

# Enrolling during a special enrollment period

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## What is special enrollment?

In general, you can only change or apply for health care coverage during the standard annual open enrollment period. However, if you have what's called a "triggering event," you can also enroll or change your coverage during a special enrollment period.

Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job. Even if you have a triggering event during open enrollment, you'll still have a special enrollment period and your coverage may start on a different date than the standard open enrollment effective dates. See the chart on page 4 for the effective dates for coverage.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you or your dependents.

### If you have advance notice

If your triggering event is a loss of coverage that you know about in advance, you may be able to apply for new coverage ahead of time. In this case, you have 60 days before **and** 60 days after you lose coverage to apply. For example, if you know you'll be laid off from your job, you can apply up to 60 days before you lose coverage.

If COBRA is available from your former employer, you can continue your employer coverage through COBRA or enroll in an individual or family plan.

In some cases, if there's a problem with your enrollment or an issue with a plan contract, Covered California determines the length of the special enrollment period.

See pages 5-8 for detailed information on triggering events.

### Kaiser Permanente Child Health Program

If you are applying for Kaiser Permanente's Child Health Program, see page 2 for eligibility requirements.

Have questions? Call us at 1-800-255-5053.

## What is minimum essential coverage?

This is insurance that meets the requirement under health care reform that everyone must have a certain level of health care coverage. As long as you have minimum essential coverage, you won't have to pay a tax penalty for being uninsured.

While almost all Kaiser Permanente plans meet this requirement, there are also other options. Examples include:

- Covered California plans
- Health plans offered through an employer or an employee organization such as a union
- Most individual plans bought outside Covered California
- Most Medicaid or Medi-Cal plans
- Child Health Insurance Plan (CHIP)
- TRICARE
- COBRA
- Certain other kinds of coverage

Visit [healthcare.gov](https://www.healthcare.gov) for more information.

## Do I qualify for Kaiser Permanente's Child Health Program?

Eligibility during the special enrollment period for Kaiser Permanente's Child Health Program will be considered for individuals who are uninsured and:

- Live in the Kaiser Foundation Health Plan, Inc., service area
- Are under 19 years of age at the time of the effective date of the Kaiser Permanente plan
- Live in a household with incomes up to 300% of the federal poverty level (for example, \$35,640 for an individual and \$72,900 for a family of 4, per 2016 guidelines)
- Are not eligible for financial assistance through Covered California and do not have access to any other public or private health coverage, including, but not limited to, Medi-Cal, Medicare, or a job-based health plan. Children under 19 years of age living in households with income at or below 266% of the federal poverty level are eligible for Medi-Cal.

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**Please note:**

- If Kaiser Permanente determines you are not eligible for the Kaiser Permanente Child Health Program, you can still enroll in the Kaiser Permanente Platinum 90 - HMO plan or another Kaiser Permanente for Individuals and Families plan, but without Kaiser Permanente financial assistance.
- Enrollment in Kaiser Permanente's Child Health Program may be available during the annual open enrollment period and may close to new applicants without notice.



## What is my effective date?

The date your coverage starts will depend on the kind of triggering event you have. Use the chart below to see which effective date applies to you.

Type of event	Date we receive your application or Account Change Form	Effective date
<b>Experiencing any of these changes:</b> • Loss of health care coverage • Change in eligibility for employer health coverage Details on pages 5-7.	On or before last date of coverage	First day of the month following the last date of coverage
	After loss of coverage or change in employer coverage: between the 1st and the 15th of the month following the triggering event	First day of the following month
	After loss of coverage or change in employer coverage: between the 16th and the last day of the month	First day of the second following month
<b>Gaining or becoming a dependent through marriage or domestic partnership registration</b> Details on page 6.	Any day of the month	First day of the month following receipt of application or Account Change Form
<b>Gaining a dependent through birth, adoption, foster care, or placement for adoption or foster care</b> Details on page 6.	Any day of the month	Date of birth, adoption, foster care, or placement for adoption or foster care, <b>or</b> first day of the month following your triggering event, whichever option you choose
<b>Losing a dependent through divorce, legal separation, or dissolution of domestic partnership</b> Details on page 6.	Between the 1st and the 15th of the month	First day of the following month following receipt of application or Account Change Form
	Between the 16th and the last day of the month	First day of the second following month following receipt of application or Account Change Form
<b>Death of the subscriber or a dependent</b> Details on page 6.	Any day of the month	First day of the month following receipt of application or Account Change Form
<b>Child support order or other court order to cover a dependent</b> Details on page 6.	Any day of the month	Date the court order is effective
<b>Permanent relocation</b> Details on page 6.	Between the 1st and the 15th of the month	First day of the following month
	Between the 16th and the last day of the month	First day of the second following month
<b>Having a change in:</b> • Eligibility for federal financial assistance • Immigration status • Release from incarceration • Status as an American Indian/Native Alaskan • Misinformation about your current coverage • Provider network changes Details on pages 7-8.	Between the 1st and the 15th of the month	First day of the following month
	Between the 16th and the last day of the month	First day of the second following month
<b>Determination by Covered California</b> Details on page 7.	Any day of the month	Any day of the month as determined by Covered California, including a retroactive date



## What are the triggering events?

Here's a list of all the different triggering events you might have.

### If you've lost coverage

Please note that if you lost health care coverage, the date of your triggering event is the last full day of coverage under your previous plan.

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### Loss of health care coverage:

- **You lose your employer-provided coverage for any of these reasons:**
  - You lose your job.
  - Your work hours are reduced, so you no longer qualify for coverage.
  - The person who covers you on his or her employer health plan dies.
  - You're a dependent on the plan and your marital status changes due to a legal separation or divorce, so your eligibility as a dependent ends.
  - You no longer live or work in the service area, and no other group health coverage is available to you.
  - You're part of a group of employees that is no longer offered coverage from your employer.
  - A dependent child has a birthday and no longer qualifies as a dependent.
  - Your employer stops contributing premium payments for your group health coverage.
  - Your COBRA coverage ends.
  - Your retiree coverage is discontinued when your employer declares federal Chapter 11 bankruptcy.
  - The person who covers you on his/her employer health plan becomes entitled to Medicare.
  - Your group plan is renewing or ending on a date other than January 1.
  - You lose coverage for a reason that isn't your fault.
- **You lose Medicaid. Common examples may include:**
  - You have a change in income.
  - 60 days pass after delivering a child, or your pregnancy fails.
  - You lose what's known as "Medically Needy" coverage, which is special Medicaid coverage for people with too much income or assets to qualify for regular Medicaid, but who have high medical expenses. This type of special enrollment period may occur only once per calendar year.
- **You lose your Part A, Parts A and B, or Part C Medicare coverage.**

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## If you've had a child in the past couple of months

If your triggering event is the birth of a child, you can have your plan start on the date your child was born or on the first day of the month following that date, as long as you apply within 60 days of your child's birth.

This means you can cover your newborn's care for up to 60 days before you apply for coverage. But keep in mind that if you choose an effective date in the past, you'll need to pay the premiums for that time – plus the standard first month's premium.

For example, if you have a baby on March 1 and submit your application on April 15, you can request March 1 as the effective date, but you'll need to include the premium payments for March, April, and May with your application.

*What are the triggering events? (continued)*

### • You lose individual plan coverage because:

- Your individual plan is renewing or ending on a date other than January 1.
- You become ineligible for individual coverage. (For example, this can happen when someone reaches the age limit for being covered as a dependent child.)
- You lose certain types of veteran's coverage.
- You lose TRICARE coverage.
- You lose certain self-funded student health coverage.
- Your military coverage ends because you return from active duty.

Keep in mind, these events do NOT qualify as triggering events:

- You're losing coverage because you didn't pay your premiums.
- Your plan was rescinded.
- You had Medicare Part B coverage and do not have any other coverage.

## 2 Gaining, becoming, or losing a dependent:

- You have a baby, adopt a child, or get married – or foster a child if your plan includes coverage for foster children.
- You lose a dependent because the dependent reaches an age where he or she no longer qualifies to be covered under your health plan, or the subscriber or a dependent dies.
- You lose a dependent because of a divorce, dissolution of domestic partnership, or legal separation.

Note: In the event of death of the subscriber or dependent, you qualify for a special enrollment period only if you're enrolled under the same plan as the deceased.

## 3 Child support order or other court order to cover a dependent

A state or federal court orders that you or your dependent be covered as a dependent.

## 4 Permanent relocation:

You move somewhere and have a different choice of health plans. **You must have minimum essential coverage for at least 1 full day in the past 60 days in order to qualify for this triggering event unless you moved from a foreign country or a United States territory.**

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*What are the triggering events? (continued)*

## 5 **Release from incarceration:**

You were recently released from jail, prison, or another form of incarceration.

## 6 **Change in eligibility for federal financial assistance through Covered California:**

- Your household income level changes and, as a result, you or your dependents become eligible – or ineligible – for financial help. Dependents must be enrolled in the same plan as the subscriber.
- You live in a state that did not expand Medicaid and are not enrolled in a Medicaid plan, and you become eligible for an advanced premium tax credit (APTC) because your household income increases above 100% of the federal poverty level (FPL).

For more information about eligibility for federal financial assistance, visit [CoveredCA.com](http://CoveredCA.com) or call 1-800-300-1506. You can also call Kaiser Permanente for help at **1-800-494-5314**.

## 7 **Change in eligibility for employer health coverage:**

You or your dependent becomes eligible for APTC as a result of becoming ineligible for health coverage through an employer – for example, if the employer discontinues or changes that coverage.

## 8 **Change in immigration status:**

You're newly entitled to have health care coverage because of an immigration status change. **In this case, you may only enroll in a plan offered through Covered California.** For more information, visit [CoveredCA.com](http://CoveredCA.com) or call 1-800-300-1506. You can also call Kaiser Permanente for help at **1-800-494-5314**.

## 9 **Coverage as an American Indian/Native Alaskan:**

Covered California determines you qualify for a monthly special enrollment period to enroll in or change health care coverage. **In this case, you may only enroll in a plan through Covered California.** For more information, visit [CoveredCA.com](http://CoveredCA.com) or call 1-800-300-1506. You can also call Kaiser Permanente for help at **1-800-494-5314**.

## 10 **Determination by Covered California:**

Covered California determines you qualify for a special enrollment period because of extraordinary circumstances, such as an error or lack of action on the part of Covered California, or for any other reason.

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*What are the triggering events? (continued)*

## **11 Misinformation about your current coverage:**

Covered California determines that you qualify for a special enrollment period because you were wrongly informed that you had coverage already, and didn't apply for coverage during open enrollment for that reason.

## **12 Provider network changes:**

You were under active care for certain conditions with a provider that no longer participates in your health plan. Examples of conditions include an acute condition, a serious chronic condition, pregnancy, terminal illness, care of a newborn, or authorized nonelective surgeries.





## How do I apply for Kaiser Permanente's Child Health Program?

Please complete these steps to apply directly with Kaiser Permanente during a special enrollment period.



### Fax

1-866-874-1793



### Mail

Charitable Health  
Coverage Operations  
P.O. Box 12904  
Oakland, CA 94604-9923

### Apply by mail or fax:

- If you have experienced a triggering event, you'll need to complete the Documentation of Triggering Event Form, the Kaiser Permanente Individuals and Families (KPIF) Application for Health Coverage, the Kaiser Permanente Subsidy Eligibility Form, and you will need to provide your supporting documentation. Please be sure to select the triggering event and provide the date of the event under Step 1 of the KPIF application.
- On the first page of your supporting documentation, be sure to write this information for the primary applicant:
  - First and last name as listed on the application
  - Kaiser Permanente medical record number (if you have one)
  - Home address
  - Date of birth
- Be sure to mail or fax the Documentation of Triggering Event Form, the Kaiser Permanente Individuals and Families (KPIF) Application for Health Coverage, the Kaiser Permanente Subsidy Eligibility Form, and supporting documentation within 60 days of your triggering event or by the end of your special enrollment period, whichever comes first.
- We must receive ALL your required materials within 60 days of your triggering event or by the last day of your special enrollment period, whichever comes first.
- In some instances, you may submit your completed application up to 60 days in advance of your triggering event to avoid a gap in coverage.
- If you apply close to the end of your 60-day special enrollment period, you may want to fax us or use express mail to avoid missing the deadline.
- **By submitting a signed application, you are confirming that a triggering event occurred. If we determine that the triggering event did not occur, we may take legal action, including, but not limited to, terminating your coverage retroactively back to the effective date of coverage. You may also be financially liable for any services that you may have received.**

Have questions? Call us at 1-800-255-5053.



## What documents do I need to submit?

Find your triggering event on the list below to see what supporting documentation is needed with your application. Only 1 document is required, unless otherwise noted. Please send copies only. Documentation requirements may be different if you apply through Covered California.

### Loss of health care coverage

- Letter stating why you lost your coverage

### Gaining or becoming a dependent through birth, adoption, foster care, or placement for adoption or foster care, marriage, or domestic partnership

- Birth certificate or letter from the medical center or birth center showing proof of birth or documentation demonstrating birth at home
- Adoption papers or proof of placement for adoption
- Evidence of proof from a court, Department of Social Services, or other agency that you have been appointed as the foster parent
- Marriage license or proof of domestic partnership

### Losing a dependent through divorce, dissolution of domestic partnership, or legal separation

- Divorce decree, dissolution agreement, or separation agreement

### Death of the subscriber or a dependent

- Death certificate

### Release from incarceration

- Release order

### Child support order or other court order to cover a dependent

- A copy of the court order

### Permanent relocation

- Proof of minimum essential coverage (MEC) in the last 60 days from prior carrier and one of the following:
  - Utility bill
  - Copy of rent agreement

### Change in eligibility for federal financial assistance through Covered California

- Copy of most recent eligibility determination from Covered California

### Change in eligibility for employer health coverage

- Letter from employer stating change in health coverage

### Change in immigration status

- Determination by Covered California to purchase health plan coverage

### Status as an American Indian/Native Alaskan

- Notice from Covered California stating you're eligible for a monthly special enrollment period

### Determination by Covered California

- Notice from Covered California stating you're eligible for a special enrollment period

### Misinformation about coverage

- Notice from Covered California stating you're eligible for a special enrollment period

### Provider network changes

- Notice from provider stating you're eligible for a special enrollment period

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. In addition, you may request health plan materials translated in your language, and may also request these materials in large text or in other formats to accommodate your needs. For more information, call **1-800-464-4000** (TTY users call **711**).

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. A grievance includes a complaint or an appeal. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your *Evidence of Coverage* or *Certificate of Insurance*, or speak with a Member Services representative for the dispute-resolution options that apply to you. This is especially important if you are a Medicare, Medi-Cal, MRMIP, Medi-Cal Access, FEHBP, or CalPERS member because you have different dispute-resolution options available.

You may submit a grievance in the following ways:

- By completing a Complaint or Benefit Claim/Request form at a Member Services office located at a Plan Facility (please refer to *Your Guidebook* for addresses)
- By mailing your written grievance to a Member Services office at a Plan Facility (please refer to *Your Guidebook* for addresses)
- By calling our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **711**)
- By completing the grievance form on our website at **kp.org**

Please call our Member Service Contact Center if you need help submitting a grievance.

The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, sex, age, or disability. You may also contact the Kaiser Permanente Civil Rights Coordinator directly at One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

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, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Kaiser Permanente no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

La Central de Llamadas de Servicio a los Miembros (Member Service Contact Center) brinda servicios de asistencia con el idioma las 24 horas del día, los siete días de la semana (excepto los días festivos). Se ofrecen servicios de interpretación sin costo alguno para usted durante el horario de atención, incluido el lenguaje de señas. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Además, puede solicitar los materiales del plan de salud traducidos a su idioma, y también los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades. Para obtener más información, llame al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**).

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. Una queja incluye una queja formal o una apelación. Por ejemplo, si usted cree que ha sufrido discriminación de nuestra parte, puede presentar una queja. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)*, o comuníquese con un representante de Servicio a los Miembros (Member Services) para conocer las opciones de resolución de disputas que le corresponden. Esto tiene especial importancia si es miembro de Medicare, Medi-Cal, MRMIP (Major Risk Medical Insurance Program, Programa de Seguro Médico para Riesgos Mayores), Medi-Cal Access, FEHBP (Federal Employees Health Benefits Program, Programa de Beneficios Médicos para los Empleados Federales) o CalPERS ya que dispone de otras opciones para resolver disputas.

Puede presentar una queja de las siguientes maneras:

- completando un formulario de queja o de reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte las direcciones en *Su Guía*)
- enviando por correo su queja por escrito a una oficina de Servicio a los Miembros en un centro del plan (consulte las direcciones en *Su Guía*)
- llamando a la línea telefónica gratuita de la Central de Llamadas de Servicio a los Miembros al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**)
- completando el formulario de queja en nuestro sitio web en **kp.org**

Llame a nuestra Central de Llamadas de Servicio a los Miembros si necesita ayuda para presentar una queja.

Se le informará al coordinador de derechos civiles (Civil Rights Coordinator) de Kaiser Permanente de todas las quejas relacionadas con la discriminación por motivos de raza, color, país de origen, género, edad o discapacidad. También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente en One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

También puede presentar una queja formal de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles (Office for Civil Rights) en el Departamento de Salud y Servicios Humanos de los Estados Unidos (U. S. Department of Health and Human Services) mediante el portal de quejas formales de la Oficina de Derechos Civiles, en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (línea TDD). Los formularios de queja formal están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

Kaiser Permanente禁止以年齡、種族、族裔、膚色、原國籍、文化背景、血統、宗教、性別、性別認同、性別表達方式、性取向、婚姻狀況、生理或心理殘障、支付來源、遺傳資訊、公民身份、主要語言或移民身份為由而對任何人進行歧視。

計畫成員服務聯絡中心提供語言協助服務；每週七天24小時晝夜服務（法定節假日除外）。本機構在全部辦公時間內免費為您提供口譯服務，其中包括手語。我們還可為您、您的親屬和朋友提供任何必要的特別補助，以便您使用本機構的設施與服務。此外，您還可請求以您的語言提供健康保險計畫資料之譯本，並可請求採用大號字體或其他版本格式提供此類資料的譯本，藉以滿足您的需求。若需詳細資訊，請致電**1-800-757-7585**（TTY專線使用者請撥**711**）。

冤情申訴係指您或您的授權代表透過冤情申訴程序所表達的不滿陳訴。申訴冤情包括投訴或上訴。例如，如果您認為自己受到本機構的歧視，則可提出冤情申訴。若需瞭解可供您選擇的適用爭議解決方案，請參閱您的：《保險計畫承保項目說明書》或《保險證明書》，或者與計畫成員服務代表交談。對於Medicare、Medi-Cal、MRMIP、Medi-Cal Access、FEHBP或CalPERS計畫成員，這尤其重要；原因在於，為這些成員提供的爭議解決方案選擇有所不同。

您可透過以下方式提出冤情申訴：

於設在本計畫服務設施的某個計畫成員服務處填妥一份《投訴或保險福利索償/請書》（請參閱您的《通訊地址指南冊》，以便查找相關地址）

- 將您的冤情申訴書郵寄至設在本計畫服務設施的某個計畫成員服務處（請參閱您的《通訊地址指南冊》，以便查找相關地址）
- 致電本機構的計畫成員服務聯絡中心，電話號碼是 **1-800-757-7585**（TTY 專線使用者請撥 **711**）
- 在本機構的網站上填妥一份冤情申訴書，網址是 **kp.org**

如果您在提交冤情申訴書的過程中需要協助，請致電本機構的計畫成員服務聯絡中心。

涉及種族、膚色、原國籍、性別、年齡或身體殘障歧視的一切冤情申訴都將通告給Kaiser Permanente的民權事務協調員。您也可與Kaiser Permanente的民權服務協調員直接聯絡；聯絡地址是One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612。

您還可以採用電子方式透過民權辦公處的投訴入口網站向美國衛生與公共服務部民權辦公處提出民權投訴，網址是<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>；或者按照如下聯絡資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697（TDD專線）。可從網站上下載投訴書，網址是<http://www.hhs.gov/ocr/office/file/index.html>。

## Language Assistance Services

**English:** We provide interpreter services at no cost to you, 24 hours a day, 7 days a week, during all hours of operation. You can have an interpreter help answer your questions about our health care coverage. You can also request materials translated in your language at no cost to you. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

**Arabic:** نؤمن خدمات الترجمة الفورية مجاناً لك على مدار الساعة كافة أيام الأسبوع طوال ساعات العمل. بإمكانك طلب مساعدة المترجم الفوري للإجابة على كافة أسئلتك حول التغطية الصحية التي نقدمها. بالإضافة إلى ذلك، يمكنك طلب ترجمة الوثائق الطبية للغتك مجاناً. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجى الاتصال على الرقم (711).

**Armenian:** Մենք օրը 24 ժամ, շաբաթը 7 օր, մեր աշխատանքի բոլոր ժամերին Ձեզ համար անվճար բանավոր թարգմանչի ծառայություններ ենք տրամադրում: Թարգմանչի օգնությամբ Դուք կարող եք պատասխան ստանալ Ձեր հարցերին՝ մեր կողմից տրամադրվող առողջության ապահովագրության վերաբերյալ: Կարող եք նաև Ձեր լեզվով թարգմանված գրավոր նյութեր խնդրել, որոնք Ձեզ համար անվճար են: Պարզապես զանգահարեք մեզ՝ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711** համարով:

**Farsi:** ما خدمات مترجم شفاهی را در 24 ساعت شبانه روز و 7 روز هفته در طول همه ساعات کاری بدون اخذ هزینه در اختیار شما قرار می دهیم. شما می توانید برای کمک در پاسخگویی به سوالات خود در مورد پوشش مراقبت درمانی ما از یک مترجم شفاهی بهره مند شوید. همچنین می توانید درخواست کنید که همه جزوات بدون اخذ هزینه به زبان شما ترجمه شوند. کفایت در 24 ساعت شبانه روز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران TTY با شماره **711** تماس بگیرند

**Hindi:** हम संचालन के सभी घंटों के दौरान आपको बिना किसी लागत के दुभाषिया सेवाएँ 24 दिन के , घंटेसप्ताह के , सातों दिन प्रदान करते हैं। आप हमारी स्वास्थ्य देखभाल कवरेज के बारे में आपके प्रश्नों के जवाब के लिए एक दुभाषिये की सहायता ले सकते हैं। आप बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए अनुरोध भी कर सकते हैं। बस केवल हमें **1-800-464-4000** पर 24 दिन के , घंटे , कॉल करें। (छुट्टियों वाले दिन बंद रहता है) सप्ताह के सातों दिन TTY उपयोगकर्ता **711** पर कॉल करें।

**Hmong:** Peb muaj neeg txhais lus pub dawb rau koj, 24 teev ib hnub twg, 7 hnub ib lim tiam twg, thawm cov sij hawm qhib ua lag luam. Koj muaj tau ib tug neeg txhais lus los pab teb koj cov lus nug txog peb cov kev pab them nqi kho mob. Koj thov tau kom muab cov ntaub ntawv txhais uas koj hom lus pub dawb rau koj. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnub twg, 7 hnub ib lim tiam twg (cov hnub caiv kaw). Cov neeg siv TTY hu **711**.

**Japanese:** 当院では、全診療時間を通じて、通訳サービスを無料で、年中無休、終日ご利用いただけます。当院の医療内容についてのご質問および回答には、通訳がお手伝いいたします。また、日本語に翻訳された資料を無料で請求できます。お気軽に **1-800-464-4000** までお電話ください (祭日を除き年中無休)。TTY ユーザーは **711** にお電話ください。

**Khmer:** យើងផ្តល់សេវានៃអ្នកបកប្រែ ដោយឥតអស់ថ្លៃ ដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ ក្នុងអំឡុង ម៉ោងធ្វើការទាំងអស់។ អ្នកអាចមានអ្នកបកប្រែ ដើម្បីជួយ ឆ្លើយសំណួររបស់អ្នក អំពីការរ៉ាប់រងថែទាំសុខភាព របស់ យើង។ អ្នកក៏អាចស្នើសុំសំភារៈដែលបានបកប្រែជាភាសា ខ្មែរ ដោយឥតអស់ថ្លៃដល់អ្នកដែរ។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយ អាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711** ។

**Korean:** 업무 시간 동안에는 요일 및 시간에 관계없이 통역 서비스를 무료로 이용하실 수 있습니다. 통역의 도움을 받아 건강 보험 혜택에 관하여 질문하고 답변을 들으실 수 있습니다. 또한, 귀하가 사용하는 언어로 번역된 자료를 요청해 무료로 제공받을 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화해 문의하십시오(공휴일 휴무). TTY 사용자 번호 **711**.

**Navajo:** Nihí ata' halne'é ák'á'adoolwohígíí nihei hólo t'áá jíik'é, t'áá naadiin díí' ahéé'iilkeedgo, tsosts'id yiskááji', ndá'anishgo oolkił biyi' góné. Ata' halne'é níká'adoolwoł na'idikid nee hóloógo díí ats'íis baa áháyáá bik'éstí'ígíí biná'idiłkidgo. Áádóó áldó' naaltsoos lá t'áá ní nizaad k'ehji álnéehgo t'áá jíik'é ádoolniíł. Nihích'i' hodíílnih kojí' **1-800-464-4000** jíígo dóó t'ée' nidi, tsosts'id yiskááji' dimoo na'adleehjí' (Holidaysgo éi da'deelkaal) doo da'diits'a'ígíí chodayool'ínígíí kojí' hodíílnih **711**

**Punjabi:** ਅਸੀਂ ਕਾਰਵਾਈ ਦੇ ਸਾਰੇ ਘੰਟਿਆਂ ਦੇ ਦੌਰਾਨ ਤੁਹਾਨੂੰ ਬਿਨਾਂ , 24 ਦਿਨ ਦੇ , ਕਿਸੀ ਲਾਗਤ ਦੇ ਘਟੇ 7 ਹਫ਼ਤੇ ਦੇ , ਦਿਨ ਦੁਭਾਸ਼ੀਆ , ਸੇਵਾਵਾਂ ਮੁਹੱਈਆ ਕਰਵਾਉਂਦੇ ਹਾਂ। ਤੁਸੀਂ ਸਾਡੀ ਸਿਹਤ ਦੇ ਖ਼ਤਰਾ ਕਵਰੇਜ ਬਾਰੇ ਆਪਣੇ ਸਵਾਲਾਂ ਦੇ ਜਵਾਬ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਦੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ਼ ਸਾਨੂੰ **1-800-464-4000** ਤੇ 24 ਦਿਨ ਦੇ , ਘਟੇ 7 ਹਫ਼ਤੇ ਦੇ , ਦਿਨ ਛੁੱਟੀਆਂ ) ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ ਫੋਨ ਕਰੋ (TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** ਤੇ ਫੋਨ ਕਰਨ।'

**Russian:** Мы всегда в часы работы обеспечиваем Вас услугами устного переводчика, 24 часа в сутки, 7 дней в неделю. Чтобы получить ответы на свои вопросы о нашем страховом покрытии услуг здравоохранения, Вы можете воспользоваться помощью устного переводчика. Вы также можете запросить бесплатный перевод материалов на Ваш язык. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

**Spanish:** Ofrecemos servicios de traducción al español sin costo alguno para usted durante todo el horario de atención, 24 horas al día, siete días a la semana. Puede contar con la ayuda de un intérprete para responder las preguntas que tenga sobre nuestra cobertura de atención médica. Además, puede solicitar que los materiales se traduzcan a su idioma sin costo alguno. Solo llame al **1-800-788-0616**, 24 horas al día, siete días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

**Tagalog:** May magagamit na mga serbisyo ng tagasalin ng wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo, sa lahat oras ng trabaho. Makakatulong ang tagasalin ng wika sa pagsagot sa mga tanong mo tungkol sa iyong coverage sa pangangalagang pangkalusugan. Maaari kang humingi ng mga babasahin na isinalin sa iyong wika nang wala kang babayaran. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

**Thai:** เรามีบริการสามฟรีสำหรับคุณตลอด 24 ชั่วโมง ทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่าม ช่วยตอบคำถามของคุณที่เกี่ยวกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปล เอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีค่าบริการ เพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTY โปรดโทรไปที่ **711**

**Chinese:** 我們每週 7 天，每天 24 小時在所有營業時間內免費為您提供口譯服務。您可以請口譯員協助回答有關我們健康保險的問題。您也可以免費索取翻譯成您所用語言的資料。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

**Vietnamese:** Chúng tôi cung cấp dịch vụ thông dịch miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần, trong tất cả các giờ làm việc. Quý vị có thể được thông dịch viên giúp trả lời thắc mắc về quyền lợi bảo hiểm sức khỏe của chúng tôi. Quý vị cũng có thể yêu cầu được cấp miễn phí tài liệu phiên dịch ra ngôn ngữ của quý vị. Chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.

