

Questions and answers

Set up a health savings account (HSA) to help pay for care.¹



Understanding your plan

What is the HSA-Qualified HDHP HMO Plan?

Like all of our Kaiser Permanente plans, this plan gives you access to high-quality care and resources to help you feel your best. Plus, it offers flexibility in how you can pay for care.

With this plan, you'll need to pay the full cost for most covered services until you reach a set amount known as your deductible. After you reach your deductible, you'll start paying less for the rest of the year – just a copay or a coinsurance (which is a percentage of the total cost). And most preventive care services (like routine physical exams, mammograms, and cholesterol screenings) are covered at no cost or at a copay – even before you reach your deductible.²

Also, with this plan, if eligible, you can set up a health savings account (HSA) that you can access anytime to pay for care – including copays, coinsurance, and deductible payments.¹ And you won't pay federal taxes on the money in this account.³

What is a health savings account (HSA)?

An HSA is a financial account that you can put money into in order to pay for health care services that are defined as qualified medical expenses. You won't pay federal taxes on this money, and you can use it anytime to pay for care. Your account may earn interest, and you can take your money with you if you change jobs or retire.

What are qualified medical expenses?

Qualified medical expenses are defined by the Internal Revenue Service (IRS) for tax purposes. They include many health care services and related costs, such as:

- Primary and specialty care visits
- Noncosmetic dental care
- X-rays and lab tests
- Eyeglasses and LASIK vision correction
- Hospital visits
- Prescription drugs

For a detailed list, see IRS Publication 502, *Medical and Dental Expenses*, available at irs.gov/publications.

How do deductible plans work?

With a deductible plan, you get all the quality care and resources people expect from Kaiser Permanente. The main difference is how you pay for care.

- You'll need to pay the full cost for covered services until you reach a set amount known as your deductible. For example, a \$2,000 deductible means you'll pay the full cost of your care and services up to \$2,000.
- After you reach your deductible, you'll start paying less for the rest of the year – just a copay or a coinsurance.
- Most preventive care services are covered at no cost or at a copay, even before you reach your deductible.²
- See your *Evidence of Coverage* or other coverage documents for the plan details, including the date your deductible will reset.

Your plan also has an out-of-pocket maximum that helps limit how much you'll pay for care. If you reach it, you won't have to pay for covered services for the rest of the year. This can help protect you financially if you ever have a serious illness or injury.

- Payments for most covered services count toward your out-of-pocket maximum.⁴
- Copays and coinsurance don't count toward your deductible, but they do help you reach your out-of-pocket maximum.
- After you reach your out-of-pocket maximum, Kaiser Permanente will pay for all covered services for the rest of the year.
- See your *Evidence of Coverage* or other coverage documents for the plan details, including the date your out-of-pocket maximum will reset.
- For more information, visit kp.org/deductibleplans.

Do I need to reach my deductible before I can pay a copay or coinsurance for preventive care?

No. Most preventive care services are covered at no cost or at a copay,² even before you reach your deductible.

What is preventive care?

Preventive care can help you avoid illness and protect your health. Kaiser Permanente offers many preventive care services at no cost or at a copay,² including:

- Routine physical exams
- Well-child visits
- Scheduled prenatal care
- Hearing tests
- Immunizations
- Routine well-woman visits, including mammograms, pelvic exams, clinical breast exams, and Pap tests
- Diabetes screenings
- Prostate cancer screenings, including prostate-specific antigen (PSA) tests
- Cholesterol screenings
- Colonoscopy screenings

I got preventive care and was billed for more than I expected. Why?

There may be times when you come in for preventive care and need diagnostic or treatment services, too. For example, during a routine physical exam your doctor might find a mole that needs to be removed for testing. Because the removal and testing of the mole aren't preventive, you'll get a bill for them.

How do my deductible and out-of-pocket maximum work?

All HSA-qualified deductible HMO plans have a deductible and an out-of-pocket maximum.

- For an individual plan, the individual deductible must be met first. This means that you need to reach your deductible before you can pay copays or coinsurance for covered services. There's an exception for most preventive care services, which are covered at no cost or at a copay.²
- All copays, coinsurance, and deductible payments count toward your out-of-pocket maximum. For an individual plan, once you reach the individual out-of-pocket maximum, Kaiser Permanente will pay for all of your covered services for the rest of the year.
- For family coverage (2 or more members), this plan has:
 - An individual deductible
 - An individual out-of-pocket maximum
 - A family deductible
 - A family out-of-pocket maximum
- Any covered family member who reaches their individual deductible will start paying copays or coinsurance for covered services for the rest of the year. All other family members will keep paying the full charges for covered services until they reach their individual deductibles or until the family reaches the family deductible.
- The out-of-pocket maximum works the same way. Once the individual or family out-of-pocket maximum is met, Kaiser Permanente will pay for all covered services for the individual or the entire family for the rest of the year.
- See your *Evidence of Coverage* or other coverage documents for the plan details, including the date your deductible and out-of-pocket maximum will start over.

Do copays, coinsurance, and deductible payments count toward my out-of-pocket maximum?

Yes. Payments for all covered services count toward your out-of-pocket maximum.

For example, let's say you had a deductible of \$2,000 and an out-of-pocket maximum of \$4,000. After reaching your \$2,000 deductible, all of your copays and coinsurance would count toward your out-of-pocket maximum.

Deductible: \$2,000

Out-of-pocket maximum: \$4,000

Difference: \$2,000. In other words, after reaching your deductible, you'd need to pay \$2,000 worth of copays or coinsurance to reach your out-of-pocket maximum.

With HSA-qualified plans, medical and pharmacy services have one combined deductible.

Will what I pay for count toward my:

	Deductible	Out-of-pocket maximum
Most preventive services	No	Yes
All other covered services	Yes	Yes
Prescription drugs	Yes	Yes

What medical services count toward my deductible and out-of-pocket maximum?

Preventive services will count toward your out-of-pocket maximum, but not your deductible. Payments for all other covered services will be applied toward both. Covered services can include:

- Doctor's office visits (for both primary and specialty care)
- Hospitalization
- Inpatient/outpatient surgery
- Emergency services
- Ambulance services
- Urgent care
- X-ray, MRI, CT scan, lab tests
- Prescription drugs

For more information about your benefits, please refer to your *Evidence of Coverage* or other coverage documents.

Will I be charged for phone or video visits?

Until you meet your deductible, you'll be charged the full cost of a phone or video visit. Once you meet your deductible, your cost share for a phone or video visit will be \$0.

Can I see a Kaiser Permanente doctor with this plan?

Yes. You can see the same Kaiser Permanente doctors with all our plans.



More about HSAs

What can I pay for with my HSA?

You can use the money in your HSA to pay for copays, coinsurance, and deductible payments for you and your dependents.¹ Examples include:

- Emergency services
- Hospital visits
- Prescription drugs
- Primary and specialty care visits
- X-rays and lab tests

For a detailed list of HSA-eligible medical expenses, see Publication 502 on the IRS website.

For more information about your health plan benefits, refer to your *Evidence of Coverage* or other coverage documents.

How do I use my HSA to pay for care?

Ask your employer's plan administrator for details.

Debit card	If you have an HSA debit card, you can use it in either of two ways: <ul style="list-style-type: none"> • When you get care • By writing your card number on your bill and sending it in
Reimbursement	Pay out of pocket using your own money, then get reimbursed by submitting a distribution request to your HSA administrator.
Combination	If you don't have enough money in your HSA to cover the full cost of your care, you can use the remaining money available in your HSA and then pay the difference with another form of payment.

Who is eligible for an HSA?

To be eligible for an HSA, you need to meet the following requirements:

- You must be enrolled in an HSA-qualified HDHP plan.
- You can't be enrolled in Medicare.
- You can't be eligible to be claimed as a dependent on someone else's tax return.
- You can't have additional health coverage that is not an HSA-qualified HDHP plan. (There are certain exceptions, including specific injury insurance or coverage for accidents, disability, dental care, vision care, or long-term care.)

You may want to consult with a financial or tax advisor for more information about HSA eligibility.

What are the advantages of an HSA?

- You don't pay taxes on the money that you put into your HSA.³
- You can continue to save and grow the account and use the money for care later in life.

Who can contribute to an HSA?

You, your family members, your employer, and anyone else can put money in your HSA. The annual limit on the amount of money you can add to your account applies no matter who makes contributions.

How much can be contributed to my account?

The maximum amount that can be contributed toward an HSA is set by the Internal Revenue Service, and these amounts may be changed for inflation each year. Consult with a qualified professional for tax, investment, or legal advice. To see the current maximum amount that can be contributed toward the HSA, go to kp.org/HSAlimits.

When can I start using my HSA?

You can use your HSA once you've opened the account and put money in it.

When should I submit requests for reimbursement for care I paid for out of pocket?

You can submit a request for reimbursement anytime, as long as you got the care on or after the date you opened the HSA.

If you have more questions, please contact your HSA administrator.

What if I leave my current employer or retire with money still in my HSA?

The money in your HSA belongs to you. If you leave your company, you can take your HSA with you.

What if there's money left in my account at the end of the year?

Any money left in your HSA at the end of the year will be available for you to use in the future.

What if I use all the money in my HSA before the end of the year?

If you use all of the money in your HSA, and have already contributed the maximum amount allowed for the year, you'll have to pay out of pocket for any other health care expenses until the end of the year.

Can I put more money in my HSA than the amount of my health plan deductible?

The maximum amount you can contribute to your HSA is set by the federal government on a yearly basis. This maximum is unrelated to your deductible.

If my coverage starts in the middle of the year, how much can I contribute to my HSA?

If you start your health plan in the middle of the calendar year, you can still contribute up to the maximum dollar amount set by the federal government for that year.

Here are important time frames to remember when contributing to your HSA:

- You must be enrolled in an HSA-qualified HDHP plan for at least the full month of December to contribute to your HSA for that year.
- You need to stay enrolled for the full calendar year following your midyear enrollment. If you don't stay enrolled for the full period, a portion of the maximum contribution you made will be included in your taxable income for the year. This means you could pay taxes and penalties on your contribution.

Can I make my entire HSA contribution at the beginning of the year?

Yes. As long as you don't go over your annual limit, you can contribute as much as you'd like at the beginning of the year. If your eligibility status changes during the year, you may have to correct the amount you already contributed. For example, if you change from family to individual coverage during the year, you might have contributed too much.

How do I get started?

There are 2 ways to set up an HSA:

- If your employer offers you an HSA, follow the instructions that your employer provides.
- If you choose your own financial institution for your HSA, follow the instructions that your financial institution provides.

Paying for care

What can I expect to pay for a visit?

To find out how much you can expect to pay when you check in, you can:

- Use our estimates tool at **kp.org/costestimates**
- Call us at **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m. Pacific time

When you come in for care, you'll make a payment for your scheduled services. Note that this may be only a deposit toward the total cost of scheduled services as indicated on our estimates tool. If that is the case, or if you get any unscheduled services during your visit, you'll get a bill for the difference later.

For more information, see your *Evidence of Coverage* or other coverage documents, or call the number on your Kaiser Permanente ID card.

Accessing care

Where can I get care?

Kaiser Permanente has more than 18,000 physicians in California. And you'll find about 400 Kaiser Permanente medical facilities in Northern and Southern California. To make your care experience as easy and convenient as possible, most Kaiser Permanente facilities offer many services in one location. You can also get many services during evenings and weekends.

If I have a medical emergency while away from home, will my care be covered?

Yes. Kaiser Permanente covers emergency care

from providers anywhere in the world. Please see your *Evidence of Coverage* or other coverage documents for more information.

We can also help you before you leave town by checking to see if you need a vaccination, refilling eligible prescriptions, and more. Just call our 24/7 Away from Home Travel Line at **951-268-3900⁵** or visit **kp.org/travel**.

If I have questions about getting care, who can I talk to?

Please call Member Services at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). For TTY, call **711**. One of our representatives will be happy to help you.

Common terms

Coinsurance	From the total cost of a covered service, the percentage you pay is the coinsurance. For example, a 20% coinsurance for a \$200 medical procedure means you pay \$40.
Copayment (copay)	The set amount you pay for covered services (for example, a \$20 copay for an office visit).
Deductible	The amount you pay each year for covered services before Kaiser Permanente starts paying. For example, a \$2,000 deductible means you'll pay the full amount for health care services up to \$2,000 before you start paying copays or coinsurance.
Out-of-pocket maximum	The most you'll pay for covered services each year.
Preventive care services	Preventive care services are types of routine care that can help keep you healthy. These services can help you find and address potential health problems before they become serious.

1. You can use your HSA to pay for qualified medical expenses, which are defined under Internal Revenue Code Section 213(d) in IRS Publication 502, *Medical and Dental Expenses*, available at [irs.gov/publications](https://www.irs.gov/publications). 2. Depending on your plan. 3. The tax references in this document relate to federal income tax only. Consult with your financial or tax adviser for information about state income tax laws. 4. If your plan includes an allowance for specific services (such as eyeglasses or contact lenses), any amounts you pay that exceed the allowance do not count toward your out-of-pocket maximum. 5. This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

Language Assistance Services

English: Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, or materials translated into your language or alternative formats. You can also request auxiliary aids and devices at our facilities. Call our Member Service Contact Center for help, 24 hours a day, 7 days a week (closed holidays).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- All others: **1-800-464-4000 (TTY 711)**

Arabic: خدمات الترجمة الفورية متوفرة لك مجاناً على مدار الساعة كافة أيام الأسبوع. بإمكانك طلب خدمة الترجمة الفورية أو ترجمة وثائقك أو لصيغ أخرى. يمكنك أيضاً طلب مساعدات إضافية وأجهزة في مرافقتنا. اتصل مع مركز اتصال خدمة الأعضاء لدينا، على مدار 24 ساعة في اليوم و 7 أيام في الأسبوع (العطلات مغلق).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- جميع الآخرين: **1-800-464-4000 (TTY 711)**

Armenian: Ձեզ կարող է անվճար լեզվական աջակցություն տրամադրվել օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Դուք նաև կարող եք խնդրել օժանդակ օգնություններ և սարքեր մեր հաստատություններում: Օգնության համար զանգահարեք մեր Անդամների սպասարկման կապի կենտրոն օրը 24 ժամ, շաբաթը 7 օր (տոն օրերին փակ է):

- Medi-Cal` **1-855-839-7613 (TTY 711)**
- Այլ` **1-800-464-4000 (TTY 711)**

Chinese: 我们每周 7 天，每天 24 小时免费提供语言帮助。您可以要求提供口译员、或将材料翻译为您所用语言或其他格式。您还可以在我们的设施中要求使用辅助工具和设备。请打电话给我们的会员服务联络中心，服务时间为每周 7 天，每天 24 小时（节假日除外）。

- 所有会员: **1-800-757-7585 (TTY 711)**

Farsi: خدمات زبانی در 24 ساعت شبانهروز و 7 روز هفته بهصورت رایگان در اختیار شماست. می‌توانید خدمات مترجم شفاهی، یا ترجمه مدارک به زبان خود یا به فرمت‌های دیگر را درخواست کنید. همچنین می‌توانید دستگاه‌ها و کمک‌های دیگر را در مراکز ما درخواست نمایید. برای دریافت کمک، در 24 ساعت شبانهروز و 7 روز هفته (به‌جز تعطیلات) با مرکز تماس خدمات اعضای ما تماس بگیرید.

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- سایر: **1-800-464-4000 (TTY 711)**

Hindi: बिना किसी लागत के भाषा सहायता, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप दुभाषिये की सेवाओं के लिए, या बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों का अनुरोध कर सकते हैं। आप हमारे सुविधा-स्थलों में सहायक साधनों और उपकरणों के लिए भी अनुरोध कर सकते हैं। सहायता के लिए हमारी सदस्य सेवाओं के सम्पर्क केंद्र को, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें।

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- बाकी दूसरे: **1-800-464-4000 (TTY 711)**

Hmong: Muaj kev pab txhais lus pub dawb rau koj, 24 teev tuaj ib hnuv twg, 7 hnuv tuaj ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntawv txhais ua koj hom lus, los yog ua lwm hom. Koj kuj thov tau lwm yam kev pab thiab khoom siv hauv peb tej tsev hauj lwm. Hu rau peb Qhov Chaw Pab Cov Tswv Cuab 24 teev tuaj ib hnuv twg, 7 hnuv tuaj ib lim tiam twg (cov hnuv caiv kaw).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- Dua lwm cov: **1-800-464-4000 (TTY 711)**

Japanese: 多言語による情報支援を無料で24時間年中無休でご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは別の形式による資料もご希望いただけます。また、当施設における補助的な支援や機器についてもご希望いただけます。お気軽にご連絡ください（祝祭日を除き24時間週7日）。

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- その他のご連絡先: **1-800-464-4000 (TTY 711)**

Khmer (Cambodian): ជំនួយភាសា គឺឥតគិតថ្លៃដល់អ្នកឡើយ 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែ ឬឯកសារដែលបានបកប្រែ ជាភាសាខ្មែរ ឬទម្រង់ជំនួសផ្សេងៗទៀត។ អ្នកក៏អាចស្នើសុំឧបករណ៍និងបរិក្ខារជំនួយ ទំនាក់ទំនងសម្រាប់អ្នកពិការនៅទីតាំងរបស់យើងផងដែរ។ ទូរស័ព្ទទៅមជ្ឈមណ្ឌល ទំនាក់ទំនងសេវាកម្មសមាជិករបស់យើងសម្រាប់ជំនួយ 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ (ថ្ងៃឈប់សម្រាកបិទ)។

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- ផ្សេងទៀតទាំងអស់: **1-800-464-4000 (TTY 711)**

Korean: 요일 및 시간에 관계없이 언어지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스 또는 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 또한 저희 시설에서 보조기구 및 기기를 요청하실 수 있습니다. 저희 가입자 서비스 연락 센터에 주 7 일, 하루 24 시간(공휴일 휴무) 전화하셔서 도움을 받으십시오.

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- 기타 모든 경우: **1-800-464-4000 (TTY 711)**

Laotian: ມີການຊ່ວຍເຫຼືອດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ, 24 ຊົ່ວໂມງຕໍ່ວັນ, 7 ວັນຕໍ່ອາທິດ. ທ່ານຍັງສາມາດຂໍບໍລິການຜູ້ແປພາສາ ຫຼື ເອກະສານທີ່ແປເປັນພາສາຂອງທ່ານ ຫຼື ໃນຮູບແບບອື່ນໄດ້. ທ່ານຍັງສາມາດຂໍອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ເຄື່ອງມືຢູ່ສະຖານບໍລິການຂອງພວກເຮົາໄດ້. ໂທຫາສູນຕິດຕໍ່ບໍລິການສະມາຊິກຂອງພວກເຮົາເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອ, 24 ຊົ່ວໂມງຕໍ່ວັນ, 7 ວັນຕໍ່ອາທິດ (ປິດໃນວັນພັກ).

- Medi-Cal: **1-855-839-7613** (TTY 711)
- ອື່ນໆທັງໝົດ: **1-800-464-4000** (TTY 711)

Mien: Mbenc nzoih liouh wangv-henh tengx nzie faan waac bun muangx meih maiv cingv, yietc hnoi mbenc maaiah 24 norm ziangh hoc, yietc norm leiz baaix mbenc maaiah 7 hnoi. Meih se haih tov heuc tengx faan benx meih nyei waac bun muangx, a'fai zoux benx nyungc horngh jaa-sic zoux benx meih nyei waac. Meih corc haih tov tengx nyungc horngh jaa-dorngx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Beiv hnavg qiemx zuqc longc mienh nzie weih nor douc waac lorx taux yie mbuo ziux goux baengc mienh nyei gorn zangc, yietc hnoi tengx duqv 24 norm ziangh hoc, yietc norm leiz baaix tengx duqv 7 hnoi (simv cuotv gingc nyei hnoi se guon oc).

- Medi-Cal: **1-855-839-7613** (TTY 711)
- Yietc zungv da'nyeic deix: **1-800-464-4000** (TTY 711)

Navajo: Díí hózhó nízhoní bee hane' dóó jík'ah jóóní dooníwo'. Ndik'é yádi naaltsoos bee haz'áanii bee hane' dóó yádi nihookaa dóó nádaáhágíí yádi nihookaa. Shí éí bee háidíníí bíbee' haz'áanii dóó bee t'ah kodí bízíkiníí wo'da'gí doolyé. Ahéhee' bik'ehgo nohólqon'ígíí, 24 t'áadawo'íí, 7 t'áadawo'íígo (t'áadoo t'áálwo').

- Medi-Cal: **1-855-839-7613** (TTY 711)
- Yadilzingo bílk'ehgo bee: **1-800-464-4000** (TTY 711)

Punjabi: ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਲਈ, ਜਾਂ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸੁਵਿਧਾਵਾਂ ਵਿੱਚ ਵੀ ਸਹਾਇਕ ਸਾਧਨਾਂ ਅਤੇ ਉਪਕਰਣਾਂ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹਾਂ। ਮਦਦ ਲਈ ਸਾਡੀ ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਦੇ ਸੰਪਰਕ ਕੇਂਦਰ ਨੂੰ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਕਾਲ ਕਰੋ।

- Medi-Cal: **1-855-839-7613** (TTY 711)
- ਹੋਰ ਸਾਰੇ: **1-800-464-4000** (TTY 711)

Russian: Языковая помощь доступна для вас бесплатно круглосуточно, ежедневно. Вы можете запросить услуги переводчика или материалы, переведенные на ваш язык или в альтернативные форматы. Вы также можете заказать вспомогательные средства и приспособления. Для получения помощи позвоните в наш центр обслуживания участников ежедневно, круглосуточно (кроме праздничных дней).

- Medi-Cal: **1-855-839-7613** (линия TTY 711)
- Все остальные: **1-800-464-4000** (линия TTY 711)

Spanish: Tenemos disponible asistencia en su idioma sin ningún costo para usted 24 horas al día, 7 días a la semana. Usted puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o formatos alternativos. También puede solicitar recursos para discapacidades en nuestros centros de atención. Llame a nuestra Central de Llamadas de Servicio a los Miembros para recibir ayuda 24 horas al día, 7 días a la semana (excepto los días festivos).

- Para todos los demás: **1-800-788-0616 (TTY 711)**

Tagalog: May magagamit na tulong sa wika nang wala kayong babayaran, 24 na oras sa isang araw, 7 araw sa isang linggo. Maaari kayong humiling ng mga serbisyo ng interpreter, o mga babasahin na isinalin sa inyong wika o sa mga alternatibong format. Maaari rin kayong humiling ng mga pantulong na gamit at device sa aming mga pasilidad. Tawagan ang aming Center sa Pakikipag-ugnayan ng Serbisyo sa Miyembro para sa tulong, 24 na oras sa isang araw, 7 araw sa isang linggo (sarado sa mga pista opisyal).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- Lahat ng iba pa: **1-800-464-4000 (TTY 711)**

Thai: มีบริการช่วยเหลือด้านภาษาตลอด 24 ชั่วโมงทุกวันโดยไม่มีค่าใช้จ่าย โดยคุณสามารถขอใช้บริการล่าม บริการแปลเอกสารเป็นภาษาของคุณหรือในรูปแบบอื่นๆ ได้ คุณสามารถขออุปกรณ์และเครื่องมือช่วยเหลือได้ที่ศูนย์บริการของเราโดยโทรหาเราที่ศูนย์ติดต่อฝ่ายบริการสมาชิกของเราเพื่อขอความช่วยเหลือตลอด 24 ชั่วโมงทุกวัน (ปิดทำการในช่วงวันหยุด)

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- ที่อื่นๆทั้งหมด: **1-800-464-4000 (TTY 711)**

Ukrainian: Послуги перекладача надаються безкоштовно, цілодобово, 7 днів на тиждень. Ви можете зробити запит на послуги усного перекладача або отримання матеріалів у перекладі мовою, якою володієте, чи в альтернативних форматах. Також ви можете зробити запит на отримання допоміжних засобів і пристроїв у закладах нашої мережі компаній. Телефонуйте в наш контактний центр для обслуговування клієнтів цілодобово, 7 днів на тиждень (крім святкових днів).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- Усі інші: **1-800-464-4000 (TTY 711)**

Vietnamese: Dịch vụ hỗ trợ ngôn ngữ được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, hoặc tài liệu được dịch ra ngôn ngữ của quý vị hoặc nhiều hình thức khác. Quý vị cũng có thể yêu cầu các phương tiện trợ giúp và thiết bị hỗ trợ tại các cơ sở của chúng tôi. Gọi cho Trung Tâm Liên Lạc ban Dịch Vụ Hội Viên của chúng tôi để được trợ giúp, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ).

- Medi-Cal: **1-855-839-7613 (TTY 711)**
- Mọi chương trình khác: **1-800-464-4000 (TTY 711)**