



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage see www.kp.org/plandocuments or call 1-808-432-5955 (TTY: 711) in Oahu or 1-800-966-5955 (TTY: 711) in Neighbor Islands. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at <https://www.HealthCare.gov/sbc-glossary/> or call 1-808-432-5955 (TTY: 711) in Oahu or 1-800-966-5955 (TTY: 711) in Neighbor Islands to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	\$0.	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible ?	Not Applicable.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	\$2,500 Individual/ \$7,500 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Premiums , health care this plan doesn't cover, and services indicated in chart starting on page 2.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.kp.org or call 1-808-432-5955 (TTY: 711) in Oahu or 1-800-966-5955 (TTY: 711) in Neighbor Islands for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network providers might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	Yes, but you may self-refer to certain specialists .	This plan will pay some or all of the costs to see a specialist for covered services but only if you have a referral before you see the specialist .



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

Common Medical Event	Services You May Need	What You Will Pay Plan Provider (You will pay the least)	What You Will Pay Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20/visit	Not Covered	None
	Specialist visit	\$20/visit	Not Covered	None
	Preventive care/screening/ immunization	No charge for immunizations; No Charge	Not Covered	You may have to pay for services that aren't preventive . Ask your provider if the services you need are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	\$10/day (basic)	Not Covered	Lab: 20% coinsurance (specialty); Xray: 20% coinsurance (specialty)
	Imaging (CT/PET scans, MRI's)	20% coinsurance	Not Covered	None
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.kp.org/formulary .	Generic drugs	\$10 retail; \$20 mail order/ prescription	Not Covered	\$3 Maintenance Generic. Up to 30-day retail or 90-day mail order. No charge contraceptives in accordance with formulary guidelines. Certain drugs may be covered at a different cost share.
	Preferred brand drugs	\$35 retail; \$70 mail order/ prescription	Not Covered	Up to 30-day retail or 90-day mail order. No charge contraceptives in accordance with formulary guidelines. Certain drugs may be covered at a different cost share.
	Non-preferred brand drugs	\$35 retail; \$70 mail order/ prescription	Not Covered	Up to 30-day retail or 90-day mail order. No charge contraceptives in accordance with formulary guidelines. Certain drugs may be covered at a different cost share.
	Specialty drugs	\$200 retail prescription	Not Covered	Up to 30-day retail. No charge contraceptives in accordance with formulary guidelines. Certain drugs may be covered at a different cost share.

Common Medical Event	Services You May Need	What You Will Pay Plan Provider (You will pay the least)	What You Will Pay Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	Not Covered	None
	Physician/surgeon fees	20% coinsurance	Not Covered	None
If you need immediate medical attention	Emergency room care	20% coinsurance	Covered under HMO benefit	Must notify KP within 48 hours if admitted to a non plan provider ; Limited to initial emergency only
	Emergency medical transportation	20% coinsurance	Covered under HMO benefit	None
	Urgent care	\$20/visit; 20% coinsurance (out of area)	Covered under HMO benefit	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% coinsurance	Not Covered	None
	Physician/surgeon fee	20% coinsurance	Not Covered	None
If you need mental health, behavioral abuse services	Outpatient services	\$20/visit	Not Covered	None
	Inpatient services	20% coinsurance	Not Covered	None
If you are pregnant	Office visits	No Charge/confirmed pregnancy	Not Covered	Depending on the type of services, a copayment , coinsurance , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	Delivery: 20% coinsurance .	Not Covered	20% coinsurance , newborn inpatient
	Childbirth/delivery facility services	Delivery: 20% coinsurance .	Not Covered	20% coinsurance , newborn inpatient

Common Medical Event	Services You May Need	What You Will Pay Plan Provider (You will pay the least)	What You Will Pay Non-Plan Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Physician visit covered at primary care visit copay
	Rehabilitation services	20% coinsurance (inpatient); \$20/visit (outpatient)	Not Covered	None
	Habilitation services	Not covered	Not Covered	No coverage for habilitation
	Skilled nursing care	20% coinsurance	Not Covered	Limited to 120 days/benefit period
	Durable medical equipment	50% coinsurance diabetes equipment	Not Covered	20% for all other equipment
	Hospice service	No Charge	Not Covered	Includes two 90-day periods, followed by unlimited number of 60-day periods
	If your child needs dental or eye care	Children's eye exam	\$20/visit	Not Covered
Children's glasses		Not Covered	Not Covered	None
Children's dental check-up		Not Covered	Not Covered	No coverage for Dental Check-up

Excluded Services & Other Covered Services:

<p>Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)</p>	
<ul style="list-style-type: none"> ● Acupuncture ● Chiropractic Care ● Cosmetic Surgery ● Dental care (Adult) 	<ul style="list-style-type: none"> ● Dental check-up (Child) ● Glasses ● Habilitation services ● Long-Term/Custodial Nursing Home Care
<ul style="list-style-type: none"> ● Non-Emergency Care when Travelling Outside the U.S. ● Private-Duty Nursing ● Routine Foot Care ● Weight Loss Programs 	

<p>Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)</p>	
<ul style="list-style-type: none"> ● Bariatric Surgery ● Hearing Aids (Every 3 years) 	<ul style="list-style-type: none"> ● Infertility Treatment
	<ul style="list-style-type: none"> ● Routine eye care (Adult)

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

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact the agency in the chart below.

Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:

Kaiser Permanente Member Services	1-808-432-5955 (TTY: 711) in Oahu or 1-800-966-5955 (TTY: 711) in Neighbor Islands or www.kp.org/memberservices
Department of Labor's Employee Benefits Security Administration	1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform
Department of Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or www.cciio.cms.gov
Hawaii Department of Insurance	1-808-586-2790 or http://cca.hawaii.gov/ins/

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Language Access Services:

SPANISH (Español): Para obtener asistencia en Español, llame al 1-808-432-5955 (TTY: 711) in Oahu or 1-800-966-5955 (TTY: 711) in Neighbor Islands

TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-808-432-5955 (TTY: 711) in Oahu or 1-800-966-5955 (TTY: 711) in Neighbor Islands

CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 1-808-432-5955 (TTY: 711) in Oahu or 1-800-966-5955 (TTY: 711) in Neighbor Islands

NAVAJO (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-808-432-5955 (TTY: 711) in Oahu or 1-800-966-5955 (TTY: 711) in Neighbor Islands

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- [The plan's overall deductible](#) \$0
- [Specialist copayment](#) \$20
- [Hospital \(facility\) coinsurance](#) 20%
- [Other \(blood work\) copayment](#) \$10

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- [The plan's overall deductible](#) \$0
- [Specialist copayment](#) \$20
- [Hospital \(facility\) coinsurance](#) 20%
- [Other \(blood work\) copayment](#) \$10

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- [The plan's overall deductible](#) \$0
- [Specialist copayment](#) \$20
- [Hospital \(facility\) coinsurance](#) 20%
- [Other \(x-ray\) copayment](#) \$10

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Durable medical equipment (*crutches*)
Diagnostic test (*x-ray*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$12,800
In this example, Peg would pay:	
Cost Sharing	
Deductibles	\$0
Copays	\$10
Coinsurance	\$1,800
What isn't covered	
Limits or exclusions	\$50
The total Peg would pay is	\$1,860

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Total Example Cost	\$7,400
In this example, Joe would pay:	
Cost Sharing	
Deductibles	\$0
Copays	\$1,000
Coinsurance	\$900
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$1,960

Total Example Cost	\$1,900
In this example, Mia would pay:	
Cost Sharing	
Deductibles	\$0
Copays	\$100
Coinsurance	\$300
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$400

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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>.

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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 ከፍያ በራስዎ ቋንቋ እገዛ የማግኘት መብት አለዎት። ስለ ማመልከቻዎ ወይም ከኪስር ፕሮግራምዎ Kaiser Permanente ስለሚያገኙት ሽፋን ማግኛውም ጥያቄዎች ካሉዎት፣ ወይም ይህ ማሳወቂያ በግልፅ በተጠቀሱ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ በተጠቀሱት የስልክ ቁጥር ለኩቱትዎ ወይም ለክልልዎ ደውለው ከሌሎች ርዳኞች ጋር ይነጋገሩ።

العربية (Arabic)

لك الحق في الحصول على المساعدة بلسانك دون تحمل أي تكاليف. إذا كانت لديك استفسارات بشأن طلبك أو تغطيتك التي تقدمها لك Kaiser Permanente، أو إذا كان هذا الإشعار الذي يتطلب منك اتخاذ إجراء خلال تاريخ محدد، يرجى الاتصال بالرقم المخصص لولايتك أو منطقتك للتحدث إلى مترجم فوراً.

Հայերեն (Armenian)

Դուք ունեք Ձեր լեզվով անվճար օգնություն և Դուք ունեք Ձեր ծածկույթի վերաբերյալ, կամ եթե 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 գործադրություններ ձեռնարկեք մինչև որոշակի ամսաթիվ, ապա զանգահարե՛ք Ձեր նահանգի կամ շրջանի համար տրամադրված հեռախոսահամարով՝ թարգմանչի հետ խոսելու համար:

Bàsòò Wùdù (Bassa)

Ɔ mò nì kpé bɛ̀ m̀ ké gbo-kpá-kpá dyé qé nì miòùn nìin bídǎ-wùdù mú pídyi. Ɔ jú ké m̀ dyi dyi-dìè-qè bɛ̀ bédé bá nì cèè-qè m̀ tò bò qé zò jè dyiɛ ní, m̀oo jú bá nì kùùn kpò jè dyi dyiùn qé Kaiser Permanente múɛ ní, m̀oo ɔ dyi bɔ̀ qò jú bɛ̀ m̀ ké qé qò nyu bò wé jéé qò kò nì, nìí, qá nòbà bɛ̀ wa tòà bò nì bódòò m̀oo nì gbèèè biìe, ké nì mu nyo-wuquùn-zà-nyò qò 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।

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 piho nga petsa, palihug lang pagtagwag sa mga numero sa telepono nga gihatag sa imong estado ("state") o rehiyon ("region") para makigstorya sa usa ka interpreter.

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

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，或者如果您本通知要求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 (Chuukese)

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 e 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 મેળવવાની 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 ed 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 avan yon sètèn dat, rele nimewo nou mete pou Eta oswa 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 polokalama 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 tсам kom tau tham nrog tus kws txhais lus.

Igbo (Igbo)

I nwere ikike inweta enyemaka n'asụsụ gi na akwughị ụgwọ ọ bụla. Ọ bụrụ na i nwere ajụjụ gbasara akwụkwọ anamachọihe gi ma ọ bụ mkpuchi si na Kaiser Permanente, ma ọ bụ ọ bụrụ na nke a bụ ọkwa a chọrọ ka i mee ihe tupu otu ụbọchi, kpọọ nomba enyere maka steeti ma ọ bụ mpaghara gi jiri 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 kalikagumannan 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、費用負担なしでご利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)

អ្នកមានសិទ្ធិទទួលបានជំនួយជាភាសា បស្ចឹម ដោយឥតគិតថ្លៃ។ បស្ចឹមមានសណ្តាប់ មួយអំពី ពាក្យស្នើសុំ ឬការជានិរន្តរ៍តាមរយៈ Kaiser Permanente ឬប្រសិនបើ គឺជាលិខិត ជូនដំណឹងដែលត្រូវឱ្យអ្នកចាកចោយ ក្រុម កាលបរិច្ឆេទជាក់លាក់ សូមទូរស័ព្ទទៅលេខ ផ្តល់ជូនសម្រាប់ ឬក៏បស្ចឹមដើម្បីនិយាយ ទៅ កាន់អ្នកបកប្រែ។

한국어 (Korean)

귀하에게는 한국어 통역서비스를 무료로 받을 수 있는 권리가 있습니다. Kaiser Permanente 를 통한 귀하의 보험 신청 서나 보험 보장 범위에 관해 질문이 있을 경우 또는 이 통지서의 요구대로 어느 날까지 조처를 취해야만 하는 경우, 귀하의 주 및 지역의 제 공된 전화번호로 연락해 통역사와 통화하십시오.

ລາວ (Laotian)

ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຂ່ວຍເຫຼືອໃນພາສາຂອງທ່ານ ໂດຍບໍ່ເສັງຄ່າ. ຖ້າວ່າ ທ່ານມີຄໍາຖາມກ່ຽວກັບການ ສະໝັກຂອງທ່ານ ຫຼື ການຄົ້ນຄວ້າ ຫຼື ການທີ່ Kaiser Permanente ຫຼື ຖ້າອັນນີ້ເປັນແຈ້ງການທີ່ ສຳຄັນ ຫຼື ທ່ານດໍາເນີນການພາຍໃນວັນທີ່ໃຈທ່ານ ໃດໜຶ່ງ, ໃຫ້ໃບຕາມພາຍເລກທີ່ໃຫ້ໄວ້ສໍາລັບລັດ ຫຼື ເຂດ ຂອງທ່ານ ເພື່ອຂໍຄົ້ນກັບນາຍພາສາ.

Kajin Majöl (Marshallese)

Ewör jimwe eo am in bök jipañ ilo kajin eo am ejjelok wōñān. Ne ewör am kajitök kōn peba in aplaiki eo am ak insurance eo am jān Kaiser Permanente, ak ñe enaan in köjeļä in ej aikuj bwe kwōn ñakūtüt mokta jān juon raan eo emōj an kallikkar, kaļok nōmba eo ej leļok ñan state eo am ak jikūm bwe kwōn maron kōnono ippān juon ri-ukōt.

Naabeehó (Navajo)

T'áá ni nizaad bee níka i' doolwoł doo bik'é asiníłáágoó éí bee nábaz'á. Kaiser Permanente áka aná'álwo' ná bik'é azláadoo yínikeedgo naaltsoos hadinílaa, éí bína 'ídiłkíd doogo, éí doodago díí naaltsoos haa'ída yookáalgo hait'áoda i' dííłít níniigo éí nitsaa haboodzojį éí doodago t'áa aadi nahós'a'di ata' dahalne'ígíi bich'i' hółne'go bee bił ahít hodííłniih.

नेपाली (Nepali)

तपाईंसग कलै शुल्क नदिइ आग्लो भाषामा सहायता पाउनो अधिकार छ । तपाईंसग आग्लो आवदन बारे वा Kaiser Permanente माफत कवरेज बारेमा कलै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कलै निर्धारित मितिमा कलै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोआबसग 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 keetiiif kenname biibuudhaan turjumaana haasofsii.

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 rahh me kileledi, ah komw anahne koahl nempe me sansalehr ohng owmi palien wehi pwe komwi en lokaiaiang owmi tungoal soun kawehwe.

Portugués (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 ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਹੱਕ ਹੈ. ਜੇਕਰ ਤੁਹਾਡੇ ਆਪਣੀ ਅਰਜ਼ੀ ਜਾਂ Kaiser Permanente ਵੱਲੋਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਨਿਸ਼ਚਿਤ ਮਿਤੀ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪਵੇ, ਤਾਂ ਦੁਆਰੇ 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 tofogi. Afai e iai ni fesili e uiga i lou tusi apalai po o puiipuiga 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 fesoota'i i se faailiui.

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 หรือหากนี่คือหนังสือที่ต้องการให้ท่านดำเนินการภายในวันที่กำหนดไว้ โปรดติดต่อหมายเลขที่ให้ไว้สำหรับรัฐหรือเขตพื้นที่ของท่านเพื่อคุยกับล่าม

Lea Faka-Tonga (Tongan)

'Oku 'i ai ho totonu keke 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 'inisiaua 'a e Kaiser Permanente, pea kapau ko e tohini '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.

Urdu (Urdu)

آپ کو کوئی بھی قیمت ادا کرنے بغیر اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ اگر آپ کے ذہن میں اپنی درخواست یا کسی متعلقہ چیز 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 کیے 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 iránlówó gbà nípa èdè rẹ láisán owó. Bí o bá ní ibeèrè nípa iwé tí o kọ tàbí ìṣedédéé nípaṣẹ́ Kaiser Permanente, tàbí ifitonilétí yí jẹ́ èyí o nílò láti igbésẹ́ kan ní ojú kan patọ́, pé nọmbà tí a pèsè fún ipinlẹ́ tàbí agbègbè rẹ láti bá òhògbifọ́ kan sọrọ́.