Welcome to Kaiser Permanente

Get started in 3 easy steps



kp.org/flexiblechoice/mas

KAISER PERMANENTE®

How your Kaiser Permanente health plan works

Your Flexible Choice plan gives you the freedom to choose how you receive care, each time you receive care:

- From Kaiser Permanente providers (Option 1, HMO/in-network/Signature)
- From physicians in the contracted networks (Option 2, Participating Provider Organization [PPO])
- From any licensed physician or provider not included in Option 1 or 2 (Option 3, out-of-network)

Benefit levels and cost shares vary according to the provider option level (Option 1, 2, or 3). In general, your out-of-pocket costs may increase as you move from HMO providers to PPO providers to out-of-network providers. But with Flexible Choice, you can switch between provider options as you desire.

About this plan

Services	HMO network (Option 1)[1]	PPO network (Option 2)[1]	Out-of-network (Option 3)[1]
Out-of-pocket costs 	No deductible on most plans. Most services are covered at a copay.	Some services are subject to a deductible, then a copay or coinsurance. Certain services are covered before the deductible at a copay.	Most services are subject to a deductible, and then coinsurance.
Claims 	Virtually no claim forms to complete.	Provider generally completes and submits claim forms. There is no balance billing for covered services.	You may need to submit claims for reimbursement. You may be responsible for paying amounts that are greater than the maximum allowable charge.

Preauthorization may be required for certain services in Option 1, in which case your Permanente physician will act on your behalf to seek that preauthorization.

In Options 2 and 3, all inpatient and certain outpatient services require precertification. For more information on precertification, see page 26.

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[1]Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., underwrites the In-Network HMO Tier (Option 1) and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the In-Network PPO Tier (Option 2) and Out-of-Network coverage (Option 3) of the Flexible Choice Plan.

Greetings

We're glad to be your partner on this journey, and we look forward to a long and healthy relationship with you.

This reference guide will help you make the most of your membership with Kaiser Permanente. It puts key details at your fingertips, including how to get care, important phone numbers, and information about our Urgent Care centers. You'll also find information about pharmacies, getting care away from home, and understanding your costs.

This guide will also walk you through the most important steps for accessing your membership. The sooner you choose a doctor and sign up on our website, the more you'll get out of your new health plan.

We encourage you to take a few minutes to read through this brochure and keep it nearby for quick reference.

Get started today by calling our New Member Activation Desk at **888-225-7202** (TTY **711**) or visiting **kp.org/newmember**. Take advantage of all that life has to offer by being as healthy as you can be.

Welcome to Kaiser Permanente!

Let's get started

Making the most of your membership takes only **3 easy steps.** Ready to go?



Step 1
Create your online account on **kp.org**



Step 2
Choose your doctor—and change anytime



Step 3
Get prescriptions

Stay in the know with all things Kaiser Permanente—check out **kp.org/insider** for valuable health insights, facility updates, and member discounts.

Your plan is governed by the Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS), *Group Agreement* and *Evidence of Coverage (EOC)* and the Kaiser Permanente Insurance Company (KPIC) *Group Policy* and *Certificate of Insurance (COI).* Inside this reference guide, they are referred to as your "coverage document."

This reference guide provides an overview of your benefits and services. In the event of ambiguity or conflict between this reference guide and the KFHP-MAS *Group Agreement* and *EOC*, and/or the KPIC *Group Policy,* your coverage documents shall prevail.

Step 1 Create your online account on kp.org

Start using our secure website, **kp.org**, to manage your health on your time[1]

Visit **kp.org** anytime, from anywhere, to:

- Schedule an appointment to see physicians and providers by video visit.[2]
- View most lab results.
- Refill most prescriptions.
- Email your doctor's office with nonurgent questions.
- Schedule and cancel routine appointments.
- Print vaccination records for school, sports, and camp.
- Manage a family member's health care.
- Get a personalized cost estimate.
- Use our Chat with KP feature.
- And much more.

Creating an account is easy

Go to **kp.org/newmember** from a computer or mobile device and follow the sign-on instructions. You'll need your medical record number, which you can find on your member ID card.

Caregiver access

Caregivers can access certain features of **kp.org** for loved ones who are members of Kaiser Permanente. Nonmembers can be caregivers on **kp.org** as long as they're at least 18 years old and have either:

- Permission from you as the member

  OR
- Legal rights to make health care decisions on your behalf, or legal rights to access your health care information.

To set up an account, go to **kp.org/register** and follow the prompts for caregiver access.

Download the Kaiser Permanente app

After you've registered at **kp.org**, you can download our app to your smartphone.

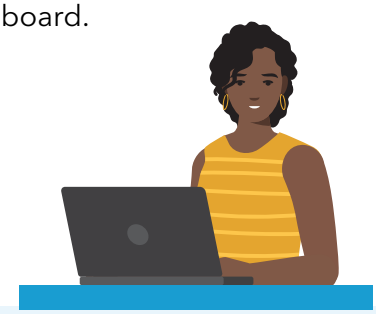
1. From your smartphone, go to your preferred app site: App Store℠ (iOS) or Google Play® (Android™).[3]
2. Search for the Kaiser Permanente app, then download it to your smartphone.
3. Use your **kp.org** user ID and password to activate the app, and you'll be ready to go.

Digital membership card

Access your membership information anytime, anywhere, with a digital version of your membership card to:

- Check in for appointments.
- Pick up prescriptions.
- Access your family's membership information.

To use your digital membership card, tap the card icon at the bottom of the Kaiser Permanente app dashboard.



Personalize your kp.org experience

Use your member ID card and our Member Photo Upload feature to add your digital image to **kp.org**.

[1]These features are available when you get care at Kaiser Permanente facilities.
[2]When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors and health care providers from providing care across state lines. Laws differ by state.
[3]Apple is a trademark of Apple, Inc., registered in the U.S. and other countries. App Store is a service mark of Apple, Inc. Google Play and Android are trademarks of Google, Inc.

Step 2 Choose your doctor—and change anytime

Your Flexible Choice plan gives you the freedom to choose how you receive care, each time you receive care, from:

- Kaiser Permanente providers (Option 1)
- Physicians in the PHCS™ or MultiPlan® networks[1] when getting care in a Kaiser Permanente state, or from the Cigna Healthcare℠ PPO Network[2] when you get care outside a Kaiser Permanente state (Option 2) (Kaiser Permanente operates in the District of Columbia and the states of California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, and Washington.)
- Any licensed physician or provider not included in Option 1 or 2 (Option 3)

Option 1: Permanente physician

Choose by phone

Call us at **888-225-7202** (TTY **711**), Monday through Friday, 7:30 a.m. to 9 p.m. Once you've decided on a doctor, we can help you schedule your first appointment.

Choose online

Go to **kp.org/providerdirectory** and choose Flexible Choice under the plan drop-down to find a doctor who matches your needs. Once you've chosen, call **800-777-7904** (TTY **711**), 24 hours a day, 7 days a week, to schedule your first appointment. You don't need a referral for the following specialties—just call for an appointment:

- **800-777-7904** (TTY **711**) for ob-gyn and optometry
- **866-530-8778** for behavioral health—initial consultations (except inpatient care) and chemical dependency or addiction medicine

For other types of specialty care, your doctor will refer you.

Visit **kp.org/flexiblechoice/mas** to learn more about how your Flexible Choice plan works.

Option 2[3]: Participating provider

To find a physician, facility, or health care practitioner who participates in the PHCS or MultiPlan networks when getting care in a Kaiser Permanente service area, or from the Cigna Healthcare PPO Network when you get care outside a Kaiser Permanente service area, do one of the following:

- Check online at **kp.org/flexiblechoice-doctor/mas** for the most up-to-date information
- Review the *Flexible Choice Physician Directory*

No referral is needed for office visits to Option 2 physicians or specialists; however, precertification applies to certain covered services under Options 2 and 3. For more information on precertification, see page 26. The Kaiser Permanente Insurance Company (KPIC) *Certificate of Insurance* contains a complete listing of services that require precertification.

If a physician you were seeing (before becoming a Kaiser Permanente member) is not part of the PHCS or MultiPlan networks, or the Cigna PPO Network, you can nominate that physician to become a network member.



[1]The PHCS™ and MultiPlan® networks include physicians and health care practitioners and facilities available to Flexible Choice members via Kaiser Permanente Insurance Company's network access agreement. Not all PHCS and MultiPlan network providers are included. Provider networks change regularly. Before making your appointment, confirm that the provider is still participating in the network.

[2]The Cigna Healthcare℠ PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. Cigna Healthcare is an independent company and not affiliated with Kaiser Permanente Insurance Company or Kaiser Foundation Health Plan. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with Kaiser Permanente Insurance Company and Kaiser Foundation Health Plan. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

[3]Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS) underwrites the In-Network HMO Tier (Option 1) and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the In-Network PPO Tier (Option 2) and the Out-of Network Tier (Option 3). This coverage is subject to exclusions, benefit limitations, and other terms and conditions. For specific information about your Option 2 and 3 coverage, review the KPIC *Group Policy* and *Certificate of Insurance*. The KPIC *Group Policy,* which incorporates the *Certificate of Insurance,* is the legally binding document between your employer and KPIC. Please contact KPIC Member Services at **800-392-8649** (TTY **711**) to request a copy of your coverage documents.

Step 2 Choose your doctor—and change anytime (continued)

Option 3:[1] Any licensed provider

Through Option 3, you can work directly with any licensed provider or facility anywhere. No referral is needed for office visits to Option 3 physicians or specialists; however, precertification applies to certain covered services under Options 2 and 3. For more information on precertification, see page 26. KPIC's *Certificate of Insurance* contains a complete listing of services that require precertification.

It's important to keep in mind that your benefits will vary in each provider option, and the amount you pay for a particular service will depend on the provider option you choose and, in some cases, where you choose to receive care.



[1] Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS) underwrites the In-Network HMO Tier (Option 1) and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the In-Network PPO Tier (Option 2) and the Out-of Network Tier (Option 3). This coverage is subject to exclusions, benefit limitations, and other terms and conditions. For specific information about your Option 2 and 3 coverage, review the KPIC *Group Policy* and *Certificate of Insurance*. The KPIC *Group Policy,* which incorporates the *Certificate of Insurance,* is the legally binding document between your employer and KPIC. Please contact KPIC Member Services at **800-392-8649** (TTY **711**) to request a copy of your coverage documents.

Step 3 Get prescriptions

You can fill prescriptions from any provider at any pharmacy.

Kaiser Permanente pharmacies:

- Fill prescriptions from Kaiser Permanente medical center pharmacies or at **kp.org**.
- Our reminder service—offered via the Kaiser Permanente app[1]—can send you alerts about what dose of your medications to take and when, making it easier for you to keep track. Creating a reminder is easy:
  1. In the Kaiser Permanente app, go to the pharmacy section.
  2. In the medication list, tap the medication you want to view.
  3. Under prescription details, toggle on "Reminders to Take."
- You'll generally have the lowest copayments.

Participating (community network) pharmacies:

- Fill prescriptions at participating pharmacies,[2] including Giant, Harris Teeter, Safeway, Walgreens, Walmart, and others.
- There is no mail-order service with this pharmacy option.
- You may have higher cost shares than you would with a Kaiser Permanente pharmacy, and a deductible may apply.

Out-of-network pharmacies:

- Fill prescriptions at all other pharmacies.
- There is no mail-order service with this pharmacy option.
- You may have higher cost shares than you would with a participating (community network) pharmacy, and a deductible may apply.
- You may need to pay full out-of-pocket costs for prescriptions filled at out-of-network pharmacies and submit claims to MedImpact for reimbursement.

Get prescription refills by mail

Get medications sent to you in 3 to 5 business days and at no cost with Mail Order Pharmacy.[3] To start, register at **kp.org**, download the Kaiser Permanente app,[1] or call **800-733-6345.** Some prescriptions are available for same-day or next-day delivery for a small fee; for eligible prescriptions, select this option at checkout.

Get prescription refills by phone

Call us at **800-700-1479** (TTY **711**), 24 hours a day, and follow the prompts to check a status or to refill your prescription.

Get prescription refills online

Register at **kp.org** or the Kaiser Permanente app[1] to request refills for most prescriptions online.

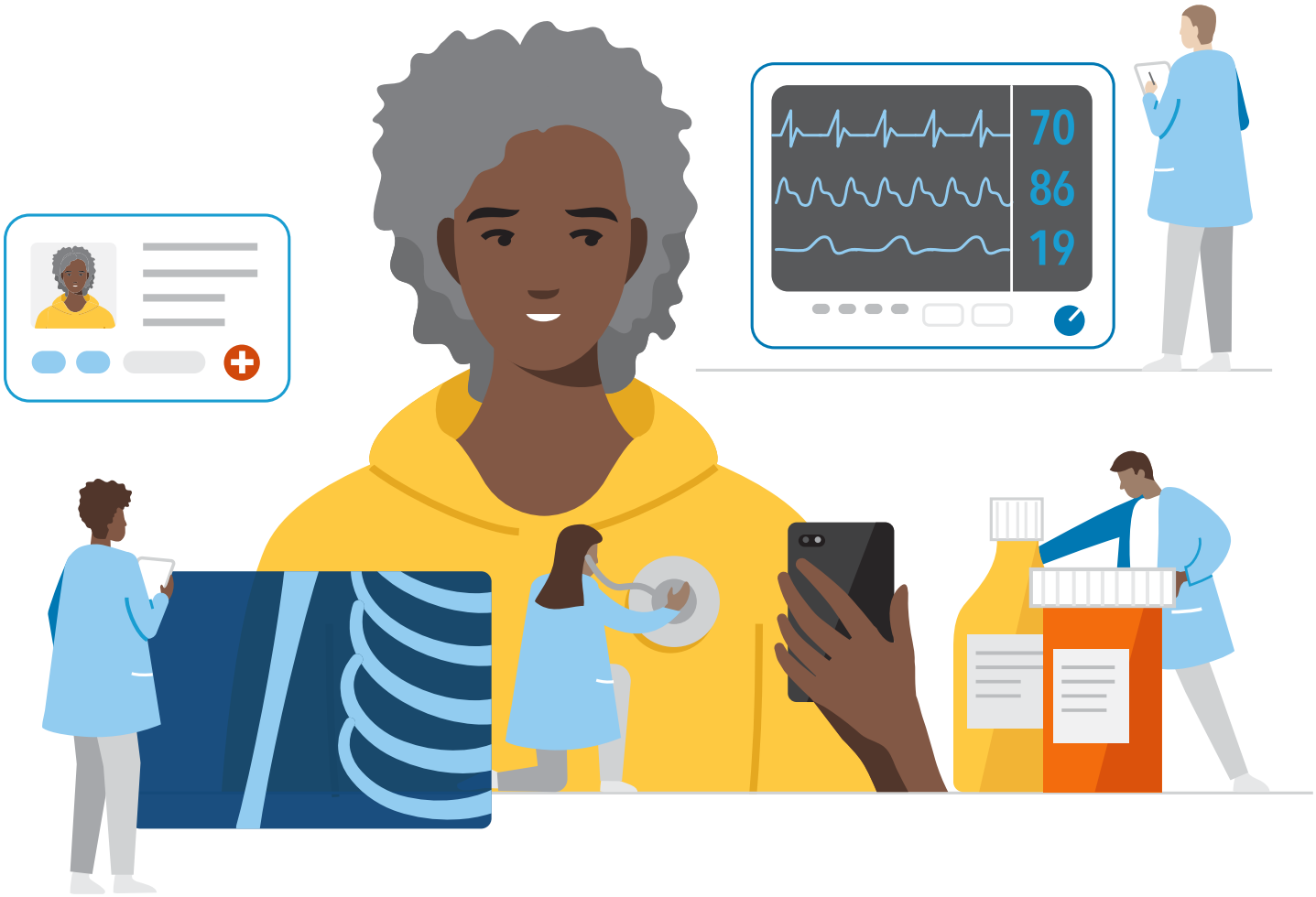
What drugs are covered?

Visit **kp.org/formulary** for a list of approved drugs.

Picking up your order

You can fill your prescriptions at the pharmacies located in our medical centers. Just visit **kp.org/facilities** and select the pharmacy where you'd like to pick them up.

[1]To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on **kp.org**.
[2]Participating pharmacies are pharmacies under contract with MedImpact and the pharmacy benefits are underwritten by Kaiser Permanente Insurance Company. MedImpact pharmacies are subject to change.
[3]Some medications are not eligible for Mail Order Pharmacy. Mail Order Pharmacy can mail to addresses in MD, VA, DC, and certain locations outside the service area.


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Pharmacy phone numbers

There is a pharmacy in each Kaiser Permanente medical center. See the back cover for locations on a map.

Maryland

Abingdon Medical Center
410-515-5450

Annapolis Medical Center
410-571-7360

Kaiser Permanente Baltimore Harbor Medical Center
410-637-5750

Bowie Fairwood Medical Center
301-867-1330

Camp Springs Medical Center
301-702-6175

Columbia Gateway Medical Center
410-309-7500

Kaiser Permanente Frederick Medical Center
240-529-1800

Gaithersburg Medical Center
240-632-4150

Kensington Medical Center
301-929-7175

Largo Medical Center
301-618-5552

Lutherville-Timonium Medical Center
410-847-3020

North Arundel Medical Center
410-508-7675

Shady Grove Medical Center
301-548-5755

Silver Spring Medical Center
301-572-1055

South Baltimore County Medical Center
410-737-5200

West Hyattsville Medical Center
240-906-6600

White Marsh Medical Center
410-933-7626

Woodlawn Medical Center
443-663-6116

Virginia

Alexandria Medical Center
703-721-6310

Ashburn Medical Center
571-252-6005

Burke Medical Center
703-249-7750

Caton Hill Medical Center
703-986-2500

Colonial Forge Medical Center
540-602-6300

Fair Oaks Medical Center
703-934-5800

Falls Church Medical Center
703-237-4430

Fredericksburg Medical Center
540-368-3800

Haymarket Crossroads Medical Center
571-445-7300

Manassas Medical Center
703-257-3030

Reston Medical Center
703-709-1560

Springfield Medical Center
571-622-2100

Tysons Corner Medical Center
703-287-4650

Washington, D.C.

Kaiser Permanente Capitol Hill Medical Center
202-346-3300

Northwest D.C. Medical Office Building
202-419-6900

Your plan may allow you to use non–Kaiser Permanente pharmacies. For information, call Member Services at **800-777-7902** (TTY **711**), Monday through Friday (except holidays), 7:30 a.m. to 9 p.m. If your plan is through your employer, check with your benefits manager to find out if your plan includes non–Kaiser Permanente pharmacies.

The right care

Services	Option 1	Option 2	Option 3
Seeing your doctor  For an expected care need, such as a recommended preventive screening or a visit for a health issue currently being treated; a new health concern; or a change in an existing health condition that isn't an urgent care need.	At Kaiser Permanente facilities: **800-777-7904** (TTY **711**) or online at **kp.org/appointments**, 24 hours a day, 7 days a week. You can also use our automated wait list to get an earlier appointment if one becomes available. Select Join for sooner appointment and be notified if earlier appointments open up.[1]	Contact your provider directly. Some services may require precertification. To find the contact information for your provider, visit **kp.org/flexiblechoice-doctor/mas**.	Call your out-of-network provider directly. Ask your doctor's office for business hours.
Get Care Now with a Clinician  Talk to a clinician 24/7 over phone or video for quality care when you need it[2]—no appointment needed.	For video and phone visits with doctors who practice at Kaiser Permanente medical centers,[2] visit **kp.org** or call **800-777-7904** (TTY **711**).	Contact your provider directly about the availability of telehealth appointments.	Contact your provider directly about the availability of telehealth appointments.
E-visits[3]  For certain conditions, you can use our online symptom checker and get personalized care advice within 1 hour.	Get started at **kp.org**.	Contact your provider directly about the availability of e-visits.	Contact your provider directly about the availability of e-visits.

[1]Sooner appointments are available for phone, video, or in-person appointments. Availability varies by service and department.
[2]When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors and health care providers from providing care across state lines. Laws differ by state.
[3]Available when you register and log in to **kp.org** or the Kaiser Permanente app.

The right care (continued)

Services	Option 1	Option 2	Option 3
Medical advice by phone  For certain conditions, you can use our online symptom checker and get personalized care advice within 1 hour.	**800-777-7904** (TTY **711**) 24 hours a day, 7 days a week	You may choose to call your network-participating provider directly during business hours, or call **800-777-7904** (TTY **711**), 24 hours a day, 7 days a week.	You may choose to call your out-of-network provider directly during business hours, or call **800-777-7904** (TTY **711**), 24 hours a day, 7 days a week.
Urgent care 	**800-777-7904** (TTY **711**) You're covered at any Kaiser Permanente After Hours, Urgent, or Advanced Urgent Care center: 14 locations; 7 open 24/7. Members are welcome to walk in without an appointment at our Advanced Urgent Care centers. Urgent Care and After Hours Care are by appointment only. Unsure if you need urgent or emergency care? Call **800-677-1112** (TTY **711**). If you're traveling internationally and need help locating urgent or emergency care, call **001-951-268-3900** (from a landline phone) or **+1-951-268-3900** (from a mobile device).[1]	Members have access to urgent and emergency care at many places nationwide. Learn more at **kp.org/getcare**. Or visit **kp.org/flexiblechoice-doctor/mas** to find participating urgent care centers.	You can visit any licensed out-of-network urgent care facility. Make sure to keep a copy of your bill to submit with your claim for reimbursement.

If you have a chronic condition, were recently hospitalized, or are or think you might be pregnant, please make an appointment as soon as possible. Call **800-777-7904** (TTY **711**).

[1]Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

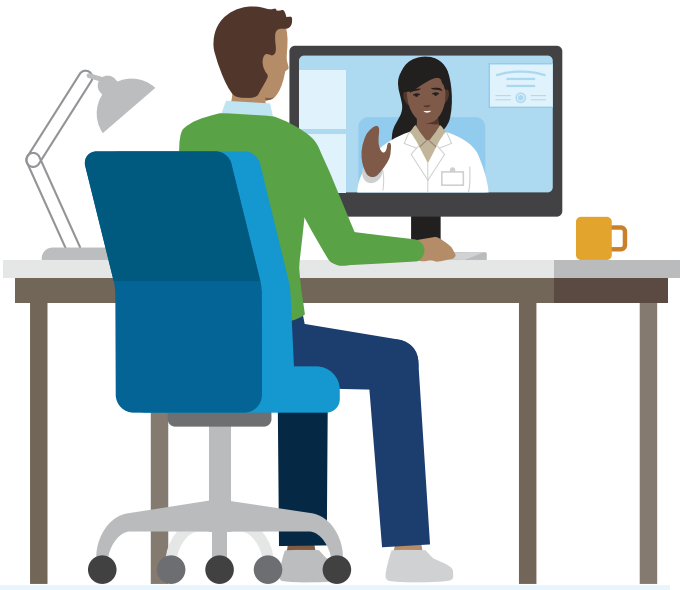
Services	Option 1	Option 2	Option 3
Emergency care 	If you think you're experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility anytime, day or night. Unsure if you're experiencing an emergency? Call **800-677-1112** (TTY **711**).	All emergency care is covered as an Option 1 benefit regardless of the provider's option status (Option 1, 2, or 3).	All emergency care is covered as an Option 1 benefit regardless of the provider's option status (Option 1, 2, or 3).
Behavioral health 	You can seek an initial consultation without a referral from your doctor for outpatient treatment for mental health or substance use conditions. Call **866-530-8778** (TTY **711**), Monday through Friday (except holidays), 8:30 a.m. to 5 p.m. Learn more at **kp.org/mentalhealth**.	You don't need a referral from a provider participating in the networks for KPIC to receive outpatient care for mental illness, emotional disorders, and substance use disorders. Precertification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures. Call **888-567-6847** (TTY **711**), Monday through Friday, 8 a.m. to 11 p.m. You may, however, request precertification 24 hours a day, 7 days a week. Cigna Healthcare PPO providers will manage any necessary precertification. See page 26 for more information about precertification.	You can receive care from any licensed behavioral health or chemical dependency professional for mental illness, emotional disorders, and substance use disorders. Precertification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures. Call **888-567-6847** (TTY **711**), Monday through Friday, 8 a.m. to 11 p.m. You may, however, request precertification 24 hours a day, 7 days a week. See page 26 for more information about precertification.
Vision care 	**800-777-7904** (TTY **711**) Hours vary by location.	Visit **kp.org/flexiblechoice-doctor/mas** to find optometrists who participate in Option 2.	You can visit any licensed optometrist or vision facility. You may be required to pay for services in full and submit a claim for reimbursement.

The right care (continued)

Services	Option 1	Option 2	Option 3
Maternity care 	If you think you may be pregnant, call **800-777-7904** (TTY **711**) for an appointment with your obstetrician.	Visit **kp.org/flexiblechoice-doctor/mas** to find obstetricians who participate in Option 2. **Enrolling newborns** Newborns will receive coverage from birth through their first 31 days. Coverage is provided according to the terms of your KPIC *Group Policy* and *Certificate of Insurance,* and coordination of benefits may apply. For information on enrolling your newborn for health care coverage beyond 31 days, call **800-392-8649** (TTY **711**).	You can choose any licensed provider for obstetric care. For office visits and other services while you're pregnant, you'll pay your applicable copays or coinsurance, and your deductible must be met, unless otherwise indicated. **Enrolling newborns** Your newborn will receive coverage from the time of birth through the first 31 days. Coverage is provided according to the terms of your KPIC *Group Policy* and *Certificate of Insurance,* and coordination of benefits may apply. For information on enrolling your newborn for health care coverage beyond 31 days, call **800-392-8649** (TTY **711**).
Preauthorization/ precertification 	Preauthorization may be required for certain services in Option 1, which your Permanente physician will request on your behalf.	Precertification is required for all inpatient admissions and certain outpatient services. To obtain precertification for PHCS, MultiPlan, and out-of-network providers, contact Permanente Advantage at **888-567-6847** (TTY **711**). Representatives are available Monday through Friday, 8 a.m. to 11 p.m. You may, however, request precertification 24 hours a day, 7 days a week, especially for urgent requests. Cigna Healthcare PPO providers will manage any necessary precertification.	Precertification is required for all inpatient admissions and certain outpatient services. Contact Permanente Advantage at **888-567-6847** (TTY **711**). Representatives are available Monday through Friday, 8 a.m. to 11 p.m. You may, however, request precertification 24 hours a day, 7 days a week, especially for urgent requests.

Getting virtual care with Kaiser Permanente

Virtual care allows members to see their personal doctor—as well as any specialists they've been referred to—by video, phone, or email, usually for no copay.[1] When you need medical attention, you can start your journey using any of our virtual care options after registering and logging on to **kp.org** and downloading the Kaiser Permanente app.[2]



Get Care Now with a Clinician for 24/7 on-demand service with the next available clinician—no appointment is needed for Urgent Care that can be addressed virtually

E-visits (available 24/7)—answer a questionnaire and get instant care recommendations or a physician's advice/treatment response in 1 hour or less

Email consultations with your doctor

24/7 advice line and online chat

During a virtual visit, your doctor can access your electronic health record and consult with other physicians, so your care is seamless, convenient, and connected. All of your post-visit information, prescriptions, lab results, immunization status, emails, and more are available and secure with **kp.org** and the Kaiser Permanente app.[2]

For more information on your telehealth options and how to join a video or phone visit,[1] go to **kp.org/getcare**.

[1]When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors and health care providers from providing care across state lines. Laws differ by state.
[2]To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on **kp.org**.

Healthy extras to improve your mental and physical health

Enjoy access to our healthy extras[1]—online resources to help manage your well-being:

Virtual classes at no extra cost

- Cataract Class
- Managing Prediabetes
- Nutrition for Cholesterol Control
- Nutrition for Weight Control
- Stress Management

Self-care apps[2]

- **Calm.** Reduce stress, improve sleep, and enhance mood with meditation.
- **Headspace.** Get immediate one-on-one emotional support for coping with many common challenges—from stress and low mood to work or relationship issues.

Learn more and download these apps at **kp.org/selfcareapps**.



Additional resources

- **Health education classes.** Join in at our facilities (registration required). Browse courses at **kp.org/classes**, and to register, call **800-777-7904** (TTY **711**).
- ***Partners in Health.*** This monthly newsletter brings you health tips, member stories, and facility or service updates.
- **Online wellness programs.** Learn more at **kp.org/healthylifestyles**.
- **Optum's affinity musculoskeletal program.** Access chiropractic, acupuncture, and massage therapy services, along with a 20% discount off their usual and customary services for members.
- **One Pass Select Affinity®.** Get discounts on fitness services.[3]

Refer to your plan document for more information.

Kaiser Permanente rewards

As a Kaiser Permanente member, you can earn up to $150 in rewards for completing simple, healthy activities. Each time you finish an activity, rewards are added to your Kaiser Permanente rewards prepaid Visa® card. Use it to treat yourself at a wide range of popular places to shop.

Start your journey to better health at **kp.org/rewards**.

[1]The products and services described are provided by entities other than Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and are neither offered nor guaranteed under your Kaiser Permanente contract. Kaiser Permanente does not endorse or make any representations regarding the quality or medical effectiveness of such products and services, nor the financial integrity of these entities. Kaiser Permanente disclaims any liability for these products and services.
[2]These apps and services are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.
[3]One Pass Select is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships under this program.

Urgent and After Hours Care

Urgent care offers services to adults and children who require immediate, but not emergency, care for conditions like fever or sudden onset of unusual symptoms

As a Flexible Choice member, you have a variety of options for accessing urgent care.

Option 1

- If you think you need Urgent Care, call the medical advice line at **800-777-7904** (TTY **711**), 24 hours a day, 7 days a week, to speak with a medical advice nurse who can direct you to the best location for care.
- You can go to any Kaiser Permanente Urgent Care facility. See page 17 for a list of our Urgent Care facilities and locations.
- You'll usually pay the lowest out-of-pocket amount if you seek Urgent Care at Kaiser Permanente Option 1 facilities.
- You may also be able to see an Urgent Care physician by video visit[1] if you cannot come into one of our Urgent Care centers. During your visit, the doctor can access your digital health record, so your care is seamless, convenient, and connected.

24/7 Kaiser Permanente Advanced Urgent Care centers

At our medical centers that have 24/7 Advanced Urgent Care, you get:

- Physicians trained in emergency medicine
- Lower cost shares[2] than a typical hospital emergency room
- Extended lab and pharmacy hours, with most open 24/7
- 24/7 advanced imaging services, including CT, MRI, and ultrasound
- An observation unit where patients can be monitored for up to 24 hours

After Hours Care

Offered by appointment only, our After Hours Care clinics offer limited lab and radiology services. The clinics are appropriate for minor health concerns, such as ear or neck pain, rash, urinary tract infection, minor injuries, and cold, sinus, or flu-like symptoms.

Get Care Now with a Clinician

With our Get Care Now on-demand service, no appointment is needed for Urgent Care that can be addressed virtually—you can see the next available clinician today.

- Connect to this virtual care service 24/7, and a physician will reach out to you, usually within 2 hours
- Offered at no charge
- Available via phone, video, **kp.org**, or the Kaiser Permanente app[3]



[1]When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors and health care providers from providing care across state lines. Laws differ by state.
[2]Cost share depends upon your plan. For specific information, please check your coverage documents.
[3]To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on **kp.org**.

Urgent and After Hours Care (continued)

Option 2

- You have access to urgent care facilities that are in the PHCS™ or MultiPlan® networks when getting care in a Kaiser Permanente state, or from the Cigna PPO Network[1] when you get care outside a Kaiser Permanente state, anywhere in the country.[2]
- Before making an urgent care appointment at an Option 2 facility, you should confirm that the facility participates in the networks.
- You'll be responsible for any applicable deductible amount, copay, or coinsurance when you receive care.
- Your out-of-pocket cost will generally be higher than in Option 1.

Option 3

- You have access to any urgent care facility not already in Option 1 or Option 2.
- The facility may ask you to pay in full when you receive care. If so, retain a copy of the bill as proof of payment, and submit your claim for reimbursement. See pages 24–25 for information on the claims process.
- You'll generally have the highest out-of-pocket cost when using this option.



[1]The Cigna Healthcare℠ PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. Cigna Healthcare is an independent company and not affiliated with Kaiser Permanente Insurance Company or Kaiser Foundation Health Plan. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with Kaiser Permanente Insurance Company and Kaiser Foundation Health Plan. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.
[2]Kaiser Permanente operates in the District of Columbia, and the states of California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, and Washington.

Kaiser Permanente Urgent and After Hours Care locations

Maryland

Camp Springs Urgent Care
6104 Old Branch Ave.
Temple Hills, MD 20748
By appointment only
Mon–Fri: 3–11 p.m.
Sat, Sun: 9 a.m.–5 p.m.
Closed holidays

Gaithersburg Advanced Urgent Care 24/7
655 Watkins Mill Road
Gaithersburg, MD 20879

Kensington Urgent Care
10810 Connecticut Ave.
Kensington, MD 20895
By appointment only
Mon–Fri: 3–11 p.m.
Sat, Sun: 9 a.m.–5 p.m.
Closed holidays

Largo Advanced Urgent Care 24/7
1221 Mercantile Lane
Largo, MD 20774

Lutherville-Timonium Advanced Urgent Care 24/7
2391 Greenspring Drive
Lutherville-Timonium, MD 21093

South Baltimore County Advanced Urgent Care 24/7
1701 Twin Springs Road
Halethorpe, MD 21227

White Marsh After Hours Care
4920 Campbell Blvd.
Nottingham, MD 21236
By appointment only
Mon–Fri: 3–11 p.m.
Sat, Sun: 9 a.m.–5 p.m.
Closed holidays

Woodlawn After Hours Care
7141 Security Blvd.
Baltimore, MD 21244
By appointment only
Mon–Fri: 3–11 p.m.
Sat, Sun: 9 a.m.–5 p.m.
Closed holidays

Virginia

Ashburn After Hours Care
43480 Yukon Drive
Ashburn, VA 20147
By appointment only
Mon–Fri: 3–11 p.m.
Sat, Sun: 9 a.m.–5 p.m.
Closed holidays

Caton Hill Advanced Urgent Care 24/7
13285 Minnieville Road
Woodbridge, VA 22192

Fredericksburg After Hours Care
1201 Hospital Drive
Fredericksburg, VA 22401
By appointment only
Mon–Fri: 3–11 p.m.
Sat, Sun: 9 a.m.–5 p.m.
Closed holidays

Reston Urgent Care
1890 Metro Center Drive
Reston, VA 20190
By appointment only
Mon–Fri: 3–9 p.m.
Sat, Sun: 9 a.m.–9 p.m.
Closed holidays

Tysons Corner Advanced Urgent Care 24/7
8008 Westpark Drive
McLean, VA 22102

Washington, D.C.

Kaiser Permanente Capitol Hill Advanced Urgent Care 24/7
700 2nd St. NE
Washington, DC 20002

The continued availability and/or participation of any facility cannot be guaranteed.

Kaiser Permanente reserves the right to relocate, modify, or terminate the location and hours of services for Urgent Care. For the most up-to-date information, visit **kp.org/urgentcare/mas**.

Hospital care

Option 1

Kaiser Permanente carefully selects hospitals[1] to team with us in taking great care of you.

Located throughout Maryland, Virginia, and Washington, D.C., these award-winning hospitals work with us to provide your treatment when you need inpatient or outpatient hospital care. Your care will be guided 24/7 by Permanente physicians who exclusively care for our members at that hospital. With Kaiser Permanente doctors on-site, your care is coordinated within the hospital and with your primary care physician, ensuring the smooth transition of your care before, during, and after your hospitalization. To learn more about our core hospitals, visit **kp.org/mashospitals**.

Option 2

- You can receive inpatient hospitalization services from hospitals and facilities that participate in Option 2. Your physician who participates in Option 2 may make arrangements for your hospital admission.
- It's important to note that not all physicians at Option 2 hospitals participate in the Option 2 provider network. Depending on your benefit plan design package, you may be responsible for a higher out-of-pocket expense if you receive care from a physician in an Option 2 facility who does not participate in the Option 2 network.
- Be aware that almost all obstetrical and surgical procedures will require the services of an anesthesiologist and pathologist. Obstetrical admissions may also require neonatology services.
- When planning your admission to an Option 2 hospital, be sure to tell your physician you want to be admitted to a hospital in which the hospital-based physicians also participate with the networks for KPIC.
- For a complete list of network-participating hospitals serving Option 2, visit **kp.org/flexiblechoice-doctor/mas**.
- Several hospitals and facilities are included in both the Option 1 and Option 2 networks.
- Precertification is required for inpatient admissions and certain outpatient services.
- See page 26 for more information on precertification.
- When you seek care at one of these hospitals or facilities, your cost shares and coverage for services will be determined according to the Option level of the physician who directs your care.
- If you're admitted by an Option 1 Kaiser Permanente provider to a hospital that is included in both Options 1 and 2, then the charges for hospital services will be at the Option 1 benefits level.
- If you're admitted by an Option 3 provider to a hospital in Option 2, then the charges for hospital services will be at the Option 2 benefits level and the physician's charges will be paid at the Option 3 benefits level.

Option 3

- You can receive inpatient hospitalization services from licensed or accredited hospitals and facilities not in Option 1 or 2. Such providers are Option 3 providers.
- When you receive Option 3 services, you'll be responsible for charges that exceed the maximum allowable charge for a covered service. If your Option 3 provider does not accept assignment, you'll also need to submit itemized claims for each provider or facility for reimbursement. See pages 24–25 for more information on claims.
- Precertification is required for inpatient admissions and certain outpatient services. See page 26 for more information on precertification.

[1]Core hospitals are independently owned and operated, and they contract with Kaiser Foundation Hospitals.

Additional services

Services	What you need to know		
X-ray and imaging services 	**Option 1** • You'll find radiology services at most Kaiser Permanente medical centers. • For most services, you need your doctor's referral. The doctor will let you know how to schedule your appointment. • At some of our medical centers, we have advanced imaging equipment for MRIs, CT scans, and more. • X-ray and imaging services are located wherever Kaiser Permanente Urgent Care or Advanced Urgent Care is offered, so you don't have to make a separate trip to have an X-ray or other imaging test.	**Option 2** • Before scheduling any X-rays or other imaging services, check first to be sure the facilities are part of the networks for KPIC. To find participating facilities, visit **kp.org/flexiblechoice-doctor/mas**. • Precertification may be required. Refer to your coverage documents. For more information on precertification, see page 26.	**Option 3** • You can receive X-ray and other imaging services at any facility. • Precertification may be required. Refer to your coverage documents. For more information on precertification, see page 26. • If you receive tests and screenings in Option 3 facilities, you may be required to pay in full and submit a claim for reimbursement. The provider may also bill you for the difference, if any, between actual billed charges and the maximum allowable charge. Refer to your coverage documents for more details.
Lab tests and results 	**Option 1** • For most routine lab tests, your Permanente physician will send the order electronically to the Kaiser Permanente lab, and you can just walk in without an appointment. • Most lab services are located wherever Urgent Care or Advanced Urgent Care is offered, so you don't have to make a separate trip to have a lab test to complete your care. You can also schedule your lab appointment in advance to save time. • Your results from tests done in Kaiser Permanente medical centers will be available in your medical record. You can read most results online soon after the lab completes your tests, sometimes the same day. If your lab tests are not performed in a Kaiser Permanente medical center, follow your referring physician's instructions on how to get your test results.	**Option 2** • Before scheduling any lab test, check first to be sure the facilities are part of the networks for KPIC. To find participating facilities, visit **kp.org/flexiblechoice-doctor/mas**. • Precertification may be required. See page 26 for more information on precertification.	**Option 3** • You can receive lab services at any facility. • If you receive tests and screenings in Option 3 facilities, you may be required to pay in full and submit a claim for reimbursement. The provider may also bill you for the difference, if any, between actual billed charges and the maximum allowable charge. Refer to your coverage document for more details. • Precertification may be required. See page 26 for more information on precertification.

Additional services (continued)

Services	What you need to know
Dental 	Your medical coverage includes dental care needed after an accident. It does not provide preventive dental care or dental treatment that is not related to an accident. Refer to your plan document to determine your accidental dental coverage, or contact the benefits officer where you work if your employer provides your coverage. **You may have a plan that includes preventive and other dental benefits as a supplement to your Option 1 coverage.** Refer to your preventive dental plan document, or contact the benefits officer where you work if your employer provides your coverage. Visit **kp.org/dental/mas** or call LIBERTY Dental Plan at **800-764-5393** (TTY **877-855-8039**). Knowledgeable LIBERTY Dental Plan member service specialists are available Monday through Friday, 8 a.m. to 8 p.m. (ET), to answer your questions about coverage or to help you find a participating dentist.
Chronic care management 	You can join our disease management program if you need help managing ongoing health conditions, such as: • Asthma • Chronic obstructive pulmonary disease • Coronary artery disease • Depression • Diabetes • High blood pressure • Weight management To learn more, leave a message anytime at **703-536-1465** (Washington, D.C., area) or **410-933-7739** (Baltimore area). Please leave your name, medical record number, address, and the condition for which you're requesting information, and we'll return your call within 2 business days.
Coordination of benefits 	**Do you have coverage from another plan, too?** If you have other health coverage in addition to your coverage with Kaiser Permanente, please notify Member Services at **800-777-7902** (TTY **711**). If the other plan is your primary insurance, we reserve the right to bill the other health plan for the services we provide or authorize for you. Having more than one health care plan doesn't affect your ability to access Kaiser Permanente services. If you have a work-related injury or an injury caused by another party, please notify Member Services.

Care options while you're away from home

Option 1

Coverage anywhere

- You're covered for emergency and urgent care anywhere in the world.
- If you need urgent care in a Kaiser Permanente service area/region, visit the nearest Kaiser Permanente Urgent Care clinic.[1]
- If you need urgent care in a state without Kaiser Permanente, go to the nearest CVS MinuteClinic®, Concentra Urgent Care, or urgent care facility.[2]
- If you receive urgent or emergency care outside the service area (anywhere outside the District of Columbia, and parts of Maryland and Virginia), you'll need to submit bills for reimbursement. You're also covered for urgent and emergency care from any non-Permanente provider worldwide.

In other Kaiser Permanente service areas

A wide range of care may be available to you in other Kaiser Permanente areas, including routine, urgent, or emergency care. Always contact Member Services at **800-777-7902** (TTY **711**) to learn what your coverage options are, as plans vary.[3] Locations include all or part of the following states: California, Colorado, Georgia, Hawaii, Oregon, and Washington.

Find Kaiser Permanente locations at **kp.org/facilities**.

What is not covered under Option 1

You are not covered for routine (nonemergency and nonurgent) care outside the service area.

Option 2

To get care outside of a Kaiser Permanente service area, you can use Option 2 of your Flexible Choice plan and see a practitioner who participates in the PHCS or MultiPlan networks when getting care in a Kaiser Permanente state, or from the Cigna Healthcare PPO Network when you get care outside a Kaiser Permanente state.

To find a physician, facility, or health care practitioner who participates in the networks:

- Check online at **kp.org/flexiblechoice-doctor/mas** for the most up-to-date information (regardless of where you're geographically located).
- Review the *Flexible Choice Physician Directory*.

Option 3

Remember that with your Flexible Choice plan, you can get care for covered services from any provider, anywhere in the world. By using this option, you may be required to pay in full and submit a claim for reimbursement. The provider may also bill you for the difference, if any, between actual billed charges and the maximum allowable charge.



For more information

Call **951-268-3900** or visit **kp.org/travel** for helpful resources to help you plan for your trip, and for claim forms in case you need to file a claim for reimbursement after your trip.

[1]If you get care at a CVS MinuteClinic, Concentra Urgent Care, or any other urgent care facility within a state with Kaiser Permanente providers, you'll be asked to pay up front for services you receive and will need to file a claim for reimbursement.
[2]If you get care at a CVS MinuteClinic or Concentra Urgent Care, you'll be charged your standard copay or coinsurance.
[3]Please refer to your plan document for details.

Understanding your costs and benefits

You pay $0 cost share for Options 1 and 2 preventive care

With your plan, you pay $0 cost share for preventive care in Options 1 and 2. That includes routine physicals, well-child visits, and certain screenings and tests (such as mammograms). So there's no need to delay making your first appointment with your doctor.

Sometimes, the doctor will want to do something that is not preventive care. For example, during your routine appointment, the doctor may find a mole that needs to be removed for testing. Because that's not covered as preventive care, the care may be subject to the copay or coinsurance and deductible under Option 2. In most cases, you'll get a bill in the mail for such additional, non-preventive services.

If you receive preventive care services through an Option 3 provider, you may have to pay the full cost of services and submit a claim for reimbursement.

The table on the next page shows you the different types of costs (such as copays, coinsurance, or deductibles) you may be required to pay under your plan. What you pay is determined by the type of plan you have and the type of provider you select. Refer to your coverage documents for more details about your plan's cost shares.

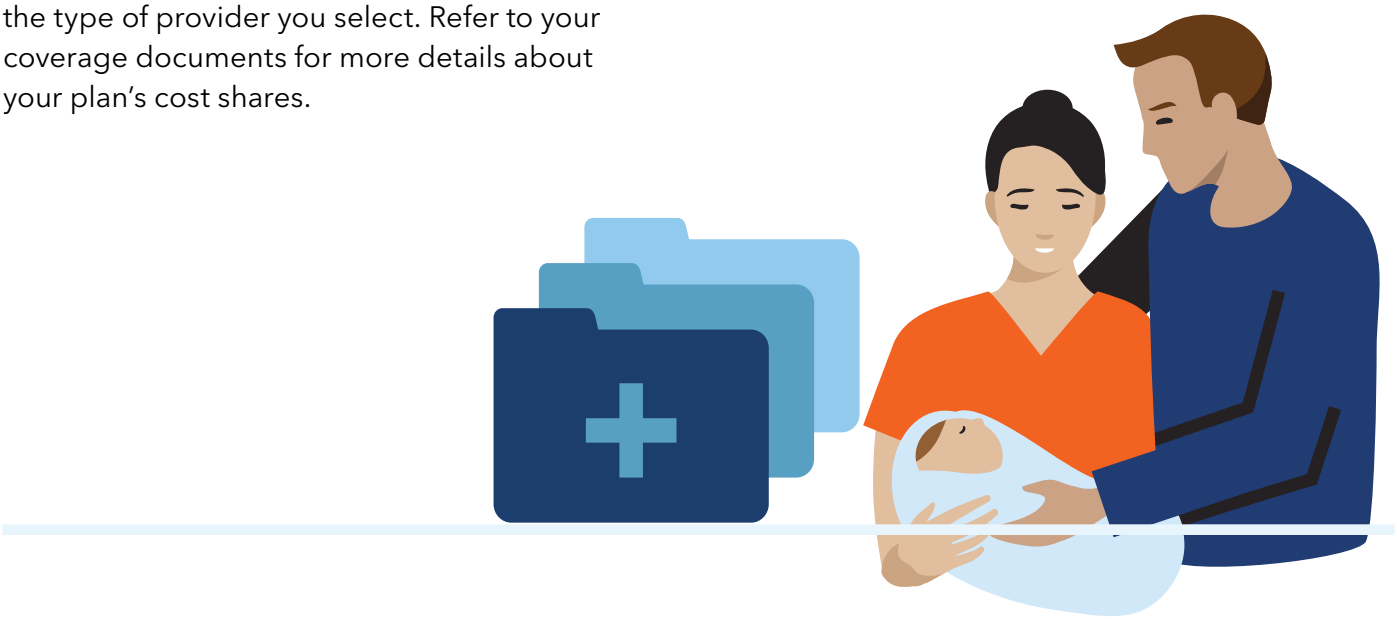
For questions about your specific plan

Option 1:

- Call Member Services at **888-225-7202** (TTY **711**), Monday through Friday (except holidays), 7:30 a.m. to 9 p.m.
- Contact the benefits officer where you work, if you're covered through your employer.
- Register at **kp.org/register** and then read a summary of your benefits online.
- To estimate your costs before your next visit, go to **kp.org/costestimates**.

Option 2 and Option 3:

- Call Member Services at **888-225-7202** (TTY **711**), Monday through Friday (except holidays), 7:30 a.m. to 9 p.m.
- Contact the benefits administrator where you work.
- Check with your provider's billing office for cost estimates.
- Refer to your KPIC *Certificate of Insurance*.



Your share of costs

"Cost share" refers to what you pay as part of your share for health care costs. Refer to your plan document to learn more about your plan's specific cost shares.



Type of cost share	What it is	When you pay
Copayment (copay)	The set fee you pay for a covered service (like a non-preventive office visit) every time that service is provided. Copayments vary depending on your plan and don't count toward a deductible. However, they do count toward your annual out-of-pocket maximum for most services.	Nearly all plans have copayments or coinsurance. A copayment or coinsurance may be owed on the day you receive services, for each visit, even if multiple visits occur on the same day. There is no copay or coinsurance for Option 1 and Option 2 preventive care. What you owe depends upon your plan's benefits and the services you receive.
Coinsurance	The percentage of the cost for a covered service. For example, if your coinsurance is 15% and your allowed office visit cost is $100, then you pay $15 and the health plan pays $85. Coinsurance varies according to your plan and does not apply toward the deductible. However, it counts toward your annual out-of-pocket maximum for most services.	
Out-of-pocket maximum	The maximum amount you pay out of pocket each contract/policy year for most covered services. Once the amounts you have paid equal the out-of-pocket maximum, you pay nothing for those covered services for the remainder of the contract/policy year. Covered services continue to be subject to the maximum allowable charge after meeting the out-of-pocket maximum.	Depending on your plan, the copayments, coinsurance, and deductibles you pay for most services will count toward the out-of-pocket maximum.
Deductible	The set amount you must pay each contract year for covered medical services before the health plan begins to pay its share. Only covered services may be applied to the deductible. Deductibles vary depending on the plan you have. Once you have met your deductible, you'll be required to pay only the applicable copayment or coinsurance for most covered services for the remainder of your plan's contract year or until you reach your out-of-pocket maximum. Certain conditions may apply.	Option 1 only: If you have a deductible, you'll be billed for the full allowed amount for each service that is subject to the deductible during check-in or after the service via mailed bill. You may also receive an estimate of your charges before your office visit for certain services, and you may choose to make a deposit payment based on that estimate.

Claims

Option 1

You will not file claims for services if:

- You get medical care and services from in-network providers.
- You get an authorized referral from your network provider to see an out-of-network provider.

If you file a claim:

- You have up to 180 days from the date you received care to submit your claim.
- Kaiser Permanente will review the claim and decide what payment or reimbursement you may be owed.
- Care must be medically necessary. Please refer to your coverage documents.

How to file the claim

To request payment or reimbursement, ask your service provider for a statement on its stationery with the following information:

- Name of the patient
- Date of service
- Service provided (procedures performed, with current procedural terminology [CPT] code)
- Diagnosis with International Classification of Diseases (ICD) code
- Amount charged for each service

Write the member's Kaiser Permanente ID number on each page of the document. Mail it to:

Kaiser Foundation Health Plan of the
Mid-Atlantic States
P.O. Box 371860
Denver, CO 80237-9998

What you'll receive from us

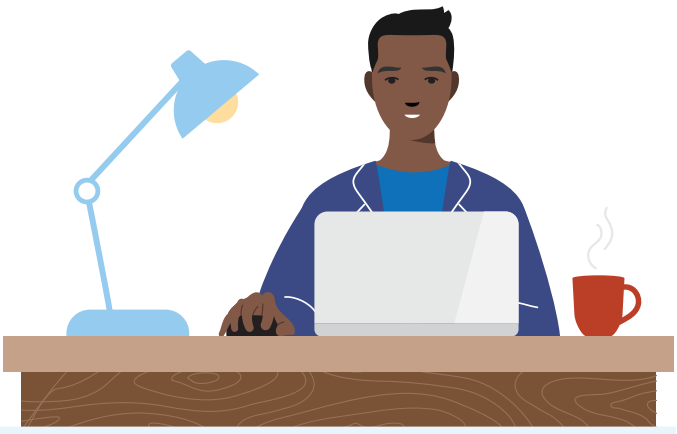
- A response within 30 days
- An Explanation of Benefits that will detail what you need to pay and what the health plan will pay

Filing an appeal

It is your right to file an appeal if you disagree with a decision not to pay for a claim. Read your coverage documents for more information.

Option 2

- After you visit an Option 2 provider, you usually will not have to file a claim, and you won't be billed for the difference between what the doctor charges and the reimbursement they received. However, if you receive services from a nonparticipating provider, you may be required to file a claim with KPIC.
- If your plan has an annual deductible, reimbursement is based on how much you have already paid toward your deductible and any remaining charges for which you're responsible, such as coinsurance.
- Written notice of your claim should be submitted within 20 days of the date of service, or as soon as reasonably possible.



- Proof of loss must be submitted within 90 days of the date of the service, or as soon as reasonably possible.
- To obtain medical and pharmacy claim forms, see your human resources representative or contact Member Services at **888-225-7202** (TTY **711**), Monday through Friday (except holidays), 7:30 a.m. to 9 p.m. You can also locate these forms online at **kp.org/flexiblechoice/mas**.
- Mail all claims (including claims for direct member reimbursements) to:

  Kaiser Foundation Health Plan of the
  Mid-Atlantic States
  P.O. Box 371860
  Denver, CO 80237-9998
- If your claim is denied, in whole or in part, you'll receive detailed written information in the Explanation of Benefits document you receive. You have the right to file a grievance or appeal if you disagree with the decision not to authorize medical services or drugs, or not to pay for a claim. You may also have a provider file an appeal on your behalf. Refer to your coverage documents for specific details about the appeals process.



Option 3

- You may be required to pay the full amount you're charged when you receive care from an Option 3 provider. If so, you'll need to submit a claim form to KPIC with an itemized bill for reimbursement.
- Reimbursement is based on how much you have already paid toward your deductible and any remaining charges for which you're responsible, such as coinsurance.
- Written notice of your claim should be submitted within 20 days of the date of service, or as soon as reasonably possible.
- Proof of loss must be submitted within 90 days of the date of the service, or as soon as reasonably possible.
- To obtain medical and pharmacy claim forms, see your human resources representative or contact Member Services at **888-225-7202** (TTY **711**), Monday through Friday (except holidays), 7:30 a.m. to 9 p.m. You can also locate these forms online at **kp.org/flexiblechoice/mas**.
- Mail all claims (including claims for direct member reimbursements) to:

  Kaiser Foundation Health Plan of the
  Mid-Atlantic States
  P.O. Box 371860
  Denver, CO 80237-9998
- If your claim is denied, in whole or in part, you'll receive detailed written information on the Explanation of Benefits you receive. You have the right to file a grievance or appeal if you disagree with the decision not to authorize medical services or drugs, or not to pay for a claim. You may also have a provider file an appeal on your behalf. Refer to your coverage documents for specific details.

Precertification

Applies to certain Option 2 and Option 3 services only. Precertification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.

- Your physician, hospital, or authorized representative may request precertification on your behalf.
- To obtain precertification for PHCS, MultiPlan, and out-of-network providers, contact Permanente Advantage at **888-567-6847** (TTY **711**). Representatives are available Monday through Friday, from 8 a.m. to 11 p.m. You may, however, request precertification 24 hours a day, 7 days a week. Response to urgent requests occurs within 2 hours of your message; nonurgent requests get a response during the following business day. Cigna Healthcare PPO providers will manage any necessary precertification.
- If you do not obtain precertification for covered services that require it, you may be required to pay the entire expense should the services be deemed not medically necessary. If the service is deemed to have not been medically necessary, the following may apply:
  - > You will have to pay a penalty, and the benefit that would have been paid to you will be reduced by 30%, up to a maximum penalty of $5,000 per policy year.
  - > Any additional amount you pay for failure to obtain precertification will not be counted toward meeting any applicable deductible, coinsurance, or out-of-pocket maximum.
  - > For a hospital stay or other inpatient care extended beyond the number of days first precertified without further precertification (concurrent review), your benefits for the extra days will be reduced, or will not be covered if deemed not medically necessary. Services that are not covered do not satisfy the deductible and do not accumulate to the out-of-pocket maximum.
- Please review the entire precertification section in your coverage document for complete terms, conditions, and limitations. If there are any discrepancies between this guide and the benefits detailed in your KPIC *Group Policy* and *Certificate of Insurance,* the *Group Policy* will prevail.



OPTION 1

Requirements for timely medical appointments

Some customers of Kaiser Permanente have a right to an appointment with an in-network health care provider within a certain number of days. You have this right if:

1. You reside in the District of Columbia and purchase your coverage through DC Health Link or receive it through your employer in the District of Columbia.

   AND

2. The appointment is for your first visit with a provider. A first visit includes when you:

   a. Schedule your first primary care visit with a provider;

   b. Have changed primary care providers and need to schedule your first visit with a new primary care provider; or

   c. Schedule your first visit with a provider other than your primary care provider, your behavioral health/substance use provider, or your prenatal care provider for specialty treatment.

How quickly can you expect to be seen?

The District of Columbia has set the standards below for appointments with an in-network provider.

Service type	Time frame
First appointment with a new or replacement primary care physician	Within 7 business days
First appointment with a new or replacement provider for behavioral health treatment, including substance use treatment	Within 7 business days
First appointment with a new or replacement provider for prenatal care treatment	Within 15 business days
First appointment with a new or replacement provider for specialty care treatment	Within 15 business days



If you have trouble scheduling an appointment within the time frames listed above, please call **800-777-7902** (TTY **711**) to speak with a Member Services representative, who will connect you with the staff who will help you schedule an appointment within the time frames.

OPTIONS 2 AND 3

Requirements for timely medical appointments

(continued)

Some customers of Kaiser Permanente Insurance Company have a right to an appointment with an in-network health care provider within a certain number of days. You have this right if:

1. You buy your health insurance directly or receive it through your employer in the District of Columbia.

   AND

2. The appointment is for your first visit with a provider. A first visit includes when you:

   a. Schedule your first primary care visit with a provider;

   b. Have changed primary care providers and need to schedule your first visit with a new primary care provider; or

   c. Schedule your first visit with a provider other than your primary care provider, your behavioral health/substance use provider, or your prenatal care provider for specialty treatment.

How quickly can you expect to be seen?

The District of Columbia has set the standards below for appointments with an in-network provider.

Service type	Time frame
First appointment with a new or replacement primary care physician	Within 7 business days
First appointment with a new or replacement provider for behavioral health treatment, including substance use treatment	Within 7 business days
First appointment with a new or replacement provider for prenatal care treatment	Within 15 business days
First appointment with a new or replacement provider for specialty care treatment	Within 15 business days

If you have trouble scheduling an appointment within the time frames listed above, please call **888-225-7202** to speak to a Kaiser Permanente Insurance Company (KPIC) representative. They'll help you schedule an appointment within the time frames.

1. The KPIC representative may give you the provider's contact information, and you may need to schedule the appointment yourself.

2. The KPIC representative cannot guarantee the specific provider you want to see is available for an appointment within the time frames listed above as the provider may have already scheduled appointments with other patients or is otherwise unavailable. Instead, the representative will give you contact information for a qualified, in-network provider who's available to see you within the time frames.

3. The KPIC representative can't otherwise guarantee an appointment with a provider you've seen before.

Kaiser Permanente Insurance Company's network adequacy policy

Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP-MAS) underwrites the In-Network HMO Tier (Option 1), and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the Participating Provider Network Tier (Option 2) and Non-Participating Provider Network Tier (Option 3).

Your plan gives you the freedom to choose how you receive care, each time you receive care:

- From providers in the KPIC Participating Provider Network
- From any licensed provider not included in the KPIC Participating Provider Network

Benefit levels and cost shares vary according to the provider option level. In general, your out-of-pocket costs may increase as you move from participating providers to non-participating providers. But with your plan, you can switch between provider options as you desire.

What is the network adequacy policy?

The network adequacy policy applies to all KPIC members covered under a KPIC group health policy and covers services from a non-participating provider because of access deficiencies within the participating provider network. The policy states that when a member is unable to obtain covered services from a participating provider due to network adequacy standards, availability standards, or geographic access standards, the covered services will be processed at the member's participating provider benefit level. The member will be held harmless from any balance billing from the non-participating provider.

What if I am unable to find a participating provider?

If you're unable to obtain covered services from a participating provider due to exceeding the maximum distance, wait time limits, or geographical maximum distance (miles) per provider type standards, the covered services will be processed at your participating provider benefit level.

How can I book an appointment with a participating provider?

If you're seeking services in the Mid-Atlantic States, you can go to the participating provider link: **kp.org/providerdirectory** to locate a provider near you for any service, including specialty services. You'll need to contact the provider directly to schedule an appointment.

What if I'm unable to find an appointment with a participating provider?

If you're unable to find an appointment with a participating provider, including specialty services, the network adequacy policy may be applicable. For assistance, please email **NetworkAdequacy-KPIC@kp.org** or call the Mid-Atlantic States customer service office at **888-225-7202** (TTY **711**), Monday through Friday, 8 a.m. to 8 p.m.

When making an appointment, please let your provider know that your plan allows you to see any licensed provider for care. Precertification may be required for certain services.

How can I learn about the precertification requirements for the plan?

For the precertification requirements, refer to your *Certificate of Insurance* or visit **kp.org/permanenteadvantage**.

Your provider should call the precertification team at **888-567-6847** (TTY **711**), Monday through Friday, 8:30 a.m. to 6 p.m. ET, for precertification requests.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides 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, braille and accessible electronic formats

- Provides 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 **1-800-777-7902** (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 by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 4000 Garden City Drive, Hyattsville, MD 20785, telephone number: 1-800-777-7902.

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.

This notice is available at https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/language-assistance/nondiscrimination-notice

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HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ትኩረት: አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-777-7902** ይደውሉ (TTY: **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-777-7902** (TTY: **711**).

Ɓăsɔ̀ɔ̀ Wùɖù (Bassa) Mbi sog: nia maa Ɓàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsoŋ ni soŋ, niŋ ma kénŋɛn yé, mbi èyɛm. Wɔ nàŋ **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, আপনি বিনামূল্যে, উপযুক্ত সহায়ক পরিষেবা ও সাহায্য সমেত ভাষা সহায়তা পরিষেবা পেতে পারেন। **1-800-777-7902** (TTY: **711**)-এ ফোন করুন।

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-777-7902**（TTY：**711**）。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-777-7902** (TTY (تلفن متنی): **711**) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-777-7902** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-777-7902** an (TTY: **711**).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો યોગ્ય સહાયક સહાય અને સેવાઓ સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. **1-800-777-7902** (TTY: **711**) પર કૉલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl, w ap jwenn sèvis asistans lang tankou èd ak sèvis konplemantè adapte gratis. Rele **1-800-777-7902** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएँ मुफ़्त उपलब्ध हैं। **1-800-777-7902** पर कॉल करें (TTY: **711**).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ gụnyere udi enyemaka na ọrụ kwesịrị ekwesị, n'efu, dị nye gị. Kpọọ **1-800-777-7902** (TTY: **711**).

Italiano (Italian) ATTENZIONE. Se parla italiano, può usufruire gratuitamente dei servizi di assistenza linguistica compresi gli opportuni aiuti e servizi ausiliari. Chiamare il numero **1-800-777-7902** (TTY: **711**).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-777-7902** までお電話ください（TTY: **711**）。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-777-7902** 로 전화해 주세요(TTY: **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę́', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-777-7902** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para **1-800-777-7902** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-777-7902** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-777-7902** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-777-7902** (TTY: **711**).

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร **1-800-777-7902** (TTY: **711**).

اُردو (Urdu) توجہ: اگر آپ اردو بولتے ہیں تو آپ مفت زبان کی معاونت کی خدمات حاصل کر سکتے ہیں، جیسے مناسب معاون امداد اور خدمات۔ کال کریں **1-800-777-7902** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-777-7902** (TTY: **711**).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè tó fi kún àwọn ohun èlò ìrànlọ́wọ́ tó yẹ àti àwọn iṣẹ́ láìsí ìdíyelé wà fún ọ. Pe **1-800-777-7902** (TTY: **711**).

NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. KPIC does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. 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 **1-888-225-7202** (TTY: **711**)

If you believe that Kaiser Permanente Insurance Company 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 by mail or phone at: KPIC Civil Rights Coordinator, Grievance 1557, Nine Piedmont Center, 3495 Piedmont Road, NE, Atlanta, GA 30305-1736, telephone number 1-888-225-7202.

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-888-225-7202** (TTY: **711**).

አማርኛ (Amharic) ያስተውሉ፡ እንግሊዘኛ የሚናገሩ ከሆነ፣ የቋንቋ እርዳታ አገልግሎቶች፣ ከክፍያ ነጻ፣ ለእርስዎ ይገኛሉ። ወደ **1-888-225-7202** ይደውሉ (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-225-7202** (TTY: **711**).

Ɓăsɔ́ ɔ̀ Wùɖù (Bassa) Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ ké m̀ Ɓàsɔ́ɔ̀-wùɖù-po-nyɔ̀ jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀ ɓɛ́ìn m̀ gbo kpáa. Ɖá **1-888-225-7202** (TTY: **711**)

বাংলা (Bengali) মনোযোগ দিন: যদি আপনি ইংরেজিতে কথা বলেন, আপনার জন্য ভাষা সহায়তা পরিষেবা, বিনামূল্যে উপলব্ধ। **1-888-225-7202** (TTY: **711**) এ কল করুন|

中文 (Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言協助服務。請致電 **1-888-225-7202**（TTY：**711**）

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. با شماره **1-888-225-7202** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-225-7202** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen eine kostenlose Sprachassistenz zur Verfügung. Bitte wählen Sie: **1-888-225-7202** (TTY: **711**).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે અંગ્રેજી બોલો છો, તો ભાષા સહાય સેવાઓ, વિના મૂલ્યે, આના પર ઉપલબ્ધ છે તમે. **1-888-225-7202** (TTY: **711**) પર કૉલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-225-7202** (TTY: **711**).

हिंदी (Hindi) ध्यान दें: यदि आप अंग्रेजी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-225-7202** (टीटीवाई: **711**) पर कॉल करें।

Igbo (Igbo) GEE NTI: Ọ bụrụ na ị na asụ Igbo, ọrụ enyemaka nkowa asụsụ, du n'efu, dịịrị gị. Kpọọ **1-888-225-7202** (TTY: **711**).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-888-225-7202** (TTY: **711**).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-888-238-5742** (TTY: **711**)

日本語 (Japanese) 注意事項: 日本語を話される場合、言語支援サービスを無料でご利用いただけます。**1-888-225-7202** (TTY: **711**)まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-225-7202** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hól ǫ́, koj į' hódíílnih **1-888-225-7202** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis de forma gratuita serviços linguísticos. Basta ligar para **1-888-225-7202** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, вам доступны бесплатные услуги перевода. Звоните **1-888-225-7202** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-225-7202** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-225-7202** (TTY: **711**).

ไทย (Thai) โปรดทราบ: หากคุณพูดภาษาอังกฤษ คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร **1-888-225-7202** (TTY: **711**).

اُردو(Urdu) خبردار: اگر آپ انگریزی زبان بولتے ہیں، تو لسانی معاونت کی خدمات، بلامعاوضہ، آپ کے لیے دستیاب ہیں۔ **1-888-225-7202** (TTY: **711**) پر کال کریں.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-888-225-7202** (TTY: **711**).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun o. Pe **1-888-225-7202** (TTY: **711**)

How your Kaiser Permanente health plan works

(continued from the inside front cover)

Option 2

- Your out-of-pocket costs will generally be higher when you choose to receive services from Option 2 providers and facilities, compared to Option 1.
- When you receive covered services from a provider who participates in Option 2, you'll be subject to the applicable copay or coinsurance for those covered services after you satisfy you plan year deductible.
- You won't be billed any difference in charges if your provider's usual charge for a covered service is higher than the contracted fee that Kaiser Permanente Insurance Company (KPIC) has agreed to pay.
- After you receive any Option 2 medical service, you'll receive an Explanation of Benefits (EOB). The EOB will show you a breakdown of the charges and payments for your visit and will also show how much you are responsible for paying, as well as your deductible and out-of-pocket maximum accumulations. It is not a bill.

Option 3

- Your out-of-pocket costs will generally be the highest when you choose to receive services from Option 3 providers and facilities.
- Option 3 providers may require you to pay the full cost of each visit at the time the care is provided. If so, you'll need to submit claim forms with itemized bills for reimbursement.
- In addition to your plan year deductible, copay, and/or coinsurance, you will be responsible for the difference, if any, between the billed cost of the service and the payment your Option 3 provider received from KPIC. To be prepared, be sure to ask the doctor's office in advance about billing and cost of services.
- After you receive any Option 3 medical service, and once a medical claim for your service has been verified as an eligible benefit, you'll receive an EOB. The EOB will show you a breakdown of the charges and payments for your visit and will also show how much you are responsible for paying. It is not a bill.



Want to talk? We're here to help.

If you have questions about how much your visits should cost, visit **kp.org/costestimates**. Estimates are based on your plan benefits and whether you've reached your deductible—so you get personalized information every time.

For more information on your plan, visit **kp.org** and review your coverage documents.

Kaiser Permanente medical facilities

Maryland

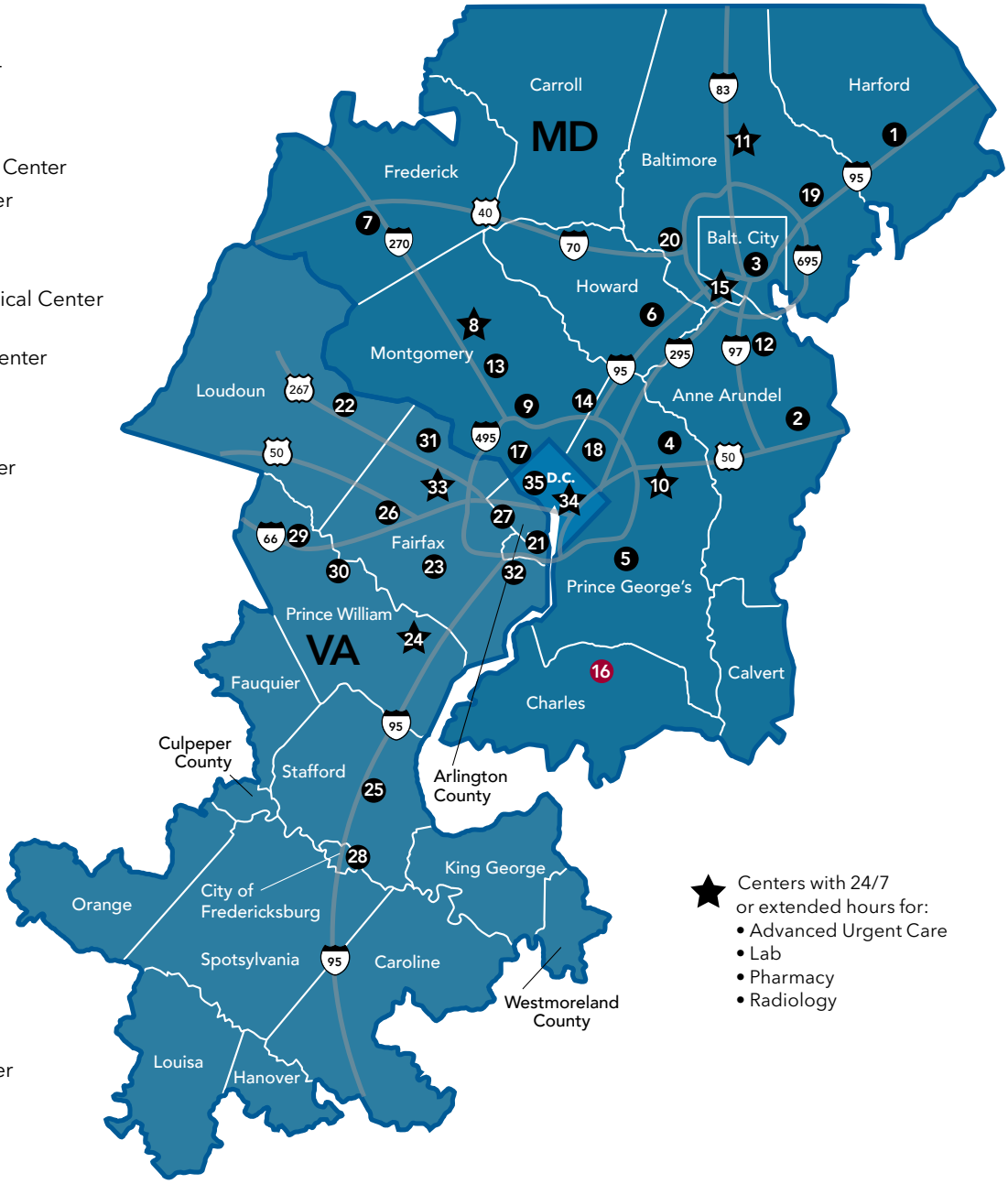
1 Abingdon Medical Center
2 Annapolis Medical Center
3 Kaiser Permanente Baltimore Harbor Medical Center
4 Bowie Fairwood Medical Center
5 Camp Springs Medical Center
6 Columbia Gateway Medical Center
7 Kaiser Permanente Frederick Medical Center
8 Gaithersburg Medical Center
9 Kensington Medical Center
10 Largo Medical Center
11 Lutherville-Timonium Medical Center
12 North Arundel Medical Center
13 Shady Grove Medical Center
14 Silver Spring Medical Center
15 South Baltimore County Medical Center
16 **FUTURE LOCATION**
Southern Maryland Medical Center
17 well Friendship Heights by KAISER PERMANENTE
18 West Hyattsville Medical Center
19 White Marsh Medical Center
20 Woodlawn Medical Center

Virginia

21 Alexandria Medical Center
22 Ashburn Medical Center
23 Burke Medical Center
24 Caton Hill Medical Center
25 Colonial Forge Medical Center
26 Fair Oaks Medical Center
27 Falls Church Medical Center
28 Fredericksburg Medical Center
29 Haymarket Crossroads Medical Center
30 Manassas Medical Center
31 Reston Medical Center
32 Springfield Medical Center
33 Tysons Corner Medical Center

Washington, D.C.

34 Kaiser Permanente Capitol Hill Medical Center
35 Northwest D.C. Medical Office Building



For the most current listing of available facilities and services, please visit **kp.org/facilities**.

Kaiser Permanente's service area in Fauquier County includes the following ZIP codes: 20115, 20116, 20117, 20119, 20128, 20137, 20138, 20139, 20140, 20144, 20181, 20184, 20185, 20186, 20187, 20188, 20198, 22406, 22556, 22639, 22642, 22643, 22720, 22728, and 22739.

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