

Welcome to Kaiser Permanente

Get started in 3 easy steps



Plan overview

Kaiser Permanente AON HSA-Qualified Deductible Added Choice offers choice and flexibility in one plan. Each time you go for care, you can choose between in-network providers and out-of-network providers. You have the flexibility to move between the two provider options at any time. 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.

With this plan, you or your employer have the option to open a health savings account (HSA).¹ An HSA lets you contribute pretax or tax-deductible² dollars to pay for qualified medical expenses, including copays, coinsurance, and deductible payments for a wide range of services. It works like a savings account. Any money you don't use by the end of the year will roll over to the next year, which means you can grow your savings to pay for care in the future.

About this plan

	In-network	Out-of-network
Physicians	Physicians in the Mid-Atlantic Permanente Medical Group.	Any licensed physician or provider not included in the Kaiser Permanente network.
Hospitals	Kaiser Permanente premier hospitals. ⁵	Any hospital not included in the Kaiser Permanente network.
Out-of-pocket costs	Usually the lowest out-of-pocket costs. There is a deductible. Certain services are offered before a deductible is met. Refer to your coverage document for a list of what services are or aren't subject to the deductible.	Usually the highest out-of-pocket costs.
Referral and preauthorization	Referral to see specialists is required. Some services may require preauthorization. In-network physicians will obtain preauthorization for you.	No referral to specialists is needed. Some services require precertification. You will be responsible for obtaining precertification.
Claims	Virtually no claim forms to complete.	You may be required to pay the full cost of service when you visit the provider, and need to submit claims for reimbursement.

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¹Your plan may be compatible with a health savings account. Please see your coverage document for plan details.

²The tax references in this document relate to federal income tax only. Consult with your financial or tax adviser for information about state income tax laws. Federal and state tax laws and regulations are subject to change. If tax, investment, or legal advice is required, seek the services of a qualified professional.

³For a complete list of qualified medical expenses, refer to the Internal Revenue Service Publication 502, Medical and Dental Expenses, available online at irs.gov publications or call 800-829-3676. Kaiser Permanente is not responsible for the content or policies of external Internet sites.

⁴Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., underwrites the in-network coverage, and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., underwrites the out-of-network coverage. This coverage is subject to exclusions, benefit limitations, and other terms and conditions. For specific information about your out-of-network coverage, review your *Group Policy* and *Certificate of Insurance*. The KPIC *Group Policy*, which incorporates the current *Certificate of Insurance*, is the legally binding document between your employer and KPIC. Please contact Member Services at **888-225-7202** to request copies of your coverage document.

⁵Kaiser Permanente premier hospitals are independently owned and operated hospitals and are not affiliated entities of Kaiser Permanente. The continued availability and/or participation of any hospital cannot be guaranteed. Hospital addresses, telephone numbers, and hours of operation are subject to change. Please see kp.org/premierhospitals for details.

Greetings

We're glad to be your partner on this journey, and we look forward to a long and healthy relationship with you.

This reference guide will help you make the most of your membership with Kaiser Permanente. It puts important details at your fingertips, including how to get care, key phone numbers, and information about our Urgent Care centers. You'll also find information about pharmacies, getting care away from home, and understanding your costs.

This 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 our New Member Activation Desk at **855-392-4851 (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!

Let's get started

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



Step 1

Create your online account on kp.org



Step 2

Choose your doctor—and change anytime



Step 3

Get prescriptions

Stay in the know with all things Kaiser Permanente—check out kp.org/insider for valuable health insights, facility updates, and member discounts.

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)*. Inside this booklet, it is referred to as your "coverage document."

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* and *Certificate of Insurance*, your coverage documents shall prevail.

Step 1 Create your online account on kp.org

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

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

- Schedule an appointment to see physicians and providers by video visit.²
- View most lab results.
- Refill most prescriptions.
- Email your doctor's office with nonurgent questions.
- Schedule and cancel routine appointments.
- Print vaccination records for school, sports, and camp.
- Manage a family member's health care.
- Get a personalized cost estimate.
- Use our Chat with KP feature.
- And much more.

Creating an account is easy

Go to **kp.org/newmember** from a computer or mobile device and follow the sign-on instructions. You'll need your medical record number, which you can find on your member ID card.

Caregiver access

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

- Permission from you as the member, or
- 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.

Download the Kaiser Permanente app

After you've registered at **kp.org**, you can download our app to your smartphone.

1. From your smartphone, go to your preferred app site: App StoreSM (iOS) or Google Play[®] (AndroidTM).³
2. Search for the Kaiser Permanente app, then download it to your smartphone.
3. Use your **kp.org** user ID and password to activate the app, and you'll be ready to go.

Digital membership card

Access your membership information anytime, anywhere, with a digital version of your membership card to:

- Check in for appointments.
- Pick up prescriptions.
- Access your family's membership information.

To use your digital membership card, tap the card icon at the bottom of the Kaiser Permanente app dashboard.



Personalize your **kp.org** experience

Use your member ID card and our Member Photo Upload feature to add your digital image to **kp.org**.

¹These features are available when you get care at Kaiser Permanente facilities.

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

³Apple is a trademark of Apple, Inc., registered in the U.S. and other countries. App Store is a service mark of Apple, Inc. Google Play and Android are trademarks of Google, Inc.

Step 2 Choose your doctor—and change anytime

Select from a wide range of great doctors and change anytime, for any reason

At Kaiser Permanente, we know how important it is to find a doctor who matches your specific needs. Even if you don't need to see your doctor right away, having a doctor you connect with is an important part of taking care of your health.

Choose the right doctor

To help you find the personal doctor (also called a primary care physician) who's right for you, you can browse our online doctor profiles. There, you'll see information related to their education, credentials, specialties, and interest areas, as well as if they're accepting new patients.

With your AON Deductible Added Choice plan,¹ you can also choose any out-of-network licensed physician, and you don't need to notify us of your choice.

Women should choose an ob-gyn in addition to their primary care physician.

Change your doctor anytime

You can choose and change your doctor at any time, for any reason. If you don't choose a doctor, one will be chosen for you.

See in-network specialists, some without a referral

You don't need a referral for the following specialties—just call for an appointment:

- **800-777-7904 (TTY 711)** for ob-gyn and optometry
- **866-530-8778** for behavioral health—initial consultations (except inpatient care) and chemical dependency or addiction medicine

For other types of specialty care, your doctor will refer you. If you have an affiliated or network physician, contact that doctor's office directly.

Out-of-network specialists

You don't need a referral to see out-of-network specialists; however, certain services require precertification. You will be responsible for obtaining the precertification prior to your appointment. For more information on precertification, see page 26. KPIC's *Certificate of Insurance* contains a complete listing of services that require precertification.



Choosing an in-network doctor

Choose by phone

Call us at **800-700-7904 (TTY 711)**, 24 hours a day, 7 days a week. 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, find a doctor who matches your needs, and schedule your appointment.

¹Kaiser Foundation Health Plan of the Mid-Atlantic States (KFHP-MAS) underwrites the in-network coverage and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the out-of-network coverage.

Step 3 Get prescriptions

We make it easy to get your prescriptions

Pharmacy options

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.¹

Community participating pharmacies:²

- Fill prescriptions at participating pharmacies, including Giant, Harris Teeter, Safeway, Walgreens, Walmart, and others.
- There is no mail-order service with this pharmacy option.
- You may have higher copayments than you would with a Kaiser Permanente pharmacy, and a deductible may apply, depending on your plan's benefits.

Out-of-network pharmacies:²

- AON Deductible Added Choice members have the option to fill prescriptions at out-of-network pharmacies.
- There is no mail-order service with this pharmacy option.
- You may have higher copayments than you would with a participating (community network) pharmacy or a Kaiser Permanente pharmacy, and a deductible may apply, depending on your plan's benefits.
- You may need to pay full out-of-pocket costs for prescriptions filled at out-of-network pharmacies and submit claims for reimbursement.

It's easy to get your prescriptions from Kaiser Permanente pharmacies

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

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



Get prescription refills by mail

Get medications sent to you in 3 to 5 business days and at no cost with Mail Order Pharmacy.¹ To start, register at kp.org, download the Kaiser Permanente app,¹ or call **800-733-6345**. Some prescriptions are available for same-day or next-day delivery for a small fee; for eligible prescriptions, select this option at checkout.



Get prescription refills by phone

Call us at **800-700-1479** (TTY 711), 24 hours a day, and follow the prompts to check a status or to refill your prescription.



Get prescription refills online

Register at kp.org or the Kaiser Permanente app¹ 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 pharmacies located in our medical centers. Just visit kp.org/facilities and select the pharmacy where you'd like to pick them up.

¹Some 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.

²Community participating pharmacies and out-of-network pharmacies are underwritten by Kaiser Permanente Insurance Company (KPIC).

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

Mail Order Pharmacy

Get medications in 3 to 5 business days and at no cost with Mail Order Pharmacy.¹ Register at kp.org to start using this service, or call **703-466-4900**. Some prescriptions are available for same-day or next-day delivery for a small fee; members with eligible prescriptions can select this option at checkout.

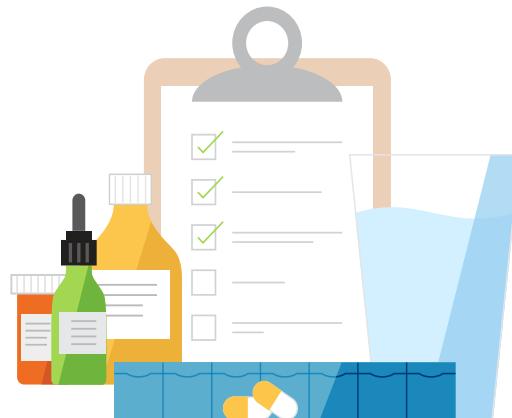
Medication reminder service

Remembering to take medication is important for your health care. Our reminder service—offered via the Kaiser Permanente app^{2,3}—can send you alerts about what dose of your medications to take and when, making it easier for you to keep track.

Creating a reminder is easy:

1. In the Kaiser Permanente app, go to the pharmacy section.
2. In the medication list, tap the medication you want to view.
3. Under prescription details, toggle on "Reminders to Take."

For a list of Kaiser Permanente pharmacies and phone numbers, see page 8.



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.

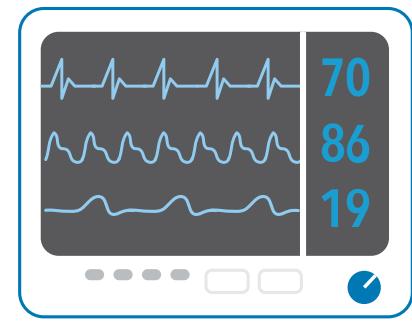
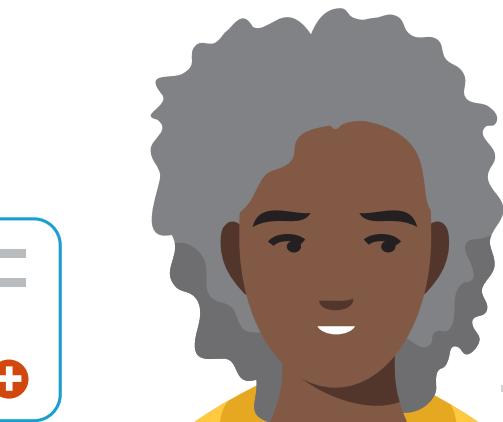
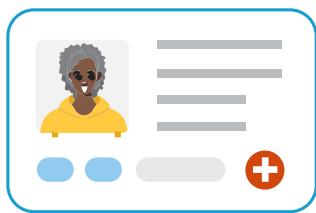
Our onboarding agents can help you with everything from choosing a doctor to registering on kp.org, transferring your prescriptions, and making your first doctor's appointment by phone or video.⁴

¹Some 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.

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.

³To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

⁴When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors and health care providers from providing care across state lines. Laws differ by state.



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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.

Pharmacy phone numbers

There is a pharmacy in each Kaiser Permanente medical center. See the back cover for locations on a map.

Maryland

Abingdon Medical Center
410-515-5450

Annapolis Medical Center
410-571-7360

Kaiser Permanente Baltimore
Harbor Medical Center
410-637-5750

Bowie Fairwood Medical Center
301-867-1330

Camp Springs Medical Center
301-702-6175

Columbia Gateway
Medical Center
410-309-7500

Kaiser Permanente Frederick
Medical Center
240-529-1800

Gaithersburg Medical Center
240-632-4150

Kensington Medical Center
301-929-7175

Largo Medical Center
301-618-5552

Lutherville-Timonium
Medical Center
410-847-3020

Marlow Heights Medical Center
301-702-5190

North Arundel Medical Center
410-508-7675

Shady Grove Medical Center
301-548-5755

Silver Spring Medical Center
301-572-1055

South Baltimore County
Medical Center
410-737-5200

West Hyattsville Medical Center
240-906-6600

White Marsh Medical Center
410-933-7626

Woodlawn Medical Center
443-663-6116

Virginia

Alexandria Medical Center
703-721-6310

Ashburn Medical Center
571-252-6005

Burke Medical Center
703-249-7750

Caton Hill Medical Center
703-986-2500

Colonial Forge Medical Center
540-602-6300

Fair Oaks Medical Center
703-934-5800

Falls Church Medical Center
703-237-4430

Fredericksburg Medical Center
540-368-3800

Haymarket Crossroads
Medical Center
571-445-7300

Manassas Medical Center
703-257-3030

Reston Medical Center
703-709-1560

Springfield Medical Center
571-622-2100

Tysons Corner Medical Center
703-287-4650

Washington, DC

Kaiser Permanente Capitol Hill
Medical Center
202-346-3300

Northwest DC
Medical Office Building
202-419-6900

Your plan may allow you to use non-Kaiser Permanente pharmacies. For information, call Member Services at **800-777-7902** (TTY 711), Monday through Friday (except holidays), 7:30 a.m. to 9 p.m. If your plan is through your employer, check with your benefits manager to find out if your plan includes non-Kaiser Permanente pharmacies.

Getting care

We've got you covered for the care you need

Services	What you need to know
 Seeing your doctor	<p>What's it for?</p> <p>An expected care need, like a recommended preventive screening, a visit for a health issue currently being treated, a new health concern, or a change in an existing health condition that is not an urgent care need.</p> <p>Examples include:</p> <ul style="list-style-type: none">• Follow-up visits• General digestion problems• Gradual skin changes• Joint stiffness• Medication checkups• Ongoing anxiety issues• Pap tests• Physical exams• Pregnancy/maternity care• Pre-travel exams• Trouble sleeping• Weight loss or gain• Well-child checkups <p>In-network</p> <p>You can schedule an appointment online with your Mid-Atlantic Permanente Medical Group, P.C. (Permanente), primary care physician or ob-gyn. If your doctor isn't available at a time that works for you, call to request an appointment with another physician.</p> <p>You can also use our automated wait list to get an earlier appointment if one becomes available. Simply select Join for sooner appointment to be notified if earlier appointments open up.¹</p> <p>You can have a video appointment with your Permanente primary care physician instead of coming in for a visit, at no cost share.²</p> <p>Text message reminders</p> <p>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.³ Just provide your mobile phone number⁴ to the call center when you schedule an appointment or to the receptionist when you check in for the first time.</p>

¹Sooner appointments are available for phone, video, or in-person appointments. Availability varies by service and department.

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

³Text reminders are only available for members who schedule appointments for adult primary care or physical therapy, and who are at least 18 years old.

⁴Kaiser 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.

Getting care (continued)

Services	What you need to know
Seeing your doctor (continued) 	<p>Out-of-network</p> <p>If you use your out-of-network option for care, speak with your out-of-network provider for information on making appointments and to learn about how their care team is structured.</p> <p>At your appointment:</p> <ul style="list-style-type: none">• Show your membership ID card when you arrive.• When you see an out-of-network provider for the first time, let the office staff know you're using the out-of-network option of your Kaiser Permanente plan, which lets you see any licensed provider.
Medical advice	<p>What's it for?</p> <p>Whenever you need medical advice or are unsure whether you need urgent care.</p> <p>What should you know?</p> <ul style="list-style-type: none">• Our medical advice line with skilled nurses is available 24 hours a day, 7 days a week.• If you have a Permanente primary care physician 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.¹ <p>Out-of-network</p> <p>If you use your out-of-network option for care, speak with your out-of-network provider for information on after-hours support and to learn about how their care team is structured.</p> <p>Remember, even if you have an out-of-network doctor, you can still use Kaiser Permanente's 24-hour medical advice line.</p>

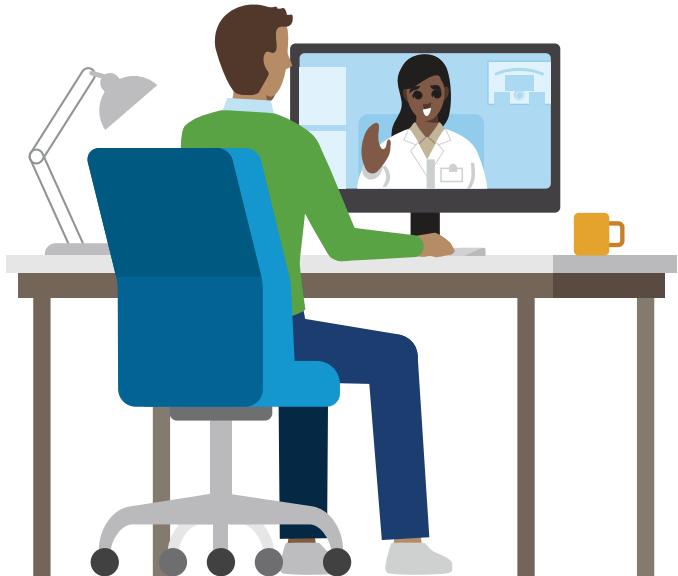
¹When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors and health care providers from providing care across state lines. Laws differ by state.

Services	What you need to know
 Urgent care	<p>What's it for?</p> <p>An illness or injury that requires prompt medical attention but is not an emergency medical condition.</p> <p>What should you know?</p> <p>Examples of urgent care needs include:</p> <ul style="list-style-type: none"> • Backaches • Earaches • Frequent urination or burning sensation when urinating • Minor injuries • Sore throats and upper respiratory symptoms • Sprains <p>An urgent care need may also include situations where you're experiencing new or worsening symptoms or have concerns about your medication.</p> <p>In-network</p> <p>Please see page 18 for a list of Kaiser Permanente Urgent Care locations.</p> <p>Out-of-network</p> <p>If you use your out-of-network option for care, you can go to any licensed urgent care facility.</p>
 Emergency care¹	<p>What's it for?</p> <p>A medical or psychiatric condition that requires immediate attention to prevent serious jeopardy to your health.</p> <p>What should you know?</p> <p>Symptoms that may indicate an emergency medical condition include:</p> <ul style="list-style-type: none"> • Active labor when there isn't time for a safe transfer to a designated hospital before delivery • Chest pain or pressure that may radiate to the arm, neck, back, shoulder, jaw, or wrist • Major injuries like gunshot or stab wounds, or severe injuries from a vehicle accident • Severe, persistent bleeding that cannot be stopped • 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 • Sudden onset of severe abdominal pain <p>Emergency care is covered as an in-network benefit.</p>

¹If you reasonably believe you have an emergency medical condition, call 911 or go to the nearest emergency department. An emergency medical condition is one that, in the absence of immediate medical attention, may result in 1) 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, 2) serious impairment to bodily functions, or 3) serious dysfunction of any bodily organ or part. Refer to your plan document for the complete definition of emergency medical conditions.

Getting virtual care with Kaiser Permanente

Virtual care allows members to see their personal doctor—as well as any specialists they've been referred to—by video, phone, or email, usually for no copay.¹ When you need medical attention, you can start your journey using any of our virtual care options after registering and logging on to **kp.org** and downloading the Kaiser Permanente app.²



Get Care Now with a Clinician for 24/7 on-demand service with the next available clinician—no appointment is needed for Urgent Care that can be addressed virtually



E-visits (available 24/7)—answer a questionnaire and get instant care recommendations or a physician's advice/treatment response in 1 hour or less



Email consultations with your doctor



24/7 advice line and online chat

During a virtual visit, your doctor can access your digital health record and consult with other physicians, so your care is seamless, convenient, and connected. All of your post-visit information, prescriptions, lab results, immunization status, emails, and more are available and secure with **kp.org** and the Kaiser Permanente app.²

For more information on your telehealth options and how to join a video or phone visit,¹ go to **kp.org/getcare**.

¹When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors and health care providers from providing care across state lines. Laws differ by state.

²To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on **kp.org**.

Healthy extras to improve your mental and physical health

Enjoy access to our healthy extras¹—online resources to help manage your well-being:

Virtual classes at no extra cost

- Cataract Class
- Managing Prediabetes
- Nutrition for Cholesterol Control
- Nutrition for Weight Control
- Stress Management

Self-care apps²

- **Calm.** Reduce stress, improve sleep, and enhance mood with meditation.
- **Headspace.** Get immediate one-on-one emotional support for coping with many common challenges—from stress and low mood to work or relationship issues.

Learn more and download these apps at kp.org/selfcareapps.

Additional resources

- **Health education classes.** Join in at our facilities (registration required). Browse courses at kp.org/classes, and to register, call **800-777-7904** (TTY 711).
- **Partners in Health.** This monthly newsletter brings you health tips, member stories, and facility or service updates.
- **Online wellness programs.** Learn more at kp.org/healthylifestyles.
- **Optum's Affinity Musculoskeletal Program.** Access chiropractic, acupuncture, and massage therapy services, along with a 20% discount off their usual and customary services for members.
- **One Pass Select Affinity®.** Get discounts on fitness services.³

Refer to your plan document for more information.



¹The products and services described are provided by entities other than Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and are neither offered nor guaranteed under your Kaiser Permanente contract. Kaiser Permanente does not endorse or make any representations regarding the quality or medical effectiveness of such products and services, nor the financial integrity of these entities. Kaiser Permanente disclaims any liability for these products and services.

²These apps and services are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice.

³One Pass Select is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships under this program.

Important contacts

Services	In-network	Out-of-network
 See your primary care or specialty physician	<p>To make appointments with doctors at Kaiser Permanente facilities, visit kp.org/appointments or call 800-777-7904 (TTY 711), 24 hours a day, 7 days a week.</p> <p>NOTE: Not all specialty appointments can be made online.</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 out-of-network provider directly. Ask your doctor's office for business hours.</p>
 Video visits¹ <p>See physicians and providers for urgent health concerns by video visit—wherever you need.</p>	<p>For doctors who practice at Kaiser Permanente medical centers, call 800-777-7904 (TTY 711). You must be 18 years or older and physically present in Maryland, Virginia, or the District of Columbia. For certain medical conditions.</p>	<p>Call your out-of-network provider directly. Ask your doctor's office for business hours.</p>
 E-visits²	<p>Online at kp.org. For certain conditions, you can use our online symptom checker and get personalized care advice within 1 hour.</p>	<p>Contact your provider directly for availability of e-visits.</p>
 Medical advice by phone	<p>800-777-7904 (TTY 711)</p> <p>Call a nurse for medical advice 24 hours a day, 7 days a week. If you have a Permanente primary care physician and receive services at Kaiser Permanente medical centers, our advice nurses will be able to access your personal medical information when you call.</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>

¹When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors and health care providers from providing care across state lines. Laws differ by state.

²Available when you register and log in to **kp.org** or the Kaiser Permanente app.

Services	In-network	Out-of-network
 Urgent and After Hours Care <p>You're covered at any Kaiser Permanente After Hours, Urgent, or Advanced Urgent Care location.</p>	<p>800-777-7904 (TTY 711)</p> <p>14 locations; 7 open 24 hours a day, 7 days a week</p> <p>Members are welcome to walk in without an appointment at our Advanced Urgent Care centers.</p> <p>Urgent Care and After Hours Care are by appointment only.</p> <p>Unsure if you need urgent or emergency care? Call 800-677-1112 (TTY 711).</p> <p>If you're traveling internationally and need help locating urgent or emergency care, call 001-951-268-3900 (from a landline phone) or +1-951-268-3900 (from a mobile device).¹</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>
 Emergency care²	<p>If you think you're experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility 24 hours a day, 7 days a week. Unsure if you're experiencing an emergency?</p> <p>Call 800-677-1112 (TTY 711).</p>	<p>All emergency care is covered as an in-network benefit.</p>
 Behavioral health	<p>You can seek initial consultation without a referral from your doctor for outpatient treatment for behavioral health or substance use conditions. Please refer to your plan document for more details.</p> <p>Call 866-530-8778 (TTY 711), Monday through Friday (except holidays), 8:30 a.m. to 5 p.m.</p>	<p>You can receive care from any licensed behavioral health or chemical dependency professional for mental illness, emotional disorders, and substance use disorder.</p> <p>Precertification is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures.</p>

¹Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

²If you reasonably believe you have an emergency medical condition, call 911 or go to the nearest emergency department. An emergency medical condition is one that, in the absence of immediate medical attention, may result in 1) 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, 2) serious impairment to bodily functions, or 3) serious dysfunction of any bodily organ or part. Refer to your plan document for the complete definition of emergency medical conditions.

Important contacts (continued)

Services	In-network	Out-of-network
 Vision care	800-777-7904 (TTY 711) Hours vary by location.	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.
 Maternity care¹	If you think you may be pregnant, call 800-777-7904 (TTY 711) for an appointment with your obstetrician.	You can choose any licensed provider for obstetric care. For office visits and other services while you're pregnant, you'll pay your applicable copays or coinsurance, and your deductible must be met, unless otherwise indicated.
 Preauthorization/ Precertification	Preauthorization may be required for certain services, which your Permanente physician will request on your behalf.	Precertification is required for all inpatient services and certain outpatient services. Contact Permanente Advantage at 888-567-6847 (TTY 711) . Representatives are available Monday through Friday, 8 a.m. to 11 p.m. You may, however, request precertification 24 hours a day, 7 days a week.

If you have a chronic condition, were recently hospitalized, or are or think you might be pregnant, please make an appointment as soon as possible. Call **800-777-7904 (TTY 711)**.

¹Enrolling 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 coverage document, and coordination of benefits may apply. For information on enrolling your newborn for health care coverage beyond 31 days, call **800-777-7904 (TTY 711)**.

Urgent and After Hours Care

Urgent Care centers

Open evenings, weekends, and holidays, our Urgent Care centers are located in Maryland, Virginia, and Washington, DC. The centers provide care for both adults and children.

Call **800-777-7904** (TTY 711) to get the care you need, or come in if you're experiencing any of the following:

- Abdominal pain
- Breathing trouble
- Broken bones
- Deep cuts
- Flu- or cold-like symptoms
- Rash or skin infections
- Sprains and strains
- Urinary tract infection (UTI)
- Vomiting, diarrhea, or nausea

Listed above are examples of conditions treated in Urgent Care or Advanced Urgent Care. If you think you're experiencing an emergency medical condition,¹ call 911.



¹An emergency medical condition is one that, in the absence of immediate medical attention, may result in 1) 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, 2) serious impairment to bodily functions, or 3) serious dysfunction of any bodily organ or part. Refer to your plan document for the complete definition of emergency medical conditions.

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

³To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org.

24/7 Kaiser Permanente Advanced Urgent Care centers

At our medical centers that have 24/7 Urgent Care, you get:

- Physicians trained in emergency medicine
- Lower cost shares² than those for a typical hospital ER visit
- Extended lab and pharmacy hours, with most open 24/7
- 24/7 advanced imaging services, including CT, MRI, and ultrasound
- An observation unit where patients can be monitored for up to 24 hours

After Hours Care

Our After Hours Care clinics offer limited lab and radiology services. The clinics are appropriate for minor health concerns, such as ear or neck pain, rash, UTI, minor injuries, and cold, sinus, or flu-like symptoms.

Get Care Now with a Clinician

With our Get Care Now with a Clinician on-demand service, no appointment is needed for Urgent Care that can be addressed virtually—you can see the next available clinician the same day.

- Connect to this virtual care service 24/7, and a clinician will reach out to you, usually within 2 hours
- Offered at no charge
- Available via phone, video, kp.org, or the Kaiser Permanente app³

Kaiser Permanente Urgent and After Hours Care locations

Maryland

Camp Springs Urgent Care
6104 Old Branch Ave.
Temple Hills, MD 20748

By appointment only

Fri: 3-11 p.m.
Sat, Sun: 9 a.m.-5 p.m.

Gaithersburg Advanced Urgent Care 24/7

655 Watkins Mill Road
Gaithersburg, MD 20879

Kensington Urgent Care
10810 Connecticut Ave.
Kensington, MD 20895

By appointment only

Mon-Fri: 3-11 p.m.
Sat, Sun: 9 a.m.-5 p.m.
Closed holidays

Largo Advanced Urgent Care 24/7

1221 Mercantile Lane
Largo, MD 20774

Lutherville-Timonium Advanced Urgent Care 24/7

2391 Greenspring Drive
Lutherville-Timonium, MD 21093

South Baltimore County Advanced Urgent Care 24/7
1701 Twin Springs Road
Halethorpe, MD 21227

White Marsh After Hours Care

4920 Campbell Blvd.
Nottingham, MD 21236
By appointment only
Mon-Fri: 3-11 p.m.
Sat, Sun: 9 a.m.-5 p.m.
Closed holidays

Woodlawn After Hours Care

7141 Security Blvd.
Baltimore, MD 21244
By appointment only
Mon-Fri: 3-11 p.m.
Sat, Sun: 9 a.m.-5 p.m.
Closed holidays

Virginia

Ashburn After Hours Care

43480 Yukon Drive
Ashburn, VA 20147
Appointments recommended
Mon-Fri: 3-11 p.m.
Sat, Sun: 9 a.m.-5 p.m.
Closed holidays

Caton Hill Advanced Urgent Care 24/7
13285 Minnerville Road
Woodbridge, VA 22192

Fredericksburg After Hours Care

1201 Hospital Drive
Fredericksburg, VA 22401
Appointments recommended
Mon-Fri: 3-11 p.m.
Sat, Sun: 9 a.m.-5 p.m.
Closed holidays

Reston Urgent Care

1890 Metro Center Drive
Reston, VA 20190
By appointment only
Mon-Fri: 3-11 p.m.
Sat, Sun, holidays: 9 a.m.-9 p.m.

Tysons Corner Advanced Urgent Care 24/7

8008 Westpark Drive
McLean, VA 22102

Washington, DC

Kaiser Permanente Capitol Hill Advanced Urgent Care 24/7
700 2nd St. NE
Washington, DC 20002



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

Hospital care

kp.org/premierhospitals

Our premier hospitals

Kaiser Permanente carefully selects premier hospitals¹ to team with us in taking great care of you.

Located throughout Maryland, Virginia, and Washington, DC, these award-winning hospitals work with us to provide your treatment when you need inpatient or outpatient hospital care.

What if you're admitted to a non-premier hospital?

Once your condition has stabilized, we may move you to a premier hospital where Kaiser Permanente physicians are on duty. That way, we can deliver seamless and coordinated care during both your hospitalization and your transition out of the hospital.

Out-of-network hospitals:

- You can receive inpatient hospitalization services from any licensed or accredited hospitals and facilities.
- When you receive services, you may need to pay allowable charges (such as the contracted amount a provider has agreed to accept) to the hospital, doctor, or other providers, as described in your plan document. You may also need to submit a claim for reimbursement.

Precertification is required for all inpatient admissions and certain outpatient services.



For locations and details, visit kp.org/premierhospitals.

¹The premier hospitals are independently owned and operated hospitals, and they contract with Kaiser Foundation Hospitals. The continued availability and/or participation of any facility cannot be guaranteed. Kaiser Permanente reserves the right to relocate, modify, or terminate the location for premier hospitals. For the most up-to-date information, visit kp.org/premierhospitals.

X-ray and imaging services

In-network:

- You'll find radiology services at most Kaiser Permanente medical centers.
- For most services, you need a referral from your doctor. They'll 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 and Advanced Urgent Care are offered, so you don't have to make a separate trip to have an X-ray or other imaging test.
- You also have access to network radiology facilities in the community. Refer to the *Select Physician Directory* for a list of network radiology facilities.

Out-of-network:

- You can receive X-ray and other imaging services at any licensed facility.
- Some imaging services may be subject to precertification.
- If you receive screenings in out-of-network 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.

Mammograms

Call **800-777-7904** (TTY 711), 24 hours a day, 7 days a week, to schedule a mammogram, or contact your out-of-network imaging facility. You don't need a referral from a doctor. Your primary care physician or ob-gyn will talk with you about how often you should be screened.

Lab tests and results

In-network:

- Labs are located in 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 and Advanced Urgent Care are offered. So you don't have to make a separate trip to have a lab test to complete your care. You can also schedule your lab appointment in advance to save time.
- Your results from tests done in Kaiser Permanente medical centers will be in your medical record. Most results can be read online soon after the lab completes your tests, sometimes the same day.

- If your lab tests are not performed in a Kaiser Permanente medical center, follow your referring physician's instructions about how to receive your test results. Refer to the *Select Physician Directory* for a list of network radiology facilities.

Out-of-network:

- You can receive lab tests and other lab services at any licensed facility.
- Some lab services may be subject to precertification.
- If you receive lab services in out-of-network 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.

Understanding your costs and benefits

You pay \$0 cost share for in-network preventive care

Preventive care 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 primary care physician.

If you have symptoms of a condition, your doctor may order a service to help find out what it is or help treat it. Since you've shown symptoms, this service doesn't qualify as preventive. It's actually diagnostic, since it's used to diagnose your condition, and cost sharing may apply.

You may also get services to help treat a condition that's already been diagnosed. Since you're being treated for an existing condition, these services are also non-preventive, and cost sharing may apply.

Tests or services ordered for or during a routine physical or well-child visit may result in cost sharing if those services are related to diagnosing, monitoring, or treating an existing condition.

You may have a copay for most other care, such as appointments with specialists, urgent care, and some tests and services. Please refer to your plan document.

You can estimate the cost of your next visit at kp.org/costestimates. You'll need to be registered on kp.org to use this secure tool.



Your share of costs

"Cost share" refers to what you pay as part of your share for health care costs. Refer to your plan document to learn more about your plan's specific cost shares.



Type of cost share	What it is	When you pay
Copayment (copay)	The set fee you pay for a covered service (like a non-preventive office visit) every time that service is provided. Copayments vary depending on your plan and don't 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 preventive care for non-grandfathered plans. What you owe depends on your plan's benefits and the services you receive.
Out-of-pocket maximum	The maximum amount you pay out of pocket each contract year for most covered services. Once the amounts you have paid equal the out-of-pocket maximum, you pay nothing for those covered services for the remainder of the contract year.	Depending on your plan, the copayments, coinsurance, and deductibles you pay for most services will count toward the out-of-pocket maximum.
Deductible (Visit kp.org/deductibleplans to learn more about deductible plans and find helpful cost tools.)	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'll 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 may apply.	If you have a deductible, you'll 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.

Estimating your costs

Get a personalized estimate with our online tool

Estimating your out-of-pocket costs is easy thanks to Estimates, our treatment cost calculator.

What is Estimates?

Estimates is our online calculator that gives you cost estimates for many common services.

Where do I find Estimates?

You can find Estimates on kp.org/costestimates. You'll need to be registered on kp.org to use this secure tool.

How does Kaiser Permanente come up with an estimate?

We take the average cost of services in your area. Then we apply our plan benefits and how much you've spent so far for care. You'll see an estimate for your out-of-pocket cost. This will include the costs you're responsible for, such as a copay.

Is the estimate exactly what I'll pay?

No, the estimate gives you a general idea of what you'll pay for a particular service. What you actually pay may be higher or lower depending on the care you receive. Your bill will show the actual cost of the service and what you'll need to pay.

What if the estimate is more than I can afford to pay?

If your estimate is more than you can afford to pay, don't let that keep you from getting the care you need. We offer several options to help you manage your medical expenses when you get care at Kaiser Permanente medical centers. Please call the number on the back of your Kaiser Permanente ID card for assistance.



Questions?

If you can't get an estimate for a service online, call **877-608-0077** (TTY 711), Monday through Friday, 7:30 a.m. to 9 p.m. (closed holidays). Don't let an estimate keep you from getting the care you need.

Claims

In-network

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 you may be owed
- Care must be medically necessary. Please refer to your coverage document.

How to file the claim

To request payment or reimbursement, log on to kp.org, select [Coverage & Costs](#), and then click [Submit a claim](#). The member reimbursement form will be under the Claim forms section.

Along with your member reimbursement form, the following information is required for all claims:

- Itemized bills (should include date of service, services received, and cost of each item)
- Medical records (copies of original medical reports, admission notes, emergency room records, and/or consultation reports)
- Proof of payment (receipts or bank or creditcard statements)

You can also mail your member reimbursement form and required documents to:

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

What you'll receive from us

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 document for more information.

Out-of-network

- After you visit an out-of-network provider, you may be asked to pay the full service charge at the time the services are rendered and will have to file a claim, and you may be billed for the difference between what the doctor charges and the reimbursement you received. To receive the reimbursement, you'll need to file a claim if your provider does not accept assignment. The amount you pay for the difference between the full charges and reimbursement you receive for your claim does not accumulate toward meeting the deductible or out-of-pocket maximum.
- If your plan has an annual deductible, reimbursement is based on how much you've already paid toward your deductible and any remaining charges for which you're 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.
- Claims filed more than 12 months after you received care will not be accepted unless it was not reasonably possible to give proof within such time, and the proof is furnished within 2 years after the date of service.
- To obtain medical and pharmacy claim forms,

see your human resources representative or contact KPIC Member Services at **800-392-8649**, Monday through Friday, 9 a.m. to 9 p.m. (closed holidays).

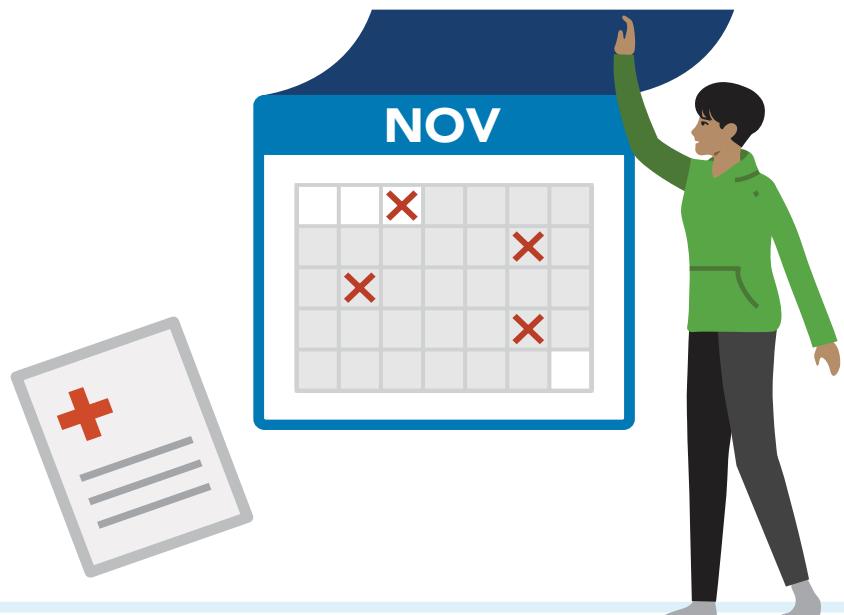
- For nonemergency claims, mail your claim form and itemized statement to:

Kaiser Permanente Insurance Company
(KPIC)
EDI Payor ID: KPIC1
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'll 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 document for specific details about your appeals process.



Precertification

Applies to certain out-of-network services only. Precertification is required for all inpatient care (such as hospital surgical procedures) and certain outpatient procedures.

- Your physician, hospital, or authorized representative may request precertification on your behalf.
- Contact Permanente Advantage at **888-567-6847** (TTY 711) to obtain precertification. Representatives are available Monday through Friday, 8 a.m. to 11 p.m.
- You may, however, request precertification 24 hours a day, 7 days a week. Response to urgent requests occurs within 2 hours of your message; nonurgent requests during the following business day.
- If you don't 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:
 - > You will have to pay a penalty, and the benefit that would have been paid to you will be reduced by 50%, up to a maximum penalty of \$500 per occurrence, 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 aren't covered don't satisfy the deductible and don't accumulate to the out-of-pocket maximum.
- Please review the entire precertification section in your KPIC *Certificate of Insurance* for complete terms, conditions, and limitations. If there are any discrepancies between this guide and the benefits detailed in your KPIC *Group Policy* and *Certificate of Insurance*, the *Group Policy* will prevail.



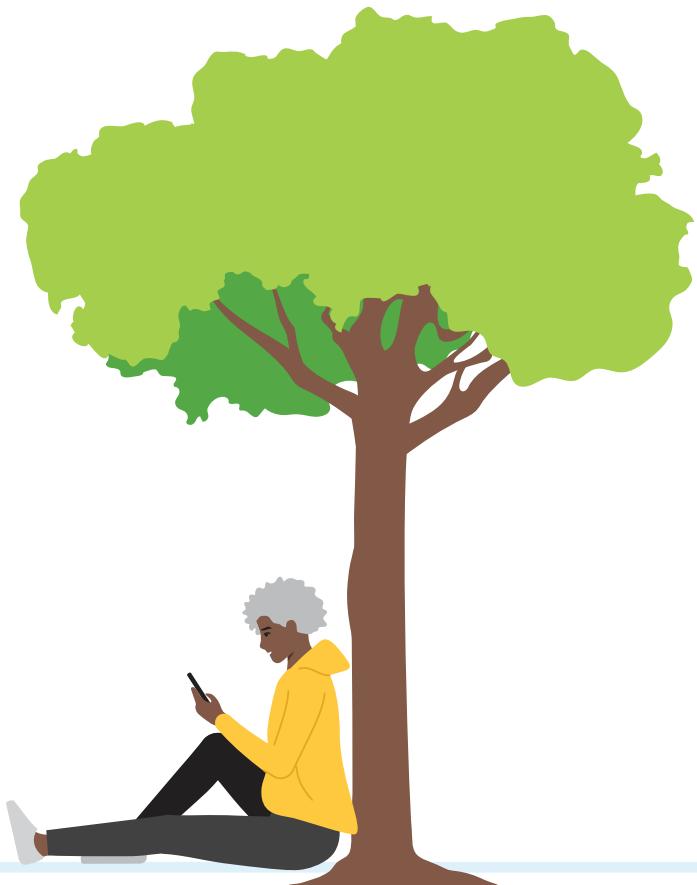
Dental

You're covered for dental care needed after an accident

Your medical coverage includes dental care needed after an accident. It does not provide additional dental care or dental treatment that is not related to an accident. Refer to your plan document to determine your accidental dental coverage, or contact the benefits officer where you work if your employer provides your coverage.

You may have a plan that includes preventive and other dental benefits. Refer to your health plan *Evidence of Coverage*, or contact the benefits officer where you work if your employer provides your coverage.

For questions about dental benefits (other than accidental dental), visit kp.org/dental/mas or call LIBERTY Dental Plan at **800-764-5393** (TTY **877-855-8039**). Knowledgeable LIBERTY Dental Plan member service specialists are available Monday through Friday, 8 a.m. to 8 p.m. (ET), to answer your questions about coverage or to help you find a participating dentist.



Care options while you're away from home

No matter where life takes you, Kaiser Permanente has you covered. If something unexpected happens while you're away from home, it's easier than ever to get care.

Routine care

Use your **kp.org** account or the Kaiser Permanente app¹ to:

- Get medical advice from a licensed care professional 24/7
- Access care by phone, video, or e-visit—usually at no cost²
- Email nonurgent questions to your doctor's office

Urgent care³

No matter where you get urgent or emergency care, you can file a claim for reimbursement. And at many locations outside Kaiser Permanente service areas, you'll only pay your copay or coinsurance—no need to file a claim.

- Cigna HealthcareSM PPO Network⁴ providers
- MinuteClinics[®], including pharmacies⁵
- Concentra clinics⁵

Emergency care³

No matter where you are, you can simply go to the nearest emergency room. If it's a Kaiser Permanente location or a Cigna Healthcare PPO provider, you'll only pay your normal copay or coinsurance.



¹To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on **kp.org**.

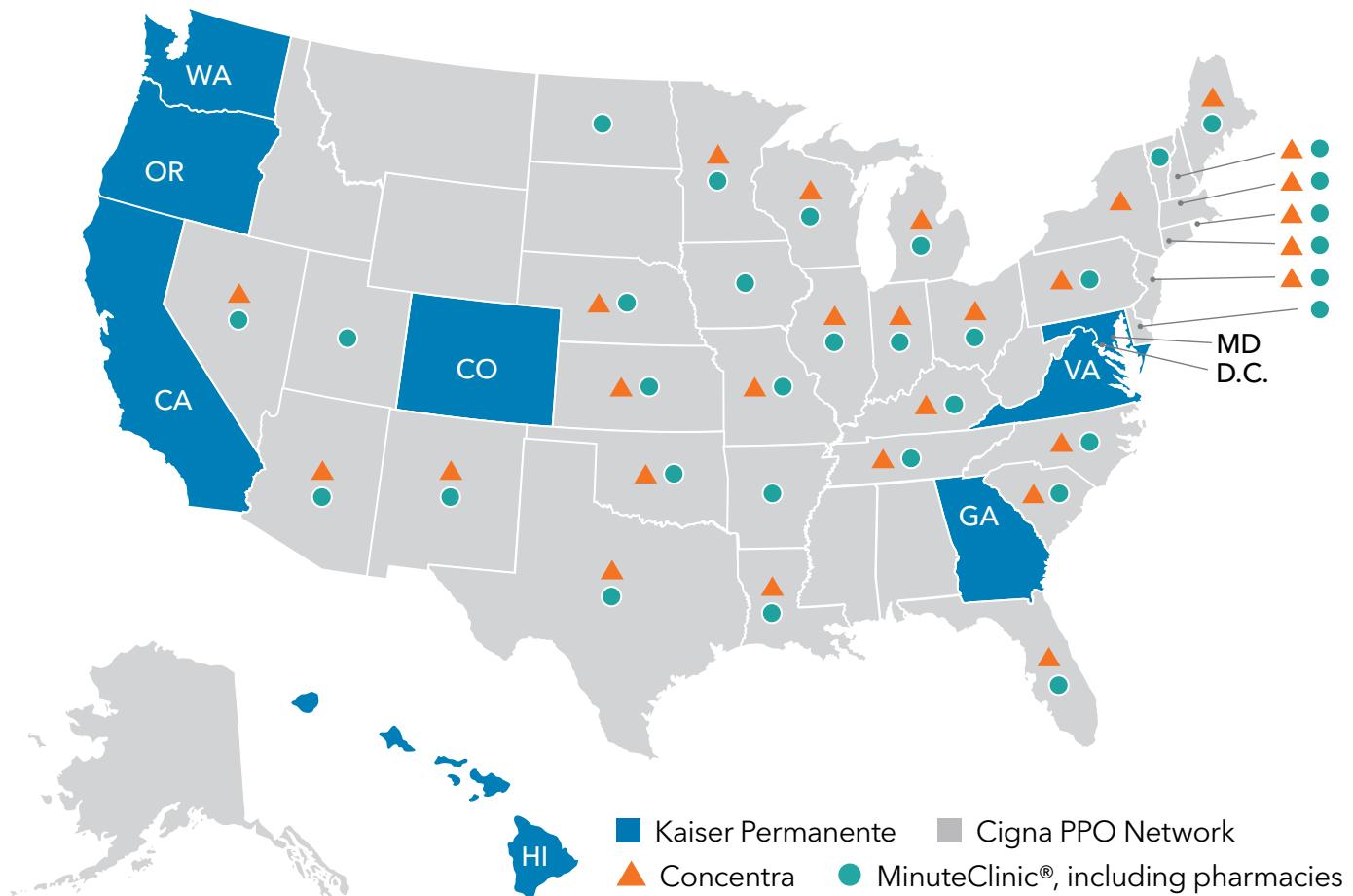
²When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

³If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.

⁴The 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.

⁵MinuteClinic and Concentra payment experiences vary by plan.

Find care near you



Support while you're away

Need help finding care or learning what's covered while you're away? Call our Away from Home Travel Line at **951-268-3900** (TTY 711)¹ or visit kp.org/travel.

If you're traveling internationally and need help locating urgent or emergency care, call **001-951-268-3900** (from a landline phone) or **951-268-3900** (from a mobile device).



¹Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

Care options while you're away from home

(continued)

Out-of-network

Remember that with your AON Deductible Added Choice plan, you can get care from any provider, anywhere. 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.

Visit **kp.org/travel** 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.



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 Kaiser Permanente app to stay connected when you're on the go.¹
- See your doctor if you need to manage a condition during your trip.
- Refill your prescriptions to have enough while you're away.
- Print a summary of your online medical record in case you don't have internet access.²
- 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.
- Keep your prescription medications in your carry-on bag if traveling by plane.
- Save the Away from Home Travel Line contact information.

Phone: **951-268-3900**

Website: **kp.org/travel**

¹To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on **kp.org**.

²This feature is available when you register on **kp.org** and get care at Kaiser Permanente facilities.

Additional services

Chronic care management

Get help managing your ongoing health conditions

If you have any of the following conditions, and want information to help manage it, you can join our disease management program:

- Asthma
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Depression
- Diabetes
- High blood pressure
- Weight management

Leave a message anytime at **703-536-1465** (Washington, DC, metropolitan calling area) or **410-933-7739** (Baltimore area). Please leave your name, medical record number, address, and the condition for which you're requesting information, and we'll return your call within 2 business days.

Coordination of benefits

Do you have coverage from another plan, too?

If you have other health coverage in addition to your coverage with Kaiser Permanente, notify Member Services at **855-839-5763** (TTY 711), 7 days a week, 7 a.m. to 11 p.m. (closed 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 **855-839-5763** (TTY 711), 7 days a week, 7 a.m. to 11 p.m. (closed holidays).



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 an in-network provider.

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 the time frames listed above, please call **800-777-7902 (TTY 711)** to speak with a Member Services representative, who will connect you with the staff who will help you schedule an appointment within the time frames.

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides 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, braille and accessible electronic formats
- Provides no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-777-7902 (TTY: 711)**

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 4000 Garden City Drive, Hyattsville, MD 20785, 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>.

This notice is available at <https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-777-7902 (TTY: 711)**.

አማርኛ (Amharic) ትክክለኛ: አማርኛ የሚገኘው ከሆኑ ተገብር የሆኑ ልማት መርሆምናን እና አገልግሎቶችን ማዣምድ የቋንቋ እርዳታ አገልግሎቶች በኋላ ይገኘለ:: በ **1-800-777-7902** ይደውሉ (TTY: 711)::

العربية (Arabic) تنبية: إذا كنت تتحدث العربية، توفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-777-7902 (TTY: 711)**.

Bǎsój Wùdù (Bassa) Mbi sog: nia maa Bàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tson ni son, niŋ ma kénŋen yé, mbi èyem. Wó nàŋ **1-800-777-7902 (TTY: 711)**

বাংলা (Bengali) মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, আপনি বিনামূলে, উপযুক্ত সহায়ক পরিষেবা ও সাহায্য সমেত ভাষা সহায়তা পরিষেবা পেতে পারেন। **1-800-777-7902 (TTY: 711)-এ** ফোন করুন।

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-777-7902 (TTY: 711)**。

فارسی (Farsi) توجه：اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس تان است با **1-800-777-7902 (تلفن متنی): 711** (TTY: 711) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-777-7902 (TTY: 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-777-7902** an (TTY: 711).

ગજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો યોગ્ય સહાયક સહાય અને સેવાઓ સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. **1-800-777-7902 (TTY: 711)** પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl, w ap jwenn sèvis asistans lang tankou èd ak sèvis konplemantè adapte gratis. Rele **1-800-777-7902 (TTY: 711)**.

हिन्दी (Hindi) ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएं मुफ्त उपलब्ध हैं। **1-800-777-7902** पर कोल करें (TTY: 711).

Igbo (Igbo) TINYE UCHE: O bụrụ na i na-asụ Igbo, Ọrụ enyemaka nke asusụ gụnyere udi enyemaka na Ọrụ kwesịri ekwesi, n'efu, dị nye gi. Kpọọ **1-800-777-7902 (TTY: 711)**.

Italiano (Italian) ATTENZIONE. Se parla italiano, può usufruire gratuitamente dei servizi di assistenza linguistica compresi gli opportuni aiuti e servizi ausiliari. Chiamare il numero **1-800-777-7902 (TTY: 711)**.

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。 **1-800-777-7902** までお電話ください (TTY: 711)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-777-7902**로 전화해 주세요 (TTY: 711).

Naabehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'l bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-777-7902 (TTY: 711)**.

Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para **1-800-777-7902 (TTY: 711)**.

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-777-7902 (TTY: 711)**.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-777-7902 (TTY: 711)**.

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-777-7902 (TTY: 711)**.

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร **1-800-777-7902 (TTY: 711)**.

اردو (Urdu) توجہ: اگر آپ اردو بولتے ہیں تو آپ مفت زبان کی معاونت کی خدمات حاصل کر سکتے ہیں، جیسے مناسب معاون امداد اور خدمات کاٹلے گریں **1-800-777-7902 (TTY: 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-777-7902 (TTY: 711)**.

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá ñ sọ èdè Yorùbá, àwọn isé ìrànlówó èdè tó fi kún àwọn ohun èlò ìrànlówó tó yé àti àwọn isé láisí idíyelé wà fún ọ. Pe **1-800-777-7902 (TTY: 711)**.

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) የስተምር: አንጻርሃን የሚገኘው ከሆኑ፣ የቁንቁ አርዳታ አገልግሎቶች፣ ከዚያ እና፣ ለእርስዎ ይገኘለ፡፡ ወደ 1-888-225-7202 ይደውሉ (TTY: 711)፡፡

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

Ɓàṣó ò Wùdqù (Bassa) Dè qe nià ke dyédé gbo: Ɔ jú ké ìm Ɓàṣó-ò-wùdqù-po-nyò jú ní, níí, à wuqu kà kò po-poò bén ìm gbo kpáa. Ðá **1-888-225-7202 (TTY: 711)**

বাংলা (Bengali) মনোযোগ দিন: যদি আপনি ইংরেজিতে কথা বলেন, আপনার জন্য ভাষা সহায়তা পরিষেবা, বিনামূলে 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 Sprachassistenz zur Verfügung. Bitte wählen Sie: **1-888-225-7202** (TTY: 711).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે અંગેજુ 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) ધ્યાન દેં: યदि આપ અંગેજી બોલતે હોય, તો આપને લિએ નિઃશુલ્ક ભાષા સહાયતા સેવાએ ઉપલબ્ધ હોય। **1-888-225-7202** (टીટીવાર્ડ: 711) પર કોલ કરો।

Igbo (Igbo) GEE NTI: O bụru na i na asụ Igbo, ọru enyemaka nkowa asusụ, du n'efu, dịjirị gị. Kpọ ọ **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 lengguahet 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.

Naabéehó (Navajo) Díí baa akó nínízín: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hól ó, koj j' hódíílnih **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، بلا معاوضہ، 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)

Plan overview

(continued from the inside front cover)

In-network

Why using in-network services is a great idea:

- You'll generally pay the lowest out-of-pocket costs.
- You can view most lab results, refill most prescriptions, email your doctor's office, schedule routine appointments, and more at kp.org.¹
- If you're having more than one test or procedure, you may be able to have them done in one place and refill your prescription at the same place, saving you time.
- When you call for medical advice, you could also have a video visit with a doctor who is connected to your personal care team. You can also make a video appointment with your primary care doctor, during regular office hours—both at no extra cost.²
- Urgent Care is available 24/7 at seven medical centers, and on evenings and weekends Urgent or After Hours Care is available at seven others.
- There is a deductible that you have to meet for most services.
- Preauthorization may be required for certain services, which your Permanente physician will obtain for you.

Refer to your coverage document for more information.

Out-of-network

Key things to remember for out-of-network care:

- Your out-of-pocket costs will generally be higher when you choose to receive services from out-of-network providers and facilities.
- You may need to submit claims for reimbursement.
- Certain services require precertification.

Member responsibilities:

- It is your responsibility to manage precertification requests, claim forms, and other administrative tasks.
- Out-of-network providers may require you to pay the full cost of each visit at the time of your visit. If so, you'll need to submit claim forms with itemized bills for reimbursement.

Out-of-network costs:

- After you receive any out-of-network 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, deductible and out-of-pocket maximum accumulations, and how much you are responsible for paying (this is not a bill).
- When you choose out-of-network providers, you must first meet your annual deductible before KPIC begins to pay for covered services (most services are subject to the annual deductible).
- After you meet your deductible, you'll have to pay coinsurance or copays for covered services for the rest of the contract year or until you reach your out-of-pocket maximum. Out-of-network providers may also bill you for the difference, if any, between actual billed charges and the maximum allowable charge.
- Out-of-network physicians are not connected electronically to one another or to you, which means you manage your own care, carrying your paper medical record and other files with you from office to office. You must follow up to be sure that test results are communicated between doctors' offices. You must wait for lab results.
- Your pharmacist is not linked to your medical record.

Refer to your coverage document for more information.

Setting up an HSA

If you have health coverage through your employer, talk to your benefits administrator about how to set up your HSA. Once you've opened your account, you can start putting money in it. Keep in mind that the IRS sets a limit on how much you can put in your HSA each year. Some employers also contribute money to their employees' accounts. To see if your employer does, talk to your benefits manager.

¹These features are available for care provided at Kaiser Permanente medical centers.

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

Kaiser Permanente medical facilities

Maryland

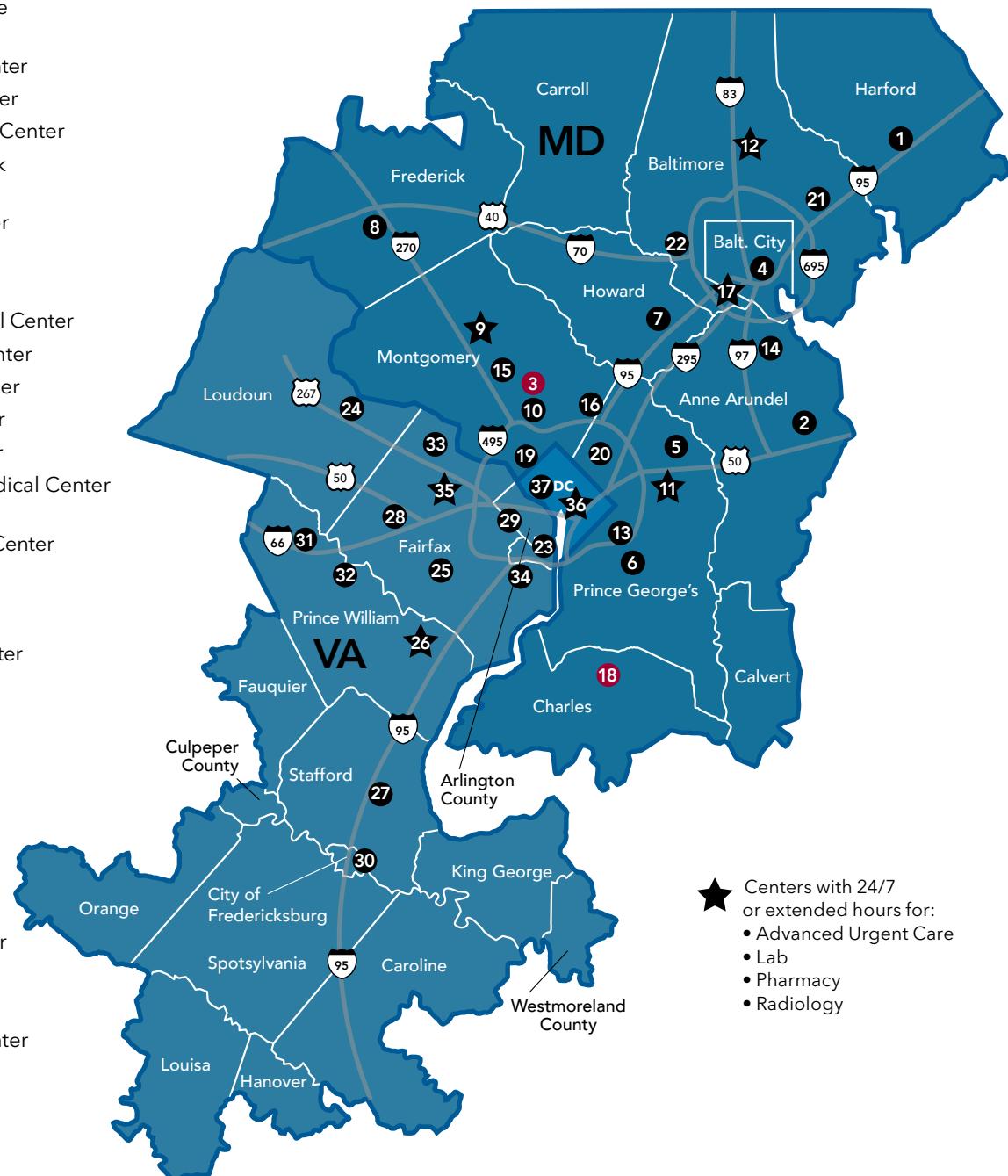
- 1 Abingdon Medical Center
- 2 Annapolis Medical Center
- 3 FUTURE LOCATION**
Medical Center in Aspen Hill
- 4 Kaiser Permanente Baltimore Harbor Medical Center
- 5 Bowie Fairwood Medical Center
- 6 Camp Springs Medical Center
- 7 Columbia Gateway Medical Center
- 8 Kaiser Permanente Frederick Medical Center
- 9 Gaithersburg Medical Center
- 10 Kensington Medical Center
- 11 Largo Medical Center
- 12 Lutherville-Timonium Medical Center
- 13 Marlow Heights Medical Center
- 14 North Arundel Medical Center
- 15 Shady Grove Medical Center
- 16 Silver Spring Medical Center
- 17 South Baltimore County Medical Center
- 18 FUTURE LOCATION**
Southern Maryland Medical Center
- 19 well** Friendship Heights
by KÄSER PERMANENTE.
- 20 West Hyattsville Medical Center
- 21 White Marsh Medical Center
- 22 Woodlawn Medical Center

Virginia

- 23** Alexandria Medical Center
- 24** Ashburn Medical Center
- 25** Burke Medical Center
- 26** Caton Hill Medical Center
- 27** Colonial Forge Medical Center
- 28** Fair Oaks Medical Center
- 29** Falls Church Medical Center
- 30** Fredericksburg Medical Center
- 31** Haymarket Crossroads Medical Center
- 32** Manassas Medical Center

Washington, DC

- 36 Kaiser Permanente Capitol Hill Medical Center
- 37 Northwest DC Medical Office Building



For the most current listing of available facilities and services, please visit kp.org/facilities.

Kaiser Permanente's service area in Fauquier County includes the following ZIP codes: 20115, 20116, 20117, 20119, 20128, 20137, 20138, 20139, 20140, 20144, 20181, 20184, 20185, 20186, 20187, 20188, 20189, 22406, 22556, 22639, 22642, 22643, 22720, 22728, and 22739.