



What this Plan Covers & What You Pay for Covered Services



	Emergency room care	\$50 / visit	\$50 / visit	None
	Emergency medical transportation	No Charge	No Charge	None
	Urgent care	\$15 / visit	Not Covered	Non-Plan providers covered when temporarily outside the service area. \$15 / visit.
) ma forma	Facility fee (e.g. hospital room) No Charge :	No Charge		No Charge

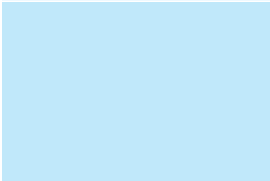


[Home health care](#)

No Charge

Not Covered

Requires prior authorization.



There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#).

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(For Medi-Cal Beneficiaries Only)

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(Solo para

beneficiarios de Medi-Cal)

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Kaiser Permanente

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(Evidence of Coverage)

(Certificate of Insurance)

Kaiser Permanente

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kp.org/facilities

kp.org

Kaiser Permanente

Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

Medi-Cal

(TTY)

(DHCS)

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, materials translated into your language, or in alternative formats. You can also request auxiliary aids and devices at our facilities. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

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