



WELCOME

to Kaiser Permanente

2021 AON HSA-Qualified Deductible Added Choice Plan
with the Signature Network
Reference guide

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 important details at your fingertips, including how to get care, how your plan works, important phone numbers, and information about Urgent Care centers. You will also find information about pharmacies, getting care away from home, and understanding your costs.

This reference guide will also walk you through the most important steps for accessing your membership and learning more about how your plan works. 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 the New Member Activation Desk at **855-392-4851** (TTY **711**) or visiting kp.org/newmember. Take advantage of all that life has to offer by being as healthy as you can be.



Ruth Williams-Brinkley

President, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

► **To learn more about the details of your plan, open the fold on the cover.**

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 brochure, they are referred to as your "coverage documents."

This brochure 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 and COI*, your coverage documents shall control.

Let's get started

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



Step 1: Choose your doctor— and change anytime2

Getting you connected with a doctor who suits your individual needs is the first priority. Choose from a wide range of great doctors. And, remember—you can change your doctor for any reason, at any time.



Step 2: Register on **kp.org**3

Next, let's get you plugged in to your online gateway to great health—**kp.org**. Here, you can access your Mid-Atlantic Permanente Medical Group, P.C. (Permanente), your doctor's office, your health information, and so much more—from anywhere you are. **Kp.org** is designed to help you manage your health and keep you feeling great.¹



Step 3: Get prescriptions4

Finally, we can help you transfer your prescriptions to Kaiser Permanente, where you'll generally get the lowest out-of-pocket costs and Mail Order Pharmacy services. We make it easy with just a call or a click. Have your prescription information handy, and we'll take care of the rest.

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¹These features are available when you get care at Kaiser Permanente facilities. You will not be able to manage services you receive from out-of-network doctors and facilities on **kp.org**.



1

Choose your doctor— and change anytime

Select from a wide range of great doctors
and change anytime, for any reason

At Kaiser Permanente, we know how important it is to find a doctor who matches your specific needs. Even if you don't need to see your doctor right away, having a doctor you connect with is an important part of taking care of your health.

Choose the right doctor

To help you find a personal doctor (also called a primary care physician) who's right for you, you can browse our online, in-network doctor profiles. There, you'll see information related to their education, credentials, specialties, and interest areas, as well as whether or not they're accepting new patients.

With your Deductible Added Choice plan,¹ you can also choose any out-of-network licensed physician, and you do not need to notify us of your choice.

Women should choose an obstetrician-gynecologist (ob/gyn) in addition to their primary care physician. The ob/gyn is a woman's personal physician who coordinates women's health care needs while communicating with the primary care physician, providing consistent, personalized care.

Change your doctor anytime

You can choose and change your doctor at any time, for any reason. If you do not choose a doctor, one will be chosen for you.

See in-network specialists, some without a referral

You don't need a referral for the following specialties. Just call for an appointment:

- **800-777-7904** for obstetrics-gynecology and optometry

Choosing an in-network doctor

Choose by phone

Call us at **800-777-7904 (TTY 711)**, 24 hours a day, 7 days a week. Once you've decided on a doctor, we can help you schedule your first appointment.

Choose online

Go to **kp.org/doctor** to browse our doctor profiles, find a doctor who matches your needs, and schedule your appointment.

- **866-530-8778** for behavioral health (initial consultation), except inpatient care, and chemical dependency or addiction medicine

For other types of specialty care, your primary care doctor will refer you to the right specialist for the care you need. If you have an affiliated or network physician, contact that doctor's office directly.

Out-of-network specialists

You do not need a referral to see out-of-network specialists; however, certain services require precertification. You will be responsible for obtaining the precertification. For more information on precertification, see page 29. KPIC's *Certificate of Insurance* contains a complete listing of services that require precertification.

¹Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP-MAS) underwrites the in-network coverage and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the out-of-network coverage.



2

Register on **kp.org**

Start using our secure website, **kp.org**, to manage your health on your time¹

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

- Schedule an appointment to see physicians and providers by video visit.
- 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.
- And much more.

Caregiver access

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

1. Permission from you, or
2. 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.



Registering is very 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.

Download the Kaiser Permanente app

Now you can download the Kaiser Permanente app to your smartphone.

1. From your smartphone, go to your preferred app site: App StoreSM (iOS) or Google Play[®] (Android[™]).²
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 card³

Access your membership information anytime, anywhere with an electronic 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.

Got a health matter that needs attention?

Video visits⁴ are available with a Kaiser Permanente emergency medicine physician who is connected to your personal doctor and can access your medical history. Simply visit **kp.org** or use our mobile app to schedule your video visit. You can also call the advice nurse anytime for a video appointment.

¹These features are available when you get care at Kaiser Permanente facilities.

²Apple 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.

³The digital membership card is currently not available to members in certain plans, including Medicare, Medicaid, out of area, and Flexible Choice Three Tier Point-of-Service.

⁴Video visits are available to Kaiser Permanente members who have a camera-equipped computer or mobile device and are registered at **kp.org**. You must be present in Maryland, Virginia, or Washington, DC, for visits with your primary care physician or behavioral health provider. For urgent video visits with an emergency doctor, you may also be present in West Virginia, Florida, North Carolina, or Pennsylvania. For certain medical or mental health conditions. For video visits with a behavioral health provider, appointments can be scheduled for follow-up care.



3 Get prescriptions

Pharmacy options

You can fill prescriptions from any provider at any pharmacy.

Kaiser Permanente pharmacies:

- Fill prescriptions from Kaiser Permanente medical center pharmacies or online at kp.org.
- You can also use Kaiser Permanente's prescription home delivery to get your prescription refills delivered right to your front door.¹

Participating (community network) pharmacies:

- Fill prescriptions at participating pharmacies, including Rite Aid, Giant, Walmart, Walgreens, Safeway, Harris Teeter, Kroger, and others.
- There is no mail-order service with this pharmacy option.
- You may have higher copayments than you would if you go to a Kaiser Permanente pharmacy, and a medical deductible applies to outpatient prescription drug services, depending on your plan's benefits.

Out-of-network pharmacies:

- AON HSA-Qualified Deductible Added Choice members have the option to fill prescriptions at out-of-network pharmacies.
- There is no mail-order service with this pharmacy option.
- You may have higher copayments than you would if you go to a participating (community network) pharmacy or a Kaiser Permanente pharmacy, and a deductible may apply, depending on your plan's benefits.
- You may need to pay full out-of-pocket costs for prescriptions filled at out-of-network pharmacies and submit claims for reimbursement.

We make it easy to get your prescriptions from Kaiser Permanente pharmacies

We have two ways to help you transfer your prescriptions from your current pharmacy to a Kaiser Permanente pharmacy.

1. Go to kp.org/newmember and follow the steps to complete the online form.
2. Simply choose a Kaiser Permanente pharmacy at kp.org/facilities and call us.



Get prescription refills by phone

Call us at **800-700-1479 (TTY 711)**, 24 hours a day, and follow the instructions to request refills for most prescriptions.



Get prescription refills online

Register on kp.org 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 Kaiser Permanente pharmacies located in our medical centers. Just select the Kaiser Permanente pharmacy where you'd like to pick them up. You have to meet your annual medical deductible before the health plan starts paying for covered prescription drugs. Visit kp.org/facilities.

Community network pharmacies and out-of-network pharmacies are underwritten by Kaiser Permanente Insurance Company (KPIC).

¹Some medications are not eligible for Mail Order Pharmacy. Kaiser Permanente can mail to addresses in MD, VA, DC, and certain locations outside the service area.



Here's what you'll need

To transfer a prescription, please have the following information ready when you call:

- Your Kaiser Permanente medical record number
- The name and telephone number of your current pharmacy
- The name, strength, and directions for use of the prescribed medication
- The prescription number of the prescribed medication
- The name and phone number of the physician who prescribed the medication

Getting refills by mail

Once you've transferred your prescriptions, filling your orders for home delivery—at no additional charge—is easy. Simply place your order online at **kp.org** and choose the mail option.¹ Or call **703-466-4900** to get your prescriptions by mail.

Try our My KP Meds app

Keep track of your medications, right in the palm of your hand. Review your history, refill medications, schedule reminders, and view changes made by your doctors in your medical records. The My KP Meds app is available at no cost from the App StoreSM (iOS) or Google Play[®] (AndroidTM).²

For a list of Kaiser Permanente pharmacies and phone numbers, see page 21.

Need help getting started?

Call our New Member Activation Desk at **855-392-4851** (TTY **711**), Monday through Friday, 7 a.m. to 7 p.m.

Our onboarding agents can help you with everything from choosing a doctor, registering on **kp.org**, transferring your prescriptions, and making your first doctor's appointment by phone or video.

¹Some 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

²Apple 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.



Getting care

We've got you covered for the care you need

Seeing your doctor

What's it for?

An expected care need, like a recommended preventive screening or a visit for a health issue currently being treated. Or, a new health concern or change in an existing health condition that is not an urgent care need.

Examples include:

- Pregnancy/maternity care
- Physical exams
- Pre-travel exams
- Pap tests
- Well-child checkups
- Medication checkups
- Follow-up visits
- Trouble sleeping
- General digestion problems
- Gradual skin changes
- Joint stiffness
- Ongoing anxiety issues
- Weight loss or gain

In-network

You can schedule an appointment online with your Mid-Atlantic Permanente Medical Group, P.C. (Permanente), primary care physician or ob/gyn. If your doctor isn't available at a time that works for you, call to request an appointment with another physician.

You can have a video appointment with your Permanente primary care physician instead of coming in for a visit, at no cost share.¹

Text message reminders

To make it easier to stay on top of your health care, you can now opt in to receive text message reminders for appointments in certain departments.² Just provide your mobile phone number³ to the call center when you schedule an appointment or to the receptionist when you check in for the first time.

¹Video visits are available to Kaiser Permanente members who have a camera-equipped computer or mobile device and are registered at kp.org. You must be present in Maryland, Virginia, or Washington, DC, for visits with your primary care physician or behavioral health provider. For urgent video visits with an emergency doctor, you may also be present in West Virginia, Florida, North Carolina, or Pennsylvania. For certain medical or mental health conditions. For video visits with a behavioral health provider, appointments can be scheduled for follow-up care.

²Text reminders are only available for members who schedule appointments for Adult Primary Care or Physical Therapy, and who are at least 18 years old.

³Kaiser Permanente does not guarantee the successful delivery of each text message (SMS) to each individual recipient. The service depends on the individual cellular and mobile phone carriers to deliver SMS messages to each recipient. There may be a charge by your cell phone provider to receive SMS messages. If you do not wish to receive an associated charge, please confirm with your carrier that there will be no charge, or do not sign up for the Kaiser Permanente text messaging service.



Seeing your doctor	<p>Out-of-network</p> <p>If you use your out-of-network option for care, speak with your out-of-network provider for information on making appointments and to learn about how his/her care team is structured.</p> <p>At your appointment:</p> <ul style="list-style-type: none">• Show your membership ID card when you arrive.• When you see an out-of-network provider for the first time, let the office staff know you are using the out-of-network option of your Kaiser Permanente plan, which lets you see any licensed provider.
Medical advice	<p>What's it for?</p> <p>Whenever you need medical advice or are unsure whether you need urgent care.</p> <hr/> <p>What should you know?</p> <ul style="list-style-type: none">• Our Kaiser Permanente medical advice line with skilled nurses is available 24 hours a day, 7 days a week.• If you have a Permanente primary care physician and receive services at Kaiser Permanente medical centers, our advice nurses will be able to access your personal medical information when you call.• You can get advice in a video chat with an emergency medicine doctor for no cost share.¹ <hr/> <p>Out-of-network</p> <p>If you use your out-of-network option for care, speak with your out-of-network provider for information on after-hours support and to learn about how his/her care team is structured.</p> <p>Remember, even if you have an out-of-network doctor, you can still use Kaiser Permanente's 24-hour medical advice line.</p>

¹Video visits are available to Kaiser Permanente members who have a camera-equipped computer or mobile device and are registered at [kp.org](https://www.kp.org). You must be present in Maryland, Virginia, or Washington, DC, for visits with your primary care physician or behavioral health provider. For urgent video visits with an emergency doctor, you may also be present in West Virginia, Florida, North Carolina, or Pennsylvania. For certain medical or mental health conditions. For video visits with a behavioral health provider, appointments can be scheduled for follow-up care.



Getting care (continued)

Urgent care	<p>What's it for?</p> <p>An illness or injury that requires prompt medical attention but is not an emergency medical condition.</p> <hr/> <p>What should you know?</p> <p>Examples of urgent care needs include:</p> <ul style="list-style-type: none">• Minor injuries• Sore throats and upper respiratory symptoms• Earaches• Sprains• Backaches• Frequent urination or burning sensation when urinating <p>An urgent care need may also include situations where you are experiencing new or worsening symptoms or have concerns about your medication.</p> <hr/> <p>In-network</p> <p>Please see page 17 for a list of Kaiser Permanente Urgent Care locations.</p> <p>Out-of-network</p> <p>If you use your out-of-network option for care, you can go to any licensed urgent care facility.</p>
Emergency care	<p>What's it for?</p> <p>A medical or psychiatric condition that requires immediate attention to prevent serious jeopardy to your health.¹</p> <hr/> <p>What should you know?</p> <p>Symptoms that may indicate an emergency medical condition include:</p> <ul style="list-style-type: none">• Chest pain or pressure that may radiate to the arm, neck, back, shoulder, jaw, or wrist• Sudden onset of severe abdominal pain• Severe shortness of breath• Sudden decrease in or loss of consciousness• Sudden inability to talk or to move one side of the body, or sudden slurred speech• Severe, persistent bleeding that cannot be stopped• Major injuries like gunshot or stab wounds, or severe injuries from a vehicle accident• Active labor when there isn't time for a safe transfer to a designated hospital before delivery <p>Emergency care is covered as an in-network benefit.</p>

¹An emergency medical condition is one that, in the absence of immediate medical attention, may result in 1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, 2) serious impairment to bodily functions, or 3) serious dysfunction of any bodily organ or parts.



The right care

See your doctor on the go with a virtual visit

A video visit¹ is a virtual chat you can have with a Permanente doctor or provider. You'll get the same quality of care that you receive when you visit the office, and your doctor can access your electronic medical record, so your care is seamless, convenient, and connected.

Video visits are for certain conditions or circumstances, such as:

- Cough/cold/flu/sore throat/allergies/sinus conditions
- Sleep or mood problems
- Pink eye
- Follow-up care
- Nausea/vomiting/diarrhea (no abdominal pain)
- Seen by your doctor within past 2 weeks and your condition has not improved
- Minor injuries/aches and pains
- Skin conditions
- Medication questions and consultations
- Urinary issues

To set up a video visit, you must be registered on kp.org and have one of the following:

- A smartphone or tablet with the KP app downloaded
- A computer² with a webcam

Schedule a video visit online at kp.org or by using the Kaiser Permanente (KP) app.

Join a scheduled video visit appointment³ on your mobile device by logging in to the KP app and tapping [Join Appointment](#). On your computer, log in to kp.org, go to [Appointment Center](#), and click [Join Appointment](#). Members may receive an invitation by SMS Text or email at the time of your appointment.

Unable to schedule a video visit? Kaiser Permanente offers other flexible care delivery options, such as:

- Telephone appointment with your personal physician
- Video visit with a Permanente emergency physician
- 24/7 nurse advice line
- Messaging your doctor's office with nonurgent questions anytime

For more information, visit kp.org/getcare.

¹Video visits are available to Kaiser Permanente members who have a camera-equipped computer or mobile device and are registered at kp.org. You must be present in Maryland, Virginia, or Washington, DC, for visits with your primary care physician or behavioral health provider. For urgent video visits with an emergency doctor, you may also be present in West Virginia, Florida, North Carolina, or Pennsylvania. Video visits are for certain medical or mental health conditions. For video visits with a behavioral health provider, appointments can be scheduled for follow-up care.

²Microsoft Edge and Mozilla Firefox are not compatible.

³If you are under the age of 18, please have a parent/legal guardian present by video or by phone at the scheduled time to provide verbal consent.



Important contacts

Services	In-network	Out-of-network
<p>See your primary care or specialty physician</p>	<p>At Kaiser Permanente facilities: 800-777-7904 (TTY 711) or online at kp.org/appointments. (Not all specialty appointments can be made online.) 24 hours a day, 7 days a week.</p> <p>If you have an affiliated physician, contact your doctor's office directly. Ask your doctor's office for business hours.</p>	<p>Call your out-of-network provider directly.</p> <p>Ask your doctor's office for business hours.</p>
<p>Video visits See physicians and providers for urgent health concerns by video visit—wherever you need.</p>	<p>With doctors who practice at Kaiser Permanente medical centers: 800-777-7904 (TTY 711). You must be physically present in MD, VA, or DC, and be 18 years or older.¹ For certain medical conditions.</p>	<p>Contact your provider directly for the availability of telehealth appointments.</p>
<p>Medical advice</p>	<p>800-777-7904 (TTY 711) 24 hours a day, 7 days a week.</p>	<p>You may choose to call your out-of-network provider directly during business hours, or call the Kaiser Permanente appointment and advice line at 800-777-7904 (TTY 711), 24 hours a day, 7 days a week.</p>
<p>Urgent care You are covered at any Kaiser Permanente Urgent Care or Advanced Urgent Care center.</p>	<p>800-777-7904 (TTY 711)</p> <p>Unsure if you need urgent or emergency care? Call 800-677-1112 (TTY 711). Walk-ins are welcome for members. Fourteen locations; 6 open 24/7.</p>	<p>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.</p>
<p>Emergency care</p>	<p>If you think you're experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility anytime, day or night. 24 hours a day, 7 days a week. Unsure if you're experiencing an emergency? Call 800-677-1112 (TTY 711).</p>	<p>All emergency care is covered as an in-network benefit.</p>

¹Video visits are available to Kaiser Permanente members who have a camera-equipped computer or mobile device and are registered at **kp.org**. You must be present in Maryland, Virginia, or Washington, DC, for visits with your primary care physician or behavioral health provider. For urgent video visits with an emergency doctor, you may also be present in West Virginia, Florida, North Carolina, or Pennsylvania. For certain medical or mental health conditions. For video visits with a behavioral health provider, appointments can be scheduled for follow-up care.



Services	In-network	Out-of-network
Behavioral health	<p>You can seek initial consultation without a referral from your doctor for outpatient treatment for mental health or substance use conditions.</p> <p>Call 866-530-8778 (TTY 711), Monday through Friday, 8:30 a.m. to 5 p.m. (except holidays).</p>	<p>You can receive care from any licensed behavioral health or chemical dependency professional for mental illness, emotional disorders, and substance use disorder.</p> <p>Precertification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures.</p>
Vision care	<p>800-777-7904 (TTY 711) Hours vary by location.</p>	<p>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.</p>
Maternity care¹	<p>If you think you may be pregnant, call 800-777-7904 (TTY 711) for an appointment with your obstetrician.</p>	<p>You can choose any licensed provider for obstetric care.</p> <p>For office visits and other services while you are pregnant, you will pay your applicable copays or coinsurance, and your deductible must be met, unless otherwise indicated.</p>
Preauthorization/ Precertification	<p>Preauthorization may be required for certain services, which your Permanente physician will request on your behalf.</p>	<p>Precertification is required for all inpatient services and certain outpatient services. Contact Permanente Advantage at 888-567-6847 (TTY 711).</p> <p>Representatives are available from 8 a.m. to 11 p.m., Monday through Friday. You may, however, request precertification 24 hours a day, 7 days a week.</p>

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)**.

¹Enrolling 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 coverage documents, and coordination of benefits may apply. For information on enrolling your newborn for health care coverage beyond 31 days, call 800-777-7904 (TTY 711).



Kaiser Permanente AON HSA- Qualified Deductible Added Choice plan overview

Kaiser Permanente AON HSA-Qualified Deductible Added Choice with the SignatureSM network offers choice and flexibility in one plan. Each time you go for care, you can choose between in-network providers and out-of-network providers. You have the flexibility to move between the two provider options at any time. 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.

With this plan, you or your employer have the option to open a health savings account (HSA).¹ An HSA lets you contribute pretax or tax-deductible² dollars to pay for qualified medical expenses, including copays, coinsurance, and deductible payments for a wide range of services. It works like a savings account. Any money you don't use by the end of the year will roll over to the next year, which means you can grow your savings to pay for care in the future.

Your HSA belongs to you, so you can take it with you if you change jobs, change health plans, or retire. Usually your account will come with a debit card, so it's easy to pay for your health expenses when you need to. You can use your HSA only for qualified medical expenses.³

Your provider choices⁴

In-network: You get quality care from the Kaiser Permanente Signature network. With this network, you receive services from Mid-Atlantic Permanente Medical Group, P.C. (Permanente), physicians. They're part of a group of over 1,600 physicians who practice in our medical centers located in Maryland, Washington, DC, and Virginia.

Out-of-network: You may visit any licensed physician not included in the network, and you do not need to notify us of your choice.

¹Your plan may be compatible with a health savings account, please see your coverage documents for plan details.

²The tax references in this document relate to federal income tax only. Consult with your financial or tax adviser for information about state income tax laws. Federal and state tax laws and regulations are subject to change. If tax, investment, or legal advice is required, seek the services of a qualified professional.

³For a complete list of qualified medical expenses, refer to the Internal Revenue Service Publication 502, Medical and Dental Expenses, available online at [irs.gov/publications](https://www.irs.gov/publications) or call 800-829-3676. Kaiser Permanente is not responsible for the content or policies of external Internet sites.

⁴Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., underwrites the in-network coverage, and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the out-of-network coverage. This coverage is subject to exclusions, benefit limitations, and other terms and conditions. For specific information about your out-of-network coverage, review your *Group Policy* and *Certificate of Insurance*. The *KPIC Group Policy*, which incorporates the current *Certificate of Insurance*, is the legally binding document between your employer and KPIC. Please contact Member Services at **888-225-7202** to request copies of your coverage documents.



About this plan

	In-network providers	Out-of-network providers
Physicians	Physicians in the Mid-Atlantic Permanente Medical Group.	Any licensed physician or provider not included in the Kaiser Permanente network.
Hospitals	Kaiser Permanente premier hospitals. ¹	Any hospital not included in the Kaiser Permanente network.
Out-of-pocket costs	Usually the lowest out-of-pocket costs. There is a deductible. Certain services are offered before a deductible is met. Refer to your coverage documents for a list of services that are subject or not subject to the deductible.	Usually the highest out-of-pocket costs.
	When you visit an in-network Permanente provider, you will not be charged more than your copayment or coinsurance for covered services.	When you visit an out-of-network provider, in addition to your contract year deductible, copayment, and/or coinsurance, you may be responsible for the difference between the billed charges and the maximum allowable charge.
Referral and preauthorization	Referral to see specialists is required. Some services may require preauthorization. In-network physicians will obtain preauthorization for you.	No referral to specialists is needed. Some services require precertification. You will be responsible for obtaining precertification.
Claims	Virtually no claim forms to complete.	You may be required to pay the full cost of service when you visit the provider, and need to submit claims for reimbursement.

In-network

Why using in-network services is a great idea:

- You'll generally pay the lowest out-of-pocket costs.
- You can view most lab results, refill most prescriptions, email your doctor's office, schedule routine appointments, and more through My Health Manager at kp.org.²
- If you're having more than one test or procedure, you may be able to have them done in one place and fill your prescription at the same place, saving you time.
- When you call for medical advice, you could also have a video visit with a doctor who is connected to your personal care team. You

can also make a video appointment with your primary care doctor, during regular office hours—both at no extra cost.³

- Urgent Care is available 24/7 at six medical centers and on evenings and weekends at eight others.
- There is a deductible that you have to meet for most services.
- Preauthorization may be required for certain services, which your Permanente physician will obtain for you.

Refer to your coverage documents for more information.

¹Kaiser Permanente premier hospitals are independently owned and operated hospitals and are not affiliated entities of Kaiser Permanente.

²These features are available for care provided at Kaiser Permanente medical centers.

³If you have an HSA-qualified deductible HMO plan, you will need to pay the full charges for scheduled phone and video visits until you reach your deductible. Once you reach your deductible, your copay is \$0 for scheduled phone and video visits. Video visits are available to Kaiser Permanente members who have a camera-equipped computer or mobile device and are registered at kp.org. You must be present in Maryland, Virginia, or Washington, DC, for visits with your primary care physician or behavioral health provider. For urgent video visits with an emergency doctor, you may also be present in West Virginia, Florida, North Carolina, or Pennsylvania. For certain medical or mental health conditions. For video visits with a behavioral health provider, appointments can be scheduled for follow-up care.



AON HSA-Qualified Deductible Added Choice plan overview (continued)

Out-of-network

Key things to remember for out-of-network care:

- Your out-of-pocket costs will generally be higher when you choose to receive services from out-of-network providers and facilities.
- You may need to submit claims for reimbursement.
- Certain services require precertification.

Member responsibilities:

- It is your responsibility to manage precertification requests, claim forms, and other administrative tasks.
- Out-of-network providers may require you to pay the full cost of each visit at the time of your visit. If so, you will need to submit claim forms with itemized bills for reimbursement.

Out-of-network costs:

- After you receive any out-of-network covered medical service, and once a medical claim for your service has been verified as an eligible benefit, you will receive an Explanation of Benefits (EOB). The EOB will show you a breakdown of the charges and payments for your visit, deductible and out-of-pocket maximum accumulations, and how much you are responsible for paying (this is not a bill).
- When you choose out-of-network providers, you must first meet your annual deductible before the health plan begins to pay for covered services (most services are subject to the annual deductible).

- After you meet your deductible, you will have to pay coinsurance or copays for covered services for the rest of the contract year or until you reach your out-of-pocket maximum. Out-of-network providers may also bill you for the difference, if any, between actual billed charges and the maximum allowable charge.
- Out-of-network physicians are not connected electronically to one another or to you, which means you manage your own care, carrying your paper medical record and other files with you from office to office. You must follow up to be sure that test results are communicated between doctors' offices. You must wait for lab results.
- Your pharmacist is not linked to your medical record.

Refer to your coverage documents for more information.

Setting up an HSA

If you have health coverage through your employer, talk to your benefits administrator about how to set up your HSA. Once you've opened your account, you can start putting money in it. Keep in mind that the IRS sets a limit on how much you can put in your HSA each year. Some employers also contribute money to their employees' accounts. To see if your employer does, talk to your benefits manager.

For more information on HSAs, visit:

<http://info.kaiserpermanente.org/html/hsa>



Urgent care

Urgent care offers services to those who require immediate, but not emergency, care for things such as a high fever or sudden onset of unusual symptoms

In-network:

- 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 or Advanced Urgent Care facility. See page 17 for a list of our Urgent Care or Advanced Urgent Care facilities and locations.
- You will generally pay the lowest out-of-pocket amount if you seek urgent care at Kaiser Permanente facilities.
- You may also be able to see an Urgent Care physician by video visit if you cannot come into one of our Urgent Care or Advanced Urgent Care centers. During your visit, the doctor can access your electronic medical record, so your care is seamless, convenient, and connected.

Out-of-network

- You can visit any out-of-network urgent care facility.
- 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.
- You will generally have the highest out-of-pocket cost when using this option.



Kaiser Permanente Urgent Care and 24/7 Advanced Urgent Care locations and hours

Save the emergency room for emergencies. When you need care right away and it's not an emergency, call **800-777-7904 (TTY 711)**.

Unsure if you need urgent or emergency care? Call **800-677-1112 (TTY 711)**.

The addresses, telephone numbers, and hours of operation may change. Our 24/7 Kaiser Permanente Advanced Urgent Care locations are also open on holidays. For up-to-date information, visit kp.org/urgentcare/mas.

Maryland

Kaiser Permanente Baltimore Harbor Urgent Care

815 E. Pratt St.
Baltimore, MD 21202

Mon-Fri: 3-11 p.m.
Sat, Sun, holidays: 9 a.m.-5 p.m.

Camp Springs Urgent Care

6104 Old Branch Ave.
Temple Hills, MD 20748

Mon-Fri: 3-11 p.m.
Sat, Sun, holidays:
Open 24 hours

Gaithersburg Urgent Care 24/7

655 Watkins Mill Road,
Gaithersburg, MD 20879

Kensington Urgent Care

10810 Connecticut Ave.
Kensington, MD 20895

Mon-Fri: 3-11 p.m.
Sat, Sun, select holidays:
9 a.m.-9 p.m.

Largo Urgent Care 24/7

1221 Mercantile Lane
Largo, MD 20774

South Baltimore County Urgent Care 24/7

1701 Twin Springs Road
Halethorpe, MD 21227

White Marsh Urgent Care

4920 Campbell Blvd.
Nottingham, MD 21236

Mon-Fri: 3-11 p.m.
Sat, Sun, holidays: 9 a.m.-5 p.m.

Woodlawn Urgent Care

7141 Security Blvd.
Baltimore, MD 21244

Mon-Fri: 3-11 p.m.
Sat, Sun, holidays: 9 a.m.-5 p.m.

Virginia

Fredericksburg Urgent Care

1201 Hospital Drive
Fredericksburg, VA 22401

Mon-Fri: 3-11 p.m.
Sat, Sun, holidays: 9 a.m.-5 p.m.

Manassas Urgent Care

10701 Rosemary Drive
Manassas, VA 20109

Mon-Fri: 3-11 p.m.
Sat, Sun, holidays: 9 a.m.-5 p.m.

Reston Urgent Care

1890 Metro Center Drive
Reston, VA 20190

Mon-Fri: 3-11 p.m.
Sat, Sun, holidays: 9 a.m.-9 p.m.

Tysons Corner Urgent Care 24/7

8008 Westpark Drive
McLean, VA 22102

Woodbridge Urgent Care 24/7

14139 Potomac Mills Road
Woodbridge, VA 22192

Washington, DC

Kaiser Permanente Capitol Hill 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.



Emergency care

You're covered for emergency care worldwide

All emergency care is covered as an in-network benefit, and you will be responsible only for the in-network copay or coinsurance, regardless of where you seek care.

- If you think you are experiencing an emergency, immediately call 911 or go to the nearest emergency room.
- Not sure if your medical problem requires an emergency room visit? Call **800-677-1112** (TTY **711**). Specially trained nurses will help you 24 hours a day, 7 days a week, and will direct you to the most appropriate place to receive care.

If you visit an emergency room, anywhere in the world:

- Report your emergency room visit to Kaiser Permanente within 48 hours, or as soon as reasonably possible.
- Call the 24-hour medical advice line at **800-777-7904** (TTY **711**) to report your visit.

What is an emergency?

It's a medical condition that, in the absence of immediate medical attention, may result in:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

For more information about what constitutes an emergency, read your coverage documents.



Hospital care

In-network hospitals

Kaiser Permanente carefully selects premier hospitals¹ to team with us in taking great care of you. See a list of our hospitals at kp.org/premierhospitals.

For regular care, your doctor works closely with specialists, pharmacists, lab technicians, therapists, and many other professionals—all of whom are up to the minute on your health—for a better care experience.

We've chosen award-winning hospitals to team with in coordinating your care when you need inpatient or outpatient hospital care. These hospitals, located throughout Maryland, Virginia, and Washington, DC.

If you're admitted to a hospital that is not one of our premier hospitals

Once your condition has stabilized, we may recommend you move you to one of our premier hospital locations where our Permanente physicians are on duty. By doing so, we can provide you seamless and coordinated care, both during your hospitalization and in your transition out of the hospital.

Out-of-network hospitals:

- You can receive inpatient hospitalization services from any licensed or accredited hospitals and facilities.
- When you receive services, you will be responsible for charges that exceed the maximum allowable charge for a covered service as determined by KPIC. You will also need to submit itemized claims for each provider or facility for reimbursement to KPIC if the providers do not accept assignment.
- Precertification is required for all inpatient admissions and certain outpatient services.

Premier hospitals by region

Maryland

Anne Arundel Medical Center, Annapolis
askAAMC.org

Baltimore Washington Medical Center, Glen Burnie
umms.org/bwmc

Doctors Community Hospital, Lanham-Seabrook
dchweb.org

Greater Baltimore Medical Center, Baltimore
gbmc.org

Holy Cross Hospital, Germantown
holycrosshealth.org

Holy Cross Hospital, Silver Spring
holycrosshealth.org

Suburban Hospital, Bethesda
suburbanhospital.org

Virginia

Reston Hospital Center, Reston
restonhospital.com

Stafford Hospital, Stafford
marywashingtonhealthcare.com

Virginia Hospital Center, Arlington
virginiahospitalcenter.com

Washington, DC

Children's National Health System
childrensnational.org

MedStar Washington Hospital Center
whcenter.org

¹Kaiser Permanente premier hospitals are independently owned and operated hospitals and are not affiliated entities of Kaiser Permanente.



Your medicines

Fill prescriptions from Permanente physicians, affiliated doctors, network doctors, and dentists

Pharmacy options

You can fill prescriptions from any provider at any pharmacy.

Kaiser Permanente pharmacies:

- Fill prescriptions from Kaiser Permanente medical center pharmacies or online at **kp.org**.
- You can also use Kaiser Permanente's Mail Order Pharmacy to get your prescription refills delivered right to your front door in 3-5 business days.¹

Participating (community network) pharmacies:

- Fill prescriptions at participating pharmacies, including Rite Aid, Giant, Walmart, Walgreens, Safeway, Harris Teeter, Kroger, and others.
- There is no mail-order service with this pharmacy option.
- You may have higher copayments than you would if you go to 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 copayments than you would if you go to a participating (community network) pharmacy, and a deductible may apply.
- You must pay full out-of-pocket costs at out-of-network pharmacies and submit claims for reimbursement.

There are three ways to fill your prescriptions at a Kaiser Permanente pharmacy

1. At Kaiser Permanente medical centers

Your Permanente physician can send most prescriptions electronically from his or her office directly to the pharmacy, where you can pick up your medicine. If you have a prescription from a dentist or other prescriber, simply present your prescription with your membership ID card at any Kaiser Permanente medical center pharmacy.

2. Online

Once you register at **kp.org/register**, you can:

- Request most prescription refills on your computer, tablet, or smartphone.
- Choose to have the medicine mailed to you at no additional cost or pick it up at a Kaiser Permanente medical center pharmacy.
- Get refill reminders.
- Read your medication allergies, list of current medicines, and more.

3. Through the EZ Refill line

A great way to get your routine medicines:

- Phone in your refill order using our EZ Refill line; you can fax or mail your request, too.^{1,2}
- Request mail delivery in 3-5 business days for no additional charge.^{1,2}
- Pick up your medicine at a Kaiser Permanente medical center pharmacy.

Nowadays, your medicine can make the house calls.

Kaiser Permanente's prescription home delivery service delivers your prescription refills right to your front door.^{1,2}

Filling your prescriptions for home delivery is easy. Just place your order online at **kp.org**, use the KP app on your mobile device, or call **703-466-4900** or toll free **800-733-6345**.

Community network pharmacies and out-of-network pharmacies are underwritten by Kaiser Permanente Insurance Company (KPIC).

¹Some 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.

²Please allow up to five business days for delivery of your prescription by mail. If you have no refills left, it may take an additional 48 hours for us to contact your Kaiser Permanente network provider to confirm your prescription refill. Items available through our mail-order service are subject to change at any time without notice, and may be subject to state and other licensing restrictions.



Pharmacies

There is a pharmacy in each Kaiser Permanente medical center.
See page 15 for locations on a map.

Maryland

Abingdon Medical Center
Pharmacy: **410-515-5450**

Annapolis Medical Center
Pharmacy: **410-571-7360**

Kaiser Permanente Baltimore Harbor Medical Center
Pharmacy: **410-637-5750**

Camp Springs Medical Center
Pharmacy: **301-702-6175**

Columbia Gateway Medical Center
Pharmacy: **410-309-7500**

Kaiser Permanente Frederick Medical Center
Pharmacy: **240-529-1800**

Gaithersburg Medical Center
Pharmacy: **240-632-4150**

Kensington Medical Center
Pharmacy: **301-929-7175**

Largo Medical Center
Pharmacy: **301-618-5552**

Marlow Heights Medical Center
Pharmacy: **301-702-5190**

North Arundel Medical Center
Pharmacy: **410-508-7675**

Prince George's (Hyattsville) Medical Center
Pharmacy: **301-209-6688**

Shady Grove Medical Center
Pharmacy: **301-548-5755**

Silver Spring Medical Center
Pharmacy: **301-572-1055**

South Baltimore County Medical Center
Pharmacy: **410-737-5200**

Towson Medical Center
Pharmacy: **410-339-5655**

White Marsh Medical Center
Pharmacy: **410-933-7626**

Woodlawn Medical Center
Pharmacy: **443-663-6116**

Virginia

Alexandria Medical Center
Pharmacy: **703-721-6310**

Ashburn Medical Center
Pharmacy: **571-252-6005**

Burke Medical Center
Pharmacy: **703-249-7750**

Colonial Forge Medical Center
Pharmacy: **540-602-6300**

Fair Oaks Medical Center
Pharmacy: **703-934-5800**

Falls Church Medical Center
Pharmacy: **703-237-4430**

Fredericksburg Medical Center
Pharmacy: **540-368-3800**

Haymarket Crossroads Medical Center
Pharmacy: **571-445-7300**

Manassas Medical Center
Pharmacy: **703-257-3030**

Reston Medical Center
Pharmacy: **703-709-1560**

Springfield Medical Center
Pharmacy: **703-922-1234**

Tysons Corner Medical Center
Pharmacy: **703-287-4650**

Woodbridge Medical Center
Pharmacy: **703-490-7624**

Washington, DC

Kaiser Permanente Capitol Hill Medical Center
Pharmacy: **202-346-3300**

Northwest DC Medical Office Building
Pharmacy: **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, 7:30 a.m. to 9 p.m. (except holidays). If your plan is through your employer, check with your benefits manager to find out if your plan includes non-Kaiser Permanente pharmacies.



X-ray and imaging services

In-network:

- You will find radiology services at most Kaiser Permanente medical centers.
- For most services, you need a referral from your doctor. He or she 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 Urgent Care and Advanced Urgent Care are offered, so you do not have to make a separate trip to have an X-ray or other imaging test.
- You also have access to network radiology facilities in the community. Refer to the *Select Physician Directory* for a list of network radiology facilities.

Out-of-network:

- You can receive X-ray and other imaging services at any licensed facility.
- Some imaging services may be subject to precertification.
- If you receive screenings in out-of-network 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.

Mammograms

Call **800-777-7904** (TTY **711**), 24 hours a day, 7 days a week, to schedule a mammogram, or contact your out-of-network imaging facility. You do not need a referral from a doctor. Your primary care physician or ob/gyn will talk with you about how often you should be screened.



Lab tests and results

In-network:

- Labs are located within every Kaiser Permanente medical center.
- For most routine lab tests, your Permanente physician will send the order electronically to the lab, and you can just walk in without an appointment.
- Most lab services are located wherever Urgent Care and Advanced Urgent Care are offered. So you do not have to make a separate trip to have a lab test to complete your care.
- Your results from tests done in Kaiser Permanente medical centers will be in your medical record. Most results can be read 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 physician's instructions about how to receive your test results. Refer to the *Select Physician Directory* for a list of network radiology facilities.

Out-of-network:

- You can receive lab tests and other lab services at any licensed facility.
- Some lab services may be subject to precertification.
- If you receive lab services in out-of-network 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.

To see most test results online, register at kp.org/register.



Understanding your costs and benefits

You pay \$0 cost share for in-network preventive care

With your plan, you pay \$0 cost share for in-network preventive care. 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.

If you have symptoms of a condition, your doctor may order a service to help find out what it is or help treat it. Since you've shown symptoms, this service doesn't qualify as preventive. It's actually diagnostic, since it's used to diagnose your condition, and cost sharing may apply.

You may also get services to help treat a condition that's already been diagnosed. Since you're being treated for an existing condition, these services are also non-preventive and cost sharing may apply.

When you receive preventive care from an out-of-network provider, you will have to pay a cost share.

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. Refer to your coverage documents for more details about your plan's cost shares.

Learn more about the type of plan you have and what your costs may be:

- Call Member Services at **855-839-5763** (TTY **711**), 7 days a week, 7 a.m. to 11 p.m. (except holidays).
- Contact the benefits officer where you work, if you are 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, see page 26 of this brochure.



Your share of costs

“Cost share” refers to how health care costs are shared between you and Kaiser Permanente. Refer to your coverage documents to learn more about your plan’s specific cost shares.

Type of cost share	What it is	When you pay
Copayments (copays)	The set fee you pay for a covered service (e.g., non-preventive office visit) every time that service is provided. Copayments vary depending on your plan and do not 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.
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.	There is no in-network copay or coinsurance for preventive care for non-grandfathered plans. What you owe depends upon your plan’s benefits and the services you receive.
Out-of-pocket maximum	The maximum amount you pay out of pocket each contract 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 policy year.	Depending on your plan, the copayments, coinsurance, and deductibles you pay for most services will count toward the out-of-pocket maximum.
Deductible (Visit kp.org/deductibleplans for more information on deductible plans and to find helpful cost tools.)	The set amount you must pay each contract year for covered medical services before the health plan begins to pay its share. Not all services may be applied to the deductible. Deductibles vary depending on the plan you have. Once you have met your deductible, you will 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.	If you have a deductible, you will 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 (in-network only).



Estimating your costs

Get a personalized estimate with our online tool when using in-network services and providers¹

Estimating your out-of-pocket costs is easy thanks to Estimates, our treatment cost calculator.

What is Estimates?

Estimates is our online calculator that gives you cost estimates for many common services.

Where do I find Estimates?

You can find Estimates on kp.org/costestimates. You'll need to be registered on kp.org to use this secure tool.

How does Kaiser Permanente come up with an estimate?

We take the average cost of services in your area. Then we apply our plan benefits and how much you've spent so far for care. You'll see an estimate for your out-of-pocket cost. This will include the costs you are responsible for, such as a copay.

Is the estimate exactly what I'll pay?

No, the estimate gives you a general idea of what you'll pay for a particular service. What you actually pay may be higher or lower depending on the care you receive. Your bill will show the actual cost of the service and what you will need to pay.

What if the estimate is more than I can afford to pay?

If your estimate is more than you can afford to pay, don't let that keep you from getting the care you need. We offer several options to help you manage your medical expenses when you get care at Kaiser Permanente medical centers. Please call the number on the back of your Kaiser Permanente ID card for assistance.

? Questions?

If you can't get an estimate for a service online, call **877-608-0077** (TTY **711**), Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays). Don't let an estimate keep you from getting the care you need.

To watch a video about how Estimates works, visit kp.org/estimates/video.

¹Estimates online calculator will not be able to provide cost estimates for out-of-network services and providers.



Claims

In-network

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 may be owed you.
- 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:

National Claims Administration Mid-Atlantic States
P.O. Box 371860
Denver, CO 80237-9998

What you'll receive from us

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.

Out-of-network

You will not file claims for services if:

- After you visit an out-of-network provider, you may be asked to pay the full service charge at the time the services are rendered and will have to file a claim, and you may be billed for the difference between what the doctor charges and the reimbursement you received. To receive the reimbursement, you will have to file a claim if your provider does not accept assignment. The amount you pay for the difference between the full charges and reimbursement you receive for your claim do not accumulate toward meeting the deductible or out-of-pocket maximum.
- 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 are 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 payment must be submitted within 90 days of the date of the service, or as soon as reasonably possible.
- Claims filed more than 12 months after you received care will not be accepted unless it was not reasonably possible to give proof within such time, and the proof is furnished within two years after the date of service.



Claims (continued)

- To obtain medical and pharmacy claim forms, see your human resources representative or contact KPIC Member Services at **800-392-8649**, Monday through Friday, from 9 a.m. to 9 p.m. (except holidays).
- For nonemergency claims, mail your claim form and itemized statement to:
Kaiser Permanente Insurance Company (KPIC)
P.O. Box 261130
Plano, TX 75026
EDI Payor ID: KPIC1
- For emergency claims, mail your claim form and itemized statement to:
Kaiser Foundation Health Plan of
the Mid-Atlantic States, Inc.
P.O. Box 371860
Denver, CO 80237-9998
- If your claim is denied, in whole or in part, you will receive detailed written information on 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 your appeals process.



Precertification

Applies to certain out-of-network 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.
- Contact Permanente Advantage at **888-567-6847** (TTY **711**) to obtain precertification. Representatives are available from 8 a.m. to 11 p.m., Monday through Friday. You may, however, request precertification 24 hours a day, 7 days a week. Response to urgent requests occurs within two hours of your message; nonurgent requests during the following business day.
- 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. In addition, 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 50 percent, up to a maximum penalty of \$500 per occurrence, even if the service is medically necessary.
 - 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 to be 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 *KPIC Certificate of Insurance* for complete terms, conditions, and limitations. If there are any discrepancies between this guide and the benefits detailed in your *Group Policy* and *KPIC Certificate of Insurance*, the *Group Policy* will prevail.



Dental

You're covered for dental care needed after an accident

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 coverage documents to determine your coverage.

If you have a plan that includes preventive and other dental benefits

For information about coverage, finding a dentist, and more:

- Visit dominionnational.com/kaiserdentists. You'll find the most up-to-date list of participating dental providers online.
- Call Dominion National at **855-733-7524** (TTY **711**). Knowledgeable Dominion member service specialists are available Monday through Friday from 7:30 a.m. to 6 p.m. to answer your questions about coverage or to help you find a participating dentist.
- Make sure you bring your Kaiser Permanente medical ID card to your dental appointment. You will not get a separate dental ID card.

For all dental information:

- Refer to your coverage documents, or contact the benefits officer where you work, if your employer provides your coverage.
- Call Member Services at **855-839-5763** (TTY **711**).



Getting care away from home

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® 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 will 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 to learn what your coverage options are, as plans vary.³ Locations include all or part of:

- California
- Colorado
- Georgia
- Hawaii
- Oregon
- Washington

Find Kaiser Permanente locations at kp.org/facilities.

What is not covered

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

Out-of-network

Remember that with your HSA-Qualified Deductible Added Choice plan, you can get care from any provider, anywhere. 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.

Use this checklist before you go

A little planning makes a big difference. Plan now for a healthy trip.

- Register on kp.org to see your health information and email your doctor or health care team anytime.
- Get our KP app to stay connected when you're on the go.
- See your doctor if you need to manage a condition during your trip.
- Refill your prescriptions to have enough while you're away.
- Print a summary of your online medical record in case you don't have internet access.⁴
- Make sure your immunizations are up to date, including your yearly flu shot.
- Bring your Kaiser Permanente ID card. It has important phone numbers on the back.
- Keep your prescription medications with you in your carry-on bag if traveling by plane.
- Save the Away from Home Travel Line contact information.
Phone: **951-268-3900**
Website: kp.org/travel

➔ Visit kp.org/travel for useful 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.

¹If you get care at a CVS MinuteClinic or any other urgent care facility within a state with Permanente providers, you'll be asked to pay up front for services you receive and will need to file a claim for reimbursement.

²If you get care at a CVS MinuteClinic, you'll be charged your standard copay or coinsurance.

³Please refer to your coverage documents for details.

⁴This feature is available when you register on kp.org and get care at Kaiser Permanente facilities.



Healthy extras

Resources for healthy living

Take advantage of our wide variety of resources to help keep you informed, inspired, and feeling your best:

- **Self-care apps**

The Calm and MyStrength apps are available to members at no cost. Learn more and download these apps at kp.org/selfcareapps.

- **Health education classes online or at our facilities**

Our Health Education Departments offer health classes and support groups at our facilities, some of which may require a fee. Course catalogs are available at our Health Education Departments. Registration is required. To register, call **800-777-7904** anytime, day or night. You can also browse course listings online at kp.org/classes.

- **Monthly newsletter**

When you sign up on kp.org, you'll automatically start getting our Partners in Health monthly newsletter by email. It has health tips, member stories, and updates on facilities and services.

- **Online wellness programs**

Our online healthy lifestyle programs create customized action plans tailored to your health needs and areas of interest. Start with a Total Health Assessment and go from there. Visit kp.org/healthylifestyles.

ChooseHealthy Program¹

You have access to a variety of healthy discounts without an additional charge to your monthly premium. This discount program is available to you in addition to any benefits for these services that may be covered under your plan.

The ChooseHealthy Program allows you to receive discounts on a variety of alternative care and fitness services:

- Chiropractic care - 25% off customary charges
- Acupuncture care - 25% off customary charges
- Massage therapy services - 25% off customary charges
- Vitamins, supplements, and herbs

Visit kp.org/choosehealthy to learn more.

Active&Fit Direct Program

The Active&Fit Direct program offers access to fitness center memberships for just \$25 a month, plus a \$25 enrollment fee.² Choose from more than 9,000 participating fitness centers and instructor-led classes nationwide and start exercising today.

Here's how:

Enroll and find a fitness center near you at kp.org/choosehealthy. Select your area, click the [ChooseHealthy](#) link, then click the [Find a Provider](#) tab.

¹The 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. Some Kaiser Permanente members may have coverage through their health plan for some of the same services available through ChooseHealthy. The value-added services available under the ChooseHealthy program are separate and apart from any chiropractic, acupuncture, or massage services available under your contract. Please see your coverage documents for information regarding those services covered under your Kaiser Permanente contract. The ChooseHealthy program is administered by American Specialty Health Administrators, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.

²Prices shown do not include applicable taxes.



Get help managing your ongoing health conditions

If you have diabetes, asthma, depression, high blood pressure, chronic obstructive pulmonary disease, or coronary artery disease, and want information to help manage your condition, you can join our disease management program.

Leave a message anytime at **703-536-1465** in the Washington, DC, metropolitan calling area or at **410-933-7739** in the Baltimore area. Please leave your name, medical record number, address, and the condition for which you are requesting information, and we will return your call within two business days.

Do you have coverage from another plan, too?

If you have other health coverage in addition to your coverage with Kaiser Permanente, notify Member Services by calling **855-839-5763** (TTY **711**), 7 days a week, 7 a.m. to 11 p.m. (except holidays).

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 by calling **855-839-5763** (TTY **711**), 7 days a week, 7 a.m. to 11 p.m. (except holidays).

NONDISCRIMINATION NOTICE

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- 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:
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 - 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, 2101 East Jefferson St., Rockville, MD 20852, 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>.

In the event of dispute, the provisions of the approved English version of the form will control.

HELP IN YOUR LANGUAGE

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አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**)።

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ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902 (TTY: 711)**.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902 (TTY: 711)**.

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Igbo (Igbo) NRUBAMA: O bụrụ na i na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-777-7902 (TTY: 711)**.

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902 (TTY: 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-777-7902 (TTY: 711)** まで、お電話にてご連絡ください。

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Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódílnih **1-800-777-7902 (TTY: 711)**.

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902 (TTY: 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902 (TTY: 711)**.

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Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902 (TTY: 711)**.

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Your guide to better health

Keep this book handy as a quick reference to getting the most out of your new plan



1
Choose your doctor—
and change anytime



2
Register on kp.org



3
Get prescriptions

Glossary

Covered services

The care and services included in the health plan benefits.

Dependent

One who is covered under a subscriber's plan, depending on applicable law and the plan's terms and conditions.

Premium

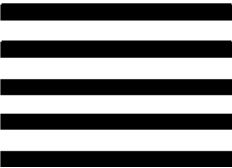
The amount you and/or your employer pay (usually each month) for health plan coverage.

Primary care physician

The physician responsible for providing routine medical care and for coordinating care from specialists, hospitals, and other health care professionals.



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IF MAILED
IN THE
UNITED STATES



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4621 BOSTON WAY
LANHAM MD 20706-9906

DETACH HERE



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Want a printed provider directory?

Just complete the information requested on the back, fold along the dotted line, tape the card shut, and mail. Or go to kp.org/doctor to browse our doctor profiles and find a doctor who matches your needs.

kp.org

Find the right doctor for you



▲ FOLD HERE ▲



SIGNATURE DIRECTORY

For a printed copy of the physician directory, complete the information below, fold along the dotted line, tape the card shut, and mail.

NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP CODE

kp.org

