

Welcome to Kaiser Permanente

Get started in 3 easy steps





How your Kaiser Permanente health plan works

Your HSA-Qualified 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 Deductible 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 	Most services, including outpatient drugs, are subject to a deductible, ² then a copay or coinsurance.	Most services, including outpatient drugs, are subject to a deductible, ² then a copay or coinsurance.	Most services, including outpatient drugs, are subject to a deductible, ² then coinsurance.
Claims 	Virtually no claim forms to complete.	Provider usually completes and submits claim forms.	Providers may require members to pay the full cost of each visit. If so, you will need to submit a claim for reimbursement.

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 25.

¹Kaiser 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 HSA-Qualified Flexible Choice Plan.

²Each option has a separate deductible. If members meet the deductible in one option, they will pay only the applicable copay or coinsurance for covered services received in that option. If they receive services in another option, they must meet that option's deductible amount before paying only the applicable copay or coinsurance for covered services received in that option. Options 2 and 3 deductibles and out-of-pocket maximums 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.

How your Kaiser Permanente health plan works (continued)

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 will be subject to the applicable copay or coinsurance for those covered services after you satisfy your 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 will 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 will 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 will 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.

Your health savings account

A health savings account (HSA) lets you contribute pretax or tax-deductible dollars¹ to pay for qualified medical expenses, including copays, coinsurance, and deductible payments for a wide range of services. It works like a savings account. With your HSA-Qualified Flexible Choice plan, you or your employer have the option to open an HSA. 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.

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.

¹The 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.

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, 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. 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 us 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.

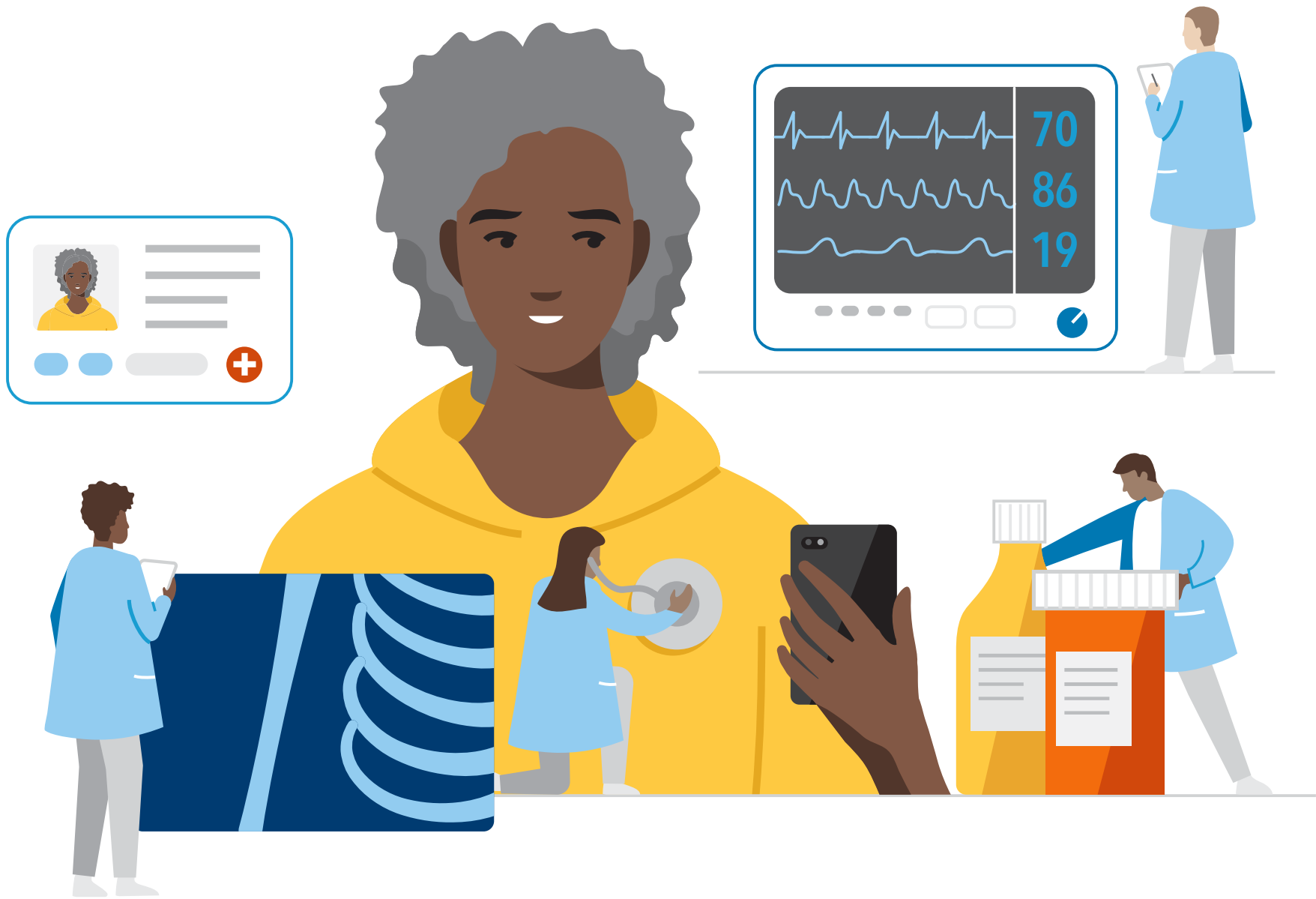


Ruth Williams-Brinkley
Regional President, Kaiser Permanente

Stay in the know with all things Kaiser Permanente—check out **kp.org/insider** for valuable health information, 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 documents."

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.



Let's get started

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



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Step 1 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.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.

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 are at least 18 years old and have either:

- Permission from you, 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

Now you can download the Kaiser Permanente app³ to your smartphone.

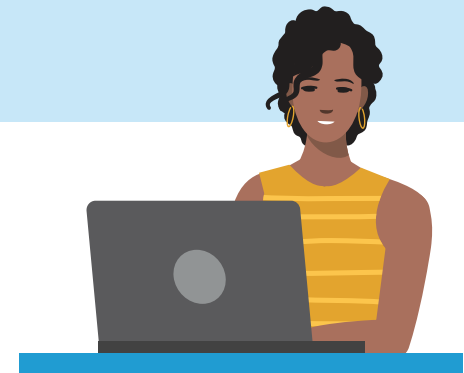
1. From your smartphone, go to your preferred app³ site: App StoreSM (iOS) or Google Play[®] (Android[™]).⁴
2. Search for the Kaiser Permanente app, then download it to your smartphone.
3. Use your kp.org user ID and password to activate the app, and you'll be ready to go.

Digital membership card

Access your membership information anytime, anywhere, with 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.



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.

Personalize your kp.org experience: Use your member ID card and our new Member Photo Upload feature to add your digital image to kp.org.

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

²If 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. If you have an HSA-qualified deductible plan, you may need to pay the full charge for scheduled phone appointments and video visits until you reach your deductible. Once you reach your deductible, you won't pay anything for scheduled phone appointments and video visits.

³To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

⁴Apple 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),
- From physicians in the PHCS™ or MultiPlan® networks¹ when getting care in a Kaiser Permanente state, or from the Cigna PPO Network² when you get care outside a Kaiser Permanente state (Option 2)
- From 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/doctor to browse our doctor profiles and 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 obstetrics-gynecology and optometry
- **866-530-8778** for behavioral health—initial consultation (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 state, or from the Cigna PPO Network when you get care outside a Kaiser Permanente state, do one of the following:

- Check online at kp.org/flexiblechoice/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 27. The Kaiser Permanente Insurance Company (KPIC) *Certificate of Insurance* contains a complete listing of services that require precertification.

¹The 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.

²The Cigna PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna is an independent company and not affiliated with Kaiser Permanente Insurance Company or Kaiser Foundation Health Plan. Access to the Cigna PPO Network is available through Cigna's contractual relationship with Kaiser Permanente Insurance Company and Kaiser Foundation Health Plan. The Cigna 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.

³Options 2 and 3 are underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. 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)

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.

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 27. 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.



¹Options 2 and 3 are underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. 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**.
- Get medications delivered fast (within 3 to 5 days) at no extra cost with Mail Order Pharmacy.¹ Register at **kp.org** to start using this service, or call **800-733-6345**. Some prescriptions are available for same-day delivery for a small fee; members with eligible prescriptions can select this option at checkout.
- Our reminder service—offered via the Kaiser Permanente app^{2,3}—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 will generally have the lowest copayments.

Participating (community network) pharmacies:

- Fill prescriptions at participating pharmacies,⁴ including Giant, Harris Teeter, Rite Aid, 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 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 visit **kp.org/facilities** and select the Kaiser Permanente pharmacy where you'd like to pick them up.

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.

³To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on **kp.org**.

⁴Participating pharmacies are pharmacies under contract with MedImpact and the pharmacy benefits are underwritten by Kaiser Permanente Insurance Company. MedImpact pharmacies are subject to change.

Pharmacy phone numbers

There is a pharmacy in each Kaiser Permanente medical center. See 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
410-847-3029

Marlow Heights Medical Center
301-702-5190

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
703-922-1234

Tysons Corner Medical Center
703-287-4650




Washington, DC

Kaiser Permanente Capitol Hill Medical Center
202-346-3300

Northwest DC 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
<p>Seeing your doctor</p>  <p>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.</p>	<p>At Kaiser Permanente facilities: 800-777-7904 (TTY 711) or online at kp.org/appointments, 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>Contact your provider directly. Some services may require precertification.</p> <p>For a list of network physicians available under option 2, visit kp.org/flexiblechoice/mas.</p>	<p>Call your out-of-network provider directly. Ask your doctor's office for business hours.</p>
<p>Video visits¹</p> 	<p>With doctors who practice at Kaiser Permanente medical centers: 800-777-7904 (TTY 711).</p>	<p>Call or go online 24 hours a day, 7 days a week, to schedule video visits with Permanente physicians.</p>	<p>Contact your provider directly for availability of telehealth appointments.</p>
<p>E-visits²</p> 	<p>Available online at kp.org. Use our online symptom checker for certain conditions and get personalized care advice within a few hours. Complete online questionnaires that allow you to answer questions for several symptoms and direct you to appropriate care.</p>	<p>Available online at kp.org. Use our online symptom checker for certain conditions and get personalized care advice within a few hours. Complete online questionnaires that allow you to answer questions for several symptoms and direct you to appropriate care.</p>	<p>Contact your provider directly for availability of e-visits.</p>

¹If 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. If you have an HSA-qualified deductible plan, you may need to pay the full charge for scheduled phone appointments and video visits until you reach your deductible. Once you reach your deductible, you won't pay anything for scheduled phone appointments and video visits.

²Available 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
<p>24/7 nurse advice line and online chat</p> 	<p>800-777-7904 (TTY 711) 24 hours a day, 7 days a week</p>	<p>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.</p>	<p>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.</p>
<p>Urgent care</p> 	<p>800-777-7904 (TTY 711) You're covered at any Kaiser Permanente Urgent Care or Advanced Urgent Care center: 15 locations; 7 open 24/7. Walk-ins are welcome for members. Unsure if you need urgent or emergency care? Call 800-677-1112 (TTY 711).</p>	<p>Members have access to urgent and emergency care many places nationwide. Learn more at kp.org/getcare. Or visit kp.org/flexiblechoice/mas for a list of participating urgent care facilities.</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. Unsure if you're experiencing an emergency? Call 800-677-1112 (TTY 711).</p>	<p>All emergency care is covered as an Option 1 benefit regardless of the provider's Option status (Option 1, 2, or 3).</p>	<p>All emergency care is covered as an Option 1 benefit regardless of the provider's Option status (Option 1, 2, or 3).</p>

Services	Option 1	Option 2	Option 3
<p>Behavioral health</p> 	<p>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.</p>	<p>You do not need a referral from a provider participating in the networks for KPIC to receive care for mental illness, emotional disorders, and substance use disorders.</p> <p>Precertification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures.</p> <p>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 PPO providers will manage any necessary precertification.</p> <p>See page 27 for more information about precertification.</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> <p>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.</p> <p>See page 27 for more information about precertification.</p>
<p>Vision care</p> 	<p>800-777-7904 (TTY 711) Hours vary by location.</p>	<p>Visit kp.org/flexiblechoice/mas to find a list of optometrists who participate in Option 2.</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>

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

The right care (continued)

Services	Option 1	Option 2	Option 3
<p>Maternity care</p> 	<p>If you think you may be pregnant, call 800-777-7904 (TTY 711) for an appointment with your obstetrician.</p>	<p>Visit kp.org/flexiblechoice/mas to find a list of obstetricians who participate in Option 2.</p> <p>Enrolling newborns Newborns will receive coverage from birth through their first 31 days. Coverage is provided according to the terms of your KPIC <i>Group Policy</i> and <i>Certificate of Insurance</i>, 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).</p>	<p>You can choose any licensed provider for obstetric care.</p> <p>For office visits and other services while you are pregnant, you'll pay your applicable copays or coinsurance, and your deductible must be met, unless otherwise indicated.</p> <p>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 <i>Group Policy</i> and <i>Certificate of Insurance</i>, 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).</p>
<p>Preauthorization/Precertification</p> 	<p>Preauthorization may be required for certain services in Option 1, which your Permanente physician will request on your behalf.</p>	<p>Precertification is required for all inpatient admissions and certain outpatient services.</p> <p>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 PPO providers will manage any necessary precertification.</p>	<p>Precertification is required for all inpatient admissions and certain outpatient services.</p> <p>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.</p>

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



24/7 phone or video visits with our clinicians—available on demand for routine or more serious care



E-visits for personalized advice



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.

Are you ready for your video visit?

Please make sure your computer is working prior to your appointment. To check, visit kp.org/tipsvideovisits and click [Tech Check](#).

For more information on your telehealth options and how to join a video visit, go to kp.org/getcare.

¹If 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. If you have an HSA-qualified deductible plan, you may need to pay the full charge for scheduled phone appointments and video visits until you reach your deductible. Once you reach your deductible, you won't pay anything for scheduled phone appointments and video visits.

²To 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 extras¹—online resources to help manage your well-being:

Virtual classes at no extra cost

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

Fitness classes at no extra cost

- ClassPass on-demand fitness classes

Self-care apps²

- **myStrength**[®]. Boost your overall well-being and resilience with this easy-to-use app.
- **Calm**. Reduce stress, improve sleep, and enhance mood with meditation.
- **Ginger**. 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.

Other resources to help keep you informed, inspired, and feeling your best:

- Health education classes at our facilities. Registration is 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.

- ChooseHealthy[®] offer discounts on alternative care and fitness services. The program is available to you in addition to any benefits for these services that may be covered under your plan. Learn more at kp.org/choosehealthy.

Refer to your plan document for more information.



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.

²The apps described above 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. myStrength[®] is a wholly owned subsidiary of Livongo Health, Inc.

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.

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 the next page for a list of our Urgent Care facilities and locations.
- You will 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 visit¹ if you cannot come into one of our Urgent Care centers. During your visit, the doctor can access your electronic 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 shares² than a typical hospital emergency room
- 24/7 laboratory services
- Extended 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

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 Network³ when you get care outside a Kaiser Permanente state, anywhere in the country.

- Before making an urgent care appointment at an Option 2 facility, you should confirm that the facility participates in the networks.
- You will 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.
- You will generally have the highest out-of-pocket cost when using this option.

¹If 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. If you have an HSA-qualified deductible plan, you may need to pay the full charge for scheduled phone appointments and video visits until you reach your deductible. Once you reach your deductible, you won't pay anything for scheduled phone appointments and video visits.

²Cost share depends upon your plan. For specific information, please check your coverage documents.

³The Cigna Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna PPO for Shared Administration. Cigna is an independent company and not affiliated with Kaiser Permanente Insurance Company or Kaiser Foundation Health Plan. Access to the Cigna PPO Network is available through Cigna's contractual relationship with Kaiser Permanente Insurance Company and Kaiser Foundation Health Plan. The Cigna 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.

Urgent care (continued)

Kaiser Permanente Urgent Care locations

Maryland

Kaiser Permanente Baltimore Harbor Urgent Care
Temporarily closed
815 E. Pratt St.
Baltimore, MD 21202

Camp Springs Urgent Care
Temporarily closed
6104 Old Branch Ave.
Temple Hills, MD 20748

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

Kensington Urgent Care
Temporarily closed
10810 Connecticut Ave.
Kensington, MD 20895

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 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
Temporarily closed
7141 Security Blvd.
Baltimore, MD 21244

Virginia

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

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
Temporarily closed
10701 Rosemary Drive
Manassas, VA 20109

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

Washington, DC

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 premier hospitals¹ to team with us in taking great care of you.

We've chosen award-winning hospitals to team with for coordinating your care. These hospitals are located throughout the District of Columbia, Maryland, and Virginia. When you are a patient at a premier hospital, your care will be guided 24/7 by Permanente physicians who exclusively care for our members at that hospital. With Kaiser Permanente 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 premier hospitals, visit kp.org/premierhospitals.

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/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 27 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 are 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 are 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 27 for more information on precertification.

¹Premier hospitals are independently owned and operated, and they contract with Kaiser Foundation Hospitals.


Additional services

Services	What you need to know		
<p>X-ray and imaging services</p> 	<p>Option 1</p> <ul style="list-style-type: none"> 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 do not have to make a separate trip to have an X-ray or other imaging test. 	<p>Option 2</p> <ul style="list-style-type: none"> Before scheduling any X-rays or other imaging services, check first to be sure the facilities are part of the networks for KPIC. Precertification may be required. Refer to your coverage documents. For more information on precertification, see page 27. 	<p>Option 3</p> <ul style="list-style-type: none"> 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 27. 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.
<p>Lab tests and results</p> 	<p>Option 1</p> <ul style="list-style-type: none"> Labs are located in 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 Kaiser Permanente Urgent Care or Advanced Urgent Care is offered. So you do not 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. Most results can be read online soon after the lab completes your tests, sometimes the same day. To see most test results online, register at kp.org/register. 	<p>Option 2</p> <ul style="list-style-type: none"> Before scheduling any lab test, check first to be sure the facilities are part of the networks for KPIC. Precertification may be required. See page 27 for more information on precertification. 	<p>Option 3</p> <ul style="list-style-type: none"> 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 27 for more information on precertification.

Services	What you need to know
<p>Dental</p> 	<p>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.</p> <p>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.</p> <p>Visit dominionnational.com/kaiserdentists or call Dominion National at 855-733-7524 (TTY 711). Knowledgeable Dominion member service specialists are available Monday through Friday, 7:30 a.m. to 6 p.m., to answer your questions about coverage or to help you find a participating dentist.</p>
<p>Chat with KP</p> 	<p>Check out Chat with KP, our new click-to-chat service available to members at no extra cost. Use Chat with KP to chat virtually with one of our licensed care providers via kp.org or the Kaiser Permanente app,¹ Monday through Friday, 7 a.m. to 7 p.m., excluding holidays.</p> <p>This service offers the same benefits as our 24/7 advice line, including quick advice and referrals—all with just a click. You can also share pictures through the chat and see your complete chat history, ensuring your care is seamless, convenient, and connected.</p> <p>To chat with a nurse on your computer, log in to kp.org, select Get Care, My Health, Message Center, or Appointment Center pages, and then click Chat with a Nurse. To chat with a nurse on your smartphone, log in to the Kaiser Permanente mobile app, visit the Get Care page, and tap Chat with KP.</p>
<p>Chronic care management</p> 	<p>Get help managing your ongoing health conditions. If you have asthma, chronic obstructive pulmonary disease, coronary artery disease, depression, diabetes, or high blood pressure and want information to help manage your condition, you can join our disease management program.</p> <p>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 2 business days.</p>

¹To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

Additional services (continued)

Services	What you need to know
<p data-bbox="134 320 300 381">Coordination of benefits</p> 	<p data-bbox="340 320 1993 381">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).</p> <p data-bbox="340 397 2041 489">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.</p>



Care 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 California, Colorado, Georgia, Hawaii, Oregon, and Washington (State).

Find Kaiser Permanente locations at [kp.org/facilities](https://www.kp.org/facilities).

What is not covered under Option 1

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



¹If 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.

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

³Please refer to your plan document for details.

Care away from home (continued)

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 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/mas for the most up-to-date information (regardless of where you are 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.

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 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, 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)	<p>The set fee you pay for a covered service (for example, a 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.</p>	<p>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.</p>
Coinsurance	<p>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.</p>	<p>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.</p>
Out-of-pocket maximum	<p>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.</p>	<p>Depending on your plan, the copayments, coinsurance, and deductibles you pay for most services will count toward the out-of-pocket maximum.</p>
Deductible	<p>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.</p> <p>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.</p>	<p>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.</p>

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
- For COVID-19 home antigen tests, include a photo of the QR or UPC code from the self-test box

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 will not be billed for the difference between what the doctor charges and the reimbursement he or she 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 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.



Claims (continued)

- 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 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 are 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 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 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 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 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.



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 on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

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

If you need these services, call **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

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

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

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**) .

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বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-777-7902** (TTY: **711**) 。

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Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-777-7902** (TTY: 711).

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).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902** (TTY: 711) पर कॉल करें।

Igbo (Igbo) NRUBAMA: O buru na i na asu Igbo, oru enyemaka asusu, n'efu, diiri gi. Kpoo **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。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-777-7902** (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jiik'eh, éi ná hóló, kojí' hódíłnih **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).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902** (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 **1-800-777-7902** (TTY: 711).

ไทย (Thai) เรียน: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902** (TTY: 711).

اردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902** (TTY: 711)۔

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902** (TTY: 711).

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).

NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable federal civil rights law and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KPIC does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. We also:

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

If you need these services, call **1-800-777-7902** (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, 5855 Copley Drive, Suite 250, San Diego, CA 92111, telephone number 1-888-251-7052.

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, 1800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Kaiser Permanente medical facilities

Maryland

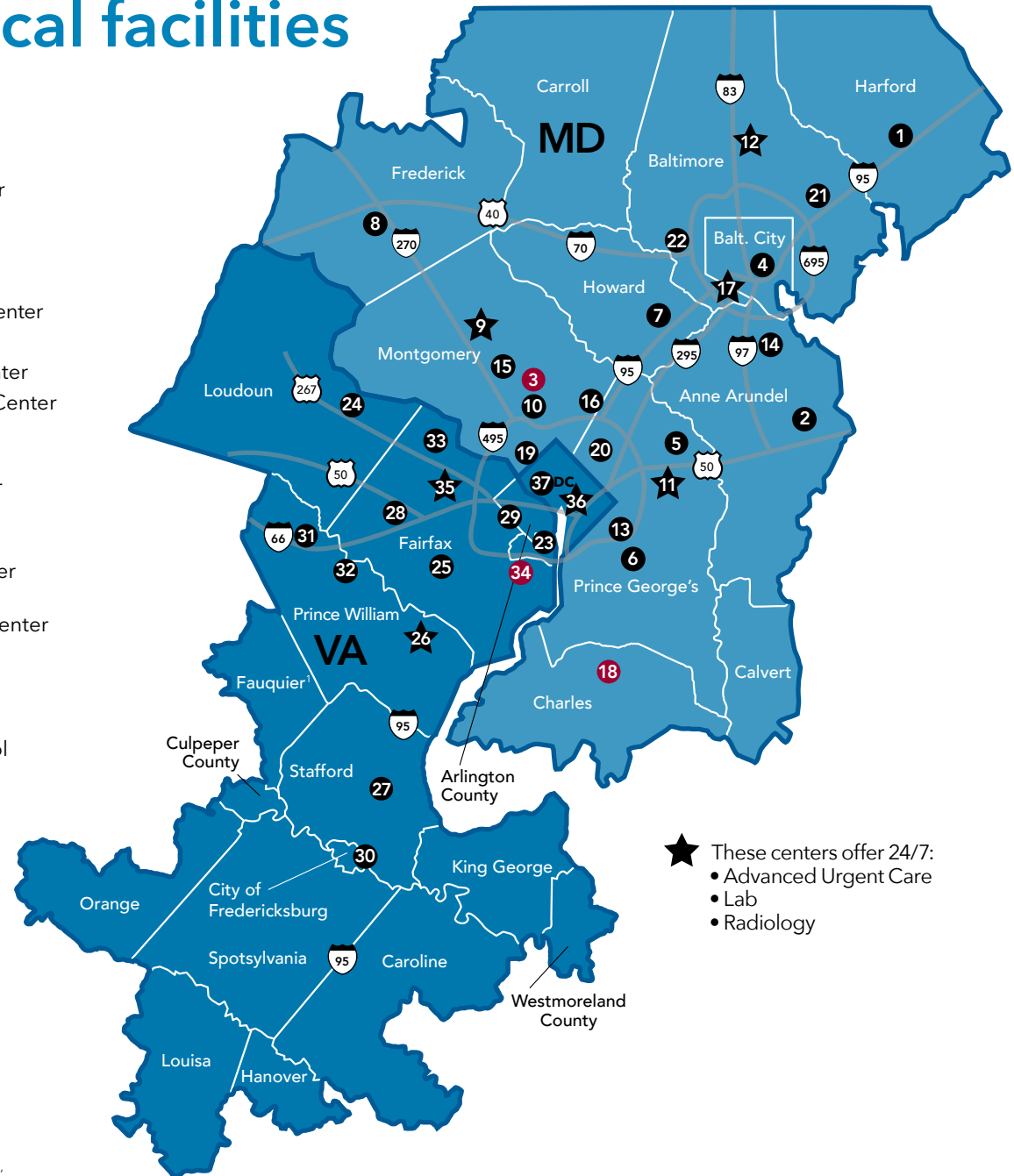
- 1 Abingdon Medical Center
 - 2 Annapolis Medical Center
 - 3 **FUTURE OPENING**
Medical Center in Aspen Hill
 - 4 Kaiser Permanente Baltimore Harbor Medical Center
 - 5 Bowie Fairwood Medical Center
 - 6 Camp Springs Medical Center
 - 7 Columbia Gateway Medical Center
 - 8 Kaiser Permanente Frederick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

Virginia

- 23 Alexandria Medical Center
- 24 Ashburn Medical Center
- 25 Burke Medical Center
- 26 Caton Hill Medical Center
- 27 Colonial Forge Medical Center
- 28 Fair Oaks Medical Center
- 29 Falls Church Medical Center
- 30 Fredericksburg Medical Center
- 31 Haymarket Crossroads Medical Center
- 32 Manassas Medical Center
- 33 Reston Medical Center
- 34 **OPENING 2022**
Springfield Medical Center
(adjacent to current facility)
- 35 Tysons Corner Medical Center

Washington, DC

- 36 Kaiser Permanente Capitol Hill Medical Center
- 37 Northwest DC Medical Office Building



Please check [kp.org/facilities](https://www.kp.org/facilities) for the most up-to-date listing of services available at Kaiser Permanente medical centers.

*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.