 19 apply to the ZIP codes below. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

ZIP codes			
96701	96759-96774	96828	96853-54
96703-96710	96776-96786	96830	96857-61
96712-96722	96788-96793	96836-41	96863
96725-96734	96795-96797	96843-44	
96737-96757	96801-96826	96846-50	

Pediatric dental care benefits

When you purchase a health plan direct from Kaiser Permanente, your plan includes Hawaii Dental Service (HDS) pediatric dental benefits for children age 18 and younger. The pediatric dental plan includes 2 free examinations, cleanings, and fluoride treatments per calendar year. Plus you'll have access to the large HDS network of dentists – 9 out of 10 of Hawaii's licensed, practicing dentists accept HDS.

If you buy your health plan through healthcare.gov, individuals on your plan aged 18 and younger must still have pediatric dental benefits. You can purchase the same HDS pediatric dental plan on healthcare.gov by selecting the pediatric dental plan named "HDS 2990."

Pediatric dental plan feature	You pay
Examination – twice per calendar year	\$0
Bitewing X-rays – twice per calendar year	70%
Cleanings – twice per calendar year	\$0
Sealants	\$0
Fillings	70%
Fluoride – twice per calendar year	\$0

The 2017 Kaiser Permanente for Individuals and Families rates and benefits are still pending state regulatory review and may be subject to change. If rates are revised, we will send you those revised rates as soon as they are available. Benefits are for effective dates beginning January 1, 2017, and are subject to change.

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



Rate calculator

To figure out the total monthly rate for your health plan for you and your family, just follow these steps. Or, if you apply online through buykp.org/apply, your rate will be calculated automatically.

1. On the worksheet below, list everyone you want to cover:
 - Yourself
 - Your spouse/domestic partner
 - Each adult child 21 through 25
 - Your 3 oldest children under 21 (other children under 21 are covered at no charge)
2. Find the plan you're considering in the rate chart on the next page.
3. Find the rate for each family member, based on his or her age on the start date.
4. Unless you have pediatric dental coverage from another company, please add the pediatric dental plan rate for each of the 3 oldest children 18 and younger.
5. Add up the rates.

Your monthly rate worksheet

Plan choice		A	B	C
Family member name	Family member age	Rate for plan A	Rate for plan B	Rate for plan C
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Subtotal for health plan monthly rate		\$ _____	\$ _____	\$ _____
Pediatric dental plan (add the \$25.79 per child 18 and younger)		____ × \$25.79 = \$ _____	____ × \$25.79 = \$ _____	____ × \$25.79 = \$ _____
Total health plan monthly rate		\$ _____	\$ _____	\$ _____

The 2017 Kaiser Permanente for Individuals and Families rates and benefits are still pending state regulatory review and may be subject to change. If rates are revised, we will send you those revised rates as soon as they are available. Benefits are for effective dates beginning January 1, 2017, and are subject to change.

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

2017 Monthly rates

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Age on 2017 effective date	KP Platinum \$10 – ChiroAcuMassage – Fit	KP Gold I \$20 – ChiroAcuMassage – Fit	KP Silver II \$30 – ChiroAcuMassage – Fit KP Silver II \$20 – ChiroAcuMassage – Fit CSR 73 KP Silver II \$15 – ChiroAcuMassage – Fit CSR 87 KP Silver II \$5 – ChiroAcuMassage – Fit CSR 94	KP Bronze I \$50 – ChiroAcuMassage – Fit	KP Platinum \$10 – Fit	KP Gold I \$20 – Fit
0-18	\$227.80	\$202.63	\$174.39	\$138.21	\$225.65	\$200.48
19-20	227.80	202.63	174.39	138.21	225.65	200.48
21	358.74	319.10	274.62	217.65	355.35	315.72
22	358.74	319.10	274.62	217.65	355.35	315.72
23	358.74	319.10	274.62	217.65	355.35	315.72
24	358.74	319.10	274.62	217.65	355.35	315.72
25	360.17	320.38	275.72	218.52	356.77	316.98
26	367.35	326.76	281.22	222.87	363.88	323.30
27	375.95	334.42	287.81	228.10	372.41	330.87
28	389.95	346.86	298.52	236.58	386.27	343.19
29	401.43	357.07	307.31	243.55	397.64	353.29
30	407.16	362.18	311.70	247.03	403.33	358.34
31	415.77	369.84	318.29	252.25	411.85	365.92
32	424.38	377.50	324.88	257.48	420.38	373.50
33	429.77	382.28	329.00	260.74	425.71	378.23
34	435.50	387.39	333.39	264.23	431.40	383.28
35	438.37	389.94	335.59	265.97	434.24	385.81
36	441.24	392.49	337.79	267.71	437.08	388.33
37	444.11	395.05	339.99	269.45	439.93	390.86
38	446.98	397.60	342.18	271.19	442.77	393.39
39	452.72	402.71	346.58	274.67	448.45	398.44
40	458.46	407.81	350.97	278.16	454.14	403.49
41	467.07	415.47	357.56	283.38	462.67	411.07
42	475.32	422.81	363.88	288.38	470.84	418.33
43	486.80	433.02	372.67	295.35	482.21	428.43
44	501.15	445.78	383.65	304.06	496.43	441.06
45	518.01	460.78	396.56	314.28	513.13	455.90
46	538.10	478.65	411.94	326.47	533.03	473.58
47	560.70	498.76	429.24	340.18	555.42	493.47
48	586.53	521.73	449.01	355.86	581.00	516.20
49	612.00	544.39	468.51	371.31	606.23	538.62
50	640.70	569.92	490.48	388.72	634.66	563.87
51	669.04	595.12	512.17	405.91	662.73	588.82
52	700.25	622.89	536.07	424.85	693.65	616.28
53	731.82	650.97	560.23	444.00	724.92	644.07
54	765.90	681.28	586.32	464.68	758.68	674.06
55	799.98	711.60	612.41	485.36	792.44	704.05
56	836.93	744.46	640.70	507.77	829.04	736.57
57	874.24	777.65	669.26	530.41	865.99	769.41
58	914.06	813.07	699.74	554.57	905.44	804.45
59	933.79	830.62	714.85	566.54	924.98	821.82
60	973.61	866.04	745.33	590.70	964.43	856.86
61	1,008.05	896.67	771.69	611.59	998.54	887.17
62	1,030.65	916.78	789.00	625.30	1,020.93	907.06
63	1,058.99	941.99	810.69	642.50	1,049.00	932.00
64+	1,076.21	957.30	823.86	652.95	1,066.05	947.16

2017 Monthly rates

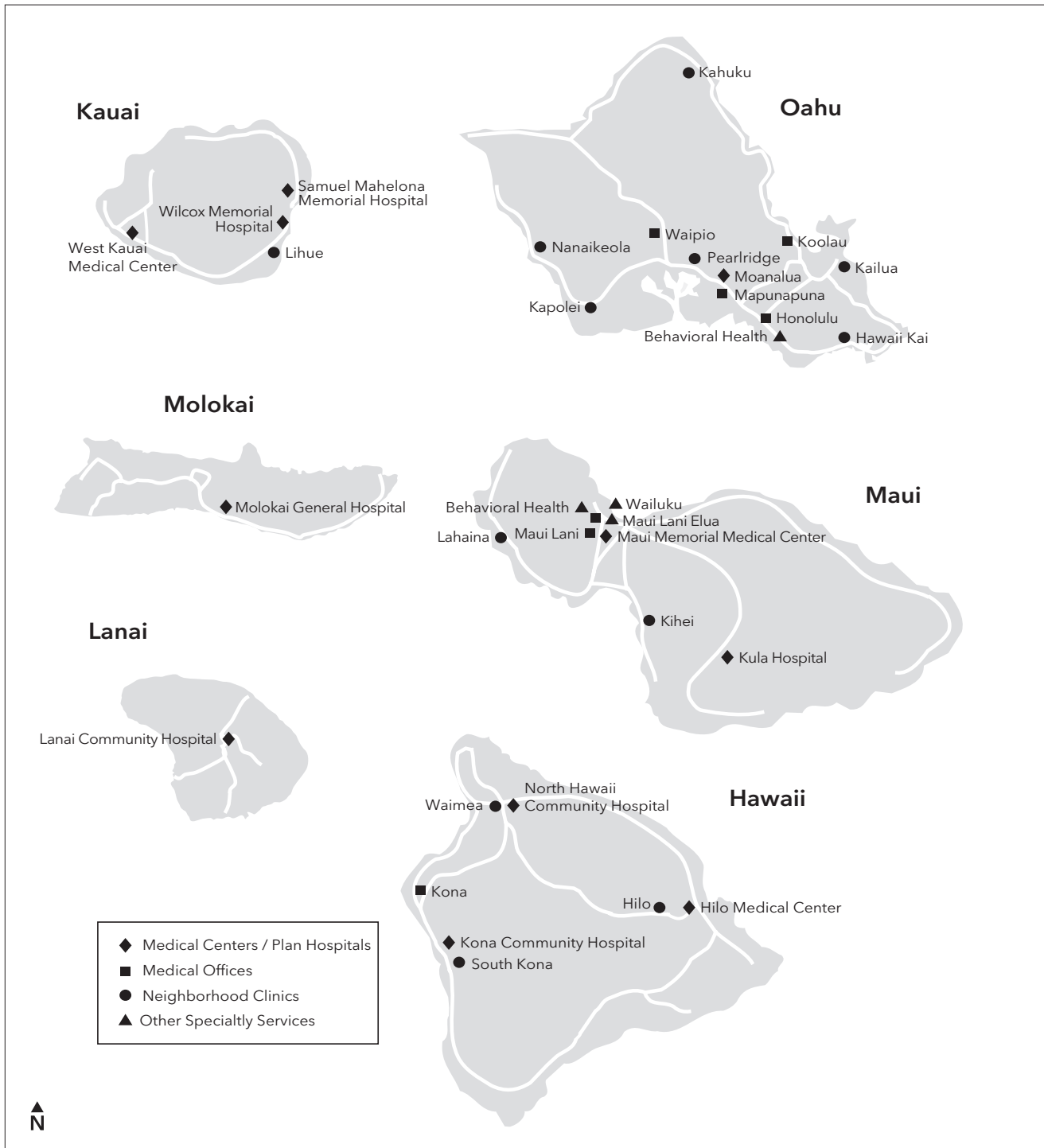
Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Age on 2017 effective date	KP Gold III \$20 – Fit	KP Silver II \$30 – Fit KP Silver II \$20 – Fit CSR 73 KP Silver II \$15 – Fit CSR 87 KP Silver II \$5 – Fit CSR 94	KP Silver III \$30 – Fit KP Silver III \$20 – Fit CSR 73 KP Silver III \$5 – Fit CSR 87 KP Silver III \$5 – Fit CSR 94	KP Bronze I \$50 – Fit	KP Bronze II 30% – Fit
0-18	\$188.47	\$172.24	\$161.61	\$136.06	\$121.36
19-20	188.47	172.24	161.61	136.06	121.36
21	296.81	271.24	254.51	214.27	191.12
22	296.81	271.24	254.51	214.27	191.12
23	296.81	271.24	254.51	214.27	191.12
24	296.81	271.24	254.51	214.27	191.12
25	298.00	272.33	255.52	215.12	191.88
26	303.93	277.75	260.61	219.41	195.71
27	311.06	284.26	266.72	224.55	200.29
28	322.63	294.84	276.65	232.91	207.75
29	332.13	303.52	284.79	239.76	213.86
30	336.88	307.86	288.86	243.19	216.92
31	344.00	314.37	294.97	248.33	221.51
32	351.13	320.88	301.08	253.48	226.09
33	355.58	324.95	304.90	256.69	228.96
34	360.33	329.29	308.97	260.12	232.02
35	362.70	331.46	311.01	261.83	233.55
36	365.08	333.63	313.04	263.55	235.08
37	367.45	335.80	315.08	265.26	236.61
38	369.82	337.97	317.11	266.98	238.13
39	374.57	342.31	321.19	270.40	241.19
40	379.32	346.65	325.26	273.83	244.25
41	386.45	353.16	331.37	278.97	248.84
42	393.27	359.40	337.22	283.90	253.23
43	402.77	368.08	345.36	290.76	259.35
44	414.64	378.92	355.54	299.33	266.99
45	428.59	391.67	367.51	309.40	275.98
46	445.21	406.86	381.76	321.40	286.68
47	463.91	423.95	397.79	334.90	298.72
48	485.28	443.48	416.12	350.32	312.48
49	506.36	462.74	434.19	365.54	326.05
50	530.10	484.44	454.55	382.68	341.34
51	553.55	505.87	474.65	399.61	356.44
52	579.37	529.46	496.79	418.25	373.06
53	605.49	553.33	519.19	437.10	389.88
54	633.69	579.10	543.37	457.46	408.04
55	661.89	604.87	567.55	477.81	426.20
56	692.46	632.81	593.76	499.88	445.88
57	723.32	661.02	620.23	522.17	465.76
58	756.27	691.12	648.48	545.95	486.97
59	772.60	706.04	662.48	557.73	497.48
60	805.54	736.15	690.73	581.52	518.70
61	834.03	762.19	715.16	602.09	537.04
62	852.73	779.28	731.19	615.58	549.09
63	876.18	800.71	751.30	632.51	564.18
64+	890.43	813.72	763.51	642.80	573.36

Rates are effective January 1, 2017, through December 31, 2017.

Finding a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or search for a facility by ZIP code or keywords at kp.org/facilities to find the one nearest you.



Map not to scale

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

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

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

If you need these services, call the number provided below to talk to an interpreter.

Hawaii	1-800-966-5955
TTY	711

If you believe that Kaiser Foundation Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Kaiser Civil Rights Coordinator, 711 Kapiolani Blvd, Honolulu, HI 96813, telephone number: 1- 800-966-5955. You can file a grievance by mail or phone. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Help in your Language

English: You have the right to get help in your language at no cost. If you have questions about your application or coverage through Kaiser Permanente, or if this is a notice that requires you to take action by a specific date, call the number provided for your state or region to talk to an interpreter.

አማርኛ (Amharic): ያለምንም ክፍያ በራስዎ ቋንቋ እገዛ የማግኘት መብት አለዎት። ስለ ማመልከቻዎ ወይም ከኬሰር ፐርማኒንቴ Kaiser Permanente ስለሚያገኙት ሽፋን ማንኛውም ጥያቄዎች ካሉዎት፣ ወይም ይህ ማሳወቂያ በግልፅ በተጠቀሰ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ በተጠቀሰው የስልክ ቁጥር ለስቴትዎ ወይም ለክልልዎ ደውለው ከአስተርጓሚ ጋር ይነጋገሩ።

العربية (Arabic): لك الحق في الحصول على المساعدة بلغتك دون تحمل أي تكاليف. إذا كانت لديك استفسارات بشأن طلبك أو تغطيتك التي تقدمها Kaiser Permanente، أو إذا كان هذا الإشعار الذي يتطلب منك اتخاذ إجراء خلال تاريخ محدد، يُرجى الاتصال بالرقم المخصص لولايتك أو منطقتك للتحدث إلى مترجم فوري.

Հայերեն (Armenian): Դուք ունեք Ձեր լեզվով անվճար օգնություն ստանալու իրավունք: Եթե Դուք հարցեր ունեք Ձեր դիմումի կամ Kaiser Permanente-ի միջոցով Ձեր ծածկույթի վերաբերյալ, կամ եթե սա ծանուցում է, որը պարտադրում է Ձեզ, որպեսզի գործուղություններ ձեռնարկեք մինչև որոշակի ամսաթիվ, ապա զանգահարեք Ձեր նահանգի կամ շրջանի համար տրամադրված հեռախոսահամարով՝ թարգմանչի հետ խոսելու համար:

ᐃᓃᓃᓃ Wùdù (Bassa): Ɔ mò nì kpé bé m̄ ké gbo-kpá-kpá dyé dé nì miòùn niin bídí-wùdù mú pídyi. Ɔ jũ ké m̄ dyi dyi-diè-dè bé béqé bá nì cèè-dè m̄ tò bó dè zò jè dyíe ní, m̄ɔ jũ bá nì kũùn kpɔ̄ jè dyí dyiìn dé Kaiser Permanente múe ní, m̄ɔ ɔ dyi b̄ d̄ò jũ bé m̄ ké dè d̄ò nyu bó wé jéé d̄ò k̄ò nì, nií, d̄á n̄òbà bé wa tòà bó nì bóqòò m̄ɔ nì gbèèò biie, ké nì mu nyɔ-wuɔúún-zà-nyò d̄ò gbo wùdùùn.

বাংলা (Bengali): বিনা খরচে আপনার নিজের ভাষায় সাহায্য পাওয়ার অধিকার আপনার আছে। আপনার যদি আপনার আবেদন বা Kaiser Permanente-এর মাধ্যমে পাওয়া কভারেজ নিয়ে কোনো প্রশ্ন থাকে বা এটি যদি কোনো নোটিস হয় যার ফলে আপনার একটি নির্ধারিত দিনের মধ্যে কোনো পদক্ষেপ গ্রহণ করার প্রয়োজন হয়, তাহলে দোভাষীর সাথে কথা বলতে আপনার রাজ্য বা অঞ্চলের জন্য প্রদত্ত নম্বরটিতে ফোন করুন।

California.....	1-800-464-4000
Colorado.....	1-800-632-9700
District of Columbia.....	1-800-777-7902
Georgia.....	1-888-865-5813
Hawaii.....	1-800-966-5955
Maryland.....	1-800-777-7902
Oregon.....	1-800-813-2000
Virginia.....	1-800-777-7902
Washington.....	1-800-813-2000
TTY.....	711

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Cebuano (Bisaya): Anaa moy katungod nga mangayo og tabang sa inyo pinulongan ug kini walay bayad. Kung naa mo pangutana bahin sa inyo aplikasyon o coverage sa Kaiser Permanente, o kung kaning pahibalo nanginahanglan sa inyo paglihok sa dili pa usa ka pihon nga petsa, palihug lang pagtawag sa mga numero sa telepono nga gihatag sa imong estado ("state") o rehiyon ("region") para makigstorya sa usa ka interpreter.

中文 (Chinese): 您有權免費以您的語言獲得幫助。如果您對您的Kaiser Permanente申請或承保有任何疑問，或者如果本通知要求您在具體日期之前採取措施，請致電您所在的州或地區的電話，與口譯員進行溝通。

Chuuk (Chukese): Mei wor omw pwuung omw kopwe angei aninis non foosun fonuomw (Chuukese), ese kamo. Ika mei wor omw kapas eis usun omw apilikeison me/ika policy fan nemenien Kaiser Permanente, are ika ei esinesin a erenuk pwe kopwe fori pwan ekoch fofor, ka tongeni omw kopwe kori ewe nampa mei kawor faniten omw state ika fonu (asan) iwe eman chon chiakku epwe anisuk non kapasen fonuomw.

Français (French): Une assistance gratuite dans votre langue est à votre disposition. Si vous avez des questions à propos de votre demande d'inscription ou de la couverture par Kaiser Permanente, ou si cet avis vous demande de prendre des mesures à une date précise, appelez le numéro indiqué pour votre Etat ou votre région pour parler à un interprète.

Deutsch (German): Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Falls Sie Fragen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutzes durch Kaiser Permanente haben oder falls Sie aufgrund dieser Benachrichtigung bis zu bestimmten Stichtagen handeln müssen, rufen Sie die für Ihren Bundesstaat oder Ihre Region aufgeführte Nummer an, um mit einem Dolmetscher zu sprechen.

ગુજરાતી (Gujarati): તમને કોઈ પણ ખર્ચ વગર તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. જો તમને Kaiser Permanente મારફતે તમારી અરજી અથવા કવરેજ વિશે પ્રશ્નો હોય, અથવા જો આ નોટિસ હોય જેમા તમને કોઈચોક્કસ તારીખથી પગલાં લેવાની જરૂર હોય, તો દુભાષિયા સાથે વાત કરવા તમારા સ્ટેટ અથવા રીજીયન માટે પૂરા પાડવામાં આવેલ નંબર પર ફોન કરો.

Kreyòl Ayisyen (Haitian Creole): Ou gen dwa pou jwenn èd nan lang ou gratis. Si ou gen nenpòt kesyon sou aplikasyon ou an oswa asirans ou ak Kaiser Permanente, oswa si nan avi sa a gen bagay ou sipoze fè sa a avan yon sèten dat, rele nimewo nou mete pou Eta ouwa rejyon ou a pou w ka pale ak yon entèprèt.

‘ōlelo Hawai‘i (Hawaiian): He pono a ua loa‘a no kekahi kōkua me kāu ‘ōlelo inā makemake a he manuahi no ho‘i. Inā he mau nīnau kāu e pili ana i kāu palapala noi ‘inikua ola kino a i ‘ole i kōkua ma‘ō ka polokalamu kōkua ola kino Kaiser Permanente, a i ‘ole inā ke ha‘i nei paha kēia leka nei iā‘oe e hana koke aku i kēia ma mua o kekahi lā i waiho ‘ia, e kelepona aku i ka helu i loa‘a ma kēia leka nei no kāu moku‘āina a i ‘ole pana‘āina no ka wala‘au ‘ana me kekahi kanaka unuhi ‘ōlelo.

हिन्दी (Hindi): आपको बिना किसी कीमत चुकाए आपकी भाषा में सहायता पाने का अधिकार है। यदि आप आपके आवेदन पत्र के विषय में या Kaiser Permanente के कवरेज के विषय में कुछ पूछना चाहते हैं या यदि यह एक नोटिस है जिसके कारण आपको किसी विशेष तिथि तक कारवाई करनी पड़ेगी तो आपके राज्य या क्षेत्र के लिए दिए गए नंबर पर फोन करके किसी दुभाषिये से बात करें।

Hmoob (Hmong): Koj muaj cai kom tau txais kev pab uas hais koj hom lus yam tsis tau them nqi. Yog koj muaj lus nug txog koj daim ntawv thov los yog cov kev pab them nyiaj tim Kaiser Permanente, los yog tias daim ntawv no yog ib tsab ntawv ceebtoom uas yuav kom koj ua ib yam dabtsi raws li hnuv tau teev tseg, hu rau tus nab npawb xovtooj uas tau muab rau koj lub xeev lossis cheeb tsam kom tau tham nrog tus kws txhais lus.

Igbo (Igbo): ! nwere ikike inweta enyemaka n'asusụ gi na akwughị ụgwọ ọ bụla. Ọ bụrụ na ị nwere ajụjụ gbasara akwụkwọ anamachoihe gi ma ọ bụ mkpuchi si na Kaiser Permanente, ma ọ bụ ọ bụrụ na nke bụ ọkwa a chọrọ ka ị mee ihe tupu otu ụbọchị, kpọọ nomba enyere maka steeti ma ọ bụ mpaghara gi iji kwukọrịta okwu n'etiti onye ọkọwa okwu.

Iloko (Ilocano): Adda ti karbenganyo a dumawat iti tulong iti pagsasaoyo nga awan ti bayadanyo. No addaankayo kadagiti saludsod maipanggep ti aplikasionyo wenno coverage babaen ti Kaiser Permanente, wenno no daytoy ket maysa a pakdaar a kalikagumanna a rumbeng nga aramidenyo ti addang iti espesipiko a petsa, tawagan ti numero nga inpaay para ti estado wenno rehion tapno makipatang ti maysa mangipatarus iti pagsasao.

Italiano (Italian): Hai il diritto di ricevere assistenza nella tua lingua gratuitamente. In caso di domande riguardanti la tua richiesta o la copertura attraverso Kaiser Permanente, o se occorre intervenire entro una data specifica secondo quanto indicato in questa comunicazione, chiama il numero fornito per il tuo stato o la tua regione per parlare con un interprete.

日本語 (Japanese): あなたは、費用負担なしでご使用の言語で支援を受ける権利を保持しています。お申し込みまたはKaiser Permanenteの担保範囲に関してご質問があるか、または本通知により、あなたが特定の日付までに行動を起こすよう依頼されている場合、お住まいの州または地域に対して提供された電話番号に電話して、通訳とお話ください。

ខ្មែរ (Khmer): អ្នកមានសិទ្ធិទទួលបានជំនួយជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ បើសិនអ្នកមានសំណួរណាមួយអំពីពាក្យស្នើសុំឬការធានារ៉ាប់រងតាមរយៈ Kaiser Permanente ឬប្រសិននេះគឺជាលិខិតជូនដំណឹងដែលតម្រូវឱ្យអ្នកចាត់វិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ សូមទូរស័ព្ទទៅលេខដែលបានផ្តល់ជូនសម្រាប់រដ្ឋឬតំបន់របស់អ្នកដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ។

한국어 (Korean): 귀하에게는 한국어 통역서비스를 무료로 받으실 수 있는 권리가 있습니다. Kaiser Permanente를 통한 귀하의 보험 신청서나 보험 보장 범위에 관해 질문이 있을 경우 또는 이 통지서의 요구대로 어느 날짜까지 조치를 취해야만 하는 경우, 귀하의 주 및 지역의 제공된 전화번호로 연락해 통역사와 통화하십시오.

ລາວ (Laotian): ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັຽຄ່າ. ຖ້າວ່າ ທ່ານມີຄໍາຖາມກ່ຽວກັບການສະໝັກຂອງທ່ານ ຫຼື ການຄຸ້ມຄອງຜ່ານ Kaiser Permanente, ຫຼື ຖ້າອັນນີ້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດໍາເນີນການພາຍໃນວັນທີ່ເຈາະຈົງໃດໜຶ່ງ, ໃຫ້ໂທຕາມໝາຍເລກທີ່ໃຫ້ໄວ້ສໍາລັບລັດ ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລິມັດຖານພາສາ.

Kajin Majōl (Marshallese): Ewōr jimwe eo aṃ in bōk jipañ ilo kajin eo aṃ ejjeļok wōṇāān. Ñe ewōr aṃ kajjitōk kōn peba in aplaiki eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak ñe enaan in kōjeļā in ej aikuj bwe kwōn ṃakūtūt ṃokta jān juon raan eo eṃōj an kallikkar, kaļok nōṃba eo ej leļok ñan state eo aṃ ak jikūṃ bwe kwōn maroñ kōnono ippān juon ri-ukōt.

Naabeehó (Navajo): T'áá ni nizaad bee níká i'doolwoł doo bik'é asíníłáágóó éí bee náhaz'á. Kaiser Permanente áká aná'álwo' ná bik'é azláadoo yíníkeedgo naaltsoos hadinílaa, éí bína'ídíłkik doogo, éí doodago díí naaltsoos haa'ída yoolkáalgo hait'áoda í'díłíł nítńígo éí nitsaa hahoodzojí éí doodago t'áá aadi nahós'a'di ata' dahalne'ígí'í' hólne'go bee bił ahił hodiłnił.

नेपाली (Nepali): तपाईंसँग कुनै शुल्क नदिइ आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसँग आफ्नो आवेदन बारे वा Kaiser Permanente माफत कवरेज बारेमा कुनै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोभाषेसंग कुराकानी गर्न तपाईंको राज्य वा क्षेत्रका लागि दिइएको नम्बरमा कल गर्नुहोस् ।

Afaan Oromoo (Oromo): Baasii malee afaan keetiin gargaarsa argachuudhaaf mirga qabda. Waa'ee iyyata keetii yookaan tajaajila Kaiser Permanente hammatu ilaalchisee gaaffii yoo qabaatte, yookaan yoo kun beeksisa guyyaa murtaa'e irratti tarkaanfii akka ati fudhattu gaafatu ta'e, lakkoofsa bilbilaa naannoo yookaan goodina keetiif kenname bilbiluudhaan turjumaana haasofsiisi.

فارسی (Persian): شما حق دارید که بدون هیچ هزینه ای به زبان خود کمک دریافت کنید. اگر درباره درخواست یا پوشش خود در Kaiser Permanente سوالی داشته یا بر اساس این اعلامیه باید تا تاریخ مشخصی اقدامی بعمل آورید، برای صحبت با یک مترجم شفاهی با شماره تلفن ارائه شده برای ایالت یا منطقه خود تماس بگیرید.

lokaiahn Pohnpei (Pohnpeian): Komw anehki pwung en rapahki sounkawehwe en omw palien lokaia ni sohte isaihs. Ma mie iren owmi kalelapak ohng aplikeisin de iren audepe kan ohng Kaiser Permanente, de ma pakair wet me anahne komwi en mwekid ohng rahn me kileledi, ah komw anahne koahl nempe me sansalehr ohng owmi palien wehi pwe komwi en lokaiaieng owmi tungoal soun kawehwe.

Português (Portuguese): Você tem o direito de obter ajuda em seu idioma sem nenhum custo. Se você tiver dúvidas sobre sua solicitação ou cobertura por meio da Kaiser Permanente, ou se este aviso exigir que você tome alguma medida até uma data específica, ligue para o número fornecido para seu estado ou região para falar com um intérprete.

ਪੰਜਾਬੀ (Punjabi): ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਸੁਲਕ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਪਾਉਣ ਦਾ ਹੱਕ ਹੈ. ਜੇਕਰ ਤੁਹਾਡੇ ਆਪਣੀ ਅਰਜ਼ੀ ਜਾਂ Kaiser Permanente ਰਾਹੀਂ ਕਵਰੇਜ ਬਾਰੇ ਸਵਾਲ ਹਨ, ਜਾਂ ਇਸ ਨੋਟਿਸ ਵਜੋਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਨਿਸ਼ਚਿਤ ਮਿਤੀ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪਵੇ, ਤਾਂ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਆਪਣੇ ਰਾਜ ਜਾਂ ਇਲਾਕੇ ਲਈ ਮੁਹੱਈਆ ਕਰਵਾਏ ਗਏ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ.

Română (Romanian): Aveți dreptul de a solicita ajutor care să vă fie oferit în mod gratuit în limba dumneavoastră. Dacă aveți întrebări legate de solicitarea dumneavoastră sau de acoperirea oferită de Kaiser Permanente sau dacă acest aviz vă solicită să luați măsuri până la o anumită dată, sunați la numărul de telefon furnizat pentru statul sau regiunea dumneavoastră pentru a sta de vorbă cu un interpret.

Русский (Russian): У вас есть право получить бесплатную помощь на своем языке. Если у вас имеются вопросы относительно вашего заявления или медицинского страхования в Kaiser Permanente, либо если такое уведомление требует от вас каких-либо действий к определенной дате, позвоните по номеру телефона для своего штата или региона, чтобы поговорить с переводчиком.

Faa-Samoa (Samoan): E iai lou 'aia e maua se fesoasoani i lou gagana e aunoa ma le totogi. Afai e iai ni fesili e uiga i lou tusi apalai po o puipuiga e ala mai Kaiser Permanente, po o lenei tusi e manaomia ona e gaoioi i se taimi atofaina, vili le numera ua fuafuaina mo lou setete po o oganuu e fesoata'i i se faaliliu.

Español (Spanish): Usted tiene derecho a obtener ayuda en su idioma sin costo alguno. Si tiene preguntas acerca de su solicitud o cobertura a través de Kaiser Permanente, o si este es un aviso que requiere que usted tome alguna medida antes de una fecha determinada, llame al número de teléfono que se proporciona para su estado o región para hablar con un intérprete.

Tagalog (Tagalog): Mayroon kang karapatang humingi ng tulong sa iyong wika nang walang bayad. Kung mayroon kang mga katanungan tungkol sa iyong aplikasyon o coverage sa pamamagitan ng Kaiser Permanente, o kung ito ay abisong nangangailangan ng iyong aksyon sa tiyak na petsa, tumawag sa numerong ibinigay para sa iyong estado o rehiyon para makipag-usap sa isang interpreter.

ไทย (Thai): ท่านมีสิทธิที่จะได้รับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย หากท่านมีคำถามเกี่ยวกับการสมัครของท่าน หรือความคุ้มครองผ่าน Kaiser Permanente หรือหากนี่คือหนังสือที่ต้องการให้ท่านดำเนินการภายในวันที่ที่กำหนดไว้ โปรดติดต่อหมายเลขที่ให้ไว้สำหรับรัฐหรือเขตพื้นที่ของท่านเพื่อคุยกับล่าม

Lea Faka-Tonga (Tongan): 'Oku 'ia ho totonu ke ke ma'u ha fakatonulea ta'etotongi. Kapau 'oku 'i ai ha'o fehu'i ki ho tohi kole na'e fakafonu ki he malu'i 'inisiua 'a e Kaiser Permanente, pea kapau ko e tohina 'oku fiema'u keke fai ha me'a ki ai pe ko ha 'aho na'e tuku pau atu ke fai ia, taa ki he fika kuo 'oatu ki ho siteiti pe ko e vahefonua 'oku ke 'i ai ke talanoa mo ha tokotaha tene fakatonu lea atu kiate koe.

Українська (Ukrainian): У Вас є право на отримання допомоги безкоштовно на Вашій рідній мові. Якщо Ви маєте питання стосовно Вашого звернення чи страхового покриття в Kaiser Permanente, чи якщо відповідно до такого повідомлення Вам треба буде здійснити певну дію до конкретної дати, подзвоніть по номеру, що відповідає Вашій країні чи регіону, щоб поговорити з перекладачем.

اردو (Urdu): آپ کو کوئی بھی قیمت ادا کئے بغیر اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ اگر آپ کے ذہن میں اپنی درخواست یا Kaiser Permanente کے ذریعہ کوریج کے متعلق کوئی بھی سوالات ہیں، یا اگر اس نوٹس کی وجہ سے آپ کو کسی مخصوص تاریخ تک عمل انجام دینے کی ضرورت ہوگی تو، کسی مترجم سے بات چیت کرنے کے لئے آپ کی ریاست یا علاقہ کے لئے فراہم کئے گئے نمبر پر کال کریں۔

Tiếng Việt (Vietnamese): Quý vị có quyền được nhận trợ giúp miễn phí bằng ngôn ngữ của mình. Nếu quý vị có các câu hỏi về mẫu đơn hoặc mức bảo hiểm của mình thông qua Kaiser Permanente, hoặc đây là thông báo yêu cầu quý vị thực hiện vào một ngày cụ thể, hãy gọi đến số điện thoại được cung cấp cho bang hoặc khu vực của quý vị để trò chuyện với phiên dịch viên.

Yorùbá (Yoruba): O ní ètò láti rí irànlọwọ gbà nípa èdè rẹ láisan owó. Bí o bá ní ibèèrè nípa iwé tí o kọ tàbí ìsedéédé nípaşẹ Kaiser Permanente, tàbí ifitonilétí yìí jẹ èyí o nilò láti igbésẹ kan ní ojọ kan patọ, pé nọmbà tí a pèsè fún ipínlẹ tàbí agbègbè rẹ láti bá òngbifọ kan sọrọ.



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