

# Choose the Kaiser Permanente difference

At Kaiser Permanente, you're supported by an entire health system that connects your health plan, insurance, doctors, specialists, and medical facilities. You can view your health information and manage all your care at [kp.org](https://www.kp.org), which puts you in control. Our doctors can access your health information too, so you always get personalized care that meets your needs. This makes care more convenient and affordable for you, so you can focus on being healthy.



## Top doctors and specialists

Many of our 1,700+ doctors and specialists are recognized as Top Doctors<sup>1</sup> for the quality care they provide—and they exclusively treat Kaiser Permanente members. They practice in 50+ specialties and subspecialties, so your health is always covered.



## Flexible care options

- Have in-person appointments at our medical centers, each with many services under one roof.
- Get \$0 telehealth care with 24/7 video visits,<sup>2</sup> nurse advice by phone and text chat, e-visits, and more.
- Visit our 24/7 Advanced Urgent Care centers without an appointment, and get care while traveling.
- Plus, you're covered for Out-of-Network services.



## Prescriptions made easy

You can fill prescriptions at any Kaiser Permanente medical center for the lowest copays, and even have them delivered to your home.<sup>3</sup> You also have many convenient pickup options at our participating community network pharmacies and Out-of-Network pharmacies.



## Affordable prices you control

Our care is easy on your budget with fixed payments for most In-Network services, including \$0 copays for preventive care, telehealth care, and more. You can also shop prices for Out-of-Network care.

# THE FREEDOM OF FLEXIBLE CHOICE

You have **3 options** every time you get care. This triple-option plan empowers you to choose the care you want at prices you can afford.

## OPTION 1: IN-NETWORK PROVIDERS<sup>4</sup>

Get care from 1,700+ Kaiser Permanente providers, and conveniently manage your care through [kp.org](https://kp.org).

- Usually lowest out-of-pocket costs.
- Some services are subject to a deductible, then a copay or coinsurance. Certain services are covered before the deductible at a copay.<sup>5</sup>
- Some services require preauthorization, which your provider will obtain.
- Virtually no claims to submit for reimbursement.
- Referral required to see most specialists.

## OPTION 2: PPO PROVIDERS<sup>4,5</sup>

Get care from a **Participating Provider Organization (PPO)**. Search providers and facilities at [kp.org/flexiblechoice/mas](https://kp.org/flexiblechoice/mas).

- Usually higher out-of-pocket costs than Option 1.
- Some services are subject to a deductible, then a copay or coinsurance. Certain services are covered before the deductible at a copay.<sup>6</sup>
- Some services require preauthorization, which your provider will obtain.
- Your provider usually submits claims for reimbursement.
- No referral required to see specialists.

## OPTION 3: OUT-OF-NETWORK PROVIDERS<sup>4,6</sup>

Get care from any licensed health care provider outside of Option 1 or Option 2.

- Usually highest out-of-pocket costs.
- Most services are subject to a deductible, then coinsurance.<sup>6</sup>
- Some services require preauthorization, which you must obtain.
- You may need to submit claims for reimbursement.
- Providers may bill the difference between billed charges for services and the maximum allowable charge paid by your plan.
- No referral required to see specialists.

## UNDERSTANDING YOUR PAYMENTS

Each plan year, your **deductible** is the amount you must pay toward covered medical services before **your health plan begins to pay its share**.

Each plan year, your **out-of-pocket maximum** is the highest amount you must pay toward covered medical services before **your health plan begins to cover all costs**. This excludes service charges that exceed the maximum allowable charge.

Preventive services in Option 1 and Option 2 are not subject to the deductible and are covered at no charge. Your deductible, copays, and coinsurances for most covered services count toward your out-of-pocket maximum.

For detailed explanations of these terms, please visit [kp.org/healthcoverageterms/mas](https://kp.org/healthcoverageterms/mas).

Explore all your benefits at [kp.org/flexiblechoice/mas](https://kp.org/flexiblechoice/mas).

<sup>1</sup> The physicians who practice at Kaiser Permanente are recognized as Top Doctors in *Northern Virginia Magazine* (2022), *Washingtonian* magazine (2021), and *Baltimore* magazine (2021).

<sup>2</sup> If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors and health care providers from providing care across state lines. Laws differ by state.

<sup>3</sup> Some medications are not eligible for Mail Order Pharmacy. Mail Order Pharmacy can deliver to addresses in MD, VA, DC, and certain locations outside the service area.

<sup>4</sup> Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS), underwrites the In-Network HMO tier (Option 1), and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the In-Network PPO tier (Option 2) and Out-of-Network tier (Option 3).

<sup>5</sup> Each 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.

<sup>6</sup> Coverage in both Option 2 and Option 3 is fee-for-service indemnity coverage; however, Out-of-Network providers have not agreed to negotiated rates.

