

Kaiser Permanente 2017 Sample Fee List*

COLORADO

What's a Sample Fee List?

Knowing how much you can expect to pay for care and services can help give you peace of mind. As a deductible HMO member, you can use this list to help estimate what you might pay for medical services at Kaiser Permanente facilities.†

The fees listed here are the maximum amounts you may pay for each professional service, and do not include fees for medical offices or other services. The amount you're charged may be different depending on the care you get, medical offices (medical center or hospital), your plan, and if you've reached your deductible or out-of-pocket maximum.

Keep in mind that some services may also require related services that have additional costs, like an earwax cleaning ordered by your doctor during a hearing evaluation.

How does your deductible plan work?

As a deductible member, you'll pay the full charges for covered services until you reach a set amount known as your deductible. After you reach your deductible, you'll start paying less – just a copay or coinsurance for the rest of the year. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

You also have an out-of-pocket maximum. If you reach your maximum, you won't have to pay for covered services for the rest of the year. For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.

Here's an example of how the costs of some services may change throughout the year:

Service	Before deductible, you pay	After deductible, you pay	After out-of-pocket maximum, you pay
X-ray of knee	\$66	Copay or coinsurance (e.g. \$10 or 20%)	\$0
Ultrasound of pelvis	\$218	Copay or coinsurance (e.g. \$10 or 20%)	\$0
Skin biopsy	\$191	Copay or coinsurance (e.g. \$10 or 20%)	\$0

How can you use the Sample Fee List?

You can use this resource to help you:

- Choose the right Kaiser Permanente deductible plan for you during open enrollment.
- Estimate your out-of-pocket costs for medical services before and after you reach your deductible.
- Estimate your spending on upcoming medical services if your plan comes with a flexible spending account (FSA), health incentive account (HIA), health reimbursement arrangement (HRA), or health savings account (HSA).

Any questions?

We're here to help. For more information or to ask about a service not found on the list, please call the number on your Kaiser Permanente ID card. For cost estimates for a specific medical service or to ask about payment plans or other financial assistance, please contact Financial Counseling at **303-338-3025** or **1-877-803-1929** (TTY: **711**), Monday through Friday, 8 a.m. to 6 p.m.

*This Sample Fee List only applies to members who get medical services from Kaiser Permanente facilities.

†The estimated fees in this Sample Fee List are valid as of January 1, 2017, and may change without notice.

The fees shown are for professional services only and do not include fees for medical offices or other services.

If your health benefits are self-insured by your employer, union, or Plan sponsor, Kaiser Permanente Insurance Company provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.

SERVICE	ESTIMATED FEES
Office Visits	
New patient visit, level 1 (low severity) - Primary Care	\$66
New patient visit, level 1 (low severity) - Specialty Care	\$79
New patient visit, level 2 - Primary Care	\$112
New patient visit, level 2 - Specialty Care	\$134
New patient visit, level 3 - Primary Care	\$163
New patient visit, level 3 - Specialty Care	\$195
New patient visit, level 4 - Primary Care	\$247
New patient visit, level 4 - Specialty Care	\$297
New patient visit, level 5 (high severity) - Primary Care	\$311
New patient visit, level 5 (high severity) - Specialty Care	\$373
Established patient visit, level 1 (low severity) - Primary Care	\$30
Established patient visit, level 1 (low severity) - Specialty Care	\$36
Established patient visit, level 2 - Primary Care	\$66
Established patient visit, level 2 - Specialty Care	\$79
Established patient visit, level 3 - Primary Care	\$109
Established patient visit, level 3 - Specialty Care	\$130
Established patient visit, level 4 - Primary Care	\$161
Established patient visit, level 4 - Specialty Care	\$194
Established patient visit, level 5 (high severity) - Primary Care	\$218
Established patient visit, level 5 (high severity) - Specialty Care	\$262
Office Visits (Preventive)	
Well-baby office visit, new patient (under 1 year)*	\$173
Well-child office visit, new patient (1–4 years)*	\$181
Well-child office visit, new patient (5–11 years)*	\$188
Well-child office visit, new patient (12–17 years)*	\$213
Well-adult office visit, new patient (18–39 years)*	\$207
Well-adult office visit, new patient (40–64 years)*	\$239
Well-adult office visit, new patient (65 and older)*	\$259
Well-baby office visit, established patient (under 1 year)*	\$155
Well-child office visit, established patient (1–4 years)*	\$166
Well-child office visit, established patient (5–11 years)*	\$165
Well-child office visit, established patient (12–17 years)*	\$181
Well-adult office visit, established patient (18–39 years)*	\$186
Well-adult office visit, established patient (40–64 years)*	\$198
Well-adult office visit, established patient (65 and older)*	\$213

*These services are covered at no cost on many plans if completed as part of a preventive screening. Check your plan documents (such as your *Evidence of Coverage* or *Summary Plan Description*) to determine whether a service is subject to your deductible. If it is not subject to the deductible, you may have no cost or you may only have to pay a copay or coinsurance, depending on your plan.

The fees shown are for professional services for the indicated procedure only, and do not include fees for facility or other services.

These estimated member fees are valid as of January 1, 2017, and may change without notice.

SERVICE	ESTIMATED FEES
Specialist Consultations	
Office consultation	\$76
Specialist visit, long	\$287
Specialist visit, short	\$142
Specialist visit, typical	\$195
Emergency Visits	
Emergency care by physician, level 1 (low severity)	\$112
Emergency care by physician, level 2	\$171
Emergency care by physician, level 3	\$283
Emergency care by physician, level 4 (high severity)	\$422
Psychotherapy Visits	
Group psychological therapy	\$48
Psychiatric diagnostic interview exam	\$248
Therapy	\$160
Eye Examinations	
Eye exam, routine visit, new patient	\$126
Eye exam and treatment, new patient	\$231
Eye exam, routine visit, established patient	\$133
Eye exam and treatment, established patient	\$192
Intermediate eye exam, new patient and refraction	\$157
Intermediate eye exam, established patient and refraction	\$164
Vision screening test*	\$6
Hearing Services	
Comprehensive audiometry evaluation	\$71
Ear cleaning	\$92
Eardrum test	\$28
Hearing screening test (pure tone, air only)*	\$23
Physical Therapy Services	
Electric stimulation therapy, treatment only	\$33
Physical therapy evaluation*	\$93
Physical therapy, exercises, treatment only*	\$67
Physical therapy, hot and cold application, treatment only	\$12
Physical therapy, ultrasound, treatment only	\$26

*These services are covered at no cost on many plans if completed as part of a preventive screening. Check your plan documents (such as your *Evidence of Coverage* or *Summary Plan Description*) to determine whether a service is subject to your deductible. If it is not subject to the deductible, you may have no cost or you may only have to pay a copay or coinsurance, depending on your plan.

The fees shown are for professional services for the indicated procedure only, and do not include fees for facility or other services.

These estimated member fees are valid as of January 1, 2017, and may change without notice.

Kaiser Permanente Estimated Fees Colorado

SERVICE	ESTIMATED FEES
Vaccines and Other Injections	
Allergy shot	\$17
Chickenpox vaccine*	\$141
Diphtheria, tetanus booster vaccine*	\$39
Diphtheria, tetanus, pertussis vaccine*	\$48
Flu shot, adults (18-64)*	\$44
Flu shot, children (3 years and older)*	\$30
Flu shot, infants*	\$11
Hepatitis B vaccine*	\$115
Intravenous push, single or initial substance/drug	\$108
Measles, mumps, and rubella vaccine*	\$97
Polio vaccine*	\$55
Respiratory syncytial virus	\$318
Therapeutic injection (administration only, does not include medication)	\$48
Therapeutic intravenous injection (administration only, does not include medication)	\$37
Vaccine administration, adult	\$48
Zoster vaccine*	\$308
Tests and Procedures	
Breathing capacity test	\$69
Breathing treatment	\$35
Colonoscopy and removal of abnormal tissue using cautery*	\$957
Colonoscopy and removal of abnormal tissue using snare technique*	\$914
Colonoscopy and removal of colon tissue for examination*	\$872
Diagnostic colonoscopy*	\$706
Diagnostic proctosigmoidoscopy	\$229
Diagnostic sigmoidoscopy	\$311
Draining fluid from around swollen joint	\$112
Electrocardiogram (EKG)	\$32
Electromyogram (EMG), one extremity	\$233
Fetal monitoring	\$94
Loop electrosurgical excision procedure (LEEP)	\$539
Removal of abnormal areas of skin	\$13
Sigmoidoscopy and removal of tissue for examination*	\$476
Skin biopsy	\$191
Skin biopsy (each additional lesion within same visit)	\$61

(continues)

*These services are covered at no cost on many plans if completed as part of a preventive screening. Check your plan documents (such as your Evidence of Coverage or Summary Plan Description) to determine whether a service is subject to your deductible. If it is not subject to the deductible, you may have no cost or you may only have to pay a copay or coinsurance, depending on your plan.

The fees shown are for professional services for the indicated procedure only, and do not include fees for facility or other services.

These estimated member fees are valid as of January 1, 2017, and may change without notice.

Kaiser Permanente Estimated Fees Colorado

SERVICE	ESTIMATED FEES
Tests and Procedures <i>(continued)</i>	
Stress test	\$145
Surgically destroying an abnormal area of skin	\$43
Ultrasound test of heart	\$248
Vasectomy	\$714
X-rays, CT Scans, and Other Imaging Studies	
CT scan of chest, including dye*	\$708
CT scan of pelvis, including dye	\$698
CT scan of pelvis, without dye	\$451
CT scan of sinus and nasal passages	\$592
CT scan of stomach area, with dye	\$712
CT scan of stomach area, without dye	\$462
DXA bone density scan, peripheral	\$56
Mammogram	\$324
Mammogram (one side)	\$254
Mammogram (screening)*	\$265
MRI of any joint of the lower extremity, without dye	\$730
MRI of any joint of the upper extremity, without dye	\$729
MRI of brain, including dye	\$986
MRI of brain, without dye	\$711
MRI of brain, without dye, followed by further sequences including dye	\$1,165
MRI, abdomen, with contrast	\$1,400
MRI, abdomen, without contrast	\$1,028
MRI, abdomen, without contrast, followed by with contrast	\$1,563
MRI, angiogram, pelvis	\$1,237
MRI, cervical spine, with contrast	\$1,003
MRI, cervical spine, without contrast	\$691
MRI, cervical spine, without dye, followed by further sequences including dye	\$1,170
MRI, head, with contrast	\$1,194
MRI, head, without contrast	\$1,025
MRI, lower extremity	\$1,551
MRI, lumbar spine, with contrast	\$991
MRI, lumbar spine, without contrast	\$688
MRI, lumbar spine, without dye, followed by further sequences including dye	\$1,168
MRI, neck, with contrast	\$1,274

(continues)

The fees shown are for professional services for the indicated procedure only, and do not include fees for facility or other services.

These estimated member fees are valid as of January 1, 2017, and may change without notice.

Kaiser Permanente Estimated Fees Colorado

SERVICE	ESTIMATED FEES
X-rays, CT Scans, and Other Imaging Studies <i>(continued)</i>	
MRI, neck, without contrast	\$1,025
MRI, thoracic spine, with contrast	\$992
MRI, thoracic spine, without contrast	\$691
MRI, thoracic spine, without dye, followed by further sequences including dye	\$1,173
MRI, upper extremity	\$1,542
Pregnancy ultrasound	\$269
Review of CT scan of head or brain	\$359
Ultrasound of pelvis	\$218
Ultrasound of stomach area	\$244
Vaginal ultrasound	\$243
X-ray for osteoporosis*	\$82
X-ray of abdomen (complete)	\$88
X-ray of ankle	\$59
X-ray of ankle (complete)	\$71
X-ray of both knees	\$70
X-ray of chest	\$55
X-ray of chest (one view interpretation)	\$44
X-ray of finger	\$62
X-ray of foot	\$51
X-ray of foot (complete)	\$67
X-ray of hand	\$51
X-ray of hand (complete)	\$60
X-ray of knee	\$66
X-ray of knee (complete)	\$77
X-ray of lower back bones	\$69
X-ray of neck	\$89
X-ray of neck bones	\$65
X-ray of shoulder	\$65
X-ray of stomach area (one view)	\$46
X-ray of wrist (complete)	\$70
X-ray of wrist (two views)	\$57
Laboratory Tests	
Albumin test	\$13

(continues)

*These services are covered at no cost on many plans if completed as part of a preventive screening. Check your plan documents (such as your *Evidence of Coverage* or *Summary Plan Description*) to determine whether a service is subject to your deductible. If it is not subject to the deductible, you may have no cost or you may only have to pay a copay or coinsurance, depending on your plan.

The fees shown are for professional services for the indicated procedure only, and do not include fees for facility or other services.

These estimated member fees are valid as of January 1, 2017, and may change without notice.

SERVICE	ESTIMATED FEES
Laboratory Tests <i>(continued)</i>	
Alkaline phosphatase test	\$13
Allergy test	\$12
ALT liver function test	\$13
Amylase test	\$16
AST liver function test	\$13
Bilirubin test (total)	\$13
Blood antibody test	\$11
Blood clotting test	\$10
Blood sugar test, diagnostic	\$10
Blood sugar test, monitoring*	\$25
Calcium test (total)	\$13
Cholesterol level test*	\$11
Complete blood count	\$18
Creatinine test	\$13
Hepatitis B surface antigen test*	\$26
Hepatitis C test*	\$36
Kidney function test	\$10
Laboratory chemistry test for creatine kinase	\$17
Lipid panel test*	\$34
Magnesium test	\$17
Pap test, cervical cancer screening*	\$27
Phosphorus test	\$12
Potassium test	\$12
Pregnancy test	\$18
Prostate test*	\$47
Sodium test	\$12
Strep-A-Swab test	\$51
Test for blood in stool*	\$8
Thyroid stimulating hormone test	\$43
Urine bacteria colony count*	\$21
Urine test (complete)	\$8
Urine test (dipstick only)	\$6
Urine test (microanalysis only)	\$8

*These services are covered at no cost on many plans if completed as part of a preventive screening. Check your plan documents (such as your *Evidence of Coverage* or *Summary Plan Description*) to determine whether a service is subject to your deductible. If it is not subject to the deductible, you may have no cost or you may only have to pay a copay or coinsurance, depending on your plan.

The fees shown are for professional services for the indicated procedure only, and do not include fees for facility or other services.

These estimated member fees are valid as of January 1, 2017, and may change without notice.

Kaiser Foundation Health Plan of Colorado (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.

Colorado	1-800-632-9700
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, 2500 South Havana, Aurora, CO 80014, telephone number: 1-800-632-9700. 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, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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 this notice requires you to take action by a specific date, call the number provided for your state or region to talk to an interpreter. Colorado 1-800-632-9700 (TTY 711)

አማርኛ (Amharic): ያለምንም ክፍያ በራስዎ ቋንቋ እገዛ የማግኘት መብት አለዎት። ስለ ማመልከቻዎ ወይም ከኤስሮ ፕሮግራም አይነት Kaiser Permanente ስለሚያገኙት ሽፋን ማንኛውም ጥያቄዎች ካሉዎት፣ ወይም ይህ ማሳወቂያ በግልፅ በተጠቀሰ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ በተጠቀሰው የሰልክ ቁጥር ለስቴትዎ ወይም ለክልልዎ ደውሎ ከአስተርጓሚ ጋር ይነጋገሩ።
Colorado 1-800-632-9700 (TTY 711)

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 يتطلب هذا الإشعار منك اتخاذ إجراء خلال تاريخ محدد، يُرجى الاتصال بالرقم المخصص لولايتك أو منطقتك للتحدث إلى مترجم فوري.
Colorado 1-800-632-9700 (TTY 711)

Bàsòò Wùdù (Bassa): M bédé dyí-bèdèin-dèò bé m ké gbo-kpá-kpá dyé dé m bídí-wùdùün bó pídyi. O jù ké m dyi dyi-dieñ-dè bé bédé bá ni dè-mó-dìfèdèò dyí, mwo bá ni kùün kpõ jè dyi dyiin dé Kaiser Permanente mú, mwo o jù ké bõi-po-po nià ke dyi níin m me nyùin dè dò wé jéé dò kòe ni, nií, dá nòbà bé wa tòà bó ni gbèè vèné mwo ni gbèè dyùò jèe bé m ké wuqu-zìin-nyò dò gbo wùdù.
Colorado 1-800-632-9700 (TTY 711)

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。
Colorado 1-800-632-9700 (TTY 711)

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.
Colorado 1-800-632-9700 (TTY 711)

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.
Colorado 1-800-632-9700 (TTY 711)

Igbo (Igbo): ! nwere ikike inweta enyemaka n'asụsụ gi na akwụghị ugwo ọ bụla. Ọ bụrụ na i nwere ajụjụ gbasara akwụkwọ anamachọihe gi ma ọ bụ mkpuchi si na Kaiser Permanente, ma ọ bụ na ọkwa a chọrọ ka i mee ihe tupu otu ubochi, kpọọ nomba enyere maka steeti ma ọ bụ mpaghara gi iji kwukọrịta okwu n'etiti onye ọkọwa okwu.
Colorado 1-800-632-9700 (TTY 711)

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、お話しください。
Colorado 1-800-632-9700 (TTY 711)

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 일정 날짜까지 조취를 취해야 하는 경우, 귀하의 주 및 지역의 제공된 전화번호로 연락해 통역사와 통화하십시오.
Colorado 1-800-632-9700 (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

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 yíníkeedgo naaltsoos hadinílaa, éí bína'ídíłkid doogo, éí doodago díí naaltsoos haa'ída yoolkáalgo hait'áoda í' dííłíł níłníigo éí nitsaa hahoodzojí éí doodago t'áá aadi nahós'a' di ata' dahalne'ígíí bich'í' hólne'go bee bił ahíł hodíílnih.

Colorado 1-800-632-9700 (TTY 711)

नेपाली (Nepali): तपाईंसगं कुनै शुल्क नदिइ आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसगं आफ्नो आवेदन बारे वा Kaiser Permanente मार्फत कवरेज बारेमा कुनै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नुपरेमा, दोभाषेसंग कुराकानी गर्न तपाईंको राज्य वा क्षेत्रका लागि दिइएको नम्बरमा कल गर्नुहोस् ।

Colorado 1-800-632-9700 (TTY 711)

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 beeksisi Kun guyyaa murtaa'e irratti tarkaanfii akka ati fudhattu kan gaafatu yoo ta'e, lakkoofsa bilbilaa naannoo yookaan goodina keetiif kenname bibiluudhaan turjumaana haasofisiisi.

Colorado 1-800-632-9700 (TTY 711)

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.

Colorado 1-800-632-9700 (TTY 711)

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 данное уведомление требует от вас каких-либо действий к определенной дате, позвоните по номеру телефона для своего штата или региона, чтобы поговорить с переводчиком.

Colorado 1-800-632-9700 (TTY 711)

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 este aviso requiere que usted tome alguna medida antes de una fecha determinada, llame al número de teléfono que se le proporcionó para su estado o región para hablar con un intérprete.

Colorado 1-800-632-9700 (TTY 711)

Tagalog (Tagalog): Mayroon kang karapatan na kumuha 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 ang abisong ito ay nangangailangan ng iyong aksyon sa tiyak na petsa, tumawag sa numerong ibinigay para sa iyong estado o rehiyon para makipag-usap usap sa tagapagsalin.

Colorado 1-800-632-9700 (TTY 711)

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 thông báo này 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.

Colorado 1-800-632-9700 (TTY 711)

Yorùbá (Yoruba): O ní ètò láti rí ìrànlọ́wọ̀ gbà nípa èdè ẹ̀ láìsán owó. Bí o bá ní ìbèèrè nípa ìṣàfilọ̀lẹ̀ tàbí ìṣedéédé nípaṣẹ̀ Kaiser Permanente, tàbí ifitọ̀nilétí yìí fẹ́ kí gbé ìgbésẹ̀ kan ní ojú kan patọ̀, pé nọmbà tí a pèsè fún ìpínlẹ̀ tàbí agbègbè ẹ̀ láti bá òhngbifọ̀ kan sọrọ̀.

Colorado 1-800-632-9700 (TTY 711)