

Kaiser Permanente HSA-Qualified Flexible Choice

Our triple-option plan empowers you to make the health care choices that fit your changing needs, anywhere, at any time.

The HSA-Qualified Flexible Choice triple-option plan has the power to please nearly everyone. This plan offers three provider options and different ways to manage out-of-pocket costs, so you can choose which doctor to see depending on what suits you at the time. It also offers access to an extensive national network of providers.

Like three health care plans rolled into one, HSA-Qualified Flexible Choice allows you to receive care from:

This plan can be paired with a health savings account (HSA), which allows you to set aside pretax dollars to pay for qualified medical expenses. Check with your human resources manager for more details.

Option 1: ¹ Kaiser Permanente providers	Option 2: ¹ Preferred provider organization (PPO) ²	Option 3: ¹ Out-of-network providers ²
<p>You have access to nearly 1,500 physicians in the Mid-Atlantic Permanente Medical Group, P.C., who practice in Kaiser Permanente medical centers. A list of network physicians is accessible at kp.org/doctor that allows you to choose and change your doctors at any time, for any reason.</p> <ul style="list-style-type: none"> • Virtually no claim forms to complete. • Coordinated care and around-the-clock access to the features on kp.org, including the ability to email doctors, check lab and radiology test results, schedule appointments with Permanente physicians, and so much more. • Receiving diagnosis and treatment at one-stop medical centers, some with after hours and 24/7 Urgent Care accessibility. • Preventive services are not subject to the deductible and covered at no charge. • Most services are subject to a deductible,³ then copay or coinsurance. 	<p>You have access to more than 237,000 primary care physicians, 664,000 specialists, and 4,600 hospitals through the national PHCS and MultiPlan networks.⁴ Finding a physician, facility, or health care practitioner who participates in these networks is as easy as visiting multiplan.com/kpmas.</p> <ul style="list-style-type: none"> • No referral is needed for office visits to specialists. • Provider usually completes and submits claim forms. • Preventive services are not subject to the deductible and covered at no charge. • Most services are subject to the deductible,³ then copay or coinsurance. • Inpatient and certain outpatient services are subject to precertification. • Out-of-pocket costs are generally higher when you choose Option 2 providers over Option 1 providers. 	<p>You have access to any licensed provider who is not an Option 1 or Option 2 provider.</p> <ul style="list-style-type: none"> • No referral is needed for office visits to specialists. • Inpatient and certain outpatient services are subject to precertification. • Most services are subject to a deductible,³ then coinsurance. • Providers may require you to pay the full cost of each visit. If so, you will need to submit a claim for reimbursement. • Balance billing may occur.

Your out-of-pocket costs will generally increase as you move from HMO providers to PPO providers to out-of-network providers.

How do the deductible and out-of-pocket maximum work?

There is a set amount you pay each plan year for most covered medical services before the health plan begins to pay its share. This is called the deductible. Most services are subject to the deductible. Preventive services in Option 1 and Option 2 are not subject to the deductible and are covered at no charge.⁵

This plan limits the amount that you're required to pay for most covered services each plan year. This amount is called the out-of-pocket maximum. The deductible amount you pay, as well as copays and coinsurance for most covered services, count toward meeting your out-of-pocket maximum limit. Once you reach that limit, you will not have to pay for any covered services that are subject to the out-of-pocket maximum for the rest of the plan year. Members who reach their out-of-pocket maximum are still responsible for any charges that exceed the Maximum Allowable Charge for any given covered service.

HSA-Qualified Flexible Choice pharmacy benefits

- You can fill prescriptions at any pharmacy, including Kaiser Permanente pharmacies, where you will generally pay the lowest copay, no matter if prescribed by an Option 1, 2, or 3 provider.
- You pay full out-of-pocket costs for prescriptions filled at out-of-network pharmacies and submit claims for reimbursement.

Kaiser Permanente pharmacies	<ul style="list-style-type: none">• Rx filled at Kaiser Permanente Medical Center Pharmacies or online at kp.org• Rx filled by mail for a 90-day supply of maintenance medications• Generally the lowest copayments• Prescription drug benefits are subject to the Option 1 medical deductible
Participating network pharmacies	<ul style="list-style-type: none">• Rx filled at participating pharmacies in the MedImpact Network, including CVS, Rite Aid, Farm Fresh, Walgreens, Target, Safeway, Harris Teeter, Shoppers Food Warehouse, Kmart, and others• No mail-order service option• Generally higher copayments than Option 1; prescription drug benefits are subject to the Option 2 medical deductible
Out-of-network pharmacies	<ul style="list-style-type: none">• Rx filled at any licensed pharmacy, except Kaiser Permanente and MedImpact pharmacies• No mail-order service option• Generally higher copayments than Option 2; prescription drug benefits are subject to the Option 3 medical deductible

¹Kaiser 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 out-of-network tier (Option 3).

²Coverage in both Option 2 and Option 3 is fee-for-service indemnity coverage; however, out-of-network providers have not agreed to negotiated rates.

³Each option has a separate deductible. If you meet the deductible in one option, you will pay only the applicable copay or coinsurance for covered services received in that option. If you receive services in another option, you must meet that option's deductible amount before only paying the applicable copay or coinsurance for covered services received in that option. Options 2 and 3 deductible and out-of-pocket maximum cross-accumulate. Covered charges applied to satisfy the deductible or out-of-pocket maximum in Option 2 will be applied towards satisfaction of the deductible or out-of-pocket maximum in Option 3. Likewise, covered charges applied to satisfy the deductible or out-of-pocket maximum in Option 3 will be applied towards satisfaction of the deductible or out-of-pocket maximum in Option 2.

⁴Provider numbers as of April 2018. The PHCS™ and MultiPlan™ networks include physicians and health care practitioners and facilities that are available to Kaiser Permanente Insurance Company members via a network access agreement. Not all PHCS and MultiPlan network providers are included. For a list of network participants,, go to multiplan.com/kpmas.

⁵You should refer to your plan's *Evidence of Coverage* or KPIC's *Group Policy* and *Certificate of Insurance* for more information on what services count toward meeting the deductible.