

Welcome to Kaiser Permanente

Get started in 3 easy steps



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. For a valuable member resource full of useful health information, facility updates, and even member discounts, check out **insider.kp.org**.

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 control.



How your Kaiser Permanente health plan works

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

- From Kaiser Permanente providers (Option 1, HMO/in-network/Signature)
- From physicians in the contracted PHCS™ or MultiPlan® networks¹ (Option 2, Participating Provider Organization [PPO])
- From any licensed physician or provider not included in Option 1 or 2 (Option 3, out-of-network)

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

About this plan

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

Preauthorization may be required for certain services in Option 1, in which case your Permanente physician will act on your behalf to seek this preauthorization. In Options 2 and 3, all inpatient and certain outpatient services require precertification. For more information on precertification, see page 28.

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. For a list of network participants, go to multiplan.com/kpmas. Provider networks change regularly. Before making your appointment, confirm that the provider is still participating in the PHCS™ or MultiPlan® networks for KPIC by calling the MultiPlan® provider information line.

²Kaiser 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 Point-of-Service Plan.

Key things to remember for 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 visit a MultiPlan® or PHCS™ provider who participates in Option 2, you will be charged the applicable copay or coinsurance for covered services after satisfying your plan year deductible. Before you meet the deductible, you pay the full negotiated charge for services that are subject to the 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 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 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.

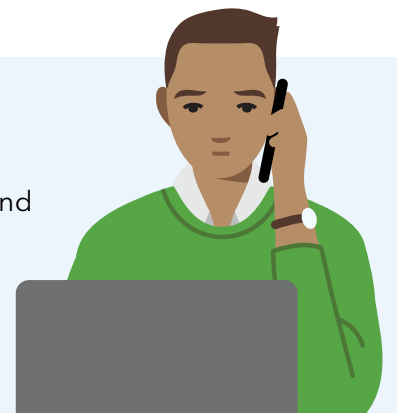
Key things to remember for Option 3:

- 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 Kaiser Permanente Insurance Company (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 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 and will also show how much you are responsible for paying. It is not a bill.

Want to talk? We're here to help.

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

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



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 new Chat with KP feature.
- 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.

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**.

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[™]).³
2. Search for the Kaiser Permanente app, then download it to your smartphone.
3. Use your **kp.org** user ID and password to activate the app, and you'll be ready to go.

Digital membership card

Access your membership information anytime, anywhere with 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.

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. The deductible may be waived for COVID-19 vaccinations, once available, and COVID-19 testing-related services for the duration of the public health emergency.

³Apple 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 national PHCS™ or MultiPlan® networks¹ (**Option 2**), or
- From any licensed physician or provider not included in Option 1 or 2 (**Option 3**)

Option 1: Choosing a 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** 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.

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.

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

Option 2:² Participating provider

To find a physician, facility, or health care practitioner who participates in the PHCS™ or MultiPlan® networks, do one of the following:

- Check online at **multiplan.com/kpmas** for the most up-to-date information
- Call the MultiPlan® provider information line at **888-220-6010**, Monday through Friday, from 8 a.m. to 8 p.m.
- 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 28. The Kaiser Permanente Insurance Company (KPIC) *Certificate of Insurance* contains a complete listing of services that require precertification.

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

Option 3:² 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 28. KPIC's *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. For a list of network participants, go to **multiplan.com/kpmas**. Provider networks change regularly. Before making your appointment, confirm that the provider is still participating in the PHCS™ or MultiPlan® networks for KPIC by calling the MultiPlan® provider information line.

²Options 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** 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 online at **kp.org**.
- Get medications delivered fast (within 3 to 5 days) at no extra cost with prescription home delivery.¹ Register at **kp.org** to start using prescription home delivery¹ or call **800-733-6345**. Some prescriptions are even available for same-day delivery for a small fee. Members with eligible prescriptions can select the same-day delivery option at checkout.
- 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 extra cost from the App StoreSM (iOS) or Google Play[®] (AndroidTM).²
- You will generally have the lowest copayments.

Participating (community network) pharmacies:

- Fill prescriptions at participating pharmacies,³ including Rite Aid, Giant, Walmart, Walgreens, Safeway, Harris Teeter, Kmart, and others.
- There is no mail-order service with this pharmacy option.
- You may have higher cost shares 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 cost shares than you would if you went to 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 select the Kaiser Permanente pharmacy where you'd like to pick them up. Visit **kp.org/facilities**.

¹Some medications are not eligible for prescription home delivery. Prescription home delivery 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.

³Participating pharmacies are pharmacies under contract with MedImpact and the pharmacy benefits are underwritten by Kaiser Permanente Insurance Company. MedImpact pharmacies are subject to change.



Pharmacies

There is a pharmacy in each Kaiser Permanente medical center.
See page 13 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**

Bowie Fairwood Medical Center
Pharmacy: **301-867-1330**

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**

To locate Kaiser Permanente pharmacies, please call Member Services at **888-225-7202 (TTY 711)**, Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays), or go to **kp.org** to find Kaiser Permanente pharmacies.




Participating (community network) pharmacies

Pharmacies that are on the MedImpact Network can be located by going to **medimpact.com** or calling **800-788-2949**. MedImpact pharmacies include CVS, Rite Aid, Giant, Walmart, Walgreens, Safeway, Harris Teeter, Kmart, and others.

The right care

Services	Option 1	Option 2	Option 3
Seeing your doctor  For an expected care need, such as a recommended preventive screening or a visit for a health issue currently being treated, a new health concern, or a change in an existing health condition that isn't an urgent care need.	At Kaiser Permanente facilities: 800-777-7904 (TTY 711) or online at kp.org/appointments . 24 hours a day, 7 days a week. If you have an affiliated physician, contact your doctor's office directly. Ask your doctor's office for business hours.	Call your PHCS™ or MultiPlan® networks for KPIC-participating providers directly. KPIC's PHCS™ and MultiPlan® networks do not include all PHCS™ or MultiPlan® providers. For a list of PHCS™ or MultiPlan® network physicians available under Option 2, visit multiplan.com/kpmas or call 888-220-6010 . Ask your doctor's office for business hours.	Call your out-of-network provider directly. Ask your doctor's office for business hours.
Video visits¹ 	With doctors who practice at Kaiser Permanente medical centers: 800-777-7904 (TTY 711) .	Contact your provider directly for availability of telehealth appointments.	Contact your provider directly for availability of telehealth appointments.
Medical advice by phone 	800-777-7904 (TTY 711) 24 hours a day, 7 days a week.	You may choose to call your PHCS™ or MultiPlan® network-participating provider directly during business hours, or call the Option 1 Kaiser Permanente appointment and advice line at 800-777-7904 (TTY 711) , 24 hours a day, 7 days a week.	You may choose to call your out-of-network provider directly during business hours, or call the Kaiser Permanente appointment and advice line at 800-777-7904 (TTY 711) , 24 hours a day, 7 days a week.
Urgent care 	800-777-7904 (TTY 711) You're covered at any Kaiser Permanente Urgent Care or Advanced Urgent Care center. 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.	Visit multiplan.com/kpmas for a list of participating Option 2 urgent care facilities, or call 888-220-6010 .	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.



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. The deductible may be waived for COVID-19 vaccinations, once available, and COVID-19 testing-related services for the duration of the public health emergency.

Services	Option 1	Option 2	Option 3
Emergency care 	<p>If you think you're experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility anytime, day or night.</p> <p>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>
Behavioral health 	<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, 8:30 a.m. to 5 p.m. (except holidays).</p>	<p>You can receive care for mental illness, emotional disorders, and substance use disorder from a provider in the PHCS™ or MultiPlan® networks for KPIC without a referral.</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.</p> <p>You may, however, request precertification 24 hours a day, 7 days a week.</p> <p>See page 28 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.</p> <p>You may, however, request precertification 24 hours a day, 7 days a week.</p> <p>See page 28 for more information about precertification.</p>
Vision care 	<p>800-777-7904 (TTY 711) Hours vary by location.</p>	<p>Visit multiplan.com/kpmas to find a list of participating Option 2 optometrists, or call 888-220-6010.</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
Maternity care 	<p>If you think you may be pregnant, call 800-777-7904 (TTY 711) for an appointment with your obstetrician.</p>	<p>Visit multiplan.com/kpmas to find a list of participating Option 2 obstetricians, or call 888-220-6010.</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 <i>KPIC 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 will 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 <i>KPIC 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>
Preauthorization/ Precertification 	<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>Contact Permanente Advantage at 888-567-6847 (TTY 711). 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, especially for urgent requests.</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 from 8 a.m. to 11 p.m., Monday through Friday. 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 (KP) app:



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 medical 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 KP app.

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

Healthy extras to improve your well-being

You also have access to online resources to help manage your overall mental and physical health. These include:

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: This meditation app can help reduce stress, improve sleep habits, and enhance mood.

Refer to your plan document for more information.

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**.



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. The deductible may be waived for COVID-19 vaccinations, once available, and COVID-19 testing-related services for the duration of the public health emergency.

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.

Kaiser Permanente medical facilities

Maryland

- 1 Abingdon Medical Center
- 2 Annapolis Medical Center
- 3 Kaiser Permanente Baltimore Harbor Medical Center
- 4 Bowie Fairwood Medical Center
- 5 Camp Springs Medical Center
- 6 Columbia Gateway Medical Center
- 7 Kaiser Permanente Frederick Medical Center
- 8 Gaithersburg Medical Center
- 9 **OPENING 2022**
Medical Center in Hyattsville
- 10 Kensington Medical Center
- 11 Largo Medical Center
- 12 **OPENING 2022**
Lutherville-Timonium Medical Center
- 13 Marlow Heights Medical Center
- 14 North Arundel Medical Center
- 15 Prince George's Medical Center
(will close when the Medical Center in Hyattsville opens)
- 16 Shady Grove Medical Center
- 17 Silver Spring Medical Center
- 18 South Baltimore County Medical Center
- 19 Towson Medical Center
(will close when Lutherville-Timonium Medical Center opens)
- 20 **OPENING 2021**
 Friendship Heights
by KAISER PERMANENTE.
- 21 White Marsh Medical Center
- 22 Woodlawn Medical Center

Virginia

- 23 Alexandria Medical Center
- 24 Ashburn Medical Center
- 25 Burke Medical Center
- 26 **OPENING 2022**
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)

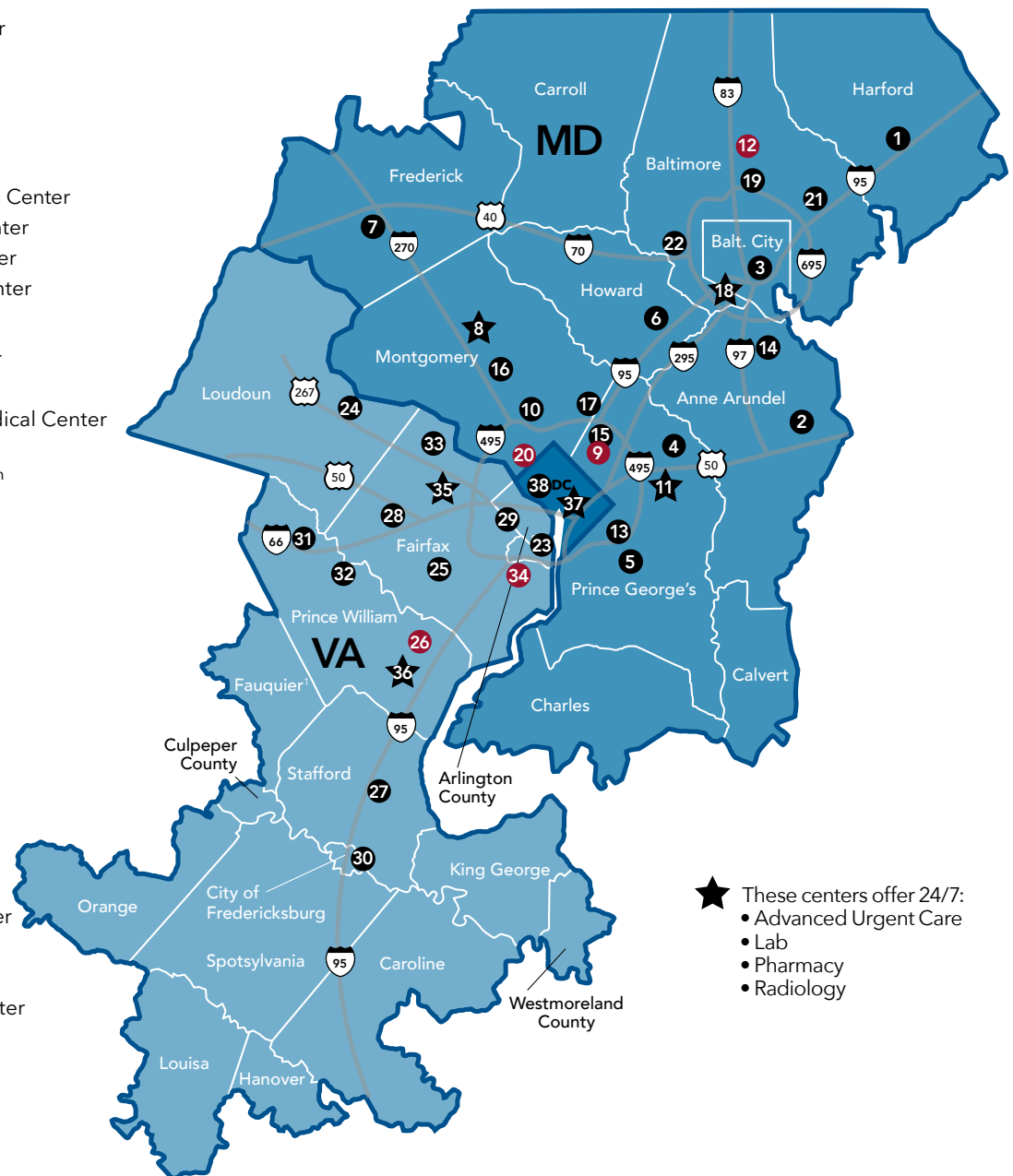
35 Tysons Corner Medical Center

36 Woodbridge Medical Center
(will close when Caton Hill Medical Center opens)

Washington, DC

37 Kaiser Permanente Capitol Hill Medical Center

38 Northwest DC Medical Office Building



- ★ These centers offer 24/7:
- Advanced Urgent Care
 - Lab
 - Pharmacy
 - Radiology

Please check 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.

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 page 15 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 medical 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 pharmacy and laboratory services
- 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 for KPIC, anywhere in the country.
- Before making an urgent care appointment at an Option 2 facility, you should confirm that the facility participates in the PHCS™ or MultiPlan® 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. The deductible may be waived for COVID-19 vaccinations, once available, and COVID-19 testing-related services for the duration of the public health emergency.

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

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 Urgent Care 24/7

655 Watkins Mill Road, Gaithersburg, MD 20879

Kensington Urgent Care

Temporarily closed

10810 Connecticut Ave., Kensington, MD 20895

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

Temporarily closed

7141 Security Blvd., Baltimore, MD 21244

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

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 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.



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 PHCS™ or MultiPlan® 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 with 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 PHCS™ or MultiPlan® networks for KPIC.

- For a complete list of PHCS™ or MultiPlan® network-participating hospitals serving Option 2, contact MultiPlan® customer service or visit multiplan.com/kpmas.
- 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 28 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 will be responsible for charges that exceed the maximum allowable charge for a covered service. If your Option 3 provider does not accept assignment, you will also need to submit itemized claims for each provider or facility for reimbursement. See pages 25 and 27 for more information on claims.
- Precertification is required for inpatient admissions and certain outpatient services. See page 28 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 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 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 PHCS™ or MultiPlan® networks for KPIC. • Precertification may be required. Refer to your coverage documents. For more information on precertification, see page 28. <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 28. • 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 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 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 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.

Services	What you need to know
<p>Lab tests and results (continued)</p> 	<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 PHCS™ or MultiPlan® networks for KPIC. • Precertification may be required. See page 28 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 28 for more information on precertification.
<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 coverage documents 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.</p> <p>Refer to your preventive dental plan document, or contact the benefits officer where you work if your employer provides your coverage.</p> <ul style="list-style-type: none"> • 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.



Additional services (continued)

Services	What you need to know
<p>Care away from home</p> 	<p>Option 1</p> <p>Coverage anywhere</p> <ul style="list-style-type: none"> • 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-Kaiser Permanente provider worldwide. <p>In other Kaiser Permanente service areas</p> <p>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.</p> <p>Find Kaiser Permanente locations at kp.org/facilities.</p> <p>What is not covered under Option 1</p> <p>You are not covered for routine (nonemergency and nonurgent) care outside the service area.</p> <p>For more information</p> <p>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.</p>




¹If you get care at a CVS MinuteClinic 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, you'll be charged your standard copay or coinsurance.

³Please refer to your coverage documents for details.

Services	What you need to know
<p>Care away from home (continued)</p> 	<p>Option 2</p> <p>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 national PHCS™ or MultiPlan® networks for KPIC.</p> <p>To find a physician, facility, or health care practitioner who participates in the PHCS™ or MultiPlan® networks:</p> <ul style="list-style-type: none"> • Check online at multiplan.com/kpmas for the most up-to-date information (regardless of where you are geographically located). • Call the MultiPlan® provider information line at 888-220-6010, Monday through Friday, from 8 a.m. to 8 p.m. • Review the <i>Flexible Choice Physician Directory</i>. <p>Option 3</p> <p>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.</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 Option 1 licensed care providers via kp.org or the Kaiser Permanente app, 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 that your care is seamless, convenient, and connected.</p> <p>To chat with a nurse on your computer, log in to kp.org, select the Get Care, My Health, Message Center, or Appointment Center page, 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>

Additional services (continued)

Services	What you need to know
Healthy extras¹ 	<p>Take advantage of our wide variety of resources to help keep you informed, inspired, and feeling your best:</p> <ul style="list-style-type: none"> • Health education classes at our facilities. Registration is required. To register, call 800-777-7904 or browse courses at kp.org/classes. • Partners in Health. This monthly newsletter brings you health tips, member stories, and updates on facilities and services. • Online wellness programs. Learn more at kp.org/healthylifestyles. • ChooseHealthy®. This discount program is available to you in addition to any benefits for these services that may be covered under your plan. ChooseHealthy allows you to receive discounts on a variety of alternative care and fitness services. Visit kp.org/choosehealthy to learn more.
Chronic care management 	<p>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.</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>
Coordination of benefits 	<p>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>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.</p> <p>If you have a work-related injury or an injury caused by another party, please notify Member Services.</p>

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.

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 will 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, 7:30 a.m. to 9 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, go to **kp.org/costestimates**.

Option 2 and Option 3:

- Call Member Services at **888-225-7202** (TTY **711**), Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).
- 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 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 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.
Out-of-pocket maximum	The maximum amount you pay out of pocket each contract/policy year for most covered services. Once the amounts you have paid equal the out-of-pocket maximum, you pay nothing for those covered services for the remainder of the contract/policy year.	Depending on your plan, the copayments, coinsurance, and deductibles you pay for most services will count toward the out-of-pocket maximum.
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>	Option 1 only: 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.

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 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:

Kaiser Foundation Health Plan
of the Mid-Atlantic States, Inc.
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.
- 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 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, 7:30 a.m. to 9 p.m. (except holidays). 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, 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



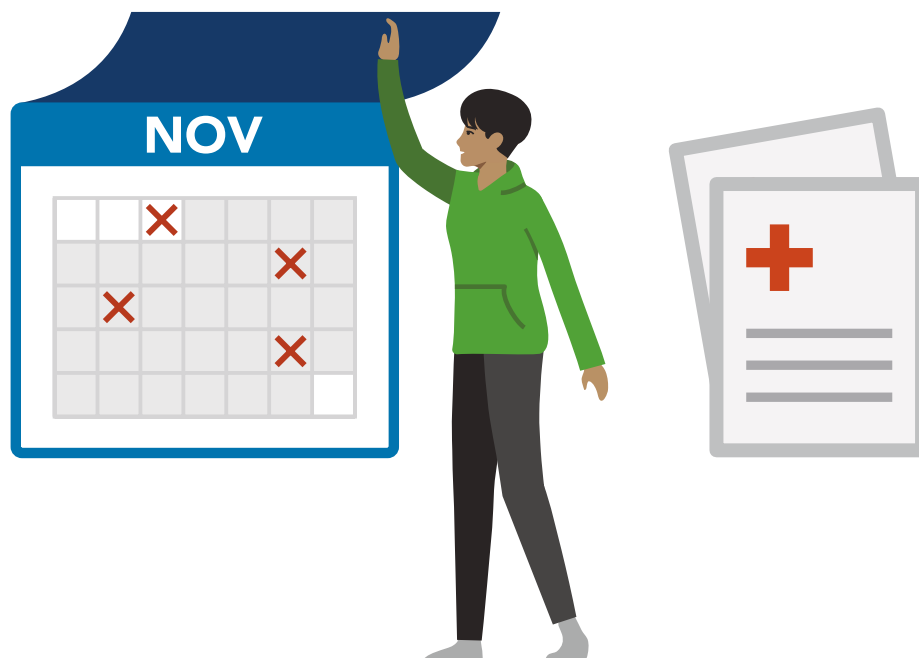
Claims (continued)

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 will need to submit a claim form 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, 7:30 a.m. to 9 p.m. (except holidays). 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, 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 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, contact Permanente Advantage at **888-567-6847 (TTY 711)**. 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 get a response 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. 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 percent, 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 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 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**).

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Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíilnih **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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