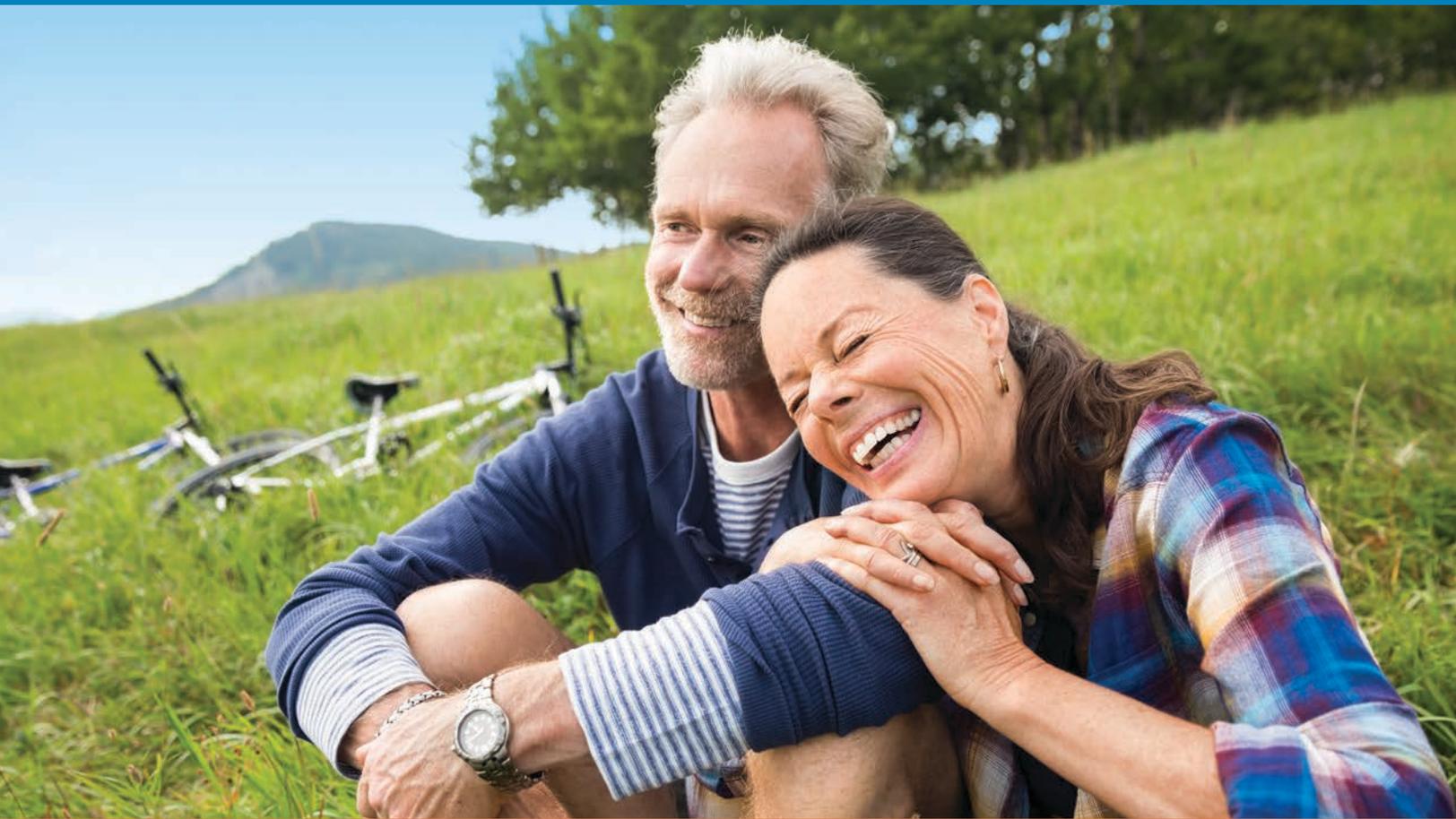


# Plans for a healthier you



Kaiser Permanente  
Group Medicare Advantage HMO plans

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## CONTACT US

### Not yet a member?

**1-800-581-8252**

TTY WA Relay **1-800-833-6388** or **711**  
8 a.m. to 5 p.m., Monday through Friday

### Already a member?

Member Services **1-888-901-4600**

TTY WA Relay **1-800-833-6388** or **711**  
8 a.m. to 8 p.m., 7 days a week

# Why choose Kaiser Permanente?

Our Medicare Advantage health plans combine care and coverage. Because we're both a care provider and a health plan, you get what you need in one convenient package.

In this booklet, you'll learn how to make the most of a Kaiser Permanente health plan, and see why we're the plan of choice for more than 90,000 Washington state Medicare Advantage members.

## Our medical group is the highest ranked in Washington

Washington Permanente Medical Group received the highest ranking in the 2017 Washington Health Alliance Community Checkup.<sup>1</sup>

Read about other recognition we've received for quality and health care innovation at [kp.org/wa/awards](http://kp.org/wa/awards).

## Our plan members choose to re-enroll

Join Kaiser Permanente and you'll be in good company – in 2017, 96% of existing Kaiser Permanente Medicare Advantage members in Washington chose to stay with us when it came time to make a health plan choice.<sup>2</sup>

## We make it easy to get and stay healthy

Our health plans and our approach to care are designed to make getting care more convenient.

At most of our locations, you can take care of what you need in one visit. See your doctor, get a lab test or X-ray, and pick up your medications – all without leaving the building.

And at Kaiser Permanente, doctors, nurses, pharmacists, and other members of your health care team are all connected to each other, and to you, through your electronic health record. So you get more seamless, personalized care.

## Our welcome team helps you get started

When you become a Kaiser Permanente member, our welcome team is here to help you get started – quickly and easily – with your new health plan.

We can help you find a doctor, locate a Kaiser Permanente medical center, transfer prescriptions, or make a smooth transition to Kaiser Permanente care if you're in the middle of treatment.

If you're already a Kaiser Permanente member, our team can also help when you renew your plan or change your care team.

<sup>1</sup> Washington Health Alliance 2017 Community Checkup report, [www.wacomcommunitycheckup.org](http://www.wacomcommunitycheckup.org). Ranking applies to Kaiser Permanente Washington's medical group, Washington Permanente Medical Group, P.C.

<sup>2</sup> 2017 Medicare Advantage Health and Drug Plan Disenrollment Reasons Survey Results, published August 2018.

# Care that fits your life

## More convenient options for getting care



### COME IN

#### Doctor appointment

Your doctor is your partner in health, and sometimes coming in for a visit is exactly what you need. And Kaiser Permanente medical offices have many services under one roof. So you can get what you need in just one trip.



### CALL

#### 24/7 Consulting Nurse Service

Whether you have an illness or injury, or just want medical advice, our consulting nurse is just a phone call away. If you receive care at a Kaiser Permanente medical center, nurses can also view your online medical record.



### CLICK

#### Care Chat

You can use this online messaging feature to get medical advice in real time from a Kaiser Permanente care provider. It's available from 8 a.m. to 10 p.m., 7 days a week – at no additional charge. Just register on our secure member website or download our mobile app to chat.

#### Online visit

For common medical issues that don't need a physical exam, such as a sore throat or allergies, go online and get a diagnosis and a treatment plan, usually within 2 hours. Fill your prescriptions, if any, at a Kaiser Permanente Washington medical office or by our mail-order service.

#### Email your doctor

When you receive your care at a Kaiser Permanente medical office you can send secure messages to your care team for nonurgent issues.

## Website and mobile app

It's quick and easy to register online for access to all your web and smartphone tools.

### Secure member website

You can use our member website to order medication refills, check your benefits, and find health resources. When you get care at Kaiser Permanente medical offices, you can also:

- Email your care team for nonurgent questions
- Schedule appointments
- Check your lab and test results
- Read notes from office visits and your medical records

### Mobile app

Once you register at [kp.org/wa](https://kp.org/wa), you can download the free Kaiser Permanente Washington mobile app. Use your member ID number and password to activate the app, and you'll be ready to use many online tools to manage your health from your smartphone. Learn more at [kp.org/wa/mobile](https://kp.org/wa/mobile).

## Digital ID card

Along with the Kaiser Permanente identification card you receive in the mail, you also have access to a digital ID card. Once you've registered at [kp.org/wa](https://kp.org/wa), you can access your digital ID card and use your smartphone to show proof of membership anytime, anywhere.



# Doctors and locations

## Kaiser Permanente doctors

Our medical group includes more than 1,100 providers, with more than 9,000 additional providers around Washington state. Doctors, nurses, pharmacists, care managers, therapists all work together to help you be your healthiest.

We also support the community providers who are part of our network in their efforts to improve care and implement electronic medical records.

## Specialty care providers

You can self-refer for care to specialists practicing in Kaiser Permanente medical offices or network medical centers, regardless of who provides your primary care. Once you find a specialist or your primary care doctor recommends one, just ask the specialist’s office for an appointment. You can also call Member Services for help.

You have access to a broad network of specialty care providers and services across the state. To see a specialist who does not work in a Kaiser Permanente medical facility, your personal doctor must request prior authorization, that is, ask for an OK from Kaiser Permanente before referring you.

## Alternative care providers

Some of our plans cover treatment options including acupuncture, naturopathy, and chiropractic care.

For information about which care a plan covers, see the **Summary of Benefits** in this packet.

## Locations where you’ll find in-network doctors:



- Network Medical Centers
- Network Hospitals

Here's where to find Kaiser Permanente Medicare Advantage HMO plan network medical offices and providers in Washington state.



Find doctors and locations near you

To find a Kaiser Permanente medical center or other in-network provider near you, see our provider directory. Visit [kp.org/wa/medicare](https://kp.org/wa/medicare) and click "Providers," or call **1-800-581-8252 (TTY 711)**, 8 a.m. to 5 p.m., Monday through Friday.

# Where to get care

Our Medicare Advantage HMO plans provide access to a variety of providers who all accept Medicare patients.

## Kaiser Permanente medical offices

**Connected care.** We coordinate your care so you don't have to. Doctors, nurses, pharmacists, care managers, and therapists all work together to manage your health. Information is instantly updated electronically. Most of our medical offices have their own pharmacy, along with lab and X-ray.

**Secure online services.** Sign in to email your care team, schedule appointments, check lab test results, view office visit summaries, and more. Or access resources on the go with our mobile app.

## Routine transportation

Make sure you get the care you need. Your Medicare Advantage HMO plan may cover you for routine transportation to your appointments at Kaiser Permanente medical offices anywhere in our service area. Wheelchair accessible vehicles are available. See your summary of benefits for details.

## You can access care wherever you are

- Call the consulting nurse for advice or help deciding what kind of care to seek.
- Email your doctor. You can send secure messages to your Kaiser Permanente care team for nonurgent issues when you get your care at Kaiser Permanente facilities.
- Use Care Chat online messaging to get medical advice in real time from a Kaiser Permanente care provider.
- Start an online visit. Go online and get a diagnosis and a treatment plan, usually within 2 hours. Prescriptions from online visits must be filled at Kaiser Permanente Washington medical offices or mail-order service.
- Visit our urgent care clinics in Bellevue, Capitol Hill, Tacoma, Olympia, or Silverdale.
- In the Puget Sound area, visit CareClinic by Kaiser Permanente – located at 15 Bartell Drugs locations.

## Network care options and care outside your service area

As a Medicare Advantage HMO member, you're covered for emergencies and urgent care when you seek care at any licensed facility in the United States and abroad. If you're traveling in other Kaiser Permanente regions, you also have access to their facilities for care.

### If you're away from your service area and you need care right away:

- If you have a medical emergency, call the local emergency services number or go to the nearest emergency room or hospital. (If you're admitted to a hospital, you or a family member must call the Notification Line within 24 hours or as soon as you can.)
- If you need urgent care outside a Kaiser Permanente area in the United States, you can visit an urgent care clinic instead of a hospital emergency department.
- Not sure? Call the consulting nurse.

# Pharmacy: What's covered

Your Medicare Advantage plan may cover prescriptions either by including a Medicare Part D benefit or through other drug coverage. The other drug coverage offered by your Medicare Advantage plan is equal to or better than Part D coverage.

## Medicare Part D coverage

If your Group Medicare Advantage plan has Part D prescription drug coverage, you're covered for outpatient prescription drugs.

The list of drugs that are covered is called a "formulary." A formulary tells you what drugs are covered by your plan. It will also tell you the number of tiers – or levels of copays and coinsurance for each type of drug – each plan has. Depending on your plan's drug benefit, coinsurance or a copay may apply.

To get a copy of the Medicare Advantage Part D Drug Formulary, call Member Services or visit [kp.org/wa/medicare/formulary](https://kp.org/wa/medicare/formulary).

## Prescription coverage that doesn't include Part D

To find the formulary for plans that cover prescription drugs but do not include Part D, call Member Services.

**To look up the non-Part D formulary for your plan online, visit [kp.org/wa/formulary](https://kp.org/wa/formulary), and choose the formulary for your plan:**

- Federal Employee Health Benefits Program
- Group Medicare Advantage plans

For specifics about what a plan covers, see the **Summary of Benefits** in this packet.

# Filling prescriptions

You can fill your prescriptions at a Kaiser Permanente pharmacy or any other in-network pharmacy, or through mail order. To find a list of pharmacies, visit [kp.org/wa/medicare](https://kp.org/wa/medicare) and click "Prescription Drugs."

For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You can order refills online or by phone, fax, or mail. Refills are delivered by U.S. Postal Service anywhere in the United States with no shipping charge. You should receive them within 10 business days. If not, please call **1-800-245-7979** (TTY **711**), 24 hours a day, 7 days a week.

All members may use this convenient service. But to use it, your prescription must be in the Kaiser Permanente Mail-Order Pharmacy system.

**To transfer your prescriptions, you can:**

- Fill out a form and fax or mail it to us
- Call our pharmacy department
- Bring the prescription to any Kaiser Permanente pharmacy

# Resources for healthy living

Good health goes beyond the doctor's office. That's why we offer so many convenient resources to our members. Explore them all, and choose the ones that fit your life.

## Silver&Fit® fitness program\*

Get access to a broad network of fitness facilities and other resources. Stay active with a no-cost membership at a fitness center near you. Or you can enroll in the Home Fitness Program and work out in the comfort of your own home.

Kaiser Permanente and Silver&Fit provide you additional access to a network of premium fitness centers in select counties within the Puget Sound area for Group Medicare Advantage members.

To find out which fitness centers participate in the basic Silver&Fit program, go to [silverandfit.com](https://silverandfit.com) or call **1-877-427-4788**.



\*Silver&Fit® is a federally registered trademark of American Specialty Health, Inc.

## Enhance<sup>®</sup>Fitness

These one-hour fitness classes, led by nationally certified instructors, are available at no additional cost to Kaiser Permanente Medicare Advantage plan members. If you are unable to stand, you are welcome to sit while exercising.

EnhanceFitness classes are offered at Kaiser Permanente facilities as well as participating senior centers and community centers. (The EnhanceFitness program is available only in King, Pierce, Snohomish, and Thurston counties.)

For more information, call **206-326-2800** or **1-800-992-2279**.

## Sponsored events

Connect with other fitness enthusiasts at our sponsored events across Washington state, including walking, running, biking, and cooking. Look for upcoming events at [kp.org/wa/community-events](https://kp.org/wa/community-events).

## Tobacco cessation support

If you're a tobacco user, the Quit For Life<sup>®</sup> Program is designed to help you stop at no additional cost. Proven individual phone-based programs give you the tools and assistance to quit for good. You can call or go online to register for the program.

## Classes, workshops, support groups

From preparing advance directives to living with chronic conditions such as diabetes, arthritis, and heart disease, these classes and other resources help you learn to live smarter and healthier. See what's available near you at [kp.org/wa/classes](https://kp.org/wa/classes). Some may require a fee.

## Wellness blog

For wellness information, recipes, fitness ideas, and tips for healthy aging, visit [kp.org/wa/health](https://kp.org/wa/health).

## Online health assessment

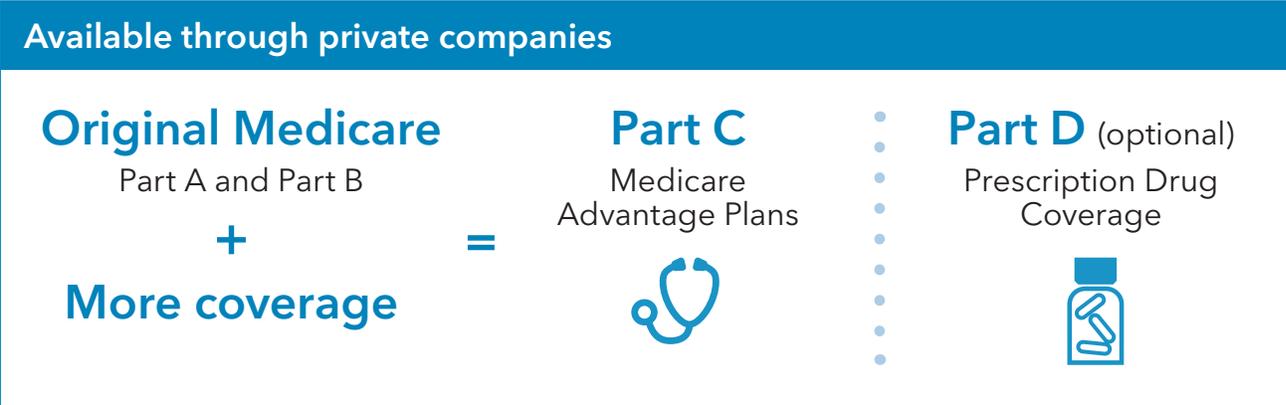
Ever wonder just how healthy you really are? Take an online, personalized health questionnaire about your habits and health conditions. Once completed, a color-coded report tells you how you're doing, and offers recommendations for positive changes.

# Refresher: The parts of Medicare

**Parts A and B** are referred to as **Original Medicare**. You pay your Part B premium directly to Social Security. Unless you qualify for exemptions, the cost of Part B increases if you delay enrollment.

**Part C**, also known as **Medicare Advantage**, includes Parts A and B plus additional coverage.

**Part D**, prescription drug coverage, may or may not be included in your Medicare Advantage plan, depending on what benefits your employer provides. Part D cost may increase if you delay enrollment. Your Kaiser Permanente Group Medicare Advantage HMO plan may have prescription drug coverage that is not Part D.



## Definitions

**Premium**  
Unless it is fully covered by your former employer, you pay this fee each month for health care coverage, regardless of how much you access care.

**Out-of-pocket maximum**  
The most you'll be required to pay in a calendar year for copays and coinsurance.

**Copay**  
A set dollar amount you pay for a service you receive.

**Coinsurance**  
A percentage you pay (your share of total cost) for a service you receive.

# Get more information

## Not yet a member?

**1-800-581-8252**

TTY WA Relay **1-800-833-6388** or **711**  
8 a.m. to 5 p.m., Monday through Friday

## Already a member?

Member Services **1-888-901-4600**

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8 a.m. to 8 p.m., 7 days a week

[kp.org/wa/medicare](https://kp.org/wa/medicare)

## Provider and Pharmacy Directory

 **Online:** Go to [kp.org/wa/medicare](https://kp.org/wa/medicare) and click "Providers." (If you prefer a printed copy of the directory, fill out the short online form to request that a directory be mailed to you.)

## Drug Formulary

- **Online** at [kp.org/wa/medicare/formulary](https://kp.org/wa/medicare/formulary) (for Part D) or [kp.org/wa/formulary](https://kp.org/wa/formulary).
- Call Member Services.

**For details about how our plans work,** including how to fill prescriptions, how we protect your privacy, how to get an interpreter in your language, and how we handle grievances and appeals: Call us to request the **Evidence of Coverage** for the plans you're interested in.

**For Medicare Advantage service area:** See the **Summary of Benefits** in this packet.



# Kaiser Permanente Nondiscrimination Notice and Language Access Services



## KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

Provide free aids and services to people with disabilities to help ensure effective communication, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)
- Assistive devices (magnifiers, Pocket Talkers, and other aids)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

### Kaiser Permanente

Phone: 206-630-4636

Toll-free: 1-888-901-4636

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Electronically: [kp.org/wa/feedback](https://kp.org/wa/feedback)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F

HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

**LANGUAGE ACCESS SERVICES**

**English: ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**中文 (Chinese) :** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer) ៖** របស់ត៖ បើសិនអ្នកនិយាយខ្មែរ, សេវាជំនួយផ្នែក យេមិនគិតថ្លៃ គឺចូលសំបុំបំអក។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

**日本語 (Japanese): 注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic) ፡** ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በ18 ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው፡ 1-800-833-6388 / 711)።

**Oromiffa (Oromo): XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic):** لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388).

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao):** ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍ່ ວິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຕະມັນມີຮ່ອມ ໃຫ້ທ່ານ. ໂທສ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION:** Si vous parlez français, des services d’aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**فارسی (Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 تماس بگیرید. (TTY: 1-800-833-6388 / 711)

## CONTACT US

### Not yet a member?

**1-800-581-8252**

TTY WA Relay **1-800-833-6388** or **711**  
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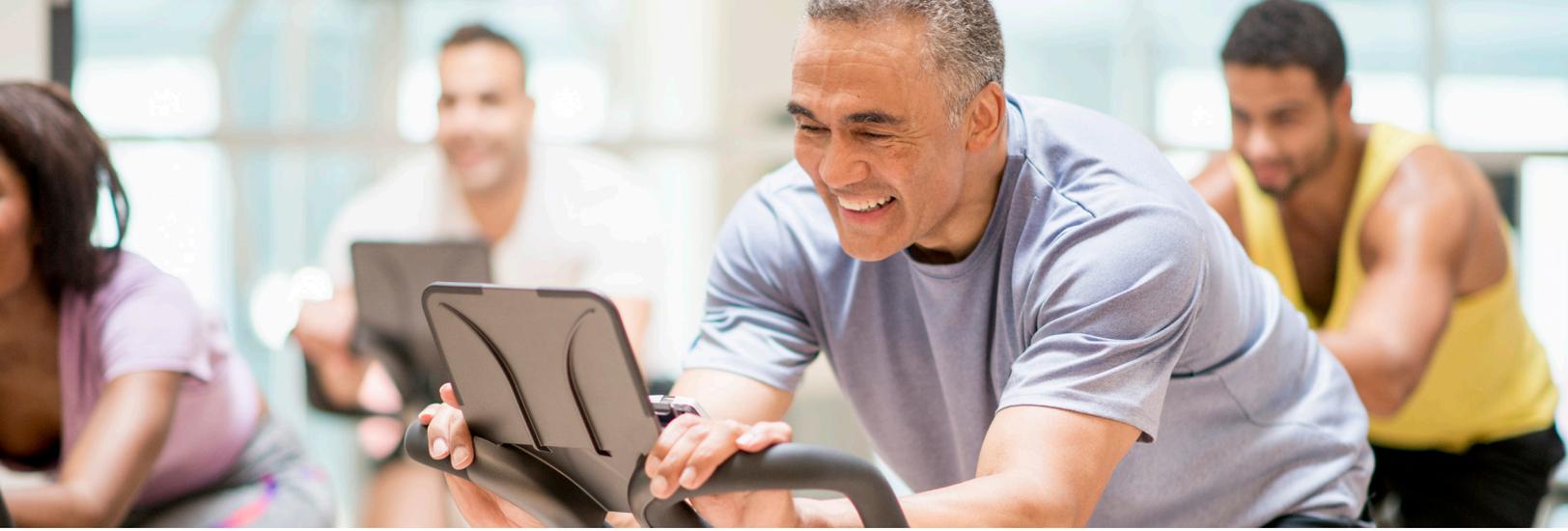
[kp.org/wa/medicare](https://kp.org/wa/medicare)

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Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll. This information is not a complete description of benefits. Call 1-888-901-4600 (TTY 711) for more information.

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**Please recycle.**  
MA0001891-52-18



# The Silver&Fit® Healthy Aging and Exercise Program

Get moving to be at your healthiest

Being physically active is one of the best things you can do to keep your health at its best. That's why Kaiser Permanente Medicare Advantage (HMO) health plans offer the Silver&Fit Program – so you get what you need to exercise regularly.

## The Silver&Fit program is free and offers:

- No-cost access to a large network of fitness centers near you
- Group fitness classes at select locations
- Home fitness kits to exercise at home<sup>1</sup>
- The Silver&Fit Connected!™ tool to track your exercise and earn rewards<sup>2</sup>
- Healthy Aging classes (online or DVD)
- *The Silver Slate*® quarterly newsletter (online, by mail, or through email)

- Online tools so you can find fitness centers, browse classes, read articles, and view videos
- Access to **premium fitness locations**, including YMCAs of Greater Seattle, YMCAs of Pierce and Kitsap Counties, and more available on select plans.<sup>3</sup>

## Want more information about the Silver&Fit program?

 Call **1-877-750-2746**  
(TTY WA Relay **711**)  
Monday through Friday,  
5 a.m. to 6 p.m.

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(continued from front)



If you have any questions about Silver&Fit, call **1-877-750-2746** (TTY WA Relay **711**), Monday through Friday, 5 a.m. to 6 p.m.

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Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). All programs and services are not available in all areas. The people in this piece are not Silver&Fit members. Silver&Fit, Silver&Fit Connected!, The Silver Slate and the Silver&Fit logo are trademarks of ASH and used with permission herein. Not all YMCAs participate in the network. Check the searchable directory on the Silver&Fit website to see if your location participates in the program.

- <sup>1</sup>Receive up to 2 fitness kits per benefit year, with 35 kits to choose from.
- <sup>2</sup>Your use of the Silver&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity and to use that data to process and administer available rewards to you under the program. Rewards subject to change; purchase of a wearable fitness device or application may be required and is not reimbursed by the Silver&Fit program.
- <sup>3</sup>The Premium Fitness Network is available only to members in Vital, Essential, and Optimal Medicare Advantage HMO plans, and in employer-sponsored group Medicare Advantage plans. New member initiation fees may apply for some premium fitness locations. Not available on Key, Harbor, Centennial, Columbia, and Basic plans.

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**Please recycle.**

MA0002050-51-19

July 1, 2019 – June 30, 2020

# 2019 Summary of Benefits

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Kaiser Permanente Medicare Advantage (HMO) Group plan  
ILWU



## About this Summary of Benefits

Thank you for considering Kaiser Permanente Medicare Advantage. You can use this **Summary of Benefits** to learn more about our plan. It includes information about:

- Benefits and costs
- Additional benefits
- Who can enroll
- Coverage rules
- Getting care

For definitions of some of the terms used in this booklet, see the glossary at the end.

### For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which we'll send you after you enroll. If you'd like to see it before you enroll, please ask your group benefits administrator for a copy.

### Have questions?

- If you're not a member, please call **1-800-581-8252 (TTY 711)**, Monday through Friday, 8 a.m. to 5 p.m.
- If you're a member, please call Member Services at **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

# What's covered and what it costs

\*Your plan provider may need to provide a referral.

†Prior authorization may be required.

Benefits and premiums	You pay
<b>Monthly plan premium</b>	Your group will notify you if you are required to contribute to your group's premium. If you have any questions about your contribution toward your group's premium and how to pay it, please contact your group's benefits administrator.
<b>Deductible</b>	<b>None</b>
<b>Your maximum out-of-pocket responsibility</b>	<b>\$1,000</b>
<b>Inpatient hospital coverage*†</b> There's no limit to the number of medically necessary inpatient hospital days.	<b>\$0</b>
<b>Outpatient hospital coverage</b>	<b>\$0</b> per visit per surgery
<b>Ambulatory Surgery Center*†</b>	<b>\$0</b> per visit
<b>Doctor's visits</b>	
<ul style="list-style-type: none"> <li>• Primary care providers</li> </ul>	<b>\$0</b> per visit
<ul style="list-style-type: none"> <li>• Specialists*</li> </ul>	<b>\$0</b> per visit
<b>Preventive care*</b> See the <b>EOC</b> for details.	<b>\$0</b>
<b>Emergency care</b> We cover emergency care anywhere in the world.	<b>\$0</b> per Emergency Department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$0</b> per visit per office visit
<b>Diagnostic services, lab, and imaging*</b>	
<ul style="list-style-type: none"> <li>• Lab tests</li> </ul>	<b>\$0</b> per visit
<ul style="list-style-type: none"> <li>• Diagnostic tests and procedures (like EKG)</li> </ul>	<b>\$0</b> per visit
<ul style="list-style-type: none"> <li>• X-rays</li> </ul>	<b>\$0</b> per visit
<ul style="list-style-type: none"> <li>• Other imaging procedures (like MRI, CT, and PET)</li> </ul>	<b>\$0</b> per procedure

<b>Benefits and premiums</b>	<b>You pay</b>
<b>Hearing services*</b> Evaluations to diagnose medical conditions.	<b>\$0</b> per visit
<b>Dental services</b> <b>Preventive and comprehensive dental coverage</b>	Not covered
<b>Vision services</b> Visits to diagnose and treat eye diseases and conditions	<b>\$0</b> per visit
<ul style="list-style-type: none"> <li>• Routine eye exams</li> </ul>	<b>\$0</b> per visit
<ul style="list-style-type: none"> <li>• Eyeglasses or contact lenses after cataract surgery</li> </ul>	<b>\$0</b> up to Medicare's limit, but you pay any amounts beyond that limit
<ul style="list-style-type: none"> <li>• Other eyewear</li> </ul>	<b>\$300</b> allowance every 24 months for eyeglass frames only. Eyeglass lenses of any type covered in full every 12 months. <b>\$300</b> allowance for contact lenses and fittings every 12 months
<b>Mental health services</b>	
<ul style="list-style-type: none"> <li>• Outpatient group therapy</li> </ul>	<b>\$0</b> per visit
<ul style="list-style-type: none"> <li>• Outpatient individual therapy</li> </ul>	<b>\$0</b> per visit
<b>Skilled nursing facility†</b>	Per benefit period:
<ul style="list-style-type: none"> <li>• We cover up to 150 days per benefit period.</li> </ul>	<b>\$0</b> per day for days 1 through 150
<b>Physical therapy*</b>	<b>\$0</b> per visit
<b>Ambulance</b>	<b>\$0</b> per one-way trip
<b>Transportation</b>	<b>\$0</b> for 6 round trips
<b>Medicare Part B drugs†</b> A limited number of Medicare Part B drugs are covered when you get them from a plan provider. See the <b>EOC</b> for details.	
<b>Drugs that must be administered by a health care professional</b>	<b>\$0</b> copay
<b>Outpatient prescription drugs</b>	
<ul style="list-style-type: none"> <li>• Up to a 30-day supply from a plan pharmacy</li> </ul>	<b>\$0</b> for preferred generic drugs <b>\$0</b> for preferred brand-name drugs

## Additional benefits

### Alternative Care

Alternative care includes	You pay
<ul style="list-style-type: none"> <li>• <b>Acupuncture</b></li> </ul>	<b>\$0</b> copay, up to 8 visits per year
<ul style="list-style-type: none"> <li>• <b>Naturopathy care</b></li> </ul>	<b>\$0</b> copay, up to 3 visits per year
<ul style="list-style-type: none"> <li>• <b>Non-spinal chiropractic care</b></li> </ul>	<b>\$0</b> copay, up to 10 visits per year
<ul style="list-style-type: none"> <li>• <b>Massage therapy†</b> From a licensed massage therapist</li> </ul>	<b>\$0</b> copay, up to 10 medically necessary visits per year

### Fitness benefit

This benefit is available to you as a plan member:	You pay
<p><b>The Silver&amp;Fit® Program</b></p> <ul style="list-style-type: none"> <li>• You pay no additional cost for basic membership to any of the participating fitness centers or select YMCAs in the Silver&amp;Fit program. The Premium Fitness network is included as part of your benefit (new member initiation fees may apply at some Premium Fitness centers).</li> </ul> <p>The Silver&amp;Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&amp;Fit is a federally registered trademark of ASH and used with permission herein.</p>	<b>\$0</b>

## Who can enroll

You can sign up for this plan if:

- Must be enrolled in Kaiser Permanente through your group plan and meet your group's eligibility requirements.
- You have both Medicare Part A and Part B. To get and keep Medicare, most people must pay Medicare premiums directly to Medicare.
- You're a citizen or lawfully present in the United States.
- You don't have end-stage renal disease (ESRD) unless you got ESRD when you were already a member of one of our plans or you were a member of a different plan that ended.
- You live in the service area for this plan, which includes:
  - Island, King, Kitsap, Lewis, Pierce, Skagit, Snohomish, Spokane, Thurston and Whatcom counties
  - These ZIP codes in Grays Harbor County: 98541, 98557, 98559 and 98568
  - These ZIP codes in Mason County: 98524, 98528, 98546, 98548, 98555, 98584, 98588 and 98592

## Coverage rules

We cover the services and items listed in this document and the **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider Directory** and **Pharmacy Directory**. But there are exceptions to this rule. We also cover:
  - Care from plan providers in another Kaiser Permanente region
  - Emergency care
  - Out-of-area dialysis care
  - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
  - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers.

For details about coverage rules, including services that aren't covered (exclusions), see the **Evidence of Coverage**.

## Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. To find our provider locations, see our **Provider Directory** and **Pharmacy Directory** at [wa-medicare.kp.org/providers](http://wa-medicare.kp.org/providers) or ask us to mail you a copy by calling Member Services at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

## Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You must choose one of our available plan providers to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services.

## Help managing conditions

If you have more than one ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

# Notices

## Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** for details.

## Kaiser Foundation Health Plan

Kaiser Foundation Health Plan of Washington is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Medicare Advantage.

## Notice of nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to help ensure effective communication, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, and accessible electronic formats)
  - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Kaiser Permanente.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

### Kaiser Permanente

Phone: 206-630-4600

Toll-free: 1-888-901-4600

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Electronically: [kp.org/wa/feedback](https://kp.org/wa/feedback)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

- U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201
- **1-800-368-1019, 1-800-537-7697 (TDD)**
- Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

## Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** on [kp.org/privacy](http://kp.org/privacy) to learn more.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract. This information is not a complete description of benefits. Call **1-888-901-4600 (TTY 711)** for more information. For information about Original Medicare, refer to your “**Medicare & You**” handbook. You can view it online at [medicare.gov](http://medicare.gov) or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

## Helpful definitions (glossary)

### Benefit period

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

### Calendar year

The year that starts on January 1 and ends on December 31.

### Coinsurance

A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a 20% coinsurance for a \$200 item means you pay \$40.

### Copay

The set amount you pay for covered services — for example, a \$20 copay for an office visit.

### Evidence of Coverage

A document that explains in detail your plan benefits and how your plan works.

### Maximum out-of-pocket responsibility

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

### Medically necessary

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

### Non-plan provider

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

### Plan

Kaiser Permanente Medicare Advantage.

**Plan provider**

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

**Prior authorization**

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.

**Region**

A Kaiser Foundation Health Plan organization. We have Kaiser Permanente regions located in Northern California, Southern California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

**Retail plan pharmacy**

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical centers.

**LANGUAGE ACCESS SERVICES**

**English: ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**中文 (Chinese) :** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer)៖** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ លើទូរស័ព្ទ អ្នកអាចទទួលបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ ចូរទូរស័ព្ទ លេខ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

**日本語 (Japanese): 注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic) ፡** ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው፡ 1-800-833-6388 / 711)።

**Oromiffa (Oromo): XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic):** لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388).

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao): ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**فارسی (Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.



**[kp.org/wa/medicare](http://kp.org/wa/medicare)**

Kaiser Foundation Health Plan of Washington  
601 Union St., Suite 3100  
Seattle, WA 98101-1374

Kaiser Foundation Health Plan of Washington  
A nonprofit corporation and Health Maintenance Organization (HMO)

Kaiser Permanente Medicare Advantage (HMO)

# Enrollment form

## Washington Region Group Plan

Filling out and returning the enrollment form is your first step to becoming a Kaiser Permanente Medicare Advantage member. If you and your spouse are both applying, you'll each need to fill out a separate form. For help completing the enrollment form, call our Medicare Sales Team at **1-800-446-8882** (calling this number will direct you to a licensed sales specialist) (TTY **711**), seven days a week, 8 a.m. to 8 p.m.

### How to fill out this form

1. Answer all questions and print your answers using black or blue ink. Fill in check boxes with an X.
2. Sign the form on page 4 and date it. **Make sure you've read all the pages before you sign.**
3. Mail the original, signed form to:  
Kaiser Permanente – Medicare Enrollment  
P.O. Box 34255  
Seattle, WA 98124-1255
4. Or fax to 1-206-988-7543
5. Make a copy for your records. If required, submit a copy to your employer group, union or trust fund.

### Next steps

- We'll review your form to make sure it's complete. Then we'll let you know by mail that we've received it.
- We'll let Medicare know that you've applied for Medicare Advantage.
- Within 10 calendar days after Medicare confirms your enrollment, we'll first let you know the start date for your coverage. Next, we will send you a Kaiser Permanente ID card and your new member package within 10 days of your start date.



Last Name  First Name

**Please Provide Your Medicare Insurance Information**

Please take out your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

- OR -

- Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name (as it appears on your Medicare card):

Medicare Number:

Is Entitled To:                      Effective Date:

HOSPITAL (Part A)     /  /

MEDICAL (Part B)     /  /

You must have Medicare Parts A and B to join a Medicare Advantage plan.

**Please Read and Answer These Important Questions**

1. Do you or your spouse work?     Yes     No

2. If your employer provides retiree coverage, are you the retiree?     Yes     No     N/A

If yes, retirement date (mm/dd/yyyy):  /  /

If no, name of retiree:

Retirement date (mm/dd/yyyy):

3. Are you covering a spouse or dependents under this employer or union plan?     Yes     No

If yes, name of spouse:

Name(s) of dependent(s):

4. Do you have End-Stage Renal Disease (ESRD)?     Yes     No

If you have had a successful kidney transplant and/or you don't need regular dialysis anymore, **please attach a note or records** from your doctor showing you have had a successful kidney transplant or you don't need dialysis, otherwise we may need to contact you to obtain additional information.

5. Some individuals may have other drug coverage, including other private insurance, Worker's Compensation, VA benefits, or State pharmaceutical assistance programs.

Will you have other prescription drug coverage in addition to Kaiser Permanente?     Yes     No

If yes, please list your other coverage and your identification (ID) number(s) for that coverage.

Name of other coverage:

ID # for other coverage:

Last Name  First Name

6. Are you a resident in a long-term care facility, such as a nursing home?  Yes  No

If yes, please provide the following information:

Name of institution:

Address of institution (number and street):

Phone Number:  -  -

7. Requested effective date (subject to CMS approval):  /  /

**Selecting a primary care provider:**

If you have a current primary care provider who contracts with Kaiser Foundation Health Plan of Washington (primary care providers do not include specialists) and you would like to continue seeing that physician, please include his/her name here.

(If you are a current Kaiser Permanente member and are not making a primary care provider change, please leave blank.)

**Please check one of the boxes below if you would prefer that we send you information in an accessible format:**

Large Print  Braille  CD

Please contact Kaiser Permanente at **1-888-901-4600** if you need information in an accessible format other than what is listed above. Our office hours are seven days a week, 8 a.m. to 8 p.m. TTY users should call **1-800-833-6388** or **711**.

**Please complete the information below**

If you currently have Kaiser Permanente coverage through more than one employer or union/trust fund, you must choose ONE employer or union/trust fund from which to receive your Medicare Advantage coverage. Complete the information for that employer or union/trust fund below.

Employer Group/Union/Trust Fund Name:

Employer Group/Union/Trust Fund ID #:

Subgroup:

Requested effective date (subject to CMS approval):

/  /

**Please Read and Sign Below**

**By completing this enrollment application, I agree to the following:**

Kaiser Permanente is a Medicare Advantage plan and has a contract with the Federal government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. I may leave this plan at any time by sending a request to Kaiser Permanente or by calling **1-800-MEDICARE (1-800-633-4227** or TTY **1-877-486-2048**), 24 hours a day, 7 days a week. However, before I request disenrollment, I will check with my group or union/trust fund to determine if I am able to continue my group membership.

Last Name [ ] First Name [ ]

I understand that if I currently have Kaiser Permanente coverage through more than one employer or union/trust fund, I must choose one of these coverage options for my Medicare Advantage plan because I can be enrolled in only one Medicare Advantage plan at a time. My other employer or union/trust fund may allow me to enroll in one of their non-Medicare plans as well. I will contact the benefit administrators at each of my employers or union/trust funds to understand the coverage that I am entitled to before I make a decision about which employer's or union/trust fund's plan to select for my Medicare Advantage plan.

Kaiser Permanente serves a specific service area. If I move out of the area that Kaiser Permanente serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Kaiser Permanente, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Medicare Advantage Evidence of Coverage document from Kaiser Permanente when I receive it in order to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Medicare Advantage coverage begins, I must get all of my health care from Kaiser Permanente, except for emergency, urgently needed services or out-of-area dialysis services.

Services authorized by Kaiser Permanente and other services contained in my Medicare Advantage Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR KAISER PERMANENTE WILL PAY FOR THE SERVICES.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Kaiser Permanente, he/she may be paid based on my enrollment in Kaiser Permanente.

Release of Information

By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as necessary for treatment, payment and health care operations. I also acknowledge that Kaiser Permanente will release my information including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

Signature: [ ]

Today's Date: [ ] / [ ] / [ ]

If you are the authorized representative, you must sign above and provide the following information:

Name: [ ]

Address: [ ]

Phone Number: [ ] - [ ] - [ ] Relationship to Enrollee: [ ]

Last Name  First Name

**Agent Use Only:**

Receipt Date:  /  /  Released to client for submission:  /  /

Effective Date of Coverage:  /  /  Month

ICEP/IEP       AEP       Not Eligible

SEP (reason if SEP)

Appointment type  Scope of Appointment attached  Yes  No

Name of Kaiser Permanente staff member

Broker or agent name

Kaiser Permanente agent ID number

Company/house name (if applicable)

Kaiser Permanente house ID number  Phone number  -  -

# Kaiser Permanente Nondiscrimination Notice and Language Access Services



## KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

Provide free aids and services to people with disabilities to help ensure effective communication, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)
- Assistive devices (magnifiers, Pocket Talkers, and other aids)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

### Kaiser Permanente

Phone: 206-630-4636

Toll-free: 1-888-901-4636

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Electronically: [kp.org/wa/feedback](http://kp.org/wa/feedback)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F  
HHH Building  
Washington, DC 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

## LANGUAGE ACCESS SERVICES

**English: ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**中文 (Chinese): 注意:** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer): រឺបយ៉ត៖ បើសិនអ្នកនិយាយ, សេដ្ឋន្តិយជក យេមិនគិតល គឺចនសំបំបំអកៗ ចូរទូ រស្តព**  
1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

**日本語 (Japanese): 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic): ማሳሰቢያ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ። 1-888-901-4636 (መስማት ለተሳናቸው፡ 1-800-833-6388 / 711)።

**Oromiffa (Oromo): XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic):** لديك حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388).

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao): ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**فارسی (Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 تماس بگیرید.

# Health care after 65 fact sheet

## Contact us

Call **1-800-581-8252** (TTY 711)

Hours are 8 a.m. to 5 p.m., Monday through Friday.



[kp.org/wa/medicare](https://kp.org/wa/medicare)

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Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

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## What is Medicare?

Medicare is a federal health insurance program. It has 4 parts: Part A, Part B, Part C, and Part D.

### 1. Hospital insurance (Part A):

Helps pay for medically necessary inpatient care at a hospital or skilled nursing facility, home health care, and hospice care.

### 2. Medical insurance (Part B):

Helps pay for physician services, outpatient hospital care, home health care, durable medical equipment, and some preventive services.

### 3. Medicare Advantage health plans (Part C):

Provide all of your Part A and Part B services and generally provide additional services. In many cases, the plans also offer Part D prescription drug coverage. You must have both Part A and Part B to join one of these plans. You usually pay a monthly premium and out-of-pocket costs that will likely be less than the coinsurance and deductibles under Original Medicare. These plans are offered by private insurance companies approved by Medicare. Cost and benefits vary by plan.

### 4. Prescription drug coverage (Part D):

Helps pay for prescription drugs. Available as a Medicare prescription drug plan or as part of a Medicare Advantage health plan.

## What do I do if I plan to continue working after age 65?

If you or your spouse continues to work and you are covered under a group plan, check with your local Social Security office or your employer's benefits administrator. It may be in your best interest to delay enrolling in Part B if you are actively working: Medicare allows people who are still in the workforce to delay Part B enrollment without penalty.

If you or your spouse continues to work, you do not need to participate in Part D if your prescription drug coverage is as good as or better than the Part D benefit. If you decide to enroll in Part D, you will be charged no penalty if you enroll within an appropriate amount of time after you move off your employer plan.

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### **What do I do if I plan to retire at age 65?**

You should apply for Medicare Part A and Part B through your local Social Security office 3 months before your 65th birthday month.

If you have retiree coverage through your former employer group, that group determines whether it will require retirees to participate in Part D:

- If your former employer group does participate in Part D, you are required to enroll in Part D. Kaiser Permanente will automatically enroll you after you join our Medicare Advantage employer group plan.
- If your former employer group does not participate in Part D but does have creditable prescription drug coverage, you do not need to do anything. In fact, participating in another plan's Part D coverage could jeopardize your retiree coverage with Kaiser Permanente.

**Important:** Employer groups do not need to have Part D to have prescription drug coverage. If your employer group plan has any prescription drug coverage, you cannot join another Part D plan because Medicare does not allow double drug coverage. In addition, Medicare rules state that if you join another Part D plan, it is required that you be dropped from your retiree plan.

### **What are Kaiser Permanente Medicare Advantage health plans?**

Kaiser Permanente offers Medicare Advantage (HMO) health plans that give you all the benefits of Original Medicare (Parts A and B) and more. With Kaiser Permanente, you can continue your coverage and receive the quality care you have come to expect as a Kaiser Permanente member. Whether you get coverage as an individual or through an employer, we have a plan for you after age 65.

### **How can I learn more about Kaiser Permanente Medicare Advantage health plans?**

Look for more information in your mailbox from Kaiser Permanente about applying for one of our Medicare Advantage health plans. Anyone in our Medicare Advantage health plan service area with Medicare Parts A and B may apply for a Kaiser Permanente plan, including those younger than 65 who are entitled to coverage on the basis of Social Security disability.

**Important note:** If you have retiree coverage through your former employer, they may require you to send them the Kaiser Permanente Medicare Advantage Election Form. Your retiree benefit center may send you information 3 months before your 65th birthday stating where to send the form. You may also choose to send your Kaiser Permanente Election Form to both your group's retiree benefit center and Kaiser Permanente. If you have questions regarding their requirements, contact your retiree benefit center.

#### **If you have any questions about your Medicare eligibility**

Call Social Security at **1-800-772-1213** or TTY **1-800-325-0778** (for people who are deaf or hard of hearing), from 7 a.m. to 7 p.m., Monday through Friday, or go to **www.ssa.gov**.

#### **If you have any questions about your current coverage**

For questions about benefits, call Kaiser Permanente Member Services at **1-888-901-4636** or TTY **711**, 8 a.m. to 5 p.m., Monday through Friday.



# Kaiser Permanente Nondiscrimination Notice and Language Access Services



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Provide free aids and services to people with disabilities to help ensure effective communication, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats)
- Assistive devices (magnifiers, Pocket Talkers, and other aids)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Kaiser Permanente.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

### **Kaiser Permanente**

Phone: 206-630-4636

Toll-free: 1-888-901-4636

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Electronically: [kp.org/wa/feedback](https://kp.org/wa/feedback)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW., Room 509F

HHH Building

Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

For Medicare Advantage Plans Only: Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

**LANGUAGE ACCESS SERVICES**

**English: ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**中文 (Chinese) :** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer)៖** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ លើទូរស័ព្ទ ឥតគិតថ្លៃ គឺចង់សំបុំបំណែង។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

**日本語 (Japanese): 注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic) ፡** ማስታወሻ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክላሎ ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው፡ 1-800-833-6388 / 711)።

**Oromiffa (Oromo): XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic):** لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388).

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao): ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

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