

# 2017 Kaiser Permanente Bridge Program



## A Health Care Helping Hand

A community service of  
Kaiser Foundation Health Plan  
of Georgia, Inc.





**At Kaiser Permanente, we believe that everyone is entitled to high quality health care.**

We will continue to provide access to affordable health care coverage and services to individuals and families who cannot afford to purchase health insurance and who have no access to public health coverage programs in 2017 and beyond.

The Kaiser Permanente Bridge Program is uniquely designed to help those who are uninsured and income eligible by providing help to pay for a standard Kaiser Permanente for Individuals and Families (KPIF) Plan.

Kaiser Permanente will subsidize the full monthly premium for up to 24 months. Coverage includes preventive services, hospitalization, comprehensive pharmacy, and more.

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## Important deadline

Open enrollment ends **January 31, 2017**. See page 5 for details, and learn about special situations that may allow you to enroll after this date.

**Contact a Bridge Program participating community partner to apply.**

More information about our participating community partners can be found in the back of this brochure.

## How Does the Bridge Program Work?

Bridge Program members will receive benefits through the KPIF GA Gold 500/20 plan. If eligibility requirements are met, the approved member will receive assistance with monthly premiums and help to pay out-of-pocket medical expenses such as copayments and coinsurance. Program members do not have any copayments for services received at Kaiser Permanente facilities.

### Program Guidelines

Persons interested in the Bridge Program must apply through a participating community partner. The Bridge Program will provide a subsidy for a maximum of 24 months from the effective date of coverage or until 12/31/2018, whichever comes first. When the subsidy expires, members will receive notification of how to continue their Kaiser Permanente coverage at the full premium amount and information about other coverage options.

### Target Audiences

The Bridge Program is intended for low-income individuals and families who are not eligible for Medicaid, Medicare, or PeachCare for Kids; and who do not have access to employer-sponsored health care insurance.

Enrollment in the Bridge Program is limited; Kaiser Permanente reserves the right to stop accepting new enrollments at any time without prior notice.

Upon acceptance in the Bridge Program, we may periodically confirm members are still meeting the subsidy eligibility requirements outlined in the Acceptance Award Letter.

If Kaiser Permanente determines that the Bridge Program member no longer meets the eligibility requirements, the subsidy will terminate at the end of the month. Thereafter, the member will be responsible for the full premium for the KPIF GA Gold 500/20 plan.

### Service Area

Before you review the specific plan information, check to make sure you live within our service area. You may be eligible to apply for the Bridge Program if you live in one of the following counties:

- |            |            |            |
|------------|------------|------------|
| ■ Bartow   | ■ DeKalb   | ■ Lamar    |
| ■ Butts    | ■ Douglas  | ■ Newton   |
| ■ Cherokee | ■ Fayette  | ■ Paulding |
| ■ Clayton  | ■ Forsyth  | ■ Pike     |
| ■ Cobb     | ■ Fulton   | ■ Rockdale |
| ■ Coweta   | ■ Gwinnett | ■ Spalding |
|            | ■ Henry    | ■ Walton   |

## Bridge Program Highlights

Members in the Bridge Program will receive help with out-of-pocket expenses such as copayments and coinsurance for services provided at Kaiser Permanente medical facilities.

## \$0 PREMIUM PER MONTH

	Gold 500/20 Bridge Program	
	At our KP Medical Office	Affiliated community providers
<b>Features</b>		
Annual Deductible	None	None
Annual Out-of-Pocket Maximum (Individual/Family)	\$6,350/\$12,700	\$6,350/\$12,700
Lifetime Maximum	Unlimited	Unlimited
Pharmacy services – 30 day supply	Home Delivery Available	
Preventive Generic Drugs	\$0 copay	\$15 When filled at designated community pharmacy
Preferred Generic Drugs	\$0 copay	\$20 When filled at designated community pharmacy
Preferred Brand Drugs	\$0 copay	\$40 When filled at designated community pharmacy <sup>1</sup>
Non-preferred Brand Drugs	\$0 copay	45% Coinsurance <sup>1</sup>
<b>Office services</b>		
Primary Care	\$0 copay	\$20 copay
Specialty Care	\$0 copay	\$40 copay
Laboratory Services	\$0 copay	50% Coinsurance
Radiology Services	\$0 copay	50% Coinsurance
High Tech Radiology Services (MRI, CT, PET, others)	\$0 copay	\$250 copay when performed in an outpatient hospital setting
Preventive Services	\$0 copay	\$0 copay
Maternity (pre and postnatal care)	\$0 copay	\$0 copay
<b>Emergency services</b>		
Emergency Room Visit—per visit; copay waived if admitted	N/A	\$250 copay
Ambulance—per trip	N/A	\$300
Urgent Care—per visit	\$0 copay	\$75 copay
<b>Outpatient services</b>		
Rehabilitation Therapies—20 visits per calendar year (Physical and Occupational Therapies combined)	N/A	\$20 copay
Outpatient Hospital or Surgical Facility	\$0 copay	30% Coinsurance
Physician/ Professional Charges	\$0 copay	30% Coinsurance
<b>Inpatient services</b>		
Hospital (facility charge)	N/A	30% Coinsurance
Physician/ Professional Charges	N/A	30% Coinsurance
Maternity (hospital delivery)	N/A	\$2000 copay per admission
<b>Mental health</b>		
Mental Health— Group	\$0 copay	\$20 copay
Mental Health Outpatient	\$0 copay	\$40 copay
<b>Other services</b>		
Vision Exam—one exam per year	\$0 copay	\$20 copay
Durable Medical Equipment/Prosthetics and Orthotics	\$0 copay	50% Coinsurance

<sup>1</sup> Annual deductible \$250 Individual/\$500 Family

This plan summary is intended to highlight only some of the principal provisions of our plans. Please refer to the Evidence of Coverage, available upon acceptance, for more details on your plan or for specific limitations and exclusions. This is a summary description and is not intended to replace your Evidence of Coverage (EOC), which contains the complete provisions, specific limitations and exclusions of this coverage plan. Some services require preauthorization. Once enrolled, you can access your EOC via [kp.org](http://kp.org).

## Who Is Eligible?

All persons applying to the Bridge Program must meet the requirements outlined below to qualify:

- The applicant must be actively enrolled in a training program with a participating community partner.
- All applicants, and applying dependents, must live in Kaiser Permanente's metro Atlanta 20-county service area.
- The annual household income for the applicant must be less than the current income guidelines for 100% of the Federal Poverty Level.
- The applicant and all applying dependents cannot be eligible for or enrolled in any other health insurance program including Medicare, Medicaid, PeachCare for Kids, and employer-sponsored health care.
- The applicant must be age 64 or younger, and all child dependents must be younger than 26.
- The applicant and/or applying dependent(s) cannot have been previously enrolled in the Kaiser Permanente Bridge Program.

## Simple Steps to Enroll



1. **Confirm that you meet all eligibility requirements for the Kaiser Permanente Bridge Program.**



2. **Choose the KPIF GA Gold 500/20 plan**



3. **Complete BOTH applications**

Complete an application for the KPIF GA Gold 500/20 plan and the Kaiser Permanente Subsidy Eligibility Form.



4. **Sign and review**

Please make sure you have signed everywhere indicated on the application. If your application is missing any information, signatures or documentation this may delay your effective date or cancel your application.



5. **Submit**

Submit the KPIF Application for Health Coverage AND the Kaiser Permanente Subsidy Eligibility Form to your participating community partner. Be sure to include all required supporting documents.



## When to Enroll in Your Plan

Once you understand why you need health care coverage and whether you qualify for the Bridge Program, the next step is knowing when and how to enroll.

### Open enrollment

There's a deadline to apply for health care coverage. You can apply only between November 1, 2016 and January 31, 2017. This is called the open enrollment period.

**To enroll during this open enrollment period, you must make sure we receive your completed applications no later than January 31, 2017.**

### Special enrollment

After open enrollment, you can still enroll during special enrollment periods in the case of certain events that change your status. Special enrollment periods last 60 days after any of these events, which may include the following:

- marriage
- birth or adoption of a child
- divorce
- loss of job and employer-sponsored coverage

Please include proof of your special event with your application.

#### Open enrollment period – November 1, 2016 through January 31, 2017

If you want your coverage to start on:	Your completed applications must be received by:
January 1, 2017	November 1, 2016 – December 15, 2016
February 1, 2017	December 16, 2016 – January 15, 2017
March 1, 2017	January 16, 2017 – January 31, 2017

#### Special enrollment period – February 1, 2017 through October 15, 2017

##### Enrolling outside open enrollment due to a life-changing event

If you want your coverage to start on:	Your completed application, and proof of special event must be received by:
April 1, 2017	February 1, 2017 - March 15, 2017
May 1, 2017	March 16, 2017 - April 15, 2017
June 1, 2017	April 16, 2017 - May 15, 2017
July 1, 2017	May 16, 2017 - June 15, 2017
August 1, 2017	June 16, 2017 - July 15, 2017
September 1, 2017	July 16, 2017 - August 15, 2017
October 1, 2017	August 16, 2017 - September 15, 2017
November 1, 2017	September 16, 2017 - October 15, 2017

## Frequently Asked Questions

### 1. How do I find out which doctors are available?

Visit our online Medical Staff Directory at **kp.org/gaprovider** and search for providers within the HMO plan. You may request a printed copy of the directory by calling Member Services at **404-261-2590**.

### 2. What if I need emergency care?

If you think you have a medical emergency—a condition that would put your life, health, limbs, or bodily functions in serious jeopardy—call 911 or go to the nearest hospital Emergency Room (ER).

If you require post stabilization care—including observation and admission—after your emergency medical condition is stabilized, you, a family member, or the hospital must call us at the preauthorization number on the back of your Kaiser Permanente ID card prior to receiving post stabilization care. By calling us, it will allow us to consult with the physician providing your care, and to coordinate further medical care if necessary. If appropriate, we can arrange a transfer to a Kaiser Permanente Affiliated Hospital when your condition permits.

If you do not contact us for prior approval, we will NOT pay any amount for these services and you may be responsible for the full cost of services received.

### 3. What is considered a medical emergency?

A medical emergency is a condition that puts your life, health, limbs, or bodily functions in serious jeopardy. Keep in mind that if you think your condition is not a medical emergency, a visit to our urgent care locations may be a better option for you.

Kaiser Permanente Urgent Care Centers offer an alternative to the emergency room when your injury or illness needs immediate medical attention but is NOT a medical emergency.

### 4. When should I visit an urgent care location?

If you think you have an urgent medical need, call us and we may be able to take care of you more quickly, and at a lower cost to you. Your care team at all Kaiser Permanente locations will have access to your electronic medical record.

If you think you may need urgent care, you can call the advice nurse at **404-365-0966**. Refer to the Kaiser Permanente Locations section of this brochure for a complete list of Kaiser Permanente and affiliated urgent care facilities. Additionally, provider and facility information can be found online at **kp.org/gaprovider**.



## 5. Are there fees associated with this coverage?

Yes, as a member, you might expect to see:

- A \$25 “no show” fee if you fail to cancel a scheduled appointment at least 24 hours in advance.
- Out-of-pocket costs such as copayments and coinsurance for services provided outside of Kaiser Permanente medical facilities. Please refer to the Bridge Program highlights on page 3 for a list of covered services and costs.

## 6. I am a member of the Bridge Program, but my Kaiser Permanente identification card and other materials I’ve received about my membership say that I have copayments. Do I have copayments?

You will not have any copayments/coinsurance for services received at Kaiser Permanente medical facilities. As a member of the Bridge Program, you have been awarded a subsidy.

## 7. Why is Kaiser Permanente subsidizing the premiums for this program?

As part of our Community Benefit Program, we support initiatives that increase access to health care. The Bridge Program is a demonstration of our commitment to our community’s health. A comparable health plan on the Exchange could cost between \$300 and \$900 without a subsidy.

## 8. Want to learn more?

For helpful information about choosing a doctor, getting care, healthy resources, and more, visit **kp.org**. Or call Member Services at **404-261-2590**.



Register on **kp.org** so you can take advantage of timesaving online features like scheduling appointments, ordering refills, and emailing your doctor.

Choose your own personal doctor online or by calling us at **404-365-0966**.

If you have existing prescriptions, we’ll help you get them re-prescribed by a Kaiser Permanente physician online or when you call **404-846-6707**.

To learn more about The Kaiser Permanente Bridge Program, visit **kpgabridge.org**.

## Your Partner for Better Health

Get what you need to live well – in one easy-to-use package. Take a look at a few of the features that come with your plan.

### The experience ...

#### Your choice of top doctors



### With Kaiser Permanente\*

You can choose and change your doctor anytime, for any reason. Our doctors are among the best. They love caring for people and aren't weighed down by a lot of paperwork, so they can focus on you. You can view individual profiles on **kp.org**.

#### Personalized care and attention\*\*



You're at the center of your care. Your doctors, nurses, and specialists, all connected by your electronic health record, work together to help you manage your health.

#### Everything under one roof



You can do more and drive less because many of our locations include pharmacy, lab, X-ray services, and more.

#### Online access anytime, anywhere



It's easy to stay involved in your care. Use your computer or mobile device to email your doctor's office, schedule routine appointments, view most lab test results, refill most prescriptions, and more.

#### Lots of healthy extras



Stay at your best with healthy resources like wellness coaching and wellness classes, many of which are offered at no cost.

\*These features are available when you receive care at Kaiser Permanente facilities.

\*\*Some specialists may require a clinical evaluation or additional information before they see you.

## Care When You Need It

In addition to the Kaiser Permanente facilities listed on the following pages, our members can receive inpatient care at several affiliated hospitals in Atlanta, including Northside, Piedmont, Gwinnett Medical Center–Lawrenceville, and Scottish Rite. There's often a Kaiser Permanente doctor or hospitalist on staff at these locations, and your own doctor will always help coordinate your care.



### Emergency care

When you have a medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health.

Examples include:

- chest pain or pressure
- severe stomach pain that comes on suddenly
- decrease in or loss of consciousness
- severe shortness of breath

If you are experiencing any of these symptoms, call **911** immediately.



### Urgent care

When you have an urgent medical situation (that isn't life-threatening), you can rely on:

- The 24/7 Advanced Care Center at our TownPark Comprehensive Medical Center in Kennesaw and our Southwood Comprehensive Medical Center in Jonesboro.
- Kaiser Permanente Urgent Care Center at the Gwinnett Comprehensive Medical Center.
- More than 40 affiliated community urgent care locations.



### Care by phone

For advice, just call our Health Line. Advice nurses are available to members 24 hours a day at **404-365-0966** (metro Atlanta) or **1-800-611-1811** (other areas).

If you think you have a life-threatening emergency, call **911**.

Read more about Kaiser Permanente in Georgia at [kp.org/georgia](https://kp.org/georgia).

## Kaiser Permanente Locations

With your choice of quality doctors and convenient locations throughout metro Atlanta, it's easy to get the care you need. Most locations offer multiple services under one roof – so you can see your doctor, get a lab test or X-ray, and pick up your medications, all without leaving the building.

### Cherokee County

#### Holly Springs Medical Office

684 Sixes Rd., Ste. 275  
Holly Springs, GA 30115  
Phone: 770-852-2440

### Clayton County

24/7

#### Southwood Comprehensive Medical Center

2400 Mt. Zion Pkwy.  
Jonesboro, GA 30236  
Phone: 770-603-3649

#### Southwood Specialty Center

2470 Mt. Zion Parkway  
Jonesboro, GA 30236  
Phone: 770-603-3679

### Cobb County

#### Cumberland Medical Center

2525 Cumberland Pkwy., SE  
Atlanta, GA 30339  
Phone: 770-431-4235

24/7

#### TownPark Comprehensive Medical Center

750 TownPark Ln.  
Kennesaw, GA 30144  
Phone: 770-514-5401

#### West Cobb Medical Center

3640 Tramore Pointe Pkwy., SW  
Austell, GA 30106  
Phone: 770-439-4700

### Coweta County

#### Newnan Medical Office

203 Newnan Crossing Bypass  
Newnan, GA 30263  
Phone: 770-304-4400

### DeKalb County

#### Crescent Medical Center

200 Crescent Centre Pkwy.  
Tucker, GA 30084  
Phone: 770-496-3414

#### Downtown Decatur Medical Office

201 W. Ponce de Leon Ave.,  
Ste. A  
Decatur, GA 30030  
Phone: 404-687-7700

#### Panola Medical Center

5440 Hillandale Dr.  
Lithonia, GA 30058  
Phone: 770-322-2777

#### Stonecrest Medical Center

8011 Mall Pkwy.  
Lithonia, GA 30038  
Phone: 678-323-7500

### Douglas County

#### Douglasville Medical Office

6875 Douglas Blvd., Ste. A  
Douglasville, GA 30135  
Phone: 678-838-2225

### Fayette County

#### Fayette Medical Office

101 Banks Rd.  
Fayetteville, GA 30214  
Phone: 678-610-3700

### Forsyth County

#### Forsyth Medical Office

1400 Northside Forsyth Dr.,  
Ste. 350  
Cumming, GA 30041  
Phone: 678-455-1407

Our Urgent Care Centers, open evenings and weekends, offer an alternative to the emergency room when your injury or illness needs immediate medical attention but is not a medical emergency. Our Advanced Care Centers offer care for urgent medical needs 24 hours a day, 7 days a week, staffed by our own physicians. For medical emergencies, call 911 immediately.

## Fulton County

### Alpharetta Medical Center

3550 Preston Ridge Rd.  
Alpharetta, GA 30005  
Phone: 770-663-3110

### Brookwood at Peachtree Medical Office

1745 Peachtree Rd., Ste. U  
Atlanta, GA 30309  
Phone: 404-888-7688

### Cascade Medical Center

1175 Cascade Pkwy.  
Atlanta, GA 30311  
Phone: 404-505-4006

### Glenlake Comprehensive Medical Center

20 Glenlake Pkwy.  
Sandy Springs, GA 30328  
Phone: 770-677-6075

### Sandy Springs Medical Office

1100 Lake Hearn Dr., NE,  
Ste. 250 & 500  
Sandy Springs, GA 30342  
Phone: 404-845-4500

## Gwinnett County

### Lawrenceville Medical Office

455 Philip Blvd., Ste. 130  
Lawrenceville, GA 30046  
Phone: 678-985-5000



### Gwinnett Comprehensive Medical Center

3650 Steve Reynolds Blvd.  
Duluth, GA 30096  
Phone: 770-931-6012

### Snellville Medical Office

2240 Fountain Dr.  
Snellville, GA 30078  
Phone: 770-978-5400

### Sugar Hill-Buford Medical Center

1435 Broadmoor Blvd.  
Sugar Hill, GA 30518  
Phone: 678-765-5700

## Henry County

### Henry Towne Centre Medical Center

1125 Towne Centre Village Dr.  
McDonough, GA 30253  
Phone: 678-583-6000

## Rockdale County

### Conyers Medical Office

1478 Dogwood Dr.  
Conyers, GA 30013  
Phone: 678-413-4320

Urgent Care

24/7 Advanced Care

See our facility map on the back cover of this brochure to find locations near you.

## Community Partner Training Requirements

All community partners must implement a training program requirement as criteria for applying for the Bridge Program.

### Atlanta Children's Shelter

Applicants must be a current client of Atlanta Children's Shelter and actively enrolled in their training program. ACS is dedicated to helping families overcome the issues that contribute to homelessness, including domestic violence and job loss. The Atlanta Children's Shelter focuses on the long term self-sufficiency of the family through job skills training, emotional support, and child care.

### Atlanta Regional Workforce Board (ARWB) Career Resource Centers

- Cherokee Career Resource Center
- Clayton Career Resource Center
- Gwinnett Career Resource Center
- Douglas Career Resource Center (satellite office of Gwinnett)
- Rockdale Career Resource center (satellite office of Gwinnett)
- Gwinnett Technical College WIOA

Individual participants must be engaged in approved training; having met the eligibility guidelines and the entrance requirements for their training course and been accepted by the training vendor they have chosen from the Georgia Eligible Provider List. Students currently enrolled at Gwinnett Technical College can apply through the Gwinnett Tech WIOA Office. Training through ARWB is provided for residents who live in, or have been laid off from their jobs in, Cherokee, Clayton, Douglas, Fayette, Gwinnett, Henry, and Rockdale counties.

### C4 Atlanta

The Applicant must be a current individual member of C4 Atlanta. Eligible C4 Atlanta members must have completed an approved business training course for artists. Professional development class schedule can be found online at [c4atlanta.org/bridge](http://c4atlanta.org/bridge).

### Chattahoochee Technical College\*

Open only to students accepted into and actively enrolled in:

- Practical Nursing Diploma
- Associate of Science in Nursing
- Physical Therapy Assistant Associate of Applied Science Degree
- Medical Assisting Diploma
- Radiography Associate of Applied Science Degree
- Occupational Therapy Assistant Associate of Applied Science
- Surgical Technology Diploma
- Clinical Laboratory Technology Associate of Applied Science Degree
- Health Information Technology Associate of Applied Science Degree
- Medical Administrative Assistant Diploma
- Paramedicine Degree

\*Certificate programs not eligible for the Bridge Program.

## Clayton State University

The applicant must be enrolled as an undergraduate Clayton State University student in one of these programs:

- Bachelor of Science in Nursing (accepted into the nursing program, not pre-nursing students)
- Bachelor of Science in Dental Hygiene (accepted into the dental hygiene program, not pre-dental hygiene students)
- Bachelor of Science in Health Care Management
- Bachelor of Science in Health and Fitness Management

## CobbWorks, Inc.

Offered to customers currently engaged in an approved training program. Customers may apply during application/eligibility process to obtain training services; but, will not be accepted until their training file has been approved and the minimum attendance requirements for training have been met.

## DeKalb Workforce Development

The Kaiser Bridge Program services are offered to customers who are active participants in an approved training program in the Employment and Training or Youth Units. Customers are eligible to receive benefits upon acceptance into one of the stated programs. Customers must maintain consistent attendance in required activities and be on track meeting identified goals in his/her customer service plan.

## East Lake Foundation

Open to current residents living in The Villages of East Lake who are actively participating in one or more services offered by East Lake Foundation Resident & Community Support Program.

## First African Community Development Corporation

Open to current students enrolled in one of the four degree programs at the Interdenominational Theological Center.

## Fulton County Office of Workforce Development

The Workforce Investment Act participant is required to complete at least one (1) FDIC Money Smart training module (the "Money Matters" module is required) as well as participate in one (1) additional workshop offered by the Career Centers. Program participants are also required to complete the Georgia Work Ready Work Keys assessment and the GCIS SKILLS assessment.

## Georgia Perimeter College

Only Nursing students are eligible.



## Georgia State University

Applicants must be enrolled in one of the following programs\*:

- Nursing
- Nutrition
- Respiratory Therapy
- Physical Therapy
- Social Work
- Public Health

\*Pre-majors in Nursing, Nutrition and Respiratory Therapy are not eligible to apply.

## Multi-Agency Alliance for Children, Inc. (MAAC)

The Applicant must currently be in foster care or have a history of being in foster care. Applicant must be enrolled in the MAAC Leadership & Advocacy course AND receiving an ILP Certificate for Financial Literacy. The certificate must be dated within the prior 6 months.

## New Hope Enterprises

Offered to accepted students who participate in 4 weeks of STRIVE (job readiness workshop) and 4 or more weeks of hands-on job training for Certified Nurse Assistant (CNA) and Computer certifications.

## Nicholas House

Open to current participants who are actively enrolled in one or more training programs offered at Nicholas House.

## North Fulton Community Charities

Must reside in Fulton zip code: 30004, 30005, 30009, 30075, 30076, 30097, or 30022. Applicant is required to complete both courses, Money Matters, and Job Coaching.

## Ser Familia

Available to people that have completed or that are currently participating in one of the organization's programs and that have also completed the "Financial Literacy" module. All programs are presented in Spanish.

## The Center for Working Families, Inc.

Open to current participants who are actively enrolled in one or more training programs offered at TCWFI.

## Year Up Atlanta

Offered to currently enrolled students and alums who are actively utilizing Student Services, Career, Internship, and Alumni Services or Training Services and who meet eligibility after being screened through the Student Services Department.

## Zion Hill Community Development Corporation

Clients are required to complete two (2) workshops of their choice and attend a one-on-one session to complete the program application.

## Community Partner Locations

### Fulton County

#### Atlanta Children's Shelter

607 Peachtree Street, NE  
Atlanta, GA 30308  
Phone: (404) 892-3713

#### Atlanta Regional Workforce Development Board

40 Courtland Street, NE  
Atlanta, GA 30303  
Phone: (404) 463-3100

#### C4 Atlanta

115 Martin Luther King Jr Drive,  
SW #225  
Atlanta, GA 30303  
Phone: (404) 969-2787

#### First African Community Development Corporation

5197 Salem Road  
Lithonia, GA 30058  
Phone: (404) 593-5981

#### Fulton County Office of Workforce Development

3700 Martin L. King Jr. Drive, SW  
Atlanta, Georgia 30331  
Phone: (404) 613-6381

#### Georgia State University

140 Decatur Street, 8th Floor  
Atlanta GA, 30302  
Phone: (404) 413-1000

#### Multi-Agency Alliance for Children

225 Peachtree Street NE,  
Suite 900  
Atlanta, GA 30303  
Phone: (404) 880-9323

#### New Hope Enterprises

810 Joseph E Boone Blvd, NW  
Atlanta, GA 30314  
Phone: (404) 671-3560

#### Nicholas House

830 Boulevard, SE  
Atlanta, GA 30312  
Phone: (404) 622-0793

### North Fulton

#### Community Charities

11270 Elkins Road  
Roswell, GA 30076  
Phone: (770) 640-0399

#### The Center for Working Families

477 Windsor Street, Suite 101  
Atlanta, GA 30312  
Phone: (404) 223-3303

#### Year Up Atlanta

730 Peachtree Street, NE  
Atlanta, GA 30308  
Phone: (404) 249-0300

#### Zion Hill Community Development Corporation

2741 Bayard Street  
East Point, GA 30344  
Phone: (404) 766-3141

### Bartow County

#### Chattahoochee Technical College

5198 Ross Road  
Acworth, GA, 30101  
Phone: (770) 975-4102

### Cherokee County

#### Cherokee Career Resource Center

1645 Bluffs Parkway, Room A-202  
Canton, GA 30144  
Phone: (770) 345-1098

#### Ser Familia

209 North Ridge Drive  
Acworth, GA 30101  
Phone: (678) 363-3079

### Cobb County

#### CobbWorks! Workforce Investment Act

463 Commerce Park Drive, SE  
Marietta, GA 30060  
Phone: (770) 528-4300

### Clayton County

#### Clayton Career Resource Center

3000 Corporate Center Drive  
Morrow, GA, 30260  
Phone: (770) 960-2172

### Clayton State University

2000 Clayton State Boulevard  
Morrow, GA 30260  
Phone: (678) 466-4901

### DeKalb County

#### DeKalb Workforce Development

774 Jordan Lane  
Decatur, GA 30033  
Phone: (404) 687-3400

#### East Lake Foundation

2606 Alston Drive, SE  
Atlanta GA 30317  
Phone: (404) 373-4351

#### Georgia Perimeter College

555 North Indian Creek Drive  
Clarkston, GA 30021  
Phone: (678) 891-3870

### Douglas County

#### Douglas Career Resource Centers

8595 Club Drive  
Douglasville, GA 30134  
Phone: (770) 920-4104

### Gwinnett County

#### Gwinnett Career Resource Center

3885 Crestwood Parkway,  
Suite 200  
Duluth, GA 30096  
Phone: (770) 806-2020

#### Gwinnett Technical College WIOA

5150 Sugarloaf Parkway  
Lawrenceville, GA 30043  
Phone: (678) 226-6664

### Rockdale County

#### Rockdale Career Resource Center

1400 Parker Road, Lobby B  
Conyers, GA 30094  
Phone: (770) 806-2020

## Important Details and Notices

### About your coverage

Before you review the specific plan information, check to make sure you live within our service area. You're eligible to apply for KPIF coverage if you live in one of the following counties:

■ Bartow	■ DeKalb	■ Lamar
■ Butts	■ Douglas	■ Newton
■ Cherokee	■ Fayette	■ Paulding
■ Clayton	■ Forsyth	■ Pike
■ Cobb	■ Fulton	■ Rockdale
■ Coweta	■ Gwinnett	■ Spalding
	■ Henry	■ Walton

Once you are enrolled, you can enjoy the benefits of KPIF until you choose to leave the plan, regardless of health. However, please note that coverage can end for failure to pay premiums when due or for intentional misrepresentation of important information on your application.

When you turn 65 or become eligible for Medicare, you have the option to apply for our Senior Advantage plan. You can ask about our coverage for Medicare-eligible members by calling toll free **1-800-232-4404**.

If you have any questions or would like more information, call our Call Center at **1-800-494-5314** or check out the KPIF website at **buykp.org**.

### Drug formulary

Kaiser Permanente uses a drug formulary for our HMO and HSA Option plans. Our drug formulary is a continually updated list of medications that are determined to be safe and effective. Use of formulary drugs enables us to provide quality care at a reasonable cost.

If you request a nonformulary drug, you will be responsible for the full cost of that drug, unless there is a clear medical reason to use it rather than the similar formulary drug. In specific cases, such as allergy to the formulary alternative, your physician may request an exception for coverage of a nonformulary drug at your regular pharmacy copay. Certain prescriptions require expert review before they can be dispensed.

If you have any questions about the formulary, call **1-800-611-1811** (toll free).

### Preauthorization

When you need to obtain preauthorization for covered services or have a question about whether a service requires preauthorization, please contact Kaiser Permanente Quality Resource Management at **404-364-7320** or **1-800-221-2412** (TTY/TDD 711).

At Kaiser Permanente, the Utilization Management Program works with participating providers to plan, organize, and deliver quality health care services by ensuring these services are medically appropriate, medically necessary, and provided in a cost-effective manner. Some services require preauthorization by the Utilization Management Program.

Examples include, but are not limited to:

- All inpatient admissions excluding emergencies
- Elective inpatient admissions
- Outpatient surgery
- Specialized services such as home health, medical supplies/equipment, and hospice care
- Skilled nursing and acute rehabilitation facilities
- Certain behavioral health services and/or chemical dependency treatment

Failure to obtain preauthorization may result in penalties against your benefit payment, or we may deny all or part of your claim. In the event any service is denied because it does not meet criteria, you may request an appeal.

Kaiser Permanente does not use financial incentives to encourage barriers to care and service. Decisions involving utilization management are based only on appropriateness of care and service, and existence of coverage under the member's benefit plan. Kaiser Permanente does not reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service, and does not use financial incentives that encourage decisions that result in underutilization.

Kaiser Permanente is prohibited from making decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

## Exclusions

As with all health plans, there are some exclusions. The following services are excluded from all coverage. (Please note that this is a summary—for a complete list, refer to the *Evidence of Coverage*).

- Services that an employer or any government agency is responsible to provide, including workers' compensation
- Custodial care or care in an intermediate care facility
- Services provided or arranged by criminal justice institutions or mental health institutions for members in the custody of law enforcement officers if you are confined in the institution, except for emergency services
- Cosmetic services (including drugs and injectables)
- Cord blood procurement and storage for possible future need or for a yet-to-be determined member recipient
- Physical examinations required for obtaining or maintaining employment or participation in employee programs, or insurance or government licensing
- Orthoptics (eye exercises)
- Services and drugs related to the treatment of obesity
- Routine foot care services
- All services and drugs related to sexual reassignment surgery
- Cost of semen and eggs

## Important Details and Notices *continued*

- Services for conception by artificial means, including infertility drugs
- Reversal of voluntary infertility
- Nonhuman and artificial organs and their implantation
- Court-ordered services
- Testing for ability, aptitude, intelligence, or interest
- Corrective shoes and orthotic foot supports and inserts
- More than one device for the same part of the body or same function
- Replacement of lost devices
- Electronic monitors of bodily functions (except infant apnea monitors and blood glucose monitors)
- Devices to perform medical testing of body fluids, excretions, or substances
- Devices not medical in nature
- Convenience, comfort, or luxury items
- Reconstructive surgery following removal of breast implants that were inserted for cosmetic reasons
- Drugs for the treatment of sexual dysfunction disorders
- Most disposable supplies

### Who provides the coverage

HMO and HSA Option plans are provided by Kaiser Foundation Health of Georgia, Inc.

### This is only a summary

This is a summary description and is not intended to replace your Individual Agreement or *Evidence of Coverage*, which contain the complete provisions of this coverage. If you have questions or need additional information, please call **404-261-2590**.

### For more information

Have a question that's not answered in this information kit? Just contact our Call Center at **1-800-494-5314** or check out our website at **kpgabridge.org**.

### Privacy practices

For more information about our privacy practices, visit **kp.org/privacy** and click on "Notice of Privacy Practices."

## Notes

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Kaiser Foundation Health Plan of Georgia, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call the number provided below.

Georgia      **1-888-865-5813**  
TTY          **711**

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Kaiser Civil Rights Coordinator:

Nine Piedmont Center  
3495 Piedmont Road, NE  
Atlanta, GA 30305-1736  
**1-888-865-5813**

You can file a grievance by mail or phone. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you. 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  
**1-800-868-1019**  
**1-800-537-7697** (TTD)

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

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# Help in your Language

**English:** You have the right to get help in your language at no cost. If you have questions about your application or coverage through Kaiser Permanente, or if this is a notice that requires you to take action by a specific date, call the number provided for your state or region to talk to an interpreter.

**አማርኛ (Amharic):** ያለምንም ክፍያ በራስዎ ቋንቋ እገዛ የማግኘት መብት አለዎት። ስለ ማመልከቻዎ ወይም ከክሰር ፐርማኒንቴ Kaiser Permanente ስለሚያገኙት ሽፋን ማንኛውም ጥያቄዎች ካሉዎት፣ ወይም ይህ ማሳወቂያ በግልፅ በተጠቀሰ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ በተጠቀሰው የስልክ ቁጥር ለስቴትዎ ወይም ለክልልዎ ደውለው ከአስተርጓሚ ጋር ይነጋግሩ።

**العربية (Arabic):** لك الحق في الحصول على المساعدة بلغتك دون تحمل أي تكاليف. إذا كانت لديك استفسارات بشأن طلبك أو تغطيتك التي تقدمها Kaiser Permanente، أو إذا كان هذا الإشعار الذي يتطلب منك اتخاذ إجراء خلال تاريخ محدد، يُرجى الاتصال بالرقم المخصص لولايتك أو منطقتك للتحديث إلى مترجم فوري.

**Հայերեն (Armenian):** Դուք ունեք Ձեր լեզվով անվճար օգնություն ստանալու իրավունք: Եթե Դուք հարցեր ունեք Ձեր դիմումի կամ Kaiser Permanente-ի միջոցով Ձեր ծածկույթի վերաբերյալ, կամ եթե սա ծանուցում է, որը պարտադրում է Ձեզ, որպեսզի գործուղություններ ձեռնարկեք մինչև որոշակի ամսաթիվ, ապա զանգահարեք ք Ձեր նահանգի կամ շրջանի համար տրամադրված հեռախոսահամարով՝ թարգմանչի հետ խոսելու համար:

**Bàsɔ̀̀ Wùdù̀̀ (Bassa):** Ɔ mò nì kpé bɛ̀ m̀ kɛ̀ gbo-kpá-kpá dyé dɛ̀ nì miòùn niìn bídí-wùdù̀̀ mú pídíyí. Ɔ jũ kɛ̀ m̀ dyí dyí-diè-dɛ̀ bɛ̀ bédé bá nì céè-dɛ̀ m̀ tò bó dɛ̀ zò jè dyíé ní, mɔɔ jũ bá nì kũùn kpɔ̀ jè dyí dyiìn dɛ̀ Kaiser Permanente múé ní, mɔɔ ɔ dyí bɔ̀ dò jũ bɛ̀ m̀ kɛ̀ dɛ̀ dò nyu bó wé jéé dò kɔ̀ nì, níí, d́á nòbà bɛ̀ wa tòà bó nì bódóò mɔɔ nì gbɛ̀ɛ̀ò bìiɛ̀, kɛ̀ nì mu nyɔ-wuɖuún-zà-nyò dò gbo wùdù̀̀n.

**বাংলা (Bengali):** বিনা খরচে আপনার নিজের ভাষায় সাহায্য পাওয়ার অধিকার আপনার আছে। আপনার যদি আপনার আবেদন বা Kaiser Permanente-এর মাধ্যমে পাওয়া কভারেজ নিয়ে কোনো প্রশ্ন থাকে বা এটি যদি কোনো নোটিস হয় যার ফলে আপনার একটি নির্ধারিত দিনের মধ্যে কোনো পদক্ষেপ গ্রহণ করার প্রয়োজন হয়, তাহলে দোভাষীর সাথে কথা বলতে আপনার রাজ্য বা অঞ্চলের জন্য প্রদত্ত নম্বরটিতে ফোন করুন।

California .....	1-800-464-4000
Colorado .....	1-800-632-9700
District of Columbia .....	1-800-777-7902
Georgia .....	1-888-865-5813
Hawaii .....	1-800-966-5955
Maryland .....	1-800-777-7902
Oregon .....	1-800-813-2000
Virginia .....	1-800-777-7902
Washington .....	1-800-813-2000
TTY .....	711

Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

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**Cebuano (Bisaya):** Anaa moy katungod nga mangayo og tabang sa inyo pinulongan ug kini walay bayad. Kung naa mo pangutana bahin sa inyo aplikasyon o coverage sa Kaiser Permanente, o kung kaning pahibalo nanginahanglan sa inyo paglihok sa dili pa usa ka piho nga petsa, palihug lang pagtawag sa mga numero sa telepono nga gihatag sa imong estado ("state") o rehiyon ("region") para makigstorya sa usa ka interpreter.

**中文 (Chinese):** 您有權免費以您的語言獲得幫助。如果您對您的Kaiser Permanente申請或承保有任何疑問，或者如果本通知要求您在具體日期之前採取措施，請致電您所在的州或地區的電話，與口譯員進行溝通。

**Chuuk (Chukese):** Mei wor omw pwuung omw kopwe angei aninis non foosun fonuomw (Chuukese), ese kamo. Ika mei wor omw kapas eis usun omw apilikeison me/ika policy fan nemenien Kaiser Permanente, are ika ei esinesin a erenuk pwe kopwe fori pwan ekoch fofor, ka tongeni omw kopwe kori ewe nampa mei kawor faniten omw state ika fonu (asan) iwe eman chon chiakku epwe anisuk non kapasen fonuomw.

**Français (French):** Une assistance gratuite dans votre langue est à votre disposition. Si vous avez des questions à propos de votre demande d'inscription ou de la couverture par Kaiser Permanente, ou si cet avis vous demande de prendre des mesures à une date précise, appelez le numéro indiqué pour votre Etat ou votre région pour parler à un interprète.

**Deutsch (German):** Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Falls Sie Fragen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutzes durch Kaiser Permanente haben oder falls Sie aufgrund dieser Benachrichtigung bis zu bestimmten Stichtagen handeln müssen, rufen Sie die für Ihren Bundesstaat oder Ihre Region aufgeführte Nummer an, um mit einem Dolmetscher zu sprechen.

**ગુજરાતી (Gujarati):** તમને કોઈ પણ ખર્ચ વગર તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. જો તમને Kaiser Permanente મારફતે તમારી અરજી અથવા કવરેજ વિશે પ્રશ્નો હોય, અથવા જો આ નોટિસ હોય જેમાં તમને કોઈ ચોક્કસ તારીખથી પગલાં લેવાની જરૂર હોય, તો દુભાષિયા સાથે વાત કરવા તમારા સ્ટેટ અથવા રીજીયન માટે પૂરા પાડવામાં આવેલ નંબર પર ફોન કરો.

**Kreyòl Ayisyen (Haitian Creole):** Ou gen dwa pou jwenn èd nan lang ou gratis. Si ou gen nenpòt kesyon sou aplikasyon ou an oswa asirans ou ak Kaiser Permanente, oswa si nan avni sa a gen bagay ou sipoze fè sa a avan yon sètèn dat, rele nimewo nou mete pou Eta oswa rejyon ou a pou w ka pale ak yon entèprèt.

**‘ōlelo Hawai‘i (Hawaiian):** He pono a ua loa‘a no kekahi kōkua me kāu ‘ōlelo inā makemake a he manuahi no ho‘i. Inā he mau nīnau kāu e pili ana i kāu palapala noi ‘inikua ola kino a i ‘ole i kōkua ma‘ō ka polokalamu kōkua ola kino Kaiser Permanente, a i ‘ole inā ke ha‘i nei paha kēia leka nei iā‘oe e hana koke aku i kēia ma mua o kekahi lā i waiho ‘ia, e kelepona aku i ka helu i loa‘a ma kēia leka nei no kāu moku‘āina a i ‘ole pana‘āina no ka wala‘au ‘ana me kekahi kanaka unuhi ‘ōlelo.

**हिन्दी (Hindi):** आपको बिना किसी कीमत चुकाए आपकी भाषा में सहायता पाने का अधिकार है। यदि आप आपके आवेदन पत्र के विषय में या Kaiser Permanente के कवरेज के विषय में कुछ पूछना चाहते हैं या यदि यह एक नोटिस है जिसके कारण आपको किसी विशेष तिथि तक कारवाई करनी पड़ेगी तो आपके राज्य या क्षेत्र के लिए दिए गए नंबर पर फोन करके किसी दुभाषिये से बात करें।

**Hmoob (Hmong):** Koj muaj cai kom tau txais kev pab uas hais koj hom lus yam tsis tau them nqi. Yog koj muaj lus nug txog koj daim ntawv thov los yog cov kev pab them nyiaj tim Kaiser Permanente, los yog tias daim ntawv no yog ib tsab ntawv ceebtoom uas yuav kom koj ua ib yam dabtsi raws li hnuv tau teev tseg, hu rau tus nab npawb xovtooj uas tau muab rau koj lub xeev lossis cheeb tsam kom tau tham nrog tus kws txhais lus.

**Igbo (Igbo):** ! nwere ikike inweta enyemaka n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ọ bụrụ na ị nwere ajujụ gbasara akwụkwọ anamachọihe gị ma ọ bụ mkpuchi si na Kaiser Permanente, ma ọ bụ ọ bụrụ na nke bụ ọkwa a chọrọ ka ị mee ihe tupu otu ụbọchị, kpọọ nomba enyere maka steeti ma ọ bụ mpaghara gị ịji kwukọrịta okwu n'etiti onye ọkọwa okwu.

**Iloko (Ilocano):** Adda ti karbenganyo a dumawat iti tulong iti pagsasaoyo nga awan ti bayadanyo. No addaankayo kadagiti saludsod maipanggep ti aplikasionyo wenno coverage babaen ti Kaiser Permanente, wenno no daytoy ket maysa a pakdaar a kalikagumanna a rumbeng nga aramidenyo ti addang iti espesipiko a petsa, tawagan ti numero nga inpaay para ti estado wenno rehion tapno makipatang ti maysa mangipatarus iti pagsasao.



**Italiano (Italian):** Hai il diritto di ricevere assistenza nella tua lingua gratuitamente. In caso di domande riguardanti la tua richiesta o la copertura attraverso Kaiser Permanente, o se occorre intervenire entro una data specifica secondo quanto indicato in questa comunicazione, chiama il numero fornito per il tuo stato o la tua regione per parlare con un interprete.

**日本語 (Japanese):** あなたは、費用負担なしでご使用の言語で支援を受ける権利を保持しています。お申し込みまたはKaiser Permanenteの担保範囲に関してご質問があるか、または本通知により、あなたが特定の日付までに行動を起こすよう依頼されている場合、お住まいの州または地域に対して提供された電話番号に電話して、通訳とお話ください。

**ខ្មែរ (Khmer):** អ្នកមានសិទ្ធិទទួលបានជំនួយជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ បើសិនអ្នកមានសំណួរណាមួយអំពីពាក្យស្នើសុំឬការធានារ៉ាប់រងតាមរយៈ Kaiser Permanente ឬប្រសិនបើគឺជាលិខិតជូនដំណឹងដែលតម្រូវឲ្យអ្នកចាត់វិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ សូមទូរស័ព្ទទៅលេខដែលបានផ្តល់ជូនសម្រាប់រដ្ឋឬតំបន់របស់អ្នកដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ។

**한국어 (Korean):** 귀하에게는 한국어 통역서비스를 무료로 받으실 수 있는 권리가 있습니다. Kaiser Permanente를 통한 귀하의 보험 신청서나 보험 보장 범위에 관해 질문이 있을 경우 또는 이 통지서의 요구대로 어느 날짜까지 조치를 취해야만 하는 경우, 귀하의 주 및 지역의 제공된 전화번호로 연락해 통역사와 통화하십시오.

**ລາວ (Laotian):** ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັຽຄ່າ. ຖ້າວ່າ ທ່ານມີຄໍາຖາມກ່ຽວກັບການສະໝັກຂອງທ່ານ ຫຼື ການຄຸ້ມຄອງຜ່ານ Kaiser Permanente, ຫຼື ຖ້າອັນນີ້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດໍາເນີນການພາຍໃນວັນທີທີ່ເຈາະຈົງໃດໜຶ່ງ, ໃຫ້ໂທຕາມພາຍເລກທີ່ໃຫ້ໄວ້ສໍາລັບລັດ ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລິມະຊານພາສາ.

**Kajin Majōl (Marshallse):** Ewōr jimwe eo aṃ in bōk jipaṃ ilo kajin eo aṃ ejjelōk wōṃāān. Ñe ewōr aṃ kajjitōk kōn peba in aplaiki eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak ñe enaan in kōjelā in ej aikuj bwe kwōn ṃakūtkūt ṃokta jān juon raan eo eṃōj an kallikkar, kaṃok nōṃba eo ej leṃok ṃian state eo aṃ ak jikūṃ bwe kwōn maroṃ kōnono ippān juon ri-ukōt.

**Naabeehó (Navajo):** T'áá ni nizaad bee níká i' doolwoł doo bik'é asíníłáágóó éí bee náhaz'á. Kaiser Permanente áká aná'álwo' ná bik'é azláadoo yínikeedgo naaltsoos hadinílaa, éí bína'idíłkid doogo, éí doodago díí naaltsoos haa'ída yoolkáalgo hait'áoda í'dííłíł nílńiigo éí nitsaa hahoodzojį éí doodago t'áá aadi nahós'a'di ata' dahalne'ígíí bich'í' hólne'go bee bíł ahíł hódíłniih.

**नेपाली (Nepali):** तपाईंसँग कुनै शुल्क नदिएर आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसँग आफ्नो आवेदन बारे वा Kaiser Permanente माफत कवरज बारेमा कुनै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोभाषेसँग कुराकानी गर्न तपाईंको राज्य वा क्षेत्रका लागि दिइएको नम्बरमा कल गर्नुहोस् ।

**Afaan Oromoo (Oromo):** Baasii malee afaan keetiin gargaarsa argachuudhaaf mirga qabda. Waa'ee iyyata keetii yookaan tajaajila Kaiser Permanente hammatu ilaalchisee gaaffii yoo qabaatte, yookaan yoo kun beeksisa guyyaa murtaa'e irratti tarkaanfii akka ati fudhattu gaafatu ta'e, lakkoofsa bilbilaa naannoo yookaan goodina keetiif kenname bilbiluudhaan turjumaana haasofsiisi.

**فارسی (Persian):** شما حق دارید که بدون هیچ هزینه ای به زبان خود کمک دریافت کنید. اگر درباره درخواست یا پوشش خود در Kaiser Permanente سوالی داشته یا بر اساس این اعلامیه باید تا تاریخ مشخصی اقدامی بعمل آورید، برای صحبت با یک مترجم شفاهی با شماره تلفن ارائه شده برای ایالت یا منطقه خود تماس بگیرید.

**lokaiahn Pohnpei (Pohnpeian):** Komw anehki pwung en rapahki sounkawehwe en omw palien lokaia ni sohte isaihs. Ma mie iren owmi kalelapak ohng aplikeisin de iren audepe kan ohng Kaiser Permanente, de ma pakair wet me anahne komwi en mwekid ohng rahn me kileledi, ah komw anahne koahl nempe me sansalehr ohng owmi palien wehi pwe komwi en lokaiaien owmi tungoal soun kawehwe.

**Português (Portuguese):** Você tem o direito de obter ajuda em seu idioma sem nenhum custo. Se você tiver dúvidas sobre sua solicitação ou cobertura por meio da Kaiser Permanente, ou se este aviso exigir que você tome alguma medida até uma data específica, ligue para o número fornecido para seu estado ou região para falar com um intérprete.

**ਪੰਜਾਬੀ (Punjabi):** ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਸੁਲਕ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਪਾਉਣ ਦਾ ਹੱਕ ਹੈ। ਜੇਕਰ ਤੁਹਾਡੇ ਆਪਣੀ ਅਰਜ਼ੀ ਜਾਂ Kaiser Permanente ਰਾਹੀਂ ਕਵਰੇਜ ਬਾਰੇ ਸਵਾਲ ਹਨ, ਜਾਂ ਇਸ ਨੋਟਿਸ ਵਜੋਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਨਿਸ਼ਚਿਤ ਮਿਤੀ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪਵੇ, ਤਾਂ ਦੁਬਾਰੀ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਆਪਣੇ ਰਾਜ ਜਾਂ ਇਲਾਕੇ ਲਈ ਮੁਹੱਈਆ ਕਰਵਾਏ ਗਏ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ।

**Română (Romanian):** Aveți dreptul de a solicita ajutor care să vă fie oferit în mod gratuit în limba dumneavoastră. Dacă aveți întrebări legate de solicitarea dumneavoastră sau de acoperirea oferită de Kaiser Permanente sau dacă acest aviz vă solicită să luați măsuri până la o anumită dată, sunați la numărul de telefon furnizat pentru statul sau regiunea dumneavoastră pentru a sta de vorbă cu un interpret.

**Русский (Russian):** У вас есть право получить бесплатную помощь на своем языке. Если у вас имеются вопросы относительно вашего заявления или медицинского страхования в Kaiser Permanente, либо если такое уведомление требует от вас каких-либо действий к определенной дате, позвоните по номеру телефона для своего штата или региона, чтобы поговорить с переводчиком.

**Faa-Samoa (Samoan):** E iai lou 'aia e maua se fesoasoani i lou gagana e auoa ma le tologi. Afai e iai ni fesili e uiga i lou tusi apalai po o puipuiga e ala mai Kaiser Permanente, po o lenei tusi e manaomia ona e gaoioi i se taimi atofaina, vili le numera ua fuafuaina mo lou setete po o oganuu e fesoata'i i se faaliliu.

**Español (Spanish):** Usted tiene derecho a obtener ayuda en su idioma sin costo alguno. Si tiene preguntas acerca de su solicitud o cobertura a través de Kaiser Permanente, o si este es un aviso que requiere que usted tome alguna medida antes de una fecha determinada, llame al número de teléfono que se proporciona para su estado o región para hablar con un intérprete.

**Tagalog (Tagalog):** Mayroon kang karapatang humingi ng tulong sa iyong wika nang walang bayad. Kung mayroon kang mga katanungan tungkol sa iyong aplikasyon o coverage sa pamamagitan ng Kaiser Permanente, o kung ito ay abisong nangangailangan ng iyong aksyon sa tiyak na petsa, tumawag sa numerong ibinigay para sa iyong estado o rehiyon para makipag-usap sa isang interpreter.

**ไทย (Thai):** ท่านมีสิทธิที่จะได้รับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย หากท่านมีคำถามเกี่ยวกับการสมัครของท่าน หรือความคุ้มครองผ่าน Kaiser Permanente หรือหากนี่คือหนังสือที่ต้องการให้ท่านดำเนินการภายในวันที่ที่กำหนดไว้ โปรดติดต่อหมายเลขที่ให้ไว้สำหรับรัฐหรือเขตพื้นที่ของท่านเพื่อคุยกับสาม

**Lea Faka-Tonga (Tongan):** 'Oku 'ia ho totonu ke ke ma'u ha fakatonulea ta'etotongi. Kapau 'oku 'i ai ha'o fehu'i ki ho tohi kole na'e fakafonu ki he malu'i 'inisua 'a e Kaiser Permanente, pea kapau ko e tohina 'oku fiema'u keke fai ha me'a ki ai pe ko ha 'aho na'e tuku pau atu ke fai ia, taa ki he fika kuo 'oatu ki ho siteiti pe ko e vahefonua 'oku ke 'i ai ke talanoa mo ha tokotaha tene fakatonu lea atu kiate koe.

**Українська (Ukrainian):** У Вас є право на отримання допомоги безкоштовно на Вашій рідній мові. Якщо Ви маєте питання стосовно Вашого звернення чи страхового покриття в Kaiser Permanente, чи якщо відповідно до такого повідомлення Вам треба буде здійснити певну дію до конкретної дати, подзвоніть по номеру, що відповідає Вашій країні чи регіону, щоб поговорити з перекладачем.

**أردو (Urdu):** آپ کو کوئی بھی قیمت ادا کرنے بغیر اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ اگر آپ کے ذہن میں اپنی درخواست یا Kaiser Permanente کے ذریعہ کوریج کے متعلق کوئی بھی سوالات ہیں، یا اگر اس نوٹس کی وجہ سے آپ کو کسی مخصوص تاریخ تک عمل انجام دینے کی ضرورت ہوگی تو، کسی مترجم سے بات چیت کرنے کے لئے آپ کی ریاست یا علاقہ کے لئے فراہم کئے گئے نمبر پر کال کریں۔

**Tiếng Việt (Vietnamese):** Quý vị có quyền được nhận trợ giúp miễn phí bằng ngôn ngữ của mình. Nếu quý vị có các câu hỏi về mẫu đơn hoặc mức bảo hiểm của mình thông qua Kaiser Permanente, hoặc đây là thông báo yêu cầu quý vị thực hiện vào một ngày cụ thể, hãy gọi đến số điện thoại được cung cấp cho bang hoặc khu vực của quý vị để trò chuyện với phiên dịch viên.

**Yorùbá (Yoruba):** O ní ètò láti rí irànlọwọ gbà nípa èdè rẹ láisan owó. Bí o bá ní ibèèrè nípa iwé tí o kọ tàbí ìsèdédé nípaṣẹ Kaiser Permanente, tàbí ifitònilétí yìí jẹ èyí o nílò láti ìgbèsẹ kan ní ojò kan patọ, pé nọmbà tí a pèsè fún ipínlẹ tàbí agbègbè rẹ láti bá ònǵbifọ kan sọrọ.



## The Kaiser Permanente Bridge Program

For more information contact:

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404-364-3811

### Member Services

404-261-2590 locally  
1-800-611-1811 toll free



- KP** Kaiser Permanente Medical Facilities
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