

Proof of qualifying life event guide

What is a qualifying life event?



- A qualifying life event is a change in your life that lets you apply for health care coverage outside the annual open enrollment period. This is called a special enrollment period. Examples include getting married, moving to a Kaiser Permanente service area with access to new health plans, or losing coverage because you lost your job.
- You may use this guide to submit your proof when applying directly to Kaiser Permanente or to your state's health benefit exchange in Colorado or Washington. For all other exchange applications, check your state's exchange for information on how to submit proof for exchange plans. It can help you figure out which type of proof you'll need to provide for your qualifying life event.
 - **Kaiser Permanente for Individuals and Families (KPIF) plan members** should submit their proof along with the Account Change Form.
 - **People who aren't Kaiser Permanente for Individuals and Families (KPIF) plan members** should submit their proof along with their Application for health coverage.
 - To download an Application or Account Change Form, visit kp.org/specialenrollment.

How to use this guide



Reference this guide to determine which proof (if necessary) is required to submit when applying during a special enrollment period. To avoid delays, submit your application and any required proof together.

If you'd like to submit your proof along with this guide, follow these instructions:

- Fill out the following page.
- Tear off the following page and attach it with the proof of your qualifying life event and your Application or Account Change Form (if applicable).
- Send one type of proof, unless otherwise noted.
- Your proof should be copies of official documents, not originals.

Where to submit your proof



- **If you're applying online:** Sign in at kp.org/apply and upload your proof. You don't need to upload this guide.
- **If you're applying by mail or fax,** send your documents to:

By mail:	By fax:
Kaiser Permanente for Individuals and Families	1-855-355-5334
P.O. Box 23127	
San Diego, CA 92193-9921	
- **If you're applying through the health benefit exchange:** The health benefit exchange may require submission of proof.

When to submit your proof



You have a limited period of time to submit your proof. Visit kp.org/specialenrollment for details and deadlines.

If we don't get your proof in time, we'll have to cancel your application or account change request.

You may apply again if your special enrollment period is still in effect.

For applications submitted on buykp.org, submit your proof online.

Need help?



Visit kp.org/specialenrollment for a comprehensive qualifying life event list. You can also call us at **1-800-494-5314 (TTY 711)**, or contact your broker/producer or Kaiser Permanente representative.

You may use this page to attach with your submission of proof.

You may use this page to attach with your submission of proof.

- In an individual plan, the primary applicant is the person who'll be covered by the health plan.
- In a family plan, the primary applicant is the family member on the health plan who's authorized to make changes to the account.
- In a child-only plan (where offered) for a child under 18, the child is the primary applicant.

Please note: This isn't an application for health care coverage. To get health care coverage, you need to submit an application or Account Change Form.

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For loss of minimum essential health coverage, the date of the qualifying life event is the last full day you were covered under your prior plan.

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Proof of your qualifying life event

Qualifying life event

Type of proof



Change in health coverage

1. Loss of minimum essential health coverage

California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington†

Important: This is NOT a qualifying life event if:

- You're losing coverage because you didn't pay your premiums.
- Your plan was rescinded.
- You had Medicare Part B coverage and don't have any other coverage.
- You voluntarily ended your coverage.
- You had temporary or short-term coverage like traveler's insurance.

From your employer

- Letter or other document from your employer stating the employer dropped or will drop coverage or benefits for you, your spouse, or dependent family member and the date this coverage ended or will end.
- Letter or document from your employer stating the employer stopped or will stop contributing to the cost of coverage and the date this contribution ended or will end.
- Pay stubs of current and previous hours if you lost coverage because of a reduction in work hours.
- Letter or document that indicates your coverage is ending due to age.

From COBRA

- Letter showing your employer's offer of COBRA coverage or stating when your COBRA coverage ended or will end. We must receive your application within 60 days of the date when your COBRA coverage will end as stated on your proof.
- Proof from your employer or COBRA administrator showing subsidies had been provided and the date they will end.

From your carrier or Medicaid, Medi-Cal, Medicare, or other government programs

- Letter from your carrier showing a coverage end date.
- Letter or notice from Medicaid, Medi-Cal, or the Children's Health Insurance Program (CHIP) stating when Medicaid, Medi-Cal, or CHIP coverage ended or will end.
- Letter or notice from a government program, like TRICARE, Peace Corps, AmeriCorps, or Medicare, stating when that coverage ended or will end.

Other loss of coverage (including individual coverage)

- Letter from your student health plan indicating when student health coverage ended or will end.
- Letter or other document from Social Security office stating that the person who covers you on their health plan is entitled to Medicare.
- Letter or other document from an employer stating that the person who covers you on their health plan is starting new employer coverage.
- Dated military discharge papers or Certificate of Release, including the date coverage ended or will end, if you're losing coverage because you're no longer on active military duty.
- Dated and signed written verification from a broker/producer or Kaiser Permanente representative, or dated letter from the carrier, if you are or were enrolled in a non-calendar-year plan that's ending, including the date the plan ended.

†In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
Loss of minimum essential health coverage <i>(continued)</i> Colorado <div> <p>Important: This is NOT a qualifying life event if:</p> <ul style="list-style-type: none"> • You're losing coverage because you didn't pay your premiums. • Your plan was rescinded. • You had Medicare Part B coverage and don't have any other coverage. • You voluntarily ended your coverage. </div>	No proof required with your application.
2. Eligibility to purchase an individual health plan through an individual coverage health reimbursement arrangement (ICHRA) or a qualified small employer health reimbursement arrangement (QSEHRA) California, Colorado [†] , District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†]	<ul style="list-style-type: none"> • Letter or other documentation stating you are now eligible to purchase an individual health plan through an individual coverage health reimbursement arrangement (ICHRA) or a qualified small employer health reimbursement arrangement (QSEHRA) including the date showing when you are first eligible for the ICHRA or QSEHRA.
3. Discontinuation of employer contribution or government subsidization of COBRA premiums California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†]	<ul style="list-style-type: none"> • Proof from your employer or COBRA administrator showing subsidies had been provided and the date they will end.
Colorado	No proof required with your application.

[†]In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
4. Misinformation about your enrollment in minimum essential coverage California	<ul style="list-style-type: none"> • Notice from your state's health benefit exchange or the Department of Managed Health Care stating you're eligible for a special enrollment period and showing determination date.
5. Provider network changes California	<ul style="list-style-type: none"> • Notice that the provider is no longer participating in the health benefit plan and showing determination date.
6. Eligibility for app-based transportation or delivery network company health care stipend California	<ul style="list-style-type: none"> • A copy or a screen shot of your quarterly hours driven.
7. Loss of Short Term Health Coverage Colorado	No proof required with your application.
8. Loss of pregnancy related coverage or loss of access to health care services through coverage provided to a pregnant woman's unborn child Maryland	<ul style="list-style-type: none"> • Letter or notice from Medicaid or Children's Health Insurance Program (CHIP) stating when Medicaid or CHIP coverage ended or will end.
9. Loss of medically needy coverage Maryland	<ul style="list-style-type: none"> • Letter or notice from Medicaid or Children's Health Insurance Program (CHIP) stating when Medicaid or CHIP coverage ended or will end.
10. Enrollment in any non-calendar year group health plan, individual health insurance coverage, or qualified small employer health reimbursement arrangement (QSEHRA) Maryland	<ul style="list-style-type: none"> • Dated and signed written verification from an agent/broker/producer or dated letter from the carrier, if you are or were enrolled in a non-calendar year plan that's ending, including the date the plan ended.

Proof of your qualifying life event *(continued)*


Qualifying life event	Type of proof
11. Being potentially eligible for Medicaid or the Children's Health Insurance Program (CHIP), and being determined ineligible after open enrollment has ended or more than 60 days after the qualifying event Maryland	<ul style="list-style-type: none"> Letter or notice from Medicaid or Children's Health Insurance Program (CHIP), with date, stating that you are ineligible for coverage.
12. Newly ineligible for Advanced Premium Tax Credit or newly ineligible for cost-sharing reductions Maryland	<ul style="list-style-type: none"> Letter from employer stating change in minimum essential health coverage and showing determination date. Letter or other document from your employer stating the employer changed or will change coverage or benefits for you or for your spouse or dependent family member, so it's no longer considered qualifying health coverage, and the date this coverage or benefits changed or will change.
13. Change in employer health coverage making you eligible for a premium tax credit California, Georgia, Hawaii, Oregon, Colorado [†] , District of Columbia, Maryland, Virginia, Washington [†]	<ul style="list-style-type: none"> Letter from employer stating change in minimum essential health coverage and showing determination date. Letter or other document from your employer stating the employer changed or will change coverage or benefits for you or for your spouse or dependent family member, so it's no longer considered qualifying health coverage, and the date this coverage or benefits changed or will change.

You must apply through your state's health benefit exchange

You're now eligible for a premium tax credit because your coverage through your employer has changed.

[†]In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

STEP 3: Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<div> Change in household</div>	
<p>Gaining, becoming, or losing a dependent, or death of a subscriber or a dependent</p> <p>14a. Gaining or becoming a dependent through marriage</p> <p>Submit two types of proof</p> <p>District of Columbia, Virginia</p> <p>This event requires proof of prior coverage. Visit kp.org/specialenrollment for more information.</p>	<p>Provide one of these:</p> <p>Proof of minimum essential coverage for one spouse for at least one full day in the last 60 days from your prior carrier (applicants within the U.S. only):</p> <ul style="list-style-type: none">• Paid premium invoice proving coverage within the last 60 days.• Employer benefit record proving coverage within the last 60 days. <p>And provide one of these:</p> <ul style="list-style-type: none">• Marriage certificate/license showing the date of the marriage.• Official government record of the marriage, including a foreign record of marriage showing the date of the marriage.
<p>14b. Gaining or becoming a dependent through marriage or domestic partnership registration</p> <p>Submit two types of proof</p> <p>California, Georgia, Hawaii, Maryland, Oregon, Washington[†]</p> <p>This event requires proof of prior coverage. Visit kp.org/specialenrollment for more information.</p>	<p>Provide one of these:</p> <p>Proof of minimum essential coverage for one spouse for at least one full day in the last 60 days from your prior carrier (applicants within the U.S. only):</p> <ul style="list-style-type: none">• Paid premium invoice proving coverage within the last 60 days.• Employer benefit record proving coverage within the last 60 days. <p>And provide:</p> <ul style="list-style-type: none">• Marriage certificate/license showing the date of the marriage.• Official government record of the marriage, including a foreign record of marriage showing the date of the marriage.• Official government record, including date of domestic partnership registration.

[†]In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p>14c. Gaining or becoming a dependent through marriage or civil union partnership</p> <p>Submit two types of proof</p> <p>Colorado[†]</p> <p>This event requires proof of prior coverage. Visit kp.org/specialenrollment for more information.</p>	<p>Provide one of these:</p> <p>Proof of minimum essential coverage for one spouse for at least one full day in the last 60 days from your prior carrier (applicants within the U.S. only):</p> <ul style="list-style-type: none">• Paid premium invoice proving coverage within the last 60 days.• Employer benefit record proving coverage within the last 60 days. <p>If you can't provide proof of minimum essential coverage, you may send in one of the following:</p> <ul style="list-style-type: none">• Official documentation showing that you are an American Indian or Native Alaskan.• Proof that you lived for one or more days during the 60 days before your life event or during your most recent open enrollment period in a service area where no qualified health plan was available through your state's health benefit exchange. You can provide a screenshot from the exchange website or other proof from the exchange.• Proof that you lived outside of the United States or in a United States territory for one or more days during the 60 days before the date of the qualifying life event. <p>And provide one of these:</p> <ul style="list-style-type: none">• Marriage certificate/license/other documentation showing the date of the marriage.• Official government record, including date of civil union.

[†]In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
14d. Gaining or becoming a dependent through the birth of a child, adoption, or placement for adoption or foster care California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†]	Birth of a child <ul style="list-style-type: none"> • Birth certificate or application for a birth certificate for the child. • Record from a clinic, hospital, doctor, midwife, institution, or other provider stating the child's date of birth. • Military record showing the child's birth date and place of birth. • Official government record of a foreign birth certificate showing the child's birth date and place of birth. • Religious record showing the child's birth date and place of birth. • Letter or other document from the carrier, like an Explanation of Benefits, showing that services related to birth or after-birth care were given to the child, the mother, or both, including the dates of service. Adoption or foster care <ul style="list-style-type: none"> • Adoption letter or record showing date of adoption, dated and signed by a court official. • Court order showing when the order started. It must have a filing date stamp. • Official government record of a domestic adoption, or placement for adoption or foster care, showing the child's birth date and place of birth. • U.S. Department of Homeland Security immigration document for foreign adoptions, including the date of the adoptions. • Medical support court order. It must have a court filing date stamp. • Foster care papers dated and signed by a court official.
14d. Gaining or becoming a dependent through the birth of a child, adoption, or placement for adoption or foster care <i>(continued)</i> Colorado [†]	Birth of a child <ul style="list-style-type: none"> • Birth certificate or application for a birth certificate for the child. Adoption or foster care <ul style="list-style-type: none"> • Adoption letter or record showing date of adoption, dated and signed by a court official. • Court order showing when the order started. It must have a court filing date stamp. • Official government record of a domestic adoption, or placement for adoption or foster care, showing the child's birth date and place of birth. • U.S. Department of Homeland Security immigration document for foreign adoptions, including the date of the adoptions. • Medical support court order. It must have a court filing date stamp. • Foster care papers dated and signed by a court official
14e. Losing a dependent through divorce, dissolution of domestic partnership, or legal separation California, Maryland	<ul style="list-style-type: none"> • Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.

[†]In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Proof of your qualifying life event *(continued)*


Qualifying life event	Type of proof
14f. Losing a dependent through divorce, dissolution of a civil union partnership, or legal separation Colorado [†]	<ul style="list-style-type: none"> Divorce decree, dissolution agreement, or separation agreement with court filing date stamp.
14g. Death of the subscriber or a dependent California, Maryland Colorado [†]	<ul style="list-style-type: none"> Death certificate. Death certificate or obituary.
15. Child support order or other court order to cover a dependent California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†] Colorado [†]	<ul style="list-style-type: none"> Signed court order with court filing date stamp. Signed court order with court filing date stamp or dated Designated Beneficiary Agreement.
16. Domestic violence or spousal abandonment occurring within the household California, Colorado [†] , District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†]	<ul style="list-style-type: none"> Attestation stating you're a victim of domestic abuse or spousal abandonment.

Change in income

17. Change in income changing your eligibility for federal financial assistance California, Colorado [†] , District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†] <div style="background-color: #e6f2ff; padding: 10px;"> You must apply through your state's health benefit exchange </div>	<p>Provide one of these:</p> <p>Proof of minimum essential coverage for all applicants from your prior carrier for at least one full day in the last 60 days.</p> <ul style="list-style-type: none"> Paid premium invoice proving coverage within the last 60 days. Employer benefit record proving coverage within the last 60 days. <p>And provide:</p> <ul style="list-style-type: none"> Most recent eligibility determination from your state's health benefit exchange showing determination date.
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[†]In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
 Change in residence	
18. Permanent relocation with access to new plans California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington†	<p>If you have permanently relocated (moved) to the United States from another country Send the following: If you are a non-U.S. citizen moving to the United States, provide all of the following documentation:</p> <ul style="list-style-type: none">• Signed naturalization papers, green card, education certificate, or visa dated within the last 60 days.• If your document is more than 60 days old, also include proof of entry dated within the last 60 days. This could be an arrival/departure record (I-94/I-94A) showing your date of entry into the U.S.• Proof of new address within our service area dated within the last 60 days (see below for examples). <p>If you are a U.S. citizen moving back to the United States, provide all of the following documentation:</p> <ul style="list-style-type: none">• Proof of U.S. citizenship. This can include U.S. Birth Certificate or a U.S. Passport.• Proof of entry dated in the last 60 days. This could be an arrival/departure record showing your entry date into the U.S.• Proof of prior overseas residence and current address within our service area dated within the last 60 days. <p>Examples of proof of residence include:</p> <ul style="list-style-type: none">• Lease or rental agreement.• Insurance documents, like homeowner's, renter's, or life insurance policy or statement.• Mortgage deed, if it states that the owner uses the property as the primary residence.• Mortgage or rental payment receipt.• Internet, cable, or other utility bill (including any public utility like a gas or water bill) or other confirmation of service (including a utility hookup or work order).• Telephone bill showing your address (cellphone or wireless bills are OK).• Mail from a financial institution, like a bank statement.• Pay stub showing your address. <p>If you have permanently relocated (moved) within the United States Send a total of three pieces: 1) One of the following proof of minimum essential coverage for all applicants from your prior carrier for at least one full day in the last 60 days:</p> <ul style="list-style-type: none">• Paid premium invoice proving coverage within the last 60 days.• Employer benefit record proving coverage within the last 60 days.<p>2 and 3) Within 60 days of your move: one of the following items showing your previous address and one showing your current address (no P.O. boxes):</p><ul style="list-style-type: none">• Lease or rental agreement.• Insurance documents, like homeowner's, renter's, or life insurance policy or statement.

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†In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<p>18. Permanent relocation with access to new plans California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington[†]</p> <p>Choose Permanent relocation with access to new plans, if one of the following applies to you:</p> <ul style="list-style-type: none"> • You moved from a non-Kaiser Permanente area to a Kaiser Permanente area. • You moved to a new residence within our Kaiser Permanente service area where your current health plan is not available or you have additional health plan options. • You moved to a new state. • You moved from a foreign country or a United States territory. • You moved from a county that did not offer a qualified health plan. 	<ul style="list-style-type: none"> • Mortgage deed, if it states the owner uses the property as the primary residence. • Mortgage or rental payment receipt. • Mail from the Department of Motor Vehicles, like a valid driver's license, vehicle registration, or change of address card. • Mail from a government agency to your address, like a Social Security statement, or a notice from Temporary Assistance for Needy Families or Supplemental Nutrition Assistance Program. • Your valid state ID. • Internet, cable, or other utility bill (including any public utility like a gas or water bill) or other confirmation of service (including a utility hookup or work order). • Telephone bill showing your address (cellphone or wireless bills are OK). • Mail from a financial institution, like a bank statement. • U.S. Postal Service change of address confirmation letter. • Pay stub showing your address. • Voter registration card showing your name and address. • Documents from the Department of Corrections, jail, or prison showing recent release or parole, including a dated order of parole, dated order of release, or an address certification.

[†]In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
<div>18. Permanent relocation with access to new plans</div> <div>(Continued)</div> <div>Colorado</div> <div><div><div>Choose Permanent relocation with access to new plans, if one of the following applies to you:</div><div><div><div>• You moved from a non-Kaiser Permanente area to a Kaiser Permanente area.</div><div>• You moved to a new residence within our Kaiser Permanente service area where your current health plan is not available or you have additional health plan options.</div><div>• You moved to a new state.</div><div>• You moved from a foreign country or a United States territory.</div><div>• You moved from a county that did not offer a qualified health plan.</div></div></div></div></div>	<div>No proof required with your application.</div>

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
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Other qualifying life events

19. Determination by your state's health benefit exchange of exceptional circumstances California, Colorado [†] , District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†]	<ul style="list-style-type: none"> Letter or notice from your state's health benefit exchange stating you're eligible for a special enrollment period and showing determination date.
20. Determination by the Department of Insurance Commissioner of exceptional circumstances Colorado [†]	<ul style="list-style-type: none"> Letter or notice from the Department of Insurance Commissioner stating you're eligible for a special enrollment period and showing determination date.
21. Demonstrating that a qualified plan substantially violated a material provision of its contract in relation to the enrollee California	<ul style="list-style-type: none"> Written confirmation, with date, from the Department of Managed Health Care that the health plan in which you're enrolled has substantially violated a material provision of your contract.
Colorado	No proof required with your application.
Maryland	<ul style="list-style-type: none"> Written confirmation, with date, from the Maryland Insurance Administration that the health plan in which you're enrolled has substantially violated a material provision of your contract.
22. Initial confirmation of pregnancy by a health care practitioner Maryland	<ul style="list-style-type: none"> Document from your health care provider confirming your initial pregnancy. You have 90 days from the time your pregnancy is confirmed to enroll.
Colorado [†]	<ul style="list-style-type: none"> Document from your health care provider confirming your initial pregnancy.
23. Release from incarceration California, Colorado	No proof required with your application.
District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington	If you were recently released from incarceration (jail), you'll have to apply through your state's health benefit exchange. No proof is required.

[†]In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
24. Coverage as American Indian/Native Alaskan California, District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†] You must apply through your state's health benefit exchange.	<ul style="list-style-type: none"> Official documentation showing your status.
Colorado	No proof required with your application.
25. Change in immigration status California, Colorado [†] , District of Columbia, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington [†] You must apply through your state's health benefit exchange.	<ul style="list-style-type: none"> Official documentation of a change in citizenship or immigration status.
26. Paid penalty for not having health coverage California You must apply through your state's health benefit exchange.	If you paid the Individual Shared Responsibility Penalty to California's Franchise Tax Board within the last 60 days, no proof is required.
27. Tax Time Enrollment Colorado	Your financial information has been validated through your tax filing and Connect for Health Colorado and you don't need to send additional proof.
Virginia	Your financial information has been validated through your tax filing and the Virginia Insurance Marketplace and you don't need to send additional proof.

[†]In this state, proof for qualifying life events is collected by Kaiser Permanente for health plans purchased on the exchange.

Proof of your qualifying life event *(continued)*

Qualifying life event	Type of proof
28. Tax Season Easy Enrollment Maryland <div>You must apply through your state's health benefit exchange.</div>	Your financial information has been validated by the Comptroller, and you don't need to send additional proof.
29. Monthly Special Enrollment Period (SEP) for low-income subscribers Washington <div>You must apply through your state's health benefit exchange.</div>	If your income falls below 250% of the federal poverty level, your state's exchange will determine if you qualify for a monthly special enrollment period and will let you know what, if any, proof is required.
30. Easy Enrollment for Unemployment Insurance Claimants Maryland <div>You must apply through your state's health benefit exchange.</div>	If you received a letter from Maryland Health Connection stating you preliminarily qualified for health care coverage. Your financial information has been validated by the Maryland Health Connection and you don't need to send additional proof.

In California, KFHP plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., One Kaiser Plaza, Oakland, CA 94612 • In Colorado, all plans are offered and underwritten by Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Ave., Denver, CO 80247 • In Georgia, all plans are offered and underwritten by Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Rd. NE, Atlanta, GA 30305 • In Hawaii, all plans are offered and underwritten by Kaiser Foundation Health Plan, Inc., 711 Kapiolani Blvd., Honolulu, HI 96813 • In Oregon and southwest Washington (Clark and Cowlitz counties), all plans are offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232 • In Washington (except Clark, Cowlitz, and certain other counties), all plans are offered and underwritten by Kaiser Foundation Health Plan of Washington, 2715 Naches Ave. SW, Renton, WA 98057 • In Maryland, Virginia, and the District of Columbia, all plans are offered and underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., 4000 Garden City Drive, Hyattsville, MD 20785.

Nondiscrimination Notice

In this document, “we”, “us”, or “our” means Kaiser Permanente (Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Medical Group). This notice is available on our website at **kp.org**.

Discrimination is against the law. We follow state and federal civil rights laws.

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

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
 - ◆ Qualified sign language interpreters
 - ◆ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters
 - ◆ Information written in other languages

If you need these services, call our Member Services department at the numbers below. The call is free. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week.
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 hours a day, 7 days a week.
- All others: **1-800-464-4000 (TTY 711)**, 24 hours a day, 7 days a week.

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

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with us if you believe we have failed to provide these services or unlawfully discriminated in another way. You can file a grievance by phone, by mail, in person, or online. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You can call Member Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Call our Member Services department. Phone numbers are listed above.
- **By mail:** Download a form at **kp.org** or call Member Services and ask them to send you a form that you can send back.
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at **kp.org/facilities** for addresses)

- **Online:** Use the online form on our website at **kp.org**

You may also contact the Kaiser Permanente Civil Rights Coordinator directly at the addresses below:

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

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

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

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)
- **By mail:** Fill out a complaint form or send a letter to:

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

California Department of Health Care Services Office of Civil Rights Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- **Online:** Send an email to CivilRights@dhcs.ca.gov

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

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

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)
- **By mail:** Fill out a complaint form or send a letter to:

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

U.S. Department of Health and Human Services Office of Civil Rights Complaint forms are available at: <https://www.hhs.gov/ocr/office/file/index.html>

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

Notice of Language Assistance

English: ATTENTION. Language assistance is available at no cost to you. You can ask for interpreter services, including sign language interpreters. You can ask for materials translated into your language or alternative formats, such as braille, audio, or large print. You can also request auxiliary aids and devices at our facilities. Call our Member Services department for help. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815** (TTY 711), 8 a.m. to 8 p.m., 7 days a week
- Medi-Cal: **1-855-839-7613** (TTY 711), 24 hours a day, 7 days a week
- All others: **1-800-464-4000** (TTY 711), 24 hours a day, 7 days a week

Arabic: تنبيه. المساعدة اللغوية متوفرة بدون تكلفة عليك. يمكنك طلب خدمات الترجمة، بما في ذلك مترجمي لغة الإشارة. يمكنك طلب وثائق مترجمة بلغتك أو بصيغ بديلة مثل طريقة برايل للمكفوفين أو ملف صوتي أو الطباعة بأحرف كبيرة. يمكنك أيضاً طلب وسائل مساعدة وأجهزة مساعدة في مرافقنا. اتصل مع قسم خدمات الأعضاء لدينا للحصول على المساعدة. لا تعمل خدمات الأعضاء في العطلات الرئيسية.

- Medicare، بما في ذلك D-SNP على: **1-800-443-0815** (TTY 711)، 8 صباحاً إلى 8 مساءً، 7 أيام في الأسبوع
- Medi-Cal: على **1-855-839-7613** (TTY 711)، 24 ساعة في اليوم، 7 أيام في الأسبوع
- الآخرين جميعاً: **1-800-464-4000** (TTY 711)، 24 ساعة في اليوم، 7 أيام في الأسبوع

Armenian: ՌԻՇՍԱԴՐՈՒԹՅՈՒՆ: Լեզվական աջակցությունը հասանելի է ձեզ անվճար: Դուք կարող եք խնդրել բանավոր թարգմանության ծառայություններ, այդ թվում՝ ժեստերի լեզվի թարգմանիչներ: Դուք կարող եք խնդրել ձեր լեզվով թարգմանված նյութեր կամ այլընտրանքային ձևաչափեր, ինչպիսիք են՝ բրայլը, ձայնագրությունը կամ խոշոր տառատեսակը: Դուք կարող եք նաև դիմել օժանդակ աջակցության և սարքերի համար, որոնք առկա են մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման բաժին: Անդամների սպասարկման բաժինը փակ է հիմնական տոն օրերին:

- Medicare, ներառյալ D-SNP` 1-800-443-0815 (TTY 711), 8 a.m.-ից 8 p.m.-ը, շաբաթը 7 օր
- Medi-Cal` 1-855-839-7613 (TTY 711), օրը 24 ժամ, շաբաթը 7 օր
- Մյուս բոլորը` 1-800-464-4000 (TTY 711), օրը 24 ժամ, շաբաթը 7 օր

Chinese: 请注意，我们有免费语言协助。您可以要求我们提供口译服务，包括手语翻译员。您可以要求将资料翻译成您所使用的语言或其他格式的版本，如盲文、音频或大字版。您还可以要求使用我们设施中的语言辅助工具和设备。请联系会员服务部以获取帮助。重要节假日期间会员服务不开放。

- Medicare, 包括 D-SNP : 1-800-443-0815 (TTY 711), 每周 7 天, 上午 8 点至晚上 8 点
- Medi-Cal : 1-855-839-7613 (TTY 711), 每周 7 天, 每天 24 小时
- 所有其他保险计划: 1-800-757-7585 (TTY 711), 每周 7 天, 每天 24 小时

Farsi: توجه. امکان بهر مندی از مساعدت زبانی به طور رایگان برای شما وجود دارد. می‌توانید خدمات ترجمه شفاهی را درخواست کنید، از جمله مترجمان زبان اشاره. همچنین می‌توانید مطالب ترجمه‌شده به زبان خودتان یا در قالب‌های جایگزین را درخواست کنید، از جمله خط بریل، فایل صوتی، یا چاپ با حروف درشت. همچنین می‌توانید امکانات و دستگاه‌های کمکی را از مراکز ما درخواست کنید. برای دریافت کمک، با خدمات اعضای ما تماس بگیرید. خدمات اعضاء، در تعطیلات رسمی بسته است.

- Medicare, شامل D-SNP: با شماره 1-800-443-0815 (TTY 711) از 8 صبح تا 8 عصر، در 7 روز هفته تماس بگیرید
- Medi-Cal: با شماره 1-855-839-7613 (TTY 711)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید
- همه موارد دیگر: با شماره 1-800-464-4000 (TTY 711)، در 24 ساعت شبانه‌روز، 7 روز هفته تماس بگیرید

Hindi: ध्यान दें। भाषा सहायता आपके लिए बिना किसी शुल्क के उपलब्ध है। आप दुभाषिया सेवाओं के लिए अनुरोध कर सकते हैं, जिसमें साइन लैंग्वेज के दुभाषिये भी शामिल हैं। आप सामग्रियों को अपनी भाषा या वैकल्पिक प्रारूप, जैसे कि ब्रेल, ऑडियो, या बड़े प्रिंट में अनुवाद करवाने के लिए भी कह सकते हैं। आप हमारे सुविधा-केंद्रों पर सहायक साधनों और उपकरणों का भी अनुरोध कर सकते हैं। सहायता के लिए हमारे सदस्य सेवा विभाग को कॉल करें। सदस्य सेवा विभाग मुख्य छुट्टियों वाले दिन बंद रहता है।

- Medicare, जिसमें D-SNP शामिल है: 1-800-443-0815 (TTY 711), सुबह 8 बजे से रात 8 बजे तक, सप्ताह के 7 दिन
- Medi-Cal: 1-855-839-7613 (TTY 711), दिन के चौबीस घंटे, सप्ताह के 7 दिन
- बाकी सभी: 1-800-464-4000 (TTY 711), दिन के चौबीस घंटे, सप्ताह के 7 दिन

Hmong: FAJ SEEB. Muaj kev pab txhais lus pub dawb rau koj. Koj muaj peev xwm thov kom pab txhais lus, suav nrog kws txhais lus piav tes. Koj muaj peev xwm thov kom muab cov ntaub ntawv no txhais ua koj yam lus los sis ua lwm hom, xws li hom ntawv rau neeg dig muag xuas, tso ua suab lus, los sis luam tawm kom koj. Koj kuj tuaj yeem thov kom muab tej khoom pab dawb thiab tej khoom siv txhawb tau rau ntawm peb cov chaw kuaj mob. Hu mus thov kev pab

rau ntawm peb Lub Chaw Pab Tswv Cuab. Lub chaw pab tswv cuab kaw rau cov hnuv so uas tseem ceeb.

- Medicare, suav nrog D-SNP: **1-800-443-0815 (TTY 711)**, 8 teev sawv ntxov txog 8 teev tsaus ntuj, 7 hnuv hauv ib lub vij
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 teev hauv ib hnuv, 7 hnuv hauv ib lub vij
- Tag nrho lwm yam: **1-800-464-4000 (TTY 711)**, 24 teev hauv ib hnuv, 7 hnuv hauv ib lub vij

Japanese: ご注意。言語サポートは無料でご利用いただけます。あなたは手話通訳を含む通訳サービスを依頼できます。点字、大型活字、または録音音声など、あなたの言語に翻訳された資料や別のフォーマットの資料を求めることができます。当社の施設では補助器具や機器の要請も承っております。支援が必要な方は、加入者サービス部門にお電話ください。加入者向けサービスは主要な休日では営業していません。

- D-SNP を含む Medicare: **1-800-443-0815 (TTY 711)** 、午前 8 時から午後 8 時まで、年中無休
- Medi-Cal: **1-855-839-7613 (TTY 711)** 、24 時間、年中無休
- その他全て: **1-800-464-4000 (TTY 711)** 、24 時間、年中無休

Khmer (Cambodian): យកចិត្តទុកដាក់។ ជំនួយភាសាគឺមានដោយមិនគិតថ្លៃសម្រាប់អ្នក។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ រួមទាំងអ្នកបកប្រែភាសាសញ្ញាផងដែរ។ អ្នកអាចស្នើសុំឯកសារដែលត្រូវបានបកប្រែជាភាសារបស់អ្នក ឬទម្រង់ផ្សេងទៀតដូចជាអក្សរស្ទាប សំឡេង ឬអក្សរធំៗ។ អ្នកក៏អាចស្នើសុំជំនួយបន្ថែម និងឧបករណ៍ជំនួយនៅតាមកន្លែងរបស់យើងផងដែរ។ សូមទូរសព្ទទៅផ្នែកសេវាសមាជិករបស់យើងសម្រាប់ជំនួយ។ សេវាសមាជិកត្រូវបានបិទនៅថ្ងៃឈប់សម្រាកសំខាន់ៗ។

- Medicare, រួមទាំង D-SNP: **1-800-443-0815 (TTY 711)** ពីម៉ោង 8 ព្រឹក ដល់ 8 យប់ 7 ថ្ងៃក្នុងមួយសប្តាហ៍
- Medi-Cal: **1-855-839-7613 (TTY 711)** 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍
- ផ្សេងៗទៀត: **1-800-464-4000 (TTY 711)** 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍

Korean: 안내 사항. 무료 언어 지원 제공. 수화 통역사를 포함한 통역 서비스를 요청할 수 있습니다. 한국어로 번역된 자료 또는 점자, 오디오 또는 큰 글씨와 같은 대체 형식의 자료를 요청할 수 있습니다. 저희 시설에서 보조 기구와 장치를 요청할 수도 있습니다. 가입자 서비스 부서에 도움을 요청하시기 바랍니다. 주요 공휴일에는 가입자 서비스를 운영하지 않습니다.

- Medicare(D-SNP 포함), 주 7 일 오전 8 시~오후 8 시에 **1-800-443-0815 (TTY 711)** 번으로 문의
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 주 7 일, 하루 24 시간
- 기타: **1-800-464-4000 (TTY 711)**, 주 7 일, 하루 24 시간

Laotian: ໂປດຊາບ. ມີການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ.

ທ່ານສາມາດຂໍບໍລິການນາຍພາສາ, ລວມທັງນາຍພາສາມື. ທ່ານ

ສາມາດຂໍໃຫ້ແປເອກະສານນີ້ເປັນພາສາຂອງທ່ານ ຫຼື ຮູບ ແບບອື່ນ ເຊັ່ນ ອັກສອນນູນ,

ສຽງ, ຫຼື ການພິມຂະໜາດໃຫຍ່. ນອກຈາກນັ້ນທ່ານຍັງສາມາດຮ້ອງຂໍເຄື່ອງຊ່ວຍຟັງ ແລະ

ອຸປະກອນການຊ່ວຍເຫຼືອໃນສະຖານທີ່ຂອງພວກເຮົາ. ໂທຫາພະແນກບໍລິການສະມາຊິກຂອງພວກເຮົາເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ. ພະແນກບໍລິການສະມາຊິກແມ່ນປິດໃນວັນພັກທີ່ສໍາຄັນຕ່າງໆ.

- Medicare, ລວມທັງ D-SNP: **1-800-443-0815** (TTY **711**), 8 ໂມງເຊົ້າ ຫາ 8 ໂມງແລງ, 7 ວັນຕໍ່ອາທິດ
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ
- ອື່ນໆ: **1-800-464-4000** (TTY **711**), 24 ຊົ່ວໂມງຕໍ່ມື້, 7 ມື້ຕໍ່ອາທິດ

Mien: CAU FIM JANGX LONGX OC. Ninh mbuo duqv liepc ziangx tengx faan waac bun meih muangx mv zuqc heuc meih ndorqv nyaanh cingv oc. Meih core haiv tov taux ninh mbuo tengx lorz faan waac bun meih, caux longc buoz wuv faan waac bun muangx. Meih aengx haih tov taux ninh mbuo dorh nyungc horngh jaa dorngx faan benx meih nyei waac a'fai fiev bieqc da'nyeic diuc daan, fiev benx domh nzangc-pokc bun hlou, bungx waac-qiez bun uangx, a'fai aamx bieqc domh zeiv-linh. Meih core haih tov longc benx wuotc ginc jaa-dorngx tengx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Mborqv finx lorz taux yie mbuo dinc zangc domh gorn ziux goux baengc mienh nyei dorngx liouh tov heuc ninh mbuo tengx nzie weih. Ziux goux baengc mienh nyei gorn zangc se gec mv zoux gong yiem gingc nyei hnoi-nyieqc oc.

- Medicare, caux D-SNP: **1-800-443-0815** (TTY **711**), yiem 8 dimv lungh ndorm taux 8 dimv lungh muonx, yietc norm leiz baaix zoux gong 7 hnoi
- Medi-Cal: **1-855-839-7613** (TTY **711**), yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi
- Yietc zungv da'nyeic diuc jauv-louc: **1-800-464-4000** (TTY **711**), yietc hnoi goux junh 24 norm ziangh hoc, yietc norm leiz baaix zoux gong 7 hnoi

Navajo: GIHA. Tséé' naalkáah sídá'ígíí éí doo t'ée' íí'í' dah sídáa'ígíí. T'ée' góó t'í'í'ígíí éí tséé' naalkáah sídá'ígíí bikáa' dah sídaa'ígíí, t'á'ii bik'eh dah na'álka'ígíí. T'á'ii éí t'ée' góó t'í'í'ígíí bik'eh dah deidiyós, t'á'ii éí bi'ée' bik'eh dah na'álka'ígíí bik'eh dah deidiyós. T'á'ii bik'eh dah na'álka'ígíí bikáa' dah na'álka'ígíí t'áa'altso bik'eh dah deidiyós. Bi'ée' naalkáah sídá'ígíí bik'eh ha'a'aah. T'á'ii bik'eh dah na'álka'ígíí éí bik'eh dah naazhja'a'ígíí bik'eh dah na'álka'ígíí.

- Medicare, bikáa' dah deidiyós D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. góó 8 p.m., 7 jį t'áálá'í damóo
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 t'ohch'oolí t'áálá'í jį, 7 jį t'áálá'í damóo
- T'áa' al'aq: **1-800-464-4000** (TTY **711**), 24 t'ohch'oolí t'áálá'í jį, 7 jį t'áálá'í damóo

Punjabi: ਧਿਆਨ ਦਿਓ। ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਦੇ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਦੁਭਾਸ਼ਿਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਿੱਤੇ ਜਾਣ ਲਈ ਕਹਿ ਸਕਦੇ ਹੋ, ਜਿਸ ਵਿੱਚ ਸਾਈਨ ਲੈਂਗਵੇਜ਼ ਦੇ ਦੁਭਾਸ਼ਿਏ ਵੀ ਸ਼ਾਮਲ ਹਨ। ਤੁਸੀਂ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ, ਜਾਂ ਕਿਸੇ ਵੈਕਲਪਿਕ ਫਾਰਮੈਟ ਵਿੱਚ ਅਨੁਵਾਦਿਤ ਕਰਨ ਲਈ ਵੀ ਕਹਿ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸਹੂਲਤਾਂ 'ਤੇ ਸਹਾਇਕ ਏਡਜ਼ ਅਤੇ ਉਪਕਰਨਾਂ ਲਈ ਵੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ ਸਾਡੇ ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦੇ ਵਿਭਾਗ ਨੂੰ ਕਾਲ ਕਰੋ। ਮੈਂਬਰਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਾ ਵਿਭਾਗ ਮੁੱਖ ਛੁਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ।

- Medicare, ਜਿਸ ਵਿੱਚ D-SNP ਵੀ ਸ਼ਾਮਲ ਹੈ: **1-800-443-0815 (TTY 711)**, ਸਵੇਰੇ 8 ਵਜੇ ਤੋਂ ਸ਼ਾਮ 8 ਵਜੇ ਤੱਕ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- Medi-Cal: **1-855-839-7613 (TTY 711)**, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ
- ਬਾਕੀ ਸਾਰੇ: **1-800-464-4000 (TTY 711)**, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ

Russian: ВНИМАНИЕ! Для Вас доступны бесплатные услуги перевода. Вы можете запросить услуги устного перевода, в том числе услуги переводчика языка жестов. Вы также можете запросить материалы, переведенные на ваш язык или в альтернативных форматах, например шрифтом Брайля, крупным шрифтом или в аудиоформате. Вы также можете запросить дополнительные приспособления и вспомогательные устройства в наших учреждениях. Если Вам нужна помощь, позвоните в отдел обслуживания участников. Отдел обслуживания участников не работает в дни государственных праздников.

- Medicare, включая D-SNP: **1-800-443-0815 (TTY 711)**, без выходных с 8:00 до 20:00.
- Medi-Cal: **1-855-839-7613 (TTY 711)**, круглосуточно без выходных.
- Любые другие поставщики услуг: **1-800-464-4000 (TTY 711)**, круглосуточно без выходных.

Spanish: ATENCIÓN. Se ofrece ayuda en otros idiomas sin ningún costo para usted. Puede solicitar servicios de interpretación, incluyendo intérpretes de lengua de señas. Puede solicitar materiales traducidos a su idioma o en formatos alternativos, como braille, audio o letra grande. También puede solicitar ayuda adicional y dispositivos auxiliares en nuestros centros de atención. Llame al Departamento de Servicio a los Miembros para pedir ayuda. Servicio a los Miembros está cerrado los días festivos principales.

- Medicare, incluyendo D-SNP: **1-800-443-0815 (TTY 711)**, los 7 días de la semana, de 8 a. m. a 8 p. m., los 7 días de la semana
- Medi-Cal: **1-855-839-7613 (TTY 711)**, las 24 horas del día, los 7 días de la semana.
- Todos los otros: **1-800-788-0616 (TTY 711)**, las 24 horas del día, los 7 días de la semana.

Tagalog: PAUNAWA. May magagamit na tulong sa wika nang wala kang babayaran. Maaari kang humiling ng mga serbisyo ng interpreter, kasama ang mga interpreter sa sign language. Maaari kang humiling ng mga babasahin na nakasalin-wika sa iyong wika o sa mga alternatibong format, na tulad ng braille, audio, o malalaking titik. Puwede ka ring humiling ng mga karagdagang tulong at device sa aming mga pasilidad. Tawagan ang aming departamento ng Mga Serbisyo sa Miyembro para sa tulong. Ang mga serbisyo sa miyembro ay sarado sa mga pangunahing holiday.

- Medicare, kasama ang D-SNP: **1-800-443-0815 (TTY 711)**, 8 a.m. hanggang 8 p.m., 7 araw sa isang linggo
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 oras sa isang araw, 7 araw sa isang linggo
- Ang lahat ng iba: **1-800-464-4000 (TTY 711)**, 24 oras sa isang araw, 7 araw sa isang linggo

Thai: **ส่งถึง** มีบริการให้ความช่วยเหลือด้านภาษา แก่ท่านโดยไม่มีค่าใช้จ่าย ท่านสามารถขอรับบริการล่าม รวมถึงล่ามภาษามือได้ ท่านสามารถขอให้แปลเอกสารเป็นภาษาของท่าน หรือในรูปแบบอื่นๆ เช่นอักษรเบรลล์ ไฟล์เสียง หรือตัวอักษรขนาดใหญ่ ท่านสามารถขอรับอุปกรณ์ ช่วยเหลือและอุปกรณ์เสริมได้ ณ สถานที่ให้บริการของเรา โปรดติดต่อฝ่ายบริการสมาชิกของเราเพื่อขอความช่วยเหลือได้ ฝ่ายบริการสมาชิกจะปิดทำการในวันหยุดราชการต่างๆ

- Medicare รวมถึง D-SNP: **1-800-443-0815 (TTY 711)** 8.00 น. ถึง 20.00 น. หรือ 7 วันต่อสัปดาห์
- Medi-Cal: **1-855-839-7613 (TTY 711)** ตลอด 24 ชั่วโมง หรือ 7 วันต่อสัปดาห์
- อื่นๆ ทั้งหมด: **1-800-464-4000 (TTY 711)** ตลอด 24 ชั่วโมง หรือ 7 วันต่อสัปดาห์

Ukrainian: **УВАГА!** Послуги перекладача надаються безкоштовно. Ви можете залишити запит на послуги усного перекладу, зокрема мовою жестів. Ви можете зробити запит на отримання матеріалів, перекладених вашою мовою, або в альтернативних форматах, як-от надрукованим шрифтом Брайля чи великим шрифтом, а також у звуковому форматі. Крім того, ви можете зробити запит на отримання допоміжних засобів і пристроїв у закладах нашої мережі компаній. Якщо вам потрібна допомога, зателефонуйте у відділ обслуговування клієнтів. Відділ обслуговування клієнтів зачинений у державні свята.

- Medicare, зокрема D-SNP: **1-800-443-0815 (TTY 711)**, з 8:00 до 20:00, без вихідних.
- Medi-Cal: **1-855-839-7613 (TTY 711)**, цілодобово, без вихідних.
- Усі інші надавачі послуг: **1-800-464-4000 (TTY 711)**, цілодобово, без вихідних.

Vietnamese: **LƯU Ý.** Chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Quý vị có thể yêu cầu dịch vụ thông dịch, bao gồm cả thông dịch viên ngôn ngữ ký hiệu. Quý vị có thể yêu cầu tài liệu được dịch sang ngôn ngữ của quý vị hay định dạng thay thế, chẳng hạn như chữ nổi braille, băng đĩa thu âm hay bản in khổ chữ lớn. Quý vị cũng có thể yêu cầu các phương tiện và thiết bị phụ trợ tại các cơ sở của chúng tôi. Gọi cho ban Dịch Vụ Hội Viên của chúng tôi để được trợ giúp. Ban dịch vụ hội viên không làm việc vào những ngày lễ lớn.

- Medicare, bao gồm cả D-SNP: **1-800-443-0815 (TTY 711)**, 8 giờ sáng đến 8 giờ tối, 7 ngày trong tuần
- Medi-Cal: **1-855-839-7613 (TTY 711)**, 24 giờ trong ngày, 7 ngày trong tuần
- Mọi chương trình khác: **1-800-464-4000 (TTY 711)**, 24 giờ trong ngày, 7 ngày trong tuần.