

Welcome to Kaiser Permanente

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).



Your guide to better health

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

kp.org/newmember



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Need help getting started?

Call our New Member Activation Desk at **855-392-4851** (TTY **711**), Monday through Friday, 7 a.m. to 7 p.m.

Our onboarding agents can help you with everything from choosing a doctor to registering on **kp.org**, transferring your prescriptions, and making your first doctor’s appointment.

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 with the Cigna HealthcareSM PPO Network² to give you broad choice and access to participating providers. When getting care in a Kaiser Permanente state, you'll have access to participating providers in the PHCS or MultiPlan networks.² When you get care outside a Kaiser Permanente state, you'll have access to the Cigna Healthcare PPO Network of participating providers and facilities.

Coverage you can count on

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



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.

²The Cigna HealthcareSM PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. Cigna Healthcare is an independent company and not affiliated with Kaiser Permanente Insurance Company or Kaiser Foundation Health Plan. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with Kaiser Permanente Insurance Company and Kaiser Foundation Health Plan. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Source: MultiPlan, Inc., participating PHCS and MultiPlan network providers, Q3 2023.

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 network. You can choose a physician or hospital from the extensive list of participating providers at kp.org/ooappo/mas. 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

You have the option to receive medical care from any licensed provider. 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.

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 the 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.



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).

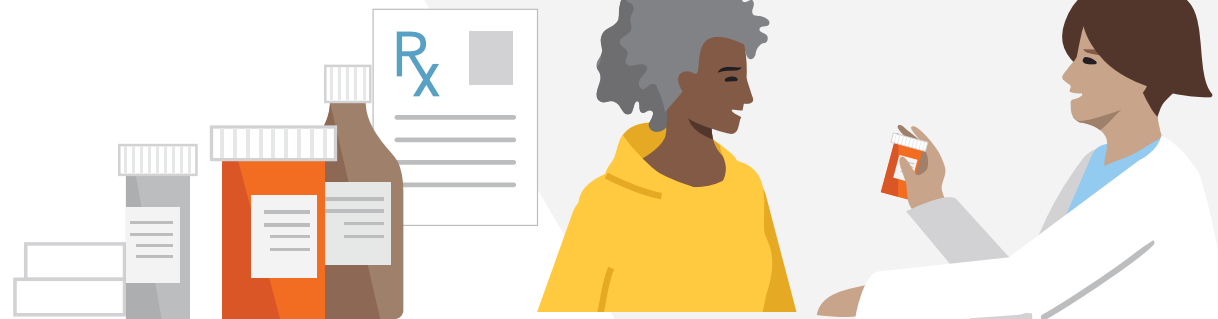
How do I find a participating provider pharmacy?

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 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.

PHARMACY



Emergency care

Participating providers

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'll 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 **888-225-7202** (TTY **711**), Monday through Friday, 8 a.m. to 9 p.m. (closed 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 Kaiser Permanente 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 **888-225-7202** (TTY **711**), Monday through Friday, 8 a.m. to 9 p.m. (closed holidays). Claims for PHCS, MultiPlan, and out-of-network providers should be mailed to:

P.O. Box 371860
Denver, CO 80237-9998

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'll 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 PHCS, MultiPlan, and out-of-network providers, 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. Cigna PPO providers will manage any necessary precertification.



Questions and answers (continued)

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 **888-225-7202** (TTY **711**), Monday through Friday, 8 a.m. to 9 p.m. (closed 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: To find a participating provider, visit **kp.org/ooappo/mas**.



Kaiser Permanente Insurance Company's network adequacy policy

Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the Participating Provider Tier (Option 1) and the Non-Participating Provider Tier (Option 2).

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

- From providers in the KPIC Participating Provider Network
- From any licensed provider not included in the KPIC Participating Provider Network

Benefit levels and cost shares vary according to the provider option level. In general, your out-of-pocket costs may increase as you move from participating providers to non-participating providers. But with your plan, you can switch between provider options as you desire.

What is the network adequacy policy?

The network adequacy policy applies to all KPIC members covered under a KPIC group health policy and covers services from a non-participating provider because of access deficiencies within the participating provider network. The policy states that when a member is unable to obtain covered services from a participating provider due to network adequacy standards, availability standards, or geographic access standards, the covered

services will be processed at the member's participating provider benefit level. The member will be held harmless from any balance billing from the non-participating provider.

What if I'm unable to find a participating provider?

If you are unable to obtain covered services from a participating provider due to exceeding the maximum distance, wait time limits, or geographical maximum distance (miles) per provider type standards, the covered services will be processed at your participating provider benefit level.

How can I book an appointment with a participating provider?

If you're seeking services in the Mid-Atlantic States, you can go to the participating provider link: multiplan.com/KPMAS to locate a provider near you for any service, including specialty services. You'll need to contact the provider directly to schedule an appointment.

What if I'm unable to find an appointment with a participating provider?

If you're unable to find an appointment with a participating provider, including specialty services, the network adequacy policy may be applicable. For assistance, please email NetworkAdequacy-KPIC@kp.org or call the Mid-Atlantic States customer service office at **888-225-7202 (TTY 711)**, Monday through Friday, 8 a.m. to 8 p.m. CT.

When making an appointment, please let your provider know that your plan allows you to see any licensed provider for care. Precertification may be required for certain services.

How can I learn about the precertification requirements for the plan?

For the precertification requirements, refer to your *Certificate of Insurance* or visit kp.org/permanenteadvantage.

Your provider should call the precertification team at **888-567-6847 (TTY 711)**, Monday through Friday, 8:30 a.m. to 6 p.m. ET, for precertification requests.

Kaiser Permanente Insurance Company's network adequacy policy (continued)

What can I do if my doctor requires me to pay for services in full at the time of my visit?

Because non-participating providers are not contracted with KPIC, they have the option to either bill you directly or submit a claim to KPIC on your behalf. If your doctor requires you to pay the full cost of the visit, you should submit a Member Reimbursement Claim Form, itemized bill(s), and a copy of your proof of payment to receive the participating provider benefit level reimbursement minus the applicable cost share (such as copayment, coinsurance, and deductible). Your doctor may also submit the claim to the claims office listed below.

National Claims Administration
Mid-Atlantic Members
Claims Address
P.O. Box 371860
Denver, CO 80237-9998

What additional tips would be helpful for me?

For additional information, you can visit your regional KPIC microsite to learn more about your plan: kp.org/choiceproducts/mas.



Requirements for timely medical appointments

Some customers of Kaiser Permanente have a right to an appointment with an in-network health care provider within a certain number of days. You have this right if:

1. You reside in the District of Columbia and purchase your coverage through DC Health Link or receive it through your employer in the District of Columbia.
AND
2. The appointment is for your first visit with a provider. A first visit includes when you:
 - a. Schedule your first primary care visit with a provider;
 - b. Have changed primary care providers and need to schedule your first visit with a new primary care provider; or
 - c. Schedule your first visit with a provider other than your primary care provider, your behavioral health/substance use provider, or your prenatal care provider for specialty treatment.

How quickly can you expect to be seen?

The District of Columbia has set the standards below for appointments with in-network providers:

Service type	Time frame
First appointment with a new or replacement primary care physician	Within 7 business days
First appointment with a new or replacement provider for behavioral health treatment, including substance use treatment	Within 7 business days
First appointment with a new or replacement provider for prenatal care treatment	Within 15 business days
First appointment with a new or replacement provider for specialty care treatment	Within 15 business days

If you have trouble scheduling an appointment within these time frames, please call **888-225-7202** to speak to a Kaiser Permanente Insurance Company (KPIC) representative. They'll help you schedule an appointment within the time frames listed above.

1. The KPIC representative may give you the provider's contact information and you may need to schedule the appointment yourself.
2. The KPIC representative cannot guarantee the specific provider you want to see is

available for an appointment within the time frames listed above, as the provider may have already scheduled appointments with other patients or is otherwise unavailable. Instead, the representative will give you contact information for a qualified, in-network provider who's available to see you within the time frames.

3. The KPIC representative can't otherwise guarantee an appointment with a provider you've seen before.

NONDISCRIMINATION NOTICE

Kaiser Permanente Insurance Company (KPIC) complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. KPIC does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age or disability. 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 **1-888-225-7202** (TTY: **711**)

If you believe that Kaiser Permanente Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: KPIC Civil Rights Coordinator, Grievance 1557, Nine Piedmont Center, 3495 Piedmont Road, NE, Atlanta, GA 30305-1736, telephone number 1-888-225-7202.

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>.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-888-225-7202** (TTY: **711**).

አማርኛ (Amharic) ያስተውሉ፡ እንግሊዘኛ የሚናገሩ ከሆኑ፣ የቋንቋ እርዳታ አገልግሎቶች፣ ከክፍያ ነጻ፣ ለእርስዎ ይገኛሉ። ወደ **1-888-225-7202** ይደውሉ (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-225-7202** (TTY: **711**).

Bàsɔ̀ ò̀ Wùdù̀ (Bassa) Dè dɛ̀ nià̀ kɛ̀ dyédé̀ gbo: ɔ̀ jũ̀ ké̀ m̀ Bàsɔ̀ò̀-wùdù̀-po-nyò̀ jũ̀ ní, níí, à̀ wuɖù kà̀ kò̀ dò̀ po-poò̀ b'éíǹ m̀ gbò kpáa. Dá **1-888-225-7202** (TTY: **711**)

বাংলা (Bengali) মনোযোগ দিন: যদি আপনি ইংরেজিতে কথা বলেন, আপনার জন্য ভাষা সহায়তা পরিষেবা, বিনামূল্যে উপলব্ধ। **1-888-225-7202** (TTY: **711**) এ কল করুন।

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言協助服務。請致電 **1-888-225-7202** (TTY: **711**)

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات تسهیلات زبانی بصورت رایگان برای شما فراهم می‌باشد. با شماره **1-888-225-7202** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-225-7202** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen eine kostenlose Sprachassistenten zur Verfügung. Bitte wählen Sie: **1-888-225-7202** (TTY: 711).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે અંગ્રેજી બોલો છો, તો ભાષા સહાય સેવાઓ, વિના મૂલ્યે, આના પર ઉપલબ્ધ છે તમે. **1-888-225-7202** (TTY: 711) પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-225-7202** (TTY: 711).

हिंदी (Hindi) ध्यान दें: यदि आप अंग्रेजी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। **1-888-225-7202** (टीटीवाई: 711) पर कॉल करें।

Igbo (Igbo) GEE NTI: O buru na i na asu Igbo, oru enyemaka nkowa asusu, du n'efu, dijiri gi. Kpoo **1-888-225-7202** (TTY: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-888-225-7202** (TTY: 711).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-888-238-5742** (TTY: 711)

日本語 (Japanese) 注意事項: 日本語を話される場合、言語支援サービスを無料でご利用いただけます。**1-888-225-7202** (TTY: 711)まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-888-225-7202** (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłt'igo Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jik'eh, éí ná hól'ó, koj'í' hódííłnih **1-888-225-7202** (TTY: 711).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis de forma gratuita serviços linguísticos. Basta ligar para **1-888-225-7202** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, вам доступны бесплатные услуги перевода. Звоните **1-888-225-7202** (TTY: 711).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-225-7202** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-225-7202** (TTY: 711).

ไทย (Thai) โปรดทราบ: หากคุณพูดภาษาอังกฤษ คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร **1-888-225-7202** (TTY: 711).

اردو (Urdu) خبردار: اگر آپ انگریزی زبان بولتے ہیں، تو لسانی معاونت کی خدمات، بلامعاوضہ، آپ کے لیے دستیاب ہیں۔ **1-888-225-7202** (TTY: 711) پر کال کریں۔

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-888-225-7202** (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun o. Pe **1-888-225-7202** (TTY: 711)

kp.org/newmember

Once enrolled in the Out-of-Area PPO insurance plan, you'll 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.

