



WELCOME

to Kaiser Permanente

2020 FLEXIBLE CHOICE PLAN
REFERENCE GUIDE

Greetings

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!



Kim Horn

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

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

This booklet provides an overview of your benefits and services. In the event of ambiguity or conflict between this member guide and the KFHP-MAS *Group Agreement* and *EOC*, and/or the KPIC *Group Policy*, your coverage documents shall control.

Let's get started

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



Step 1:

Choose your doctor— and change anytime 2

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



Step 2:

Register on **kp.org** 3

Next, let's get you plugged in to your online gateway to great health—**kp.org**. Here you can access your Kaiser Permanente physician's office, your health information, and so much more—from anywhere you are. **Kp.org** is designed to help you manage your health and keep you feeling great.*



Step 3:

Get prescriptions 4

Finally, we can help you transfer your prescriptions to Kaiser Permanente, where you'll get the lowest out-of-pocket costs and Mail Order Pharmacy services.

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



1 Choose your doctor— and change anytime

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 Options 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 26. 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 26. KPIC's *Certificate of Insurance* contains a complete listing of services that require precertification.

¹ The 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.

² Options 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 Member Services at **888-225-7202** to request a copy of your coverage documents.



2 Register on **kp.org**

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

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

- View most lab results.
- Refill most prescriptions.
- Email your doctor's office with nonurgent questions.
- Schedule and cancel routine appointments.
- Print vaccination records for school, sports, and camp.
- Manage a family member's health care.
- Get a personalized cost estimate.
- And much more.

Caregiver access

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

1. Permission from you, or
2. Legal rights to make health care decisions on your behalf, or legal rights to access your health care information.

To set up an account, go to **kp.org/register** and follow the prompts for caregiver access.

Registering is very easy

Go to **kp.org/newmember** from a computer (not a mobile device) and follow the sign-on instructions. You'll need your medical record number, which you can find on your member ID card.

Download the Kaiser Permanente app

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

Got a health matter that needs attention?

Video visits³ are available with a Kaiser Permanente emergency medicine physician who is connected to your personal doctor and can access your medical history. Simply visit **kp.org** or use our mobile app to schedule your video visit. You can also call the advice nurse anytime for a video appointment.

¹These features are available when you get care at Kaiser Permanente facilities. You will not be able to manage services you receive from Option 2 and Option 3 doctors and facilities on **kp.org**.

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.

³Video visits are available to Kaiser Permanente members who have a camera-equipped computer or mobile device and are registered at **kp.org**. You must be present in Maryland, Virginia, or Washington, DC, for visits with your primary care physician or behavioral health provider. For urgent video visits with an emergency doctor, you may also be present in West Virginia, Florida, North Carolina, or Pennsylvania. For certain medical or mental health conditions. For video visits with a behavioral health provider, appointments can be scheduled for follow-up care.



3

Get prescriptions

You can fill prescriptions from any provider at any pharmacy.

Kaiser Permanente pharmacies:

- Fill prescriptions from Kaiser Permanente medical center pharmacies or online at **kp.org**.
- You can also use Kaiser Permanente's Mail Order Pharmacy to get your prescription refills delivered right to your front door.*
- You will generally have the lowest copayments.

Participating (community network) pharmacies:

- Fill prescriptions at participating pharmacies, 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 go 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**.

*Some 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.



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

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

Here's what you'll need:

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

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

Getting refills by mail

Once you've transferred your prescriptions, filling your orders for home delivery—at no additional charge—is easy. Simply place your order online at **kp.org** and choose the mail option.*

Try our My KP Meds app

Keep track of your medications, right in the palm of your hand. Review your history, refill medications, schedule reminders, and view changes made by your doctors in your medical records. The My KP Meds app is available at no cost from the Apple Store for Apple users and from Google Play for Android users.

For a list of Kaiser Permanente pharmacies and phone numbers, see page 20.

* Some 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.



Getting care

We've got you covered for the care you need

Seeing your doctor

What's it for?

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

Examples include:

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

Option 1

Call **800-777-7904** (TTY **711**), 24 hours a day, 7 days a week, to schedule an appointment. You can also visit **kp.org** anytime, from anywhere, to schedule routine appointments.

- Show your member ID card when you arrive.

Text message reminders

To make it easier to stay on top of your health care, you can now opt in to receive text message reminders for appointments in certain departments.¹ Just provide your mobile phone number to the call center when you schedule an appointment, or to the receptionist when you check in for the first time.²

Option 2

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 at **888-220-6010**, Monday through Friday, from 8 a.m. to 8 p.m. You may also visit **multiplan.com/kpmas** for a list of participating PHCS™ or MultiPlan™ network physicians.

- Show your member ID card when you arrive.
- When you see an Option 2 provider for the first time, let the office staff know you are using the PPO option of your Kaiser Permanente Flexible Choice plan, which allows you to see participating providers who are part of the PHCS™ or MultiPlan™ networks for KPIC.

¹ Text reminders are only available for members who schedule appointments for Adult Primary Care or Physical Therapy, and who are at least 18 years old.

² Kaiser Permanente does not guarantee the successful delivery of each text message (SMS) to each individual recipient. The service depends on the individual cellular and mobile phone carriers to deliver SMS messages to each recipient. There may be a charge by your cell phone provider to receive SMS messages. If you do not wish to receive an associated charge, please confirm with your carrier that there will be no charge, or do not sign up for the Kaiser Permanente text messaging service.



Seeing your doctor (continued)

Option 3

If you use Option 3 for care, speak with your Option 3 provider for information on making appointments and to learn about how his/her care team is structured.

- Show your membership ID card when you arrive.

When you see an Option 3 provider for the first time, let the office staff know you are using the out-of-network option of your Kaiser Permanente Flexible Choice plan, which lets you see any licensed provider.

Medical advice

What's it for?

Whenever you need medical advice or are unsure whether you need Urgent Care.

Option 1

- Our Kaiser Permanente medical advice line with skilled nurses is available 24 hours a day, 7 days a week.
- If you have a Kaiser Permanente PCP and receive services at Kaiser Permanente medical centers, our advice nurses will be able to access your personal medical information when you call.

You can get advice in a video chat with an emergency medicine doctor for no cost share.*

Option 2

- If you use Option 2 for care, speak with your participating PHCS™ or MultiPlan™ provider in the network for KPIC for information on after-hours support and to learn about how his/her care team is structured.
- Remember, even if you have an Option 2 doctor, you can still use Kaiser Permanente's 24-hour medical advice line.

Option 3

- If you use Option 3 for care, speak with your out-of-network provider for information on after-hours support and to learn about how his/her care team is structured.
- Remember, even if you have an Option 3 doctor, you can still use Kaiser Permanente's 24-hour medical advice line.

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



Getting care (continued)

Urgent Care

What's it for?

An illness or injury that requires prompt medical attention but is not an emergency medical condition.

What should you know?

Examples of Urgent Care needs include:

- Minor injuries
- Sore throats and upper respiratory symptoms
- Earaches
- Sprains
- Backaches
- Frequent urination or burning sensation when urinating

An Urgent Care need may also include situations where you are experiencing new or worsening symptoms or have concerns about your medication.

Option 1

You can go to any Kaiser Permanente Urgent Care facility. Please see page 16 for a list of Kaiser Permanente Urgent Care locations.

Option 2

You have access to Urgent Care facilities that are in the PHCS™ or MultiPlan™ networks for KPIC. Provider networks change regularly. You may confirm PHCS™ or MultiPlan™ Urgent Care facilities for KPIC by calling the provider information line at **888-220-6010**, Monday through Friday, from 8 a.m. to 8 p.m.

Option 3

If you use your out-of-network option for care, you can go to any licensed Urgent Care facility. See page 15 for more information on Urgent Care.



Emergency care

What's it for?

A medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health.

What should you know?

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

Symptoms that may indicate an emergency medical condition include:

- Chest pain or pressure that may radiate to the arm, neck, back, shoulder, jaw, or wrist
- Sudden onset of severe abdominal pain
- Severe shortness of breath
- Sudden decrease in or loss of consciousness
- Sudden inability to talk or to move one side of the body, or sudden slurred speech
- Severe, persistent bleeding that cannot be stopped
- Active labor when there isn't time for a safe transfer to a designated hospital before delivery

Emergency care is covered as an Option 1 benefit regardless of the provider's Option status (Option 1, 2, or 3).

If you think you are experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility.



Flexible Choice Plan overview

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™ networks* (Option 2, Preferred Provider Organization [PPO])
- From any licensed physician or provider not included in Options 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)	PPO Network (Option 2)	Out of Network (Option 3)
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 are 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 26.

*Kaiser 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 POS 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 an Option-2-participating MultiPlan™ or PHCS™ provider, 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 full 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.



Important contacts

Services	Option 1	Option 2	Option 3
See your primary care or specialty physician	<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>Call your PHCS™ or MultiPlan™ networks for KPIC-participating providers directly.</p> <p>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.</p> <p>Ask your doctor's office for business hours.</p>	<p>Call your out-of-network provider directly. Ask your doctor's office for business hours.</p>
Video appointments with your primary care physician	<p>With doctors who practice at Kaiser Permanente medical centers:</p> <p>800-777-7904 (TTY 711). You must be physically present in MD, VA, or DC, and be 18 years or older.* For certain medical conditions. No extra cost.</p>	<p>Contact your provider directly for availability of telehealth appointments.</p>	<p>Contact your provider directly for availability of telehealth appointments.</p>
Medical advice	<p>800-777-7904 (TTY 711) 24 hours a day, 7 days a week.</p>	<p>You may choose to call your PHCS™ or MultiPlan™ network-participating provider directly during business hours, or call the Kaiser Permanente appointment and advice line at 800-777-7904 (TTY 711), 24 hours a day, 7 days a week.</p>	<p>You may choose to call your out-of-network provider directly during business hours, or call the Kaiser Permanente appointment and advice line at 800-777-7904 (TTY 711), 24 hours a day, 7 days a week.</p>
Urgent Care	<p>800-777-7904 (TTY 711) Unsure if you need urgent or emergency care? Call 800-677-1112 (TTY 711). Walk-ins are welcome for members. Fourteen locations; 6 open 24/7.</p>	<p>Visit multiplan.com/kpmas for a list of participating Option 2 Urgent Care facilities, or call 888-220-6010.</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>

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



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. 24 hours a day, 7 days a week.</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 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. 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>Precertification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures.</p> <p>See page 26 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. 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>Precertification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures.</p> <p>See page 26 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**).



Important contacts (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 888-225-7202 (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 888-225-7202 (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>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>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.</p>



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 16 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.

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.



Kaiser Permanente Urgent Care locations and hours

Save the emergency room for emergencies. When you need care right away and it's not an emergency, call **800-777-7904 (TTY 711)** for an Urgent Care appointment. For a map of Kaiser Permanente Urgent Care locations, see page 32.

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

The addresses, telephone numbers, and hours of operation may change. Centers open 24/7 are open those hours on all holidays. For up-to-date information, visit kp.org/urgentcare/mas.

Maryland

Kaiser Permanente Baltimore Harbor Medical Center

815 E. Pratt St.
Baltimore, MD 21202
Hours: 5 p.m. – 1 a.m. M-F
9 a.m. – 5 p.m. Saturday,
Sunday, holidays

Camp Springs Medical Center

6104 Old Branch Ave.
Temple Hills, MD 20748
Hours: 5:30 p.m. – 8 a.m. M-F
24 hours Saturday, Sunday,
holidays

Gaithersburg Medical Center

655 Watkins Mill Road
Gaithersburg, MD 20879
Hours: 24 hours a day,
7 days a week

Kensington Medical Center

10810 Connecticut Ave.
Kensington, MD 20895
Hours: 5:30 p.m. – 1 a.m. M-F
9 a.m. – 9 p.m. Saturday,
Sunday, selected holidays

Largo Medical Center

1221 Mercantile Lane
Largo, MD 20774
Hours: 24 hours a day,
7 days a week

South Baltimore County Medical Center

1701 Twin Springs Road
Halethorpe, MD 21227
Hours: 24 hours a day,
7 days a week

White Marsh Medical Center

4920 Campbell Blvd.
Nottingham, MD 21236
Hours: 5 p.m. – 1 a.m. M-F
9 a.m. – 5 p.m.
Saturday, Sunday

Woodlawn Medical Center

7141 Security Blvd.
Woodlawn, MD 21244
Hours: 5 p.m. – 1 a.m. M-F
9 a.m. – 5 p.m.
Saturday, Sunday, holidays

Virginia

Fredericksburg Medical Center

1201 Hospital Drive
Fredericksburg, VA 22401
Hours: 5:30 p.m. – 1 a.m. M-F
9 a.m. – 5 p.m. Saturday,
Sunday, holidays

Manassas Medical Center

10701 Rosemary Drive
Manassas, VA 20109
Hours: 5:30 p.m. – 1 a.m. M-F
9 a.m. – 5 p.m.
Saturday, Sunday, holidays

Reston Medical Center

1890 Metro Center Drive
Reston, VA 20190
Hours: 5:30 p.m. – 1 a.m. M-F
9 a.m. – 9 p.m.
Saturday, Sunday, holidays

Tysons Corner Medical Center

8008 Westpark Drive
McLean, VA 22102
Hours: 24 hours a day,
7 days a week

Woodbridge Medical Center

14139 Potomac Mills Road
Woodbridge, VA 22192
Hours: 24 hours a day,
7 days a week

Washington, DC

Kaiser Permanente Capitol Hill Medical Center

700 Second St., NE
Washington, DC 20002
Hours: 24 hours a day,
7 days a week

The continued availability and/or participation of any facility cannot be guaranteed. Not all services are available at each medical center or site. Kaiser Permanente reserves the right to relocate, modify, or terminate the location and hours of services for Urgent Care. For the most up-to-date information, visit kp.org/urgentcare/mas.



Emergency care

You are covered for emergency care worldwide

All emergency care is covered as an Option 1 benefit, and you will be responsible only for the in-network copay or coinsurance, regardless of where you seek care.

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

What is an emergency?

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

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

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

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

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

ALL EMERGENCY CARE IS COVERED AS AN OPTION 1 BENEFIT.

The emergency care copay will be waived if you are directly admitted to a hospital as a result of an emergency.

If you receive emergency care services from a provider or facility outside Option 1 or from an out-of-network provider or facility, you must submit itemized bills for claims related to these services within 180 days, or as soon as reasonably possible.



Hospital care

Option 1

Kaiser Permanente carefully selects premier hospitals* 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. As 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 Option-2-participating PHCS™ or MultiPlan™ hospitals and facilities. Your Option-2-participating physician may make arrangements for your hospital admission.
- It's important to note that not all physicians at Option 2 participating 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 26 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 (1 or 2) 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.

Option 3

- You can receive inpatient hospitalization services from licensed or accredited hospitals and facilities not in Options 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 24 and 25 for more information on claims.
- Precertification is required for all inpatient admissions and certain outpatient services. See page 26 for more information on precertification.

* The premier hospitals are independently owned and operated hospitals, and they contract with Kaiser Foundation Hospitals.



Your medicines

Fill prescriptions from any provider using one of these three pharmacy options

Kaiser Permanente retail and online pharmacies:

1. At Kaiser Permanente medical centers

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

- You can fill prescriptions you get from Option 2 or Option 3 physicians at Kaiser Permanente medical center pharmacies, where your copay will generally be lowest. Information will become part of your Kaiser Permanente medical record, and if you are registered at **kp.org**, you'll be able to order refills online or by phone and have them delivered, with no cost for postage (applies to most drugs).
- When you bring your prescription to a Kaiser Permanente pharmacy, if you present a prescription for a drug that is not on the Kaiser Permanente formulary, the Kaiser Permanente pharmacist will likely check with the prescribing physician to determine if a therapeutic equivalent from the Kaiser Permanente formulary can be substituted.

2. Online

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

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

3. Through the EZ Refill line

A great way to get your routine medicines:

- Phone your refill order using our EZ Refill line; you can fax or mail your request, too.*
- Request mail delivery anywhere in the United States for no additional charge.*
- Pick up your medicine at a Kaiser Permanente medical center pharmacy.

What drugs are covered?

Visit **kp.org/formulary** for a list of approved drugs.

For the fastest service, call **800-700-1479 (TTY 711)**, any time of the day or night, and follow the instructions.

Community network pharmacies:

- You can fill prescriptions at any MedImpact pharmacy. A partial list of participating pharmacies includes:
Rite Aid, Giant, Walmart, Walgreens, Safeway, Harris Teeter, Kmart, and others.
- Not all locations within a pharmacy chain company are contracted with MedImpact; some are independently contracted. To verify if a specific pharmacy participates, or to obtain a complete list of participating pharmacies, call MedImpact Customer Service at 800-788-2949, 24 hours a day, 7 days a week.

Out-of-network pharmacies:

- You can fill prescriptions at any licensed pharmacy.
- You will pay full out-of-pocket costs for prescriptions filled at Option 3 pharmacies and submit claims for reimbursement.

* Please allow up to five business days for delivery of your prescription by mail. If you have no refills left, it may take an additional 48 hours for us to contact your Kaiser Permanente network provider to confirm your prescription refill. Items available through our mail-order service are subject to change at any time without notice, and may be subject to state and other licensing restrictions. Please check with your Kaiser Permanente network pharmacy or Mail Order Pharmacy if you have a question about whether your prescription can be mailed.



Kaiser Permanente pharmacies

There is a pharmacy in each Kaiser Permanente medical center.
See page 32 for locations on a map.

Maryland

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Virginia

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

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

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

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

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

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

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

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

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

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

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

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

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

Washington, DC

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

Northwest DC
Medical Office Building
Pharmacy: **202-419-6900**

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 that are on the MedImpact Network can be located by going to **medimpact.com**. MedImpact pharmacies include Rite Aid, Giant, Walmart, Walgreens, Safeway, Harris Teeter, Kmart, and others.



X-ray and imaging services

Option 1:

- You will find radiology services at most Kaiser Permanente medical centers.
- For most services, you need a referral from your doctor. He or she will let you know how to schedule your appointment.
- At some of our medical centers, we have advanced imaging equipment for MRIs, CT scans, and more.
- X-ray and imaging services are located wherever Urgent Care is offered, so you do not have to make a separate trip to have an X-ray or other imaging test.

Option 2:

Before scheduling any X-rays or other imaging services, check first to be sure the facilities are part of the PHCS™ or MultiPlan™ networks.

Precertification may be required. Refer to your coverage documents. For more information on precertification, see page 26.

Option 3:

- 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 26.
- 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.



Lab tests and results

Option 1:

- Labs are located within every Kaiser Permanente medical center.
- For most routine lab tests, your Permanente physician will send the order electronically to the lab, and you can just walk in without an appointment.
- Most lab services are located wherever Urgent Care is offered. So you do not have to make a separate trip to have a lab test to complete your care.
- Your results from tests done in Kaiser Permanente medical centers will be in your medical record. Most results can be read online soon after the lab completes your tests, sometimes the same day.

Option 2:

Before scheduling any lab test, check first to be sure the facilities are part of the PHCS™ or MultiPlan™ networks.

Option 3:

- 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.

To see most test results online, register at kp.org/register. (Option 1 only)



Understanding your costs and benefits

You pay \$0 cost share for Option 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. 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, **kp.org/costestimates**.

Option 2 and Option 3:

- Call KPIC Member Services at **800-392-8649**, Monday through Friday, from 9 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 coverage documents.



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 plan 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 plan 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 plan year for covered medical services before the health plan begins to pay its share. Not all services may be applied to the deductible. Deductibles vary depending on the plan you have.</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 year. Certain conditions may apply.</p>	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 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 to you.
- Care must be medically necessary. Please refer to your coverage documents.

How to file a 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 Classes 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 payment 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 KPIC Member Services at **800-392-8649**, Monday through Friday, from 9 a.m. to 9 p.m. (except holidays).
- For nonemergency claims, mail your claim form and itemized statement to:

Kaiser Permanente Insurance Company (KPIC)
P.O. Box 261130
Plano, TX 75026

- For emergency claims, mail your claim form and itemized statement to:

Kaiser Foundation Health Plan
of the Mid-Atlantic States, Inc.
P.O. Box 371860
Denver, CO 80237-9998



- If your claim is denied, in whole or in part, you will receive detailed written information on the *Explanation of Benefits* document you receive. You have the right to file a grievance or appeal if you disagree with the decision not to authorize medical services or drugs, or not to pay for a claim. You may also have a provider file an appeal on your behalf. Refer to your coverage documents for specific details about your appeals process.

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 payment 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 KPIC Member Services at **800-392-8649**, Monday through Friday, from 9 a.m. to 9 p.m. (except holidays).
- For nonemergency claims, mail your claim form and itemized statement to:

Kaiser Permanente Insurance Company (KPIC)
P.O. Box 261130
Plano, TX 75026

- For emergency claims, mail your claim form and itemized statement to:

Kaiser Foundation Health Plan
of the Mid-Atlantic States, Inc.
P.O. Box 371860
Denver, CO 80237-9998

If your claim is denied, in whole or in part, you will receive detailed written information on the *Explanation of Benefits* 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 services under Options 2 and 3 only. Precertification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.

- Your physician, hospital, or authorized representative may obtain precertification on your behalf.
- Contact Permanente Advantage at **888-567-6847** (TTY **711**) to obtain precertification. Representatives are available from 8 a.m. to 11 p.m., Monday through Friday. You may, however, request precertification 24 hours a day, 7 days a week. Response to urgent requests occurs within two hours of your message; nonurgent requests will get a reply during the following business day.
- If you do not obtain precertification for covered services that require it, you may be required to pay the entire expense should the services be deemed not medically necessary. In addition, the following may apply:
 - > Benefits otherwise payable will be reduced by 30% even if the service is medically necessary.
 - > Any additional amount you pay for failure to obtain precertification will not be counted toward meeting any applicable deductible, coinsurance, or out-of-pocket maximum.
 - > For a hospital stay or other inpatient care extended beyond the number of days first precertified without further precertification (concurrent review), your benefits for the extra days will be reduced, or will not be covered if deemed not to be medically necessary. Services that are not covered do not satisfy the deductible and do not accumulate to the out-of-pocket maximum.
 - > Please review the entire precertification section in your coverage documents for complete terms, conditions, and limitations. If there are any discrepancies between this guide and the benefits detailed in your *Group Policy* and *Certificate of Insurance*, the *Group Policy* will prevail.



Dental

You're covered for dental care needed after an accident

Your medical coverage includes dental care needed after an accident. It does not provide preventive dental care or dental treatment that is not related to an accident. Refer to your coverage documents to determine your coverage.

If you have a plan that includes preventive and/or other dental benefits (Options 2 and 3 do not apply)

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



Getting care away from home in Option 1

Coverage anywhere

- You are 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.

In other Kaiser Permanente service areas

A wide range of care may be available to you in other Kaiser Permanente areas. Care includes routine, urgent, or emergency care. Always contact Member Services to learn what your coverage options are, as plans vary.³ Locations include all or part of:

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

Find Kaiser Permanente locations at kp.org/facilities.

What is not covered under Option 1

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

Use this checklist before you go

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

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



Visit kp.org/travel or



call the Away From Home team at

951-268-3900 for useful resources to help you plan for your trip, and for claim forms in case you need to file a claim for reimbursement after your trip.

¹ If 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.

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

³ Please refer to your plan document for details.

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



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 national PHCS™ or MultiPlan™ networks.

To find a physician, facility, or health care practitioner who participates in the PHCS™ or MultiPlan™ networks:

- 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 *Flexible Choice Physician Directory*.

Option 3

Remember that with your Flexible Choice plan, you can get care 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.



Healthy extras

Resources for healthy living

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

- **Health education classes at our facilities**

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

- **Monthly newsletter**

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

- **Online wellness programs**

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

ChooseHealthy Program*

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

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

- Chiropractic care—25% off customary charges
- Acupuncture care—25% off customary charges
- Massage therapy services—25% off customary charges
- Health club memberships and other fitness-related items
- Vitamins, supplements, and herbs

Visit kp.org/choosehealthy to learn more.

*The 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 *Evidence of Coverage* 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.



Get help managing your ongoing health conditions

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

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

Do you have coverage from another plan, too?

If you have other health coverage in addition to your coverage with Kaiser Permanente, please complete and return the Coordination of Benefits Questionnaire enclosed in your welcome kit, or notify Member Services by calling **888-225-7202 (TTY 711)**, Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).

If the other plan is your primary insurance, we reserve the right to bill the other health plan for the services we provide or authorize for you. Having more than one health care plan doesn't affect your ability to access Kaiser Permanente services.

If you have a work-related injury or an injury caused by another party

Please notify Member Services by calling **888-225-7202 (TTY 711)**, Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).



Kaiser Permanente medical facilities

Maryland

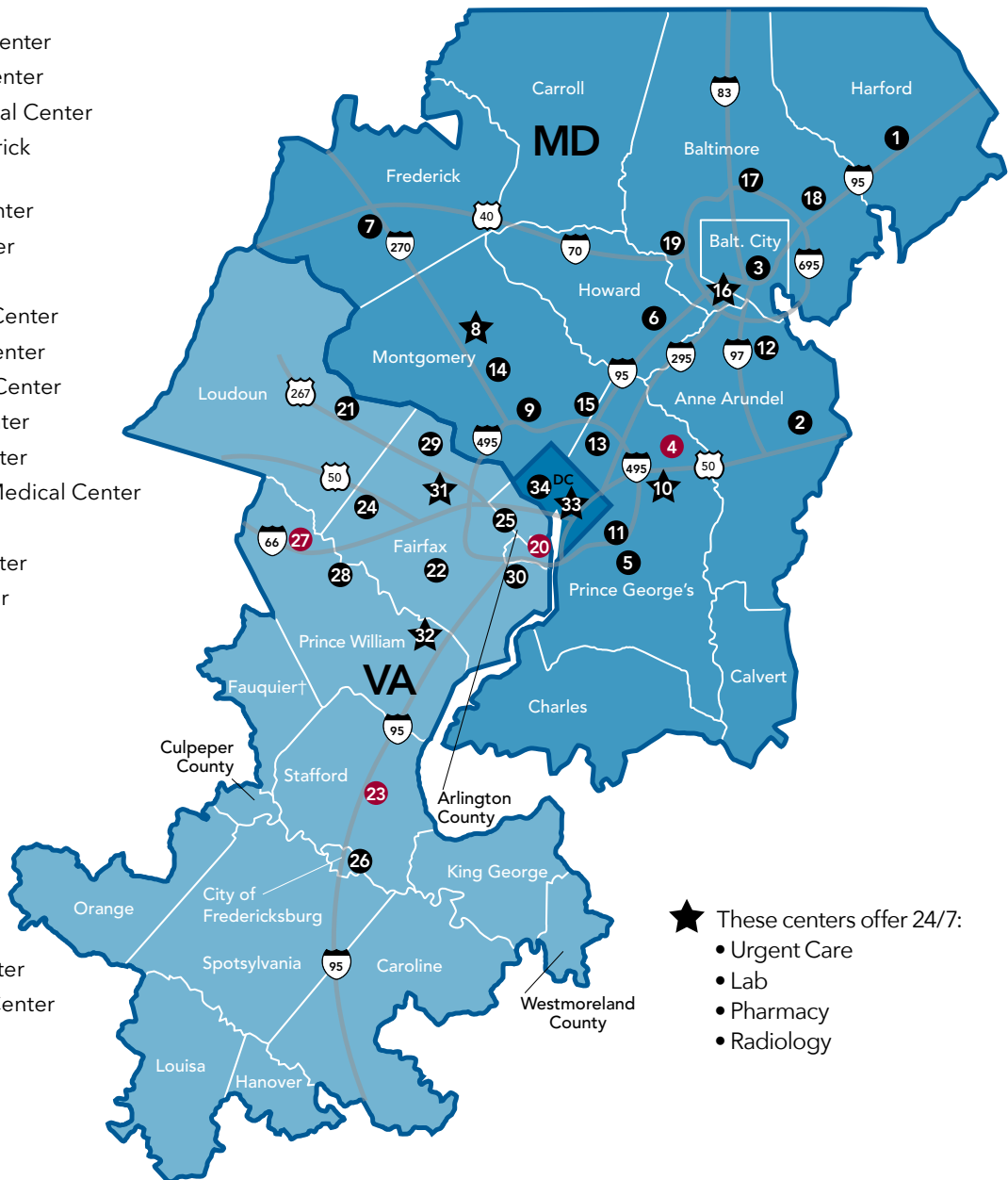
- 1 Abingdon Medical Center
- 2 Annapolis Medical Center
- 3 Kaiser Permanente Baltimore Harbor Medical Center
- 4 **OPENING LATE 2020**
Bowie Fairwood Medical Center
- 5 Camp Springs Medical Center
- 6 Columbia Gateway Medical Center
- 7 Kaiser Permanente Frederick Medical Center
- 8 Gaithersburg Medical Center
- 9 Kensington Medical Center
- 10 Largo Medical Center
- 11 Marlow Heights Medical Center
- 12 North Arundel Medical Center
- 13 Prince George's Medical Center
- 14 Shady Grove Medical Center
- 15 Silver Spring Medical Center
- 16 South Baltimore County Medical Center
- 17 Towson Medical Center
- 18 White Marsh Medical Center
- 19 Woodlawn Medical Center

Virginia

- 20 **NOW OPEN**
Alexandria Medical Center
- 21 Ashburn Medical Center
- 22 Burke Medical Center
- 23 **NOW OPEN**
Colonial Forge Medical Center
- 24 Fair Oaks Medical Center
- 25 Falls Church Medical Center
- 26 Fredericksburg Medical Center
- 27 **NOW OPEN**
Haymarket Crossroads Medical Center
- 28 Manassas Medical Center
- 29 Reston Medical Center
- 30 Springfield Medical Center
- 31 Tysons Corner Medical Center
- 32 Woodbridge Medical Center

Washington, DC

- 33 Kaiser Permanente Capitol Hill Medical Center
- 34 Northwest DC Medical Office Building



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

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

†Kaiser Permanente's service area in Fauquier County includes ZIP codes: 20119, 22720, 22728, 20181, 22406, and 22556; as of January 1, 2020, the service area will include: 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.

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 - Written information in other formats, such as large print, audio, and accessible electronic formats
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If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

HELP IN YOUR LANGUAGE

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

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

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

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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' 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)**.

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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)**.

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Your guide to better health

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

1



Choose your doctor—
and change anytime

2



Register on **kp.org**

3



Get prescriptions

Glossary

Allowable charge

The amount the provider may charge for a certain service, based on an agreement between the provider and insurer.

Covered services

The care and services included in the health plan benefits.

Deductible

The set amount you must pay each contract year for covered medical services before the health plan begins to pay its share. Not all services may be applied to the deductible. Deductibles vary depending on the plan you have. Once you have met your deductible, you will be required to pay only the applicable copayment or coinsurance for most covered services for the remainder of your plan's contract year. Certain conditions apply.

Dependent

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

Premium

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

Primary care physician

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





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LANHAM MD 20706-9906



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Just complete the information
requested on the reverse, fold along
the dotted line, tape the card shut,
and mail.

kp.org

Find the right doctor for you



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FLEXIBLE CHOICE DIRECTORY

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

NAME

ADDRESS 1

ADDRESS 2

CITY

STATE

ZIP CODE

kp.org
kp.org/flexiblechoice/mas



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