

The Kaiser Permanente Point-of-Service (POS) Plan

# Member Handbook

Your plan for care and wellness



## Dear Member,

One of the major advantages of your POS Plan<sup>1</sup> is flexibility. You can choose personalized care from Kaiser Permanente providers, and participating providers. You can also get care from nonparticipating providers in your community. Or you can stay with the doctor you already know and trust. We'll be right there with you to help you make smart, well-informed decisions along the way.

With more than 500 Kaiser Permanente facilities located throughout California, you'll probably find at least one convenient location near your work or home. Most of our facilities offer many services under one roof, so you can take care of several health care needs in one trip. And if you need to see a doctor right away, many of our medical facilities offer evening, weekend, and holiday hours.

Thank you for choosing Kaiser Permanente as your partner in health. We look forward to taking care of you in the years to come.


Wishing you good health,  
Kaiser Permanente



# The Kaiser Permanente Point-of-Service (POS) Plan

Welcome! In this handbook, you'll find details about your POS Plan benefits, instructions on how to choose a doctor and fill your prescriptions, a quick reference guide for getting care, and sample forms for filing claims.

- How the POS Plan works .....5
- Your ID cards.....8
- Choosing your doctor.....9
- Managing your health online .....12
- Getting admitted to the hospital .....13
- Transfers .....13
- Types of care .....15
- Getting your prescriptions filled.....17
- Submitting claims.....18
- Coordination of benefits .....19
- Helpful terms to know.....19
- Helpful forms.....20

 For questions about your plan benefits, please call Customer Service at **1-800-788-0710** (TTY, call **711**), Monday through Friday from 7 a.m. to 7 p.m. For faster service, please have your medical record number available when calling.



# How the POS Plan works

Your POS Plan works the way you want it to. You can choose where you get care and you can choose your own provider. Depending on availability, you have the option to:

- Visit your Kaiser Permanente doctor near your work
- Take your son to his asthma specialist, a participating provider, near your home
- Have your daughter see her nonparticipating specialist near her out-of-state school

Some services, such as organ transplants, vision care, and skilled nursing facility care, are covered only when you use a Kaiser Permanente provider. For a complete list of covered services, see your *Evidence of Coverage (EOC)* and *Certificate of Insurance (COI)*.

## HMO tier

This option gives you quality care, convenience, and service with the most cost savings. You can choose from more than 17,000 physicians at more than 500 facilities throughout California, many of which offer evening and weekend hours.

Getting care from a Kaiser Permanente facility:

- There's no deductible before your coverage begins.
- You pay just a copay for nearly all of your medical services, including office visits, lab tests, X-rays, and prescriptions. (Durable medical equipment requires a coinsurance payment.)
- Most preventive care is covered at no cost or a copay.
- You can refill most prescriptions online and have them mailed to your home with no-cost shipping.
- Find a facility near you at [kp.org/facilities](https://www.kp.org/facilities).

## Participating provider tier

You can choose to receive your medical care through the PHCS Network for KPIC<sup>2</sup> in California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and the District of Columbia (Kaiser Permanente states) or through the Cigna Healthcare<sup>SM</sup> PPO Network<sup>3</sup> in all non-Kaiser Permanente states.

KPIC contracts with these strong networks of providers at competitive contracted rates. These networks consist of doctors, hospitals, specialists, laboratories, and more. To find a provider or check if your current provider is part of the PHCS Network for KPIC or Cigna Healthcare PPO Network, visit [kp.org/kpic/pos](https://www.kp.org/kpic/pos).

With this option, you'll pay a greater share of the cost, including a plan deductible and coinsurance, than if you got the same care from a Kaiser Permanente provider.

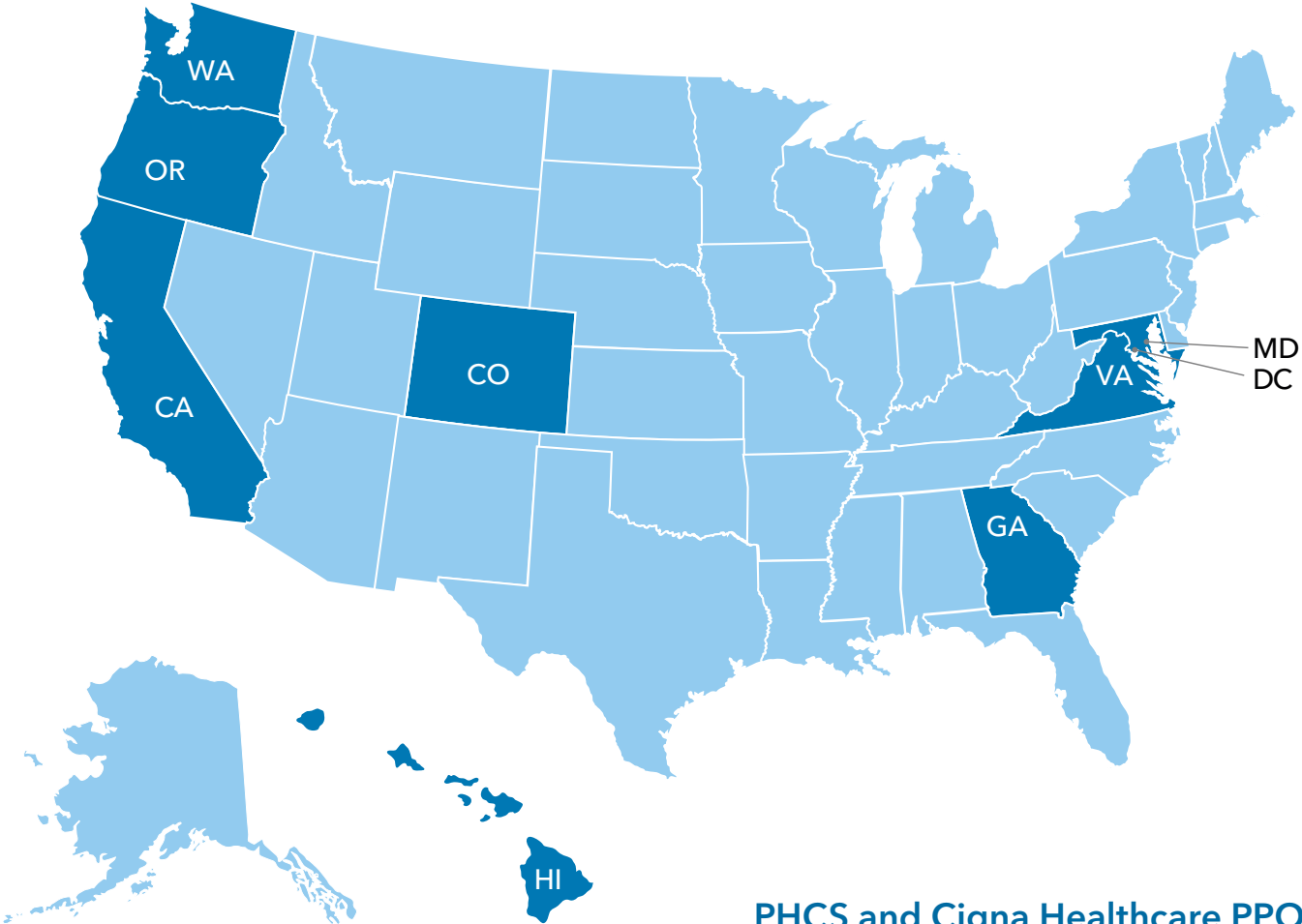
## Nonparticipating provider

You can see any licensed provider you choose. For example, if you already have a doctor you know and like who isn't a participating provider, you can still see them.<sup>4</sup> You may pay the highest copay when you see nonparticipating providers. You may be asked to make a payment when you go in for care and then need to file a claim for reimbursement later.

## Out-of-pocket maximum

You have an out-of-pocket maximum. It helps limit how much you'll pay for care. Once you reach your out-of-pocket maximum, you won't pay anything for most covered services for the rest of the plan year. For a detailed description, see your *Evidence of Coverage (EOC)* and *Certificate of Insurance (COI)*. Fees, penalties, or balance billing won't count toward your out-of-pocket maximum.

# How to gain access to your provider



**PHCS and Cigna Healthcare PPO Network map**

- PHCS Network for KPIC
- Cigna Healthcare PPO Network

## An example of how the provider you choose may affect your out-of-pocket costs

HMO tier	Participating provider tier	Nonparticipating provider tier
<ul style="list-style-type: none"> <li>• Lowest copays or insurance</li> <li>• No claims to file</li> </ul>	<ul style="list-style-type: none"> <li>• Higher copays and coinsurance</li> <li>• Providers file claims on your behalf</li> <li>• No balance billing</li> </ul>	<ul style="list-style-type: none"> <li>• Highest coinsurance</li> <li>• You may need to file a claim for reimbursement</li> <li>• You're responsible for the difference between usual, customary, and reasonable charges and actual billed charges.</li> <li>• The provider may bill you for the balance of expenses.</li> </ul>

## An example of your benefits

	HMO tier	Participating provider tier	Nonparticipating provider tier
<b>Deductible</b>	None	\$500	\$1,000
<b>Physician's office visit</b>	\$15 copay	20% coinsurance	40% coinsurance
<b>X-ray services</b>	No charge	20% coinsurance (after deductible is met)	40% coinsurance (after deductible is met)
<b>Prescription drugs (prescribed by any licensed provider)</b>	<b>Filled at Kaiser Permanente pharmacies:</b> \$10 copay for preferred generic drugs; \$30 copay for preferred brand drugs <b>Filled at MedImpact pharmacies:</b> \$20 copay for preferred generic drugs; \$40 copay for preferred brand drugs; \$50 copay for nonpreferred drugs		
<b>Emergency care</b>	\$100 copay	\$100 copay	\$100 copay
<b>Hospital care</b>	\$200 copay per admission	\$250 copay + 20% coinsurance (after deductible is met)	\$500 copay + 40% coinsurance (after deductible is met)

This example does not represent actual Kaiser Permanente or KPIC plan figures, benefits, or deductibles. Individual situations may vary depending on the specifics of the health insurance plan.

# Your ID cards

You'll receive 2 ID cards 7 to 10 business days after your coverage begins. Be sure to keep them handy.

Use your blue ID card, with the Kaiser Permanente name and logo, when you visit a Kaiser Permanente facility or pharmacy. To find a Kaiser Permanente location near you, visit us online at [kp.org](http://kp.org).

Your gold and white ID card, gives you access to participating providers or any other licensed provider. You can also use it to fill your prescriptions through MedImpact pharmacies.

You're also covered for emergency care 24 hours a day, 7 days a week, anywhere in the world. Always use your blue ID card when you receive emergency care.

If you haven't received your ID cards, or you need replacements, please call us at **1-800-788-0710** or **711** (TTY), Monday through Friday from 7 a.m. to 7 p.m.

**KAISER PERMANENTE**

**Point-of-Service Plan**

Prefix Medical Record Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name: First M Last

Deductible NA  
Out of Pocket Max \$

For information about your Health Plan benefits:  
**1-855-431-5907/TTY 711**

[kp.org](http://kp.org)

**24/7 appointment scheduling and medical advice: 1-833-KP4CARE (1-833-574-2273) (TTY 711)**

Mail claims to: KFHP-Claims Department, P.O. Box 7004, Downey, CA 90242-7004, Electronic Payor ID 94134

If you think you have a medical or psychiatric emergency, call **911** or go to the nearest hospital. If you receive emergency care in a non-Kaiser Permanente hospital, please call us at **1-800-225-8883 (TTY 711)** as soon as your condition is stabilized so that a Kaiser Permanente physician can access your medical information and discuss your care with the treating physician. Your call will facilitate authorization for post-stabilization care and will also help protect you from financial responsibility. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

03135-KH030 (05/19)

**Point-of-Service Plan**  
Customer Service **1-800-788-0710 (TTY 711)**

**Name of Insured:** \_\_\_\_\_

**Medical Record Number/ID:** \_\_\_\_\_

	Participating Provider Tier	Non-Participating Provider Tier
Deductible	\$ _____	\$ _____
Out-of-Pocket Max	\$ _____	\$ _____

**Rx Processor Control # (PCN): 70000** **RxBIN #003585**

[kp.org/kpinfoos](http://kp.org/kpinfoos)  
Customer Service: For emergency, urgent care, and hospital care: **1-800-788-2949**  
For other questions, call **1-888-251-7052**  
For urgent care, urgent care, urgent care, out-of-network hospital admission and other questions, please call **1-800-225-8883 (TTY 711)**  
For emergency care, please call **1-800-225-8883 (TTY 711)**  
For your care, please call **1-800-225-8883 (TTY 711)**

**For Cigna PPO Network providers:**  
Highly eligible, benefits, and verification: **1-888-831-0761**

**For PHCS and out-of-network providers, mail claims to:**  
KFHP - Claims Department  
Attn: EOP/ACC  
Downey, CA 90242-7004  
ID Payor ID: 94134

**For Cigna PPO network Providers, mail claims to:**  
Cigna  
Attn: EOP/ACC  
Customer Service: 1-877-422-8081  
ID Payor ID: 225830

This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement. This card is for identification only; possession of this card confers no right to services or other benefits unless the holder complies with all provisions of the applicable coverage agreement.

**IMPORTANT INFORMATION:** The PPO Network for this card is a provider network in the Kaiser Permanente states of CA, CO, GA, IL, MD, MI, MN, NY, and VA. The Cigna PPO Network only provides access to the Kaiser Permanente states and other locations listed on the back of this card. For more information, please visit [kp.org/kpinfoos](http://kp.org/kpinfoos)

03135-KH031 (05/19)

The card images seen here are representations. Members' actual cards may differ upon receipt.



# Choosing your doctor

## Seeing a doctor in the HMO tier

- You'll need to choose a personal Kaiser Permanente doctor from one of our primary care departments – internal medicine, family medicine, or pediatrics. Your personal doctor plays an important role in coordinating your care, including hospital stays and referrals to specialists.
- Some services, such as substance use disorder treatment, family planning, obstetrics-gynecology, optometry, and psychiatry, don't require you to get a referral. If you need a specialist like an orthopedist or a dermatologist, your personal doctor can give you a referral.
- To choose your personal doctor – or to change your doctor for any reason – please visit [kp.org](https://www.kp.org) or call Customer Service at **1-800-788-0710** or **711** (TTY), Monday through Friday from 7 a.m. to 7 p.m.

## Seeing a doctor in the participating provider tier

- If you want care from a participating provider, you can call the provider's office to schedule an appointment. You don't have to choose a personal doctor, and you don't need a referral to see a specialist.
- To find a provider or check if your current provider is part of the PHCS Network for KPIC or Cigna Healthcare PPO Network, visit [kp.org/kpic/pos](https://www.kp.org/kpic/pos).
- You will need to confirm that the provider is accepting new patients.
- When you go to your appointment, make sure that you bring your gold-and-white ID card.
- Your participating provider's office will take care of claim submissions for you.<sup>5</sup>

## Seeing a doctor in the nonparticipating provider tier

- If you want to see any other licensed provider, simply call the provider's office and make an appointment. You'll need to remember to bring your gold-and-white ID card to the facility.
- At your appointment, your provider may submit the claim for your visit on your behalf. Or you may be asked to pay the total costs up front and then submit a claim for reimbursement. In either case, it's your responsibility to make sure that claims are submitted for payment.
- Charges for services from nonparticipating providers or facilities are based on the usual, customary, and reasonable charges for your geographic region, per a standardized fee schedule. Some providers may charge more than these amounts. If this happens, you'll need to pay the difference between the usual, customary, and reasonable charges and the actual billed charges. This is called balance billing, and it doesn't contribute toward your deductible or out-of-pocket maximum.



## Convenient ways to get care remotely

Ask your doctor if you can get care by phone, video, or email.<sup>6</sup> Keep in mind that you may need to pay more for these services.

- These may be available by mobile device or computer.

## Precertification

You may need approval before you get certain services from a participating or nonparticipating provider. This is called precertification. It's an important step to make sure medical services ordered by your doctor are medically necessary, cost-effective, and the most appropriate treatment for your condition. Some examples of services that need precertification include:

- Hospital admissions
- Outpatient surgeries
- Inpatient rehabilitation, hospice, or skilled nursing facility services
- MRI, CT, and PET scans

To request precertification, when using a PHCS Network for KPIC provider, you or your physician should call **1-888-251-7052**, Monday through Friday from 6 a.m. to 6 p.m. You or your doctor should call to ask for precertification before you schedule these services. If you don't get precertification, your benefit may be reduced by up to \$500.

Cigna Healthcare PPO Network providers will obtain precertification on your behalf when precertification is required. You won't be financially responsible if a Cigna Healthcare PPO Network provider fails to obtain precertification for covered services.

For a complete list of care that needs precertification, see your *Certificate of Insurance*.

**Note:** Precertification is not required for care from a Kaiser Permanente provider.

## Transition of care

If you're a new, eligible member with an acute or chronic condition that needs treatment right away, please contact one of our transition of care nurses. Our nurses can coordinate your care with your current providers, decide if precertification is required, and help find you a contracted provider to assist in reducing your out-of-pocket costs. To get started, go to **kp.org/kpic/pos** to get the Member Care Transition Form in the "Documents and Forms" section. Please fill out and complete the entire form and fax to Permanente Advantage at **1-866-338-0266** or email to **Permanente-Advantage@kp.org**. For help, please call Permanente Advantage at **1-888-251-7052**.



For questions about your plan benefits, please call Customer Service at **1-800-788-0710 (TTY 711)**, Monday through Friday from 7 a.m. to 7 p.m. For faster service, please have your medical record number available when calling.



KAISER PERMANENTE

KAISER PERMANENTE  
PHYSICIAN

# Managing your health online

When you get care at Kaiser Permanente facilities, you can manage your care on your own time at [kp.org](https://kp.org). To use these features for the first time, you'll need to create your online account at [kp.org/register](https://kp.org/register). Then just sign on with your user ID and password.

You can also access [kp.org](https://kp.org) from your mobile device. Just download the Kaiser Permanente app to your smartphone or mobile device from your preferred app site.

To learn more about your POS Plan, go to [kp.org/kpic/pos](https://kp.org/kpic/pos) to:

- Search for doctors and facilities within the PHCS Network for KPIC in California, and other Kaiser Permanente states.
- Get details on filing claims, our drug formulary, the grievance/appeals process, and more
- Visit the "Documents and Forms" section for your plan to download fact sheets and forms

## Access [kp.org](https://kp.org) at home or on the go

What you can do	What you can see
<ul style="list-style-type: none"><li>• Email your Kaiser Permanente doctor's office with nonurgent questions.</li><li>• Request, cancel, or review routine appointments.</li><li>• Order most prescription refills and check the status of prescription refills.</li><li>• Request a change to your medical record.</li><li>• Act for a family member (within the limitations of state and federal law).</li><li>• Complete a Total Health Assessment and send the results to your doctor.</li></ul>	<ul style="list-style-type: none"><li>• Most lab test results</li><li>• Email alerts for upcoming appointments, lab test results, and unread messages</li><li>• Immunization records</li><li>• Medication allergies</li><li>• Past office visit information</li><li>• Health care reminders</li><li>• Ongoing medical condition information</li><li>• Benefit and eligibility information</li><li>• A summary of your medical history</li></ul>

## Mental health

Your mind and body are connected, but everyone's mental health and wellness journey is different. We're committed to helping you find the best path forward for you, visit additional resources at [kp.org/selfcare](https://kp.org/selfcare).



### Calm

Calm is the #1 app for sleep, meditation, and relaxation, with over 100 million downloads and over 1.5M+ 5-star reviews. Learn more at [calm.com/blog/about](https://calm.com/blog/about).<sup>7,8,9</sup>



### Headspace Care

1-on-1 emotional support coaching by text and self-care activities.<sup>7,8,9,10,11</sup>

# Getting admitted to the hospital

You'll need to get precertification unless you are under the care of a Cigna Healthcare PPO Network provider. Then, Cigna Healthcare PPO Network providers will be responsible for obtaining precertification on your behalf when precertification is required. You won't be financially responsible if a Cigna Healthcare PPO Network provider fails to obtain precertification for covered services. Your out-of-pocket expenses will be higher than at Kaiser Permanente hospitals. Your out-of-pocket expenses will vary depending on the facility you choose.

If a Kaiser Permanente doctor refers you to a non-Kaiser Permanente hospital for treatment, the specialized treatment for which your Kaiser Permanente doctor referred you will be covered as an HMO tier benefit for as long as those services are authorized by a Kaiser Permanente doctor.

## Transfers

If you're admitted to a non-Kaiser Permanente hospital, you can be transferred to a Kaiser Permanente hospital once your treating physician determines that your condition is stable and you're well enough to be transferred. In order to take advantage of your HMO tier hospitalization benefit, your care must be managed by a Kaiser Permanente care team.

If you're admitted to a Kaiser Permanente hospital, you can choose to transfer to a non-Kaiser Permanente hospital when your condition becomes stable.



Whether it's an emergency admission or a scheduled hospitalization, the hospital that admits you determines your benefits and out-of-pocket costs.

## Getting admitted to the hospital

	HMO tier	Participating provider tier	Nonparticipating provider tier
<b>Cost structure</b>	If admitted to a Kaiser Permanente hospital, pay a copay for admission, emergency or not.	After reaching your POS Plan deductible, you will pay: <ul style="list-style-type: none"> <li>• An inpatient hospitalization copay for each admission</li> <li>• A coinsurance for services received during your stay.</li> </ul>	After reaching your POS Plan deductible, you will pay: <ul style="list-style-type: none"> <li>• An inpatient hospitalization copay</li> <li>• The coinsurance (up to the out-of-pocket maximum)</li> <li>• Any amounts billed by your provider above the usual, customary, and reasonable charges</li> </ul>
<b>Precertification</b>	Precertification isn't required when admitted to a Kaiser Permanente hospital.	You can choose any hospital in the PHCS network for KPIC if in California or other Kaiser Permanente states. If in any non-Kaiser Permanente state, you can select a hospital in the Cigna Healthcare PPO Network. Provider directories for both networks are at <a href="http://kp.org/kpic/pos">kp.org/kpic/pos</a> . Cigna Healthcare PPO Network will manage any necessary precertification.	You may get hospital care from any licensed nonparticipating provider. Cigna Healthcare PPO Network will manage any necessary precertification.



# Types of care

## Urgent care

An urgent care need is one that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition. This can include minor injuries, backaches, earaches, sore throats, coughs, upper-respiratory symptoms, and frequent urination or a burning sensation when urinating. If you think you may need urgent care, call your local Kaiser Permanente facility, an urgent care facility, or any other licensed urgent care facility or provider. Urgent care is covered according to your plan benefits.

## Emergency care

You're covered for emergency care<sup>12</sup> anywhere in the world. If you have an emergency medical condition, call **911** or go to the nearest hospital. You'll be responsible for an emergency department copay, which will be waived if you're admitted to the hospital. If you're admitted, please call us (or have someone else do so) at **1-800-225-8883** or **1-800-788-0710** as soon as possible. We'll help coordinate your care to reduce your risk of being billed for noncovered charges.

Remember to always use your blue Kaiser Permanente ID card when receiving emergency care, regardless of where you receive care.

## Post-stabilization care

Post-stabilization care refers to the services you receive after your treating physician determines that your emergency medical condition is clinically stable.

If you get post-stabilization care from a participating or nonparticipating provider, you can:

- Move to a Kaiser Permanente facility by calling **1-800-225-8883** to request authorization and transfer arrangements
- Remain at the non-Kaiser Permanente facility and receive care under the participating or nonparticipating provider tier benefits in your plan, by calling **1-888-251-7052** for precertification and utilization management services, if needed

**Please note:** Your out-of-pocket costs will be greater if you choose to receive care from a nonparticipating provider.

Please refer to your *EOC* and *COI* for coverage information, exclusions, and limitations.

## Getting care away from home

POS members are able to get care in any Kaiser Permanente area and also have access to providers nationwide. The coverage is the same in another Kaiser Permanente area as it is in your home area.



HOLD  
TAB DOWN  
TURN





# Getting your prescriptions filled

## Kaiser Permanente pharmacies

You can have your prescriptions, including those written by participating providers or any other licensed provider, filled at any of our Kaiser Permanente pharmacies.<sup>13</sup>

Prescriptions filled at Kaiser Permanente pharmacies will be covered at the lower copay amount.

## Participating retail pharmacies

A generic drug will always be supplied in place of a brand-name drug, unless your doctor specifically requests the brand.

MedImpact contracts with individual retail pharmacies to offer you a wide network of pharmacies across the country. You'll pay a higher copay at MedImpact pharmacies than you would at Kaiser Permanente pharmacies, but you'll have many convenient locations to choose from.

## Prescription refills

Here are 3 convenient way to order most of your prescription refills without standing in line when you use a Kaiser Permanente pharmacy.

Online	By phone	By mail
<ul style="list-style-type: none"><li>• Register at <a href="http://kp.org/register">kp.org/register</a>, sign in with your user ID and password.</li><li>• Visit <a href="http://kp.org/rxrefill">kp.org/rxrefill</a> to order and check refill status.</li></ul> <p>Refills can be paid with a current, valid credit card: American Express, Discover, MasterCard, or Visa. You can also pay with a debit card (with the MasterCard or Visa logo).</p>	<ul style="list-style-type: none"><li>• Call the pharmacy refill phone number on your prescription label.</li><li>• Have your medical record number and credit/debit card information ready.</li></ul> <p>Refills can be paid with a current, valid credit card: American Express, Discover, MasterCard, or Visa. You can also pay with a debit card (with the MasterCard or Visa logo).</p>	<ul style="list-style-type: none"><li>• Complete and mail a preprinted mail-order form, available at any Kaiser Permanente pharmacy.</li><li>• Prescription should arrive within 2 weeks.</li></ul> <p>Refills can be paid with a current, valid credit card: American Express, Discover, MasterCard, or Visa. You can also pay with a debit card (with the MasterCard or Visa logo).</p>

MedImpact pharmacies include Walgreens, CVS, Rite Aid, Ralphs, Safeway, Costco, and many more. (MedImpact pharmacies are subject to change.) To fill a prescription at a MedImpact pharmacy, just show your gold and white ID card. Certain drugs have recommended prescribing guidelines that may apply, such as prior authorization or step therapy. For more information, call **1-800-788-2949**, 24 hours a day, 7 days a week or visit [kp.org/pharmacylocator/pos](http://kp.org/pharmacylocator/pos).

## Transferring a prescription

You can easily transfer your prescriptions between MedImpact pharmacies, or from a MedImpact pharmacy to a Kaiser Permanente pharmacy.<sup>13</sup>

# Submitting claims

You can find addresses to submit your claims on the back of your ID cards. Be sure to include your Kaiser Permanente medical record number on your form. This information will help speed up the reimbursement process.

Please refer to your *EOC* and *COI* for additional instructions, coverage information, exclusions, limitations, and the dispute resolution process for denied claims.

## Medical claims

If you're getting care from a Kaiser Permanente provider or participating provider, you probably won't need to file a claim. However, you might get a bill for additional services during your visit that require any extra copay or coinsurance.

If you're getting care from a nonparticipating provider, you might need to file a claim. You'll need to submit your claim within 365 days after you receive covered services.

To process your claim, you'll need to complete and submit any consent forms for the release of medical records and claims for any other benefits. For example, we may require documents such as travel documents or original travel tickets to validate your claim.

- Mail your claims for all medical care from nonparticipating providers, including emergency and urgent care, to:

### **Southern California**

- KFHP Claims Department  
P.O. Box 7004  
Downey, CA 90242-7004

### **Northern California**

- KFHP Claims Department  
P.O. Box 12923  
Oakland, CA 94604-2923

To check on the status of your claim, please call Customer Service at **1-800-788-0710** and select a claim option.

## Pharmacy claims (MedImpact pharmacies only)

You generally won't need to submit a claim for prescriptions. However, you may choose to pay for a prescription in full and request reimbursement if the MedImpact retail pharmacy doesn't honor your pharmacy benefit. (This may happen if you don't have your gold and white ID card with you or your profile isn't updated to reflect your new coverage.)



For questions about benefits or to obtain additional claim forms, please call **1-800-788-0710** or **711** (TTY), Monday through Friday from 7 a.m. to 7 p.m.

# Coordination of benefits

If you need to be reimbursed, please complete a MedImpact prescription claim form. Follow the directions on the claim form and fax it to MedImpact Healthcare Systems, Inc., at **858-549-1569**. **Remember to fax copies of your receipts along with**

**the claim form.** You can get additional claim forms by calling Customer Service at **1-800-788-0710** or by visiting **kp.org/kpic/pos** and clicking on the "Documents and Forms" section for your plan.

## Helpful terms to know

**Balance billing:** When a provider bills you for the difference between what they charge and the maximum amount allowed by your plan. For example, if a provider's charge for a service is \$120 and the amount allowed by your plan is \$100, the provider may bill you for the remaining \$20.

**Coinsurance:** A percentage of the charges you must pay when you receive health care services.

**Copay:** A specific dollar amount you must pay for covered health care services.

**Deductible:** A set amount that you or your family must reach for the cost of covered services before you start paying copays or coinsurance. (For example, you may be responsible for the first \$500 in charges.) Typically, most services covered at a copay, such as routine exams, preventive screenings, and outpatient drugs, are not subject to a deductible. We don't cover certain services until you reach your deductibles each plan year.

Your POS Plan benefits summary provides a brief description of covered services to which deductibles apply. For a detailed description, please refer to your *EOC* and *COI*.

**Maximum allowable charge:** Payments under your plan for the participating and nonparticipating provider options are based on the maximum allowable charges for covered services. For participating providers, it is the negotiated rate contractually agreed upon to provide discounts for covered services. For nonparticipating providers, it is the lesser of the usual, customary, and reasonable charges and actual billed charges. This amount may be less than the amount billed by your provider. You may be responsible for any amount in excess of the maximum allowable charge when seeking care from nonparticipating providers.

**Usual, customary, and reasonable charges:** The general level of charges made by other providers for specified covered services within the area where the charge is incurred.



# Helpful forms

These forms can help you when you need to file a claim, get reimbursements, or let your doctor's office know about your benefits. To get copies, just call Customer Service at **1-800-788-0710** or **711** (TTY), Monday through Friday from 7 a.m. to 7 p.m., or visit [kp.org/kpic/pos](http://kp.org/kpic/pos) and click on the "Documents and Forms" section for your plan.

**Kaiser Permanente MEMBER REIMBURSEMENT CLAIM FORM**

**INSTRUCTIONS:** This form is to request reimbursement for services you've paid for out-of-pocket. For your claim to be considered for payment, follow these simple steps:

- Fill out this form completely and sign it.
- Get an itemized bill from your provider detailing the charges (see Section B for the information needed in this bill).
- Get a payment receipt for services which can be a receipt from your provider, a copy of the check, or a bank or credit card statement.
- Send the form, bill, and receipt to the address for your region in Section G.
- Keep a copy of all documentation for your records.

Contact member services with any questions about this process at the number for your region in Section G.

**SECTION A: PATIENT INFORMATION**

Member name: \_\_\_\_\_ Patient name: \_\_\_\_\_ Member ID: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical Record Number (found on B-Cover): \_\_\_\_\_

**SECTION B: ITEMIZED BILL REQUIREMENTS**

Name and address of provider: \_\_\_\_\_ Name of patient: \_\_\_\_\_  
 (doctor, hospital, lab, ambulance service, etc.) (Service provided)  
 Tax Identification Number (TIN) (Date of service)  
 Amount charged for each service (National Provider Identifier (NPI))  
 Place of service (Proof of payment, receipt or bank statement, copies of original check (front and back))  
 Procedure code  
 Diagnosis code

**SECTION C: OTHER COVERAGE INFORMATION**

Name and Address of Other Insurance: \_\_\_\_\_ Subscriber ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
 Employer Name: \_\_\_\_\_ Insurance Telephone Number: \_\_\_\_\_

## Medical claim form

Use this form when you need to file a claim to be reimbursed for covered medical services from a nonparticipating provider.

**MediImpact Commercial Prescription Drugs Claim Form**

**PART 1 - \*Indicates required information**

Prescription name: \_\_\_\_\_ Prescription number: \_\_\_\_\_  
 Date of purchase: \_\_\_\_\_ Date of claim: \_\_\_\_\_  
 Pharmacy name: \_\_\_\_\_ Pharmacy address: \_\_\_\_\_  
 Pharmacy phone: \_\_\_\_\_ Pharmacy fax: \_\_\_\_\_  
 Pharmacy email: \_\_\_\_\_ Pharmacy website: \_\_\_\_\_

**PART 2**

Member name: \_\_\_\_\_ Member ID: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Date of claim: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART 3**

Pharmacy name: \_\_\_\_\_ Pharmacy address: \_\_\_\_\_  
 Pharmacy phone: \_\_\_\_\_ Pharmacy fax: \_\_\_\_\_  
 Pharmacy email: \_\_\_\_\_ Pharmacy website: \_\_\_\_\_

## Pharmacy claim form

Use this form to be reimbursed when you've paid out of pocket for the cost of covered prescriptions.

**Permanente Advantage Member Care Transition Form**

Our goal is to make your transition of care as easy as possible. Please complete each section so we can best serve you. Once we receive your form, we will review the information and have a transition of care representative or nurse case manager contact you within five business days. We look forward to being your partner in health.

Note: Permanente Advantage provides medical review and case management for Kaiser Permanente Insurance Company (PKC) Plan of Service (POS), PKC and Out-of-Area (OOA) plans only.

**SECTION 1**

Employer name: \_\_\_\_\_ Date of coverage: \_\_\_\_\_  
 Member's last name: \_\_\_\_\_ Member's first name: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Health record no.: \_\_\_\_\_ Gender:  M  F  
 Relationship to employee:  Self  Spouse/Domestic Partner  Child/Dependent  
 Address: \_\_\_\_\_  
 Phone number: \_\_\_\_\_ Bill to:  Self  Other

**SECTION 2**

Please tell us about your health care needs by answering the following questions:

Do you:  No  Yes  Sometimes  1  2  3  4

Are you pregnant? (Due Date: \_\_\_\_\_ Trimester: \_\_\_\_\_)  
 If yes, your pregnancy considered high risk (multiple births, gestational diabetes, etc.)?  No  Yes

Are you scheduled for surgery or hospitalization? (Scheduled date: \_\_\_\_\_)  
 Type of surgery or procedure: \_\_\_\_\_

Are you receiving chemotherapy, radiation therapy, cancer therapy, or dialysis treatment?  
 Type of treatment: \_\_\_\_\_

Are you receiving treatment related to a recent major surgery?  
 Type of surgery or procedure: \_\_\_\_\_

Are you receiving mental health treatment or substance abuse treatment?  
 Type of treatment: \_\_\_\_\_

Are you currently using durable medical equipment (hospital bed, oxygen, etc.)?  
 Type of equipment: \_\_\_\_\_

Are you currently being treated with specialty pharmacy drugs (for conditions such as Multiple Sclerosis, Organ Transplant, HIV, Hepatitis, Osteoporosis, Auto-immune disease, etc.)?  
 Condition being treated: \_\_\_\_\_

**SECTION 3**

Are you currently working with a physician or dedicated case manager for your condition?  
 Physician or Case manager name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Condition: \_\_\_\_\_

Permanente Advantage, LLC  
 Case Management Department  
 2000 Oregon Ave, Ste 200  
 San Diego, CA 92161  
 Tel: 1-800-338-0333  
 Email: [PermanenteAdvantage@kp.org](mailto:PermanenteAdvantage@kp.org)

California Members: 1-800-338-0333  
 Oregon Members: 1-800-338-0333  
 Group Members: 1-800-338-0333  
 Health Members: 1-800-338-0333  
 Mid-Atlantic Members: 1-800-338-0333

## Member care transition form

Use this form when you're getting services from a participating or nonparticipating provider and transitioning to your new coverage.

**Preparing for your appointment with a participating provider**  
For POS and PPO members

If you have a point-of-service (POS) or preferred provider organization (PPO) plan with Kaiser Permanente Insurance Company (KPIC), you can get care from participating providers or any licensed provider you choose.<sup>1,2</sup>

**Find participating providers**

You can visit any licensed provider (not just those for care). But to help lower risk, we recommend choosing one in the PHCS Network for KPIC in Kaiser Permanente areas: California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and the District of Columbia, or the Cigna PPO Network in non-Kaiser Permanente states.<sup>1,4</sup>

To find participating providers, visit [kp.com/kpica](http://kp.com/kpica).

**Help make your appointment easier**

1. Before getting care, make sure your doctor or medical facility is accepting new patients.
2. Remember to let them know your KPIC POS or PPO plan can access the PHCS Network or Cigna PPO Network.
3. Bring a copy of this flyer to your appointment and present it to check-in. Also, keep a copy for your records.

**Don't forget your ID card**

Your recent ID card has important information to help you check in for your appointment. Like the name of your health plan and your medical record number.



1. The PHCS Network of the Point-of-Service (POS) plan is underwritten by Kaiser Foundation Health Plan, Inc. (KFHP), which is the participating provider and PPO plan for Kaiser Permanente. The Cigna PPO plan is underwritten by Cigna Insurance Company (CIGNA), KPIC's preferred provider and PPO plan. The Cigna PPO plan is underwritten by Kaiser Permanente Health Plan, Inc. (KPHP), which is the participating provider and PPO plan for Kaiser Permanente. Both Kaiser Permanente Health Plan, Inc. (KPHP) and Kaiser Permanente Insurance Company (KPIC) are subsidiaries of Kaiser Permanente Health Plan, Inc. (KPHS). Kaiser Permanente Insurance Company (KPIC) is a subsidiary of Kaiser Permanente Health Plan, Inc. (KPHS). Kaiser Permanente Insurance Company (KPIC) is a subsidiary of Kaiser Permanente Health Plan, Inc. (KPHS). Kaiser Permanente Insurance Company (KPIC) is a subsidiary of Kaiser Permanente Health Plan, Inc. (KPHS).



**Obtaining services from participating or nonparticipating providers**

Give a copy of this form to your participating or nonparticipating provider. It will help identify you as a Kaiser Permanente POS Plan member with access to care through the PHCS Network for KPIC or from any licensed provider in California, and other Kaiser Permanente states. It also gives the provider's office important information about filing claims on your behalf.

**Filling your prescription needs**

**Kaiser Permanente Insurance Company (KPIC) member**

With your Kaiser Permanente Point-of-Service (POS), Preferred Provider Organization (PPO), or Cigna PPO or Indemnity (IDI) plan you can fill your covered prescriptions at any MedImpact pharmacy. To find a pharmacy near you, call 1-800-788-0710, 24 hours a day, 7 days a week.<sup>1</sup>

\* For POS plans visit [kp.org/pharmacylocator/pos](http://kp.org/pharmacylocator/pos). For PPO plans visit [kp.org/pharmacylocator/po](http://kp.org/pharmacylocator/po). For Cigna PPO plans visit [kp.org/pharmacylocator/cpo](http://kp.org/pharmacylocator/cpo).

With a wide selection of chain and independent pharmacies, the network of MedImpact pharmacies allows you to conveniently fill your prescriptions near your home or office. Here are examples of MedImpact pharmacies:

- Albertsons • CVS • Safeway • Walgreens
- Costco • Kmart • Super • Best Buy • Vons
- Walgreens • Safeway • Walgreens • Walgreens

To find participating MedImpact pharmacies near you, call 1-800-788-0710.

**When visiting a MedImpact pharmacy**

To help ensure your prescriptions are processed as quickly as possible, please give the pharmacist your plan and active ID card with the MedImpact logo, along with the message at the bottom of this page. This should clear up any questions the pharmacist may have about your coverage. Some prescriptions may require certain additional information such as your authorization, step therapy, quantity limits, or age restrictions. While these programs are intended to promote safe and effective drug use, they may cause medication shortages. To help avoid such drug shortages, please refer to the instructions on the MedImpact pharmacy website and direct the pharmacy staff to your plan. MedImpact pharmacies will work directly with your doctor to get the information needed to process your prescriptions.

If you have any questions about your benefits, call the KPIC Customer Service line at 1-800-788-0710, Monday through Friday, 7 a.m. to 7 p.m.

The Med Impact of the Point-of-Service (POS) plan is underwritten by Kaiser Foundation Health Plan, Inc. (KFHP), Kaiser Permanente Insurance Company (KPIC) underwritten by Kaiser Foundation Health Plan, Inc. (KFHP), Kaiser Permanente Insurance Company (KPIC) underwritten by Kaiser Foundation Health Plan, Inc. (KFHP). Kaiser Permanente Insurance Company (KPIC) is a subsidiary of Kaiser Permanente Health Plan, Inc. (KPHS). Kaiser Permanente Insurance Company (KPIC) is a subsidiary of Kaiser Permanente Health Plan, Inc. (KPHS). Kaiser Permanente Insurance Company (KPIC) is a subsidiary of Kaiser Permanente Health Plan, Inc. (KPHS).

---

**MedImpact pharmacist**

This member is covered for pharmacy services at MedImpact pharmacies through the KPIC POS, PPO, or Cigna PPO plan. KPIC is a subsidiary of Kaiser Permanente Health Plan, Inc. (KPHS). Please do not redirect this member to a Kaiser Permanente facility to fill their prescriptions. Check the member's ID card for the information you need to fill the prescription, or refer to the information below. If you have any questions or need to verify eligibility, call MedImpact at 1-800-788-0710.

We appreciate your help in providing prescription services to our members.

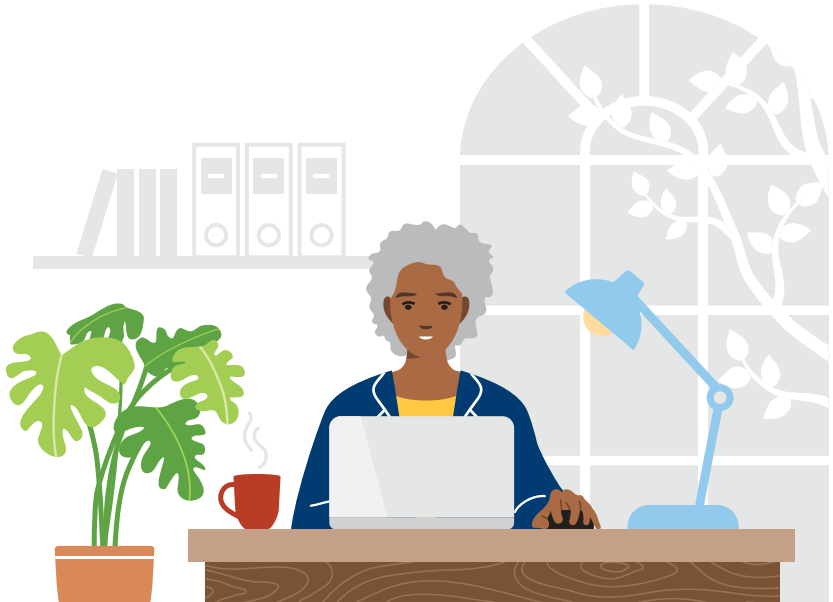
Member name: \_\_\_\_\_ Medical record number: \_\_\_\_\_

Benefit identification number (BIN): 00055

Processor control number (PCN): 70000

**MedImpact pharmacy flyer**

Give a copy of this form to your MedImpact pharmacist. It will help identify you as a Kaiser Permanente POS Plan member with access to the MedImpact network of pharmacies. It also gives the pharmacist important information about filling prescriptions on your behalf.



1. Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the participating and nonparticipating provider tiers of the point-of-service plan. Kaiser Foundation Health Plan, Inc., underwrites the HMO tier of the point-of-service plan. 2. KPIC has contracted with PHCS Network to provide access to hospitals and physicians with a commitment to keeping out-of-pocket costs low through contracted rates. 3. The Cigna Healthcare<sup>SM</sup> PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. 4. Some services require precertification. For details, please see your Certificate of Insurance. 5. The participating provider can only collect against copays and deductibles at the time of the visit. Once the claim has been processed, any additional member liability will be listed on your Explanation of Benefits. 6. When appropriate and available. 7. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your Evidence of Coverage or other plan documents. The apps and services may be discontinued at any time. 8. The apps and services are neither offered nor guaranteed under contract with the FEHB Program but are made available to enrollees and family members who become members of Kaiser Permanente. 9. Calm and Headspace Care can be used by members 13 and over. The Headspace Care app and services are not available to any members under 18 years old. 10. Some individuals who receive health care services from Kaiser Permanente through state Medicaid programs are not eligible for the Headspace Care app and services. The Headspace Care app and services are not available to anyone enrolled in a Fee-for-Service Medicaid program. 11. Eligible Kaiser Permanente members can text with a coach using the Headspace Care app for 90 days per year. After the 90 days, members can continue to access the other services available on the Headspace Care app for the remainder of the year at no cost.

12. An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a reasonable person would have believed that the absence of immediate medical attention would result in any of the following: (1) placing the person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part. A mental health condition is an emergency medical condition when it meets the requirements of the paragraph above or, for members who are not enrolled in Kaiser Permanente Senior Advantage, when the condition manifests itself by acute symptoms of sufficient severity such that either of the following is true: The person is an immediate danger to himself or herself or to others, or the person is immediately unable to provide for or use food, shelter, or clothing due to the mental disorder. 13. Only covered prescriptions based on plan coverage can be filled at a Kaiser Permanente pharmacy.

Cigna Healthcare is an independent company and not affiliated with Kaiser Foundation Health Plan, Inc., and its subsidiary health plans. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with the Kaiser Permanente health plans. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company. The Cigna Healthcare name, logo, and other marks are owned by Cigna Intellectual Property, Inc.

**Note:** This is a summary only. The Kaiser Permanente POS Plan for large groups *Evidence of Coverage* and the Kaiser Permanente Insurance Company *Certificate of Insurance* contain a complete explanation of benefits, exclusions, and limitations. The information provided in this brochure is not intended for use as a benefits summary, nor is it designed to serve as the *Certificate of Insurance*.

## **Nondiscrimination Notice**

Kaiser Permanente Insurance Company (KPIC) does not discriminate based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). We can provide no cost aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats; large print, audio, and accessible electronic formats. We also provide no cost language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. To request these services, please call **1-800-788-0710** (TTY users call **711**).

If you believe that KPIC failed to provide these services or there is a concern of discrimination based on race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability you can file a complaint by phone or mail with the KPIC Civil Rights Coordinator. If you need help filing a grievance, the KPIC Civil Rights Coordinator is able to help you.

**KPIC Civil Rights Coordinator**  
**P.O. Box 1809**  
**Pleasanton, CA 94566**  
**Phone: 1-800-788-0710**

You may also contact the California Department of Insurance regarding your complaint.

**By Phone:**  
**California Department of Insurance**  
**1-800-927-HELP**  
**(1-800-927-4357)**  
**TDD: 1-800-482-4**  
**TDD (1-800-482-4833)**

**By Mail:**  
**California Department of Insurance**  
**Consumer Communications Bureau**  
**300 S. Spring Street**  
**Los Angeles, CA 90013**

**Electronically:**  
**[www.insurance.ca.gov](http://www.insurance.ca.gov)**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. You can file the complaint 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  
Phone: 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.



**KAISER PERMANENTE®**  
**Kaiser Permanente Insurance Company**  
**Notice of Language Assistance**

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-788-0710 For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Servicios en otros idiomas sin ningún costo.** Puede conseguir un intérprete. Puede conseguir que le lean los documentos y que algunos se le envíen en su idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o al 1-800-788-0710. Para obtener más ayuda, llame al Departamento de Seguro de CA al 1-800-927-4357. Los usuarios de la línea TTY deben llamar al 711. Spanish

**免費語言服務。** 您可使用口譯員。您可請人將文件唸給您聽，並且您可請我們將您的語言版本文件寄給您。如需協助，請致電列於您會員卡上的電話號碼或致電1-800-788-0710與我們聯絡。如需進一步協助，請致電1-800-927-4357與加州保險局聯絡。聽障及語障電話專線使用者請致電711。Chinese

\*\*\*\*\*

**No Cost Language Services.** You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-788-0710. For more help call the CA Dept. of Insurance at 1-800-927-4357. TTY users call 711. English

**Doo bááhilinjígoó há ata' hane.** Ata' halne'í há shónáot'eeh dóo naaltsoos táá hazaad bee bik'i' asch'íigo hach'í' yídóoltah biniyé hach'í' anál'íjh feh. Shíká i'doolwoł nínizingo nihich'í' hodíílnih koji' 1-800-788-0710 éi bee nééhózin biniyé neiyítánígí bikáá'. Áká e'élyeed jinízingo CA Dept. of Insurance bich'í' hojilnih kwe'é 1-800-927-4357. TTY chojool'íigo éi íáá bíł azhdilchi'. Navajo

**Dịch Vụ Ngôn Ngữ Miễn Phí.** Quý vị có thể được cấp thông dịch viên và được người đọc tài liệu cho quý vị bằng ngôn ngữ của quý vị. Để được giúp đỡ, xin gọi cho chúng tôi theo số điện thoại ghi trên thẻ ID của quý vị hoặc số 1-800-788-0710. Để được giúp đỡ thêm, xin gọi Bộ Bảo Hiểm CA theo số 1-800-927-4357. Người sử dụng TTY gọi số 711. Vietnamese

**무료 언어 서비스.** 한국어 통역 서비스 및 한국어로 서류를 낭독해 드리는 서비스를 제공하고 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와 있는 전화번호 또는 1-800-788-0710번으로 문의하십시오. 보다 자세한 사항은 캘리포니아 주 보험국, 전화번호 1-800-927-4357번으로 문의하십시오. TTY 사용자 번호 711. Korean

**Mga Libreng Serbisyo kaugnay sa Wika.** Maaari kayong kumuha ng tagasalin-wika at hingin na basahin sa inyo ang mga dokumento sa sarili ninyong wika. Para humingi ng tulong, tawagan kami sa numerong nakasulat sa inyong ID card o sa 1-800-788-0710. Para sa karagdagang tulong tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Dapat tumawag ang mga gumagamit ng TTY sa 711. Tagalog

**Անվճար լեզվական ծառայություններ.** Դուք կարող եք օգտվել բանավոր թարգմանչի ծառայություններից և խնդրել, որ փաստաթղթերը Ձեր լեզվով կարդան Ձեզ համար: Օգնության համար զանգահարեք մեզ՝ Ձեր ID քարտի վրա նշված կամ 1-800-788-0710 հեռախոսահամարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության դեպարտամենտ՝ 1-800-927-4357 հեռախոսահամարով: TTY-ից օգտվողները պետք է զանգահարեն 711: Armenian

**Бесплатные переводческие услуги.** Вы можете воспользоваться услугами устного переводчика. Вам могут зачитать документы, а некоторые могут быть отправлены вам на вашем языке. Если вам нужна помощь, позвоните нам по номеру, указанному на вашей идентификационной карточке или 1-800-788-0710. За дополнительной помощью обращайтесь в Департамент страхования штата Калифорния (CA Dept. of Insurance) по телефону 1-800-927-4357. Пользователи TTY, звоните по номеру 711. Russian

**言語サービス (無料)。** 通訳に日本語で書類を読んでもらうことができます。通訳サービスが必要な際は、IDカードに記載の番号、または1-800-788-0710にお電話ください。さらにヘルプが必要な場合は、カリフォルニア州保険庁(1-800-927-4357)にお電話ください。TTYユーザーの方は、711までお電話にてご連絡ください。Japanese

**خدمات تسهیلات زبانی رایگان.** شما می‌توانید مترجم شفاهی بگیرید. می‌توانید درخواست کنید که اسناد برایتان خوانده و بعضی از آن‌ها به زبان خودتان به شما ارسال شود. برای دریافت راهنمایی، با ما به شماره مندرج در زیر یا شماره روی کارت شناسایی‌تان یا 1-800-788-0710 تماس بگیرید. برای کسب راهنمایی بیشتر، با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید. کاربران TTY می‌توانند با 711 تماس بگیرند. Farsi

**ਬਿਨਾ ਲਾਗਤ ਦੀ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ।** ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਆ ਲੈ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਕਿਸੇ ਤੋਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪੜਾ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-788-0710 'ਤੇ ਕਾਲ ਕਰੋ। ਹੋਰ ਮਦਦ ਲਈ CA ਬੀਮਾ ਵਿਭਾਗ ਨੂੰ 1-800-927-4357 'ਤੇ ਕਾਲ ਕਰੋ। TTY ਵਰਤੋਂਕਾਰ 711 'ਤੇ ਕਾਲ ਕਰਨ। Punjabi



**សេវាភាសាភាគីភាគីផ្ទៃក្នុង** អ្នកអាចទទួលបានអ្នកបកប្រែ និងឱ្យគេអានឯកសារជូនអ្នក ជាភាសាប្តេជ្ញា សំរាប់ជំនួយ  
សូមទូរស័ព្ទមកកម្រិត តាមគលមលេខដែលមានកែតម្រូវលើ ID របស់អ្នក ឬ 1-800-788-0710។ សំរាប់ជំនួយថែមទៀត  
ទូរស័ព្ទគេរកស្តងធានារ៉ាប់រង រ៉ាប់រងលើស្តង់ដារ តាមគលមលេខ 1-800-927-4357។ អ្នកក៏អាច ទូរស័ព្ទ តាមគលមលេខ 711។ Khmer

خدمات اللغة بدون تكلفة. يمكنك الحصول على مترجم شفوي وخدمة قراءة المستندات لك بلغتك. للحصول على المساعدة، اتصل بنا على الرقم المدرج في بطاقة الهوية  
الخاصة بك أو برقم 1-800-788-0710. لمزيد من المساعدة، اتصل بقسم التأمين بولاية كاليفورنيا على الرقم 1-800-927-4357. مستخدمو TTY يمكنهم الاتصال  
برقم 711. Arabic

**Cov Kev Pab Cuam Txhais Lus Dawb.** Koj tuaj yeem tau txais ib tus neeg txhais lus thiab txais tau cov ntaub ntawv uas nyeem tag  
ntawd xa tuaj rau koj muab sau ua koj hom lus xa tuaj Yog xav tau kev pab, hu rau peb ntawm tus xov tooj teev muaj nyob rau ntawm  
koj daim yuaj ID los yog 1-800-788-0710 Yog xav tau kev pab ntxiv hu rau CA Chaw Ua Hauj Lwm Tswj Kev Tuav Pov Hwm  
ntawm 1 800-927-4357. Cov neeg siv TTY hu rau 711. Hmong

**निःशुल्क भाषा सेवाएं।** आप एक दुभाषिया को ले सकते हैं और दस्तावेजों को अपनी भाषा में पढ़वा सकते हैं। सहायता के लिए, हमें  
अपने आईडी कार्ड पर दर्ज नंबर या 1-800-788-0710 पर कॉल करें। अधिक सहायता के लिए सीए बीमा विभाग को 1-800-927-4357  
पर कॉल करें। टीटीवाई उपयोगकर्ता 711 पर कॉल करें। Hindi

**บริการด้านภาษาโดยไม่มีค่าใช้จ่าย** คุณสามารถรับคำและรับการอ่านเอกสารให้คุณฟังในภาษาของคุณได้ หากต้องการความช่วยเหลือ  
โปรดโทรหาเราตามหมายเลขที่ระบุในบัตรประจำตัวประชาชน หรือ 1-800-788-0710 หากต้องการความช่วยเหลือเพิ่มเติม  
โปรดติดต่อฝ่ายประกันภัยของ CA ที่หมายเลข 1-800-927-4357 ผู้ใช้ TTY โทร 711 ภาษาอังกฤษ Thai

This page is intentionally left blank.

This page is intentionally left blank.

# Your guide to good health

Keep this book handy as a quick reference to getting the most out of your plan

For information about your POS Plan benefits, call Customer Service at:

**1-800-788-0710**

**TTY 711**

Monday through Friday, 7 a.m. to 7 p.m.