

Welcome to Kaiser Permanente



Out-of-Area PPO

The Kaiser Permanente Insurance Company (KPIC) Out-of-Area PPO insurance plan is designed for people who live and work outside the Kaiser Permanente Mid-Atlantic service area but work for an employer based in the service area. You get access to quality health care and the freedom to choose your own provider and control your out-of-pocket costs.

We make it easy to get the care you need—when you need it.

We've combined the PHCS™ and MultiPlan® networks¹ to give you broad choice and access to participating providers that have been credentialed using nationally recognized quality standards.

Coverage you can count on

Designed to provide you with major medical coverage

With this insurance plan, you may receive care for covered services from more than 258,000 primary care physicians, 825,000 specialists, and 4,800 hospitals around the country.²

Or, you may choose to receive care from any licensed non-participating provider. The choice is yours.

Each time you or your family members need care, choose either:

Participating providers

- Access to a comprehensive panel of physicians, specialists, hospitals, and other facilities
- Generally lower out-of-pocket costs
- Generally no claim forms
- No balance billing

Non-participating providers

- Access to any licensed provider
- Generally higher out-of-pocket costs

Medical benefits

Participating providers

When you see participating providers, you generally have lower out-of-pocket costs. At the same time, you have the flexibility to see any provider that participates in the PHCS and/or MultiPlan networks.¹ You can choose a physician or hospital from the extensive list of participating providers at multiplan.com/kpmas, or call **888-220-6010**. You may be responsible for meeting a deductible (for some services) and paying the appropriate copayment or coinsurance (a percentage of covered charges), as outlined in your *Schedule of Coverage*.

Non-participating providers

If you have already established a relationship with a licensed provider who is not one of our participating providers, you still get coverage for covered services. You have the option to receive medical care from any licensed provider. When you see non-participating providers, you'll be responsible for meeting a calendar year deductible (unless otherwise indicated in your *Schedule of Coverage*) and paying coinsurance (a percentage of covered charges) as indicated in your *Schedule of Coverage*. All payments are based upon the maximum allowable charge (MAC) for covered services. When you seek services from non-participating providers, you are responsible for any charge that exceeds MAC.

When you receive care from non-participating providers, you'll generally have higher out-of-pocket costs. You may have to pay the full cost of your care at the doctor's office and then submit a claim for reimbursement. Some out-of-network providers may agree to submit a claim on your behalf.

¹KPIC's network access agreement does not include all PHCS™ and MultiPlan® physicians, health care practitioners, and facilities. 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.

²Source: MultiPlan, Inc., participating PHCS and MultiPlan network providers, Q3 2021.

Pharmacy benefits

Where do I get my prescriptions filled?

You can fill your prescriptions at participating provider pharmacies or out-of-network pharmacies. Participating provider pharmacies are those that are contracted with MedImpact, a national pharmacy benefits management company under contract with KPIC. Community pharmacies not in this network are considered out-of-network pharmacies.

Coverage includes generic, preferred brand name, and non-preferred brand name drugs. Copayments depend upon whether the prescription is filled at a contracted or out-of-network pharmacy and whether the drug is classified as Tier 1 (commonly prescribed generic drugs), Tier 2 (preferred brand name and higher-cost generic drugs), or Tier 3 (non-preferred drugs).

How do I find a participating provider pharmacy?

A partial list of participating pharmacies includes these familiar names:

- Costco
- CVS
- Farm Fresh
- Giant
- Harris Teeter
- Kmart
- Rite Aid
- Safeway
- Shoppers
- Walgreens
- Walmart

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.

Emergency care

If you think you're experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility. An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) so that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to 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
- Serious dysfunction of any bodily organ or part

Emergency room (ER) visits to non-participating providers will be treated the same as visits to participating ER providers. If you are admitted to a participating provider hospital, the ER copayment will be waived. If you are admitted to a non-participating hospital, the ER copayment will be waived and KPIC will treat the hospital's billed charges as the maximum allowable charge for the first 5 days of your inpatient stay. Any applicable participating or non-participating cost shares will apply to the inpatient stay.

For a complete understanding of benefits, please read this document in conjunction with the *Certificate of Insurance*, which contains a complete explanation of benefits, exclusions, and limitations. You will receive the *Certificate of Insurance* and *Schedule of Coverage* upon enrollment in the insurance plan.

Stay connected to your health

When it comes to your health, sometimes you need more information and a little support in making decisions. With Kaiser Permanente Healthy Solutions, you have around-the-clock access to a personal health coach, online health tools, and information resources.

- Talk with a health coach at no extra cost, day or night. Just call **800-574-8460** (TTY **866-969-2429**) to speak with a knowledgeable and caring health professional.
- Access health information online and discover new ways to stay healthy at kp.org/healthyliving.

Questions and answers

All times shown are Eastern Standard Time.

Q: What are my benefits?

A: Your employer selects a plan for you. Please ask your employer which plan you have. You can also call KPIC Customer Service at **800-392-8649**, Monday through Friday, 8 a.m. to 9 p.m. (except holidays), if you have any questions about your plan.

Q: How do I transfer a prescription to a participating pharmacy?

A: Simply tell the pharmacist at the participating pharmacy that you would like to transfer a prescription. Give the pharmacist the name and phone number of the other pharmacy and the prescription number from the drug label. The pharmacist will do the rest. You will also need to provide necessary processing numbers to the pharmacist. The numbers are located on your ID card, which includes your medical record number.



Q: Will the provider file the claim for me?

A: Participating providers will submit the claim for services rendered on your behalf. Some non-participating providers may also submit the claims for you; however, if the non-contracted provider does not submit the claim on your behalf, you will have to pay the full cost of the service and file a claim for reimbursement.

Q: How do I get medical claim forms?

A: Please call KPIC Customer Service at **800-392-8649**, Monday through Friday, 8 a.m. to 9 p.m. (except holidays). Claims should be mailed to:

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

Q: Will I have to get precertification to receive care?

A: No. However, precertification is required prior to receipt of certain covered services. This means that the services/treatment you intend to receive must be determined, in advance, to be medically necessary. The *Certificate of Insurance* you will receive upon enrollment will include a list of services that require precertification.

If you fail to obtain precertification when required, a penalty will usually apply, and benefits payable for covered services will be reduced. For precertification, call the KPIC medical review program (Permanente Advantage) at **888-567-6847** (toll free), Monday through Friday, 6 a.m. to 6 p.m. You may, however, request precertification 24 hours a day, 7 days a week, if you choose to leave a message. Response to urgent requests occurs within 2 hours of your message; nonurgent requests are responded to during the next business day.

Q: Does an emergency room visit require precertification?

A: No. You may receive emergency care from the nearest available facility. If you are admitted to the hospital for emergency care or surgery, you, your doctor, or another responsible party must notify the KPIC medical review program (Permanente Advantage) within 48 hours of the admission at **888-567-6847** (toll free), Monday through Friday, 6 a.m. to 6 p.m. This number is printed on the back of your ID card.

Q: How do I identify myself as a KPIC Out-of-Area PPO member?

A: Simply show your ID card whenever you get medical care or have a prescription filled.

Q: Who do I call for more information?

A: If you or your physician's office have specific questions about benefits and eligibility or claims, please call KPIC at **800-392-8649**, Monday through Friday, 8 a.m. to 9 p.m. (except holidays). If you have questions about a pharmacy claim or the coverage level of a specific drug, contact MedImpact at **800-788-2949**, 24 hours a day, 7 days a week. You may also visit medimpact.com.

Q: Who do I call regarding a participating provider or to get an up-to-date provider list?

A: Participating providers are contracted with the PHCS and MultiPlan networks.¹ To find a participating provider:

- Call **888-220-6010** (toll free), Monday through Friday, 8 a.m. to 8 p.m.
- Visit multiplan.com/kpmas.

¹KPIC's network access agreement does not include all PHCS™ and MultiPlan® physicians, health care practitioners, and facilities. 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.

Your guide to better health

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

For more information

Once enrolled in the Out-of-Area PPO insurance plan, you will receive a *Certificate of Insurance*, a *Schedule of Coverage*, and your membership ID card. Your ID card lists the toll-free numbers to call when you have any questions regarding eligibility or claims.

Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the in-network PPO tier (Option 1) and out-of-network tier (Option 2).