

Welcome to Kaiser Permanente

Get started in 3 easy steps



How your Kaiser Permanente health plan works

Your Deductible Added Choice with the SignatureSM delivery system plan gives you the freedom to choose how you receive care, each time you receive care:

You get quality care from the Kaiser Permanente Signature delivery system, composed of over 1,800 physicians of the Mid-Atlantic Permanente Medical Group, P.C. (Permanente).

Refer to the *Signature Physician Directory* or visit kp.org/doctor for a list of primary care physicians, ob-gyns, specialists, and hospitals.

Out-of-network: You may visit any licensed physician not included in the Kaiser Permanente Signature delivery system, and you do not need to notify us of your choice.

It's important to keep in mind that your benefits and cost shares will vary when you choose an out-of-network provider.

About this plan

	In-network	Out-of-network
Physicians	Permanente physicians.	Any licensed physician or provider not included in the Kaiser Permanente Signature delivery system.
Hospitals	Kaiser Permanente premier hospitals. ¹	Any hospital not included in the Kaiser Permanente Signature delivery system.
Out-of-pocket costs	Usually the lowest out-of-pocket costs. There is a deductible. Some services, such as preventive care and primary care physician visits, are offered before a deductible is met. Refer to your plan document for a list of services that are subject or not subject to the deductible.	Usually the highest out-of-pocket costs. Most services are subject to a deductible and then coinsurance.
	When you visit an in-network Permanente provider, you won't be charged more than your deductible, copayment, or coinsurance for covered services.	When you visit an out-of-network provider, in addition to your contract year deductible, copayment, and/or coinsurance, you may be responsible for the difference between the billed charges and the maximum allowable charge.
Referral and preauthorization	Referral to see specialists is required. Some services may require pre-authorization. If you have a Permanente physician, they'll obtain preauthorization for you. If you have a network physician, you'll be responsible for obtaining preauthorization.	No referral to specialists is needed. Some services require preauthorization. You will be responsible for obtaining preauthorization. Contact Member Services or the Utilization Management Operations Center at 888-225-7202 (TTY 711) to obtain preauthorizations. 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 will get a reply during the following business day. Visit kp.org/addedchoice/mas .
Claims	Virtually no claim forms to complete.	You may be required to pay the full cost of each visit. If so, you will need to submit claim forms with itemized bills for reimbursement. Forms are available at kp.org/addedchoice/mas .

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¹Premier 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. For the most current information, visit kp.org/premierhospitals.

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 key details at your fingertips, including how to get care, important phone numbers, and information about 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 us at **888-225-7202** (TTY **711**) or visiting **kp.org/newmember**. Take advantage of all that life has to offer by being as healthy as you can be.

Welcome to Kaiser Permanente!

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 “plan document.”

In the event of ambiguity or conflict between this member guide and the KFHP-MAS *Group Agreement* and *EOC*, the KFHP-MAS *Group Agreement* and *EOC* 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.

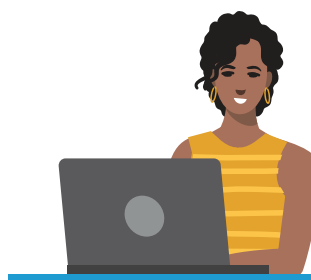
1. From your smartphone, go to your preferred app site: App StoreSM (iOS) or Google Play[®] (Android[™]).³
2. Search for the Kaiser Permanente app, then download it to your smartphone.
3. Use your **kp.org** user ID and password to activate the app, and you'll be ready to go.

Digital membership card

Access your membership information anytime, anywhere, with 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

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

- In-network: Kaiser Permanente providers
- Out-of-network: any licensed provider

In-network: Choosing a personal doctor (primary care physician)

Choose by phone

Call us at **888-225-7202** (TTY **711**), Monday through Friday, 7:30 a.m. to 9 p.m. Once you've decided on a doctor, we can help you schedule your first appointment.

Choose online

Go to **kp.org/doctor** to browse our doctor profiles and find a doctor who matches your needs. Once you've chosen, call **800-777-7904** (TTY **711**), 24 hours a day, 7 days a week, to schedule your first appointment. You don't need a referral for the following specialties. Just call for an appointment:

- **800-777-7904** (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.

Out-of-network: Any licensed provider

Through the out-of-network tier, you can work directly with any licensed provider or facility anywhere. No referral is needed for office visits to out-of-network physicians or specialists; however, preauthorization applies to certain covered out-of-network services.

It's important to keep in mind that your benefits will vary with each provider option and that the amount you pay for a particular service will depend on the provider option you choose and, in some cases, where you choose to receive care.



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

Step 3 Get prescriptions

You can fill prescriptions from any provider at any pharmacy

Kaiser Permanente pharmacies:

- You can fill prescriptions at Kaiser Permanente medical center pharmacies or online at **kp.org**.
- You can also use Kaiser Permanente's Mail Order Pharmacy to get prescription refills delivered right to your front door.¹

Community participating pharmacies:

- You can fill prescriptions at participating pharmacies, including Giant, Harris Teeter, Kmart, Safeway, Walgreens, Walmart, and others.
- There is no mail-order service with this pharmacy option.
- You may have higher cost shares than you would if you go to a Kaiser Permanente pharmacy, and a deductible may apply.

Out-of-network pharmacies:

- You can fill prescriptions at all other pharmacies.
- There is no mail-order service with this pharmacy option.
- You may have higher cost shares than you would if you went to a participating (community network) pharmacy, and a deductible may apply.
- You may need to pay full out-of-pocket costs for prescriptions filled at out-of-network pharmacies and submit claims to MedImpact for reimbursement.



Get prescription refills by 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,² 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 on **kp.org** or the Kaiser Permanente app² 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.

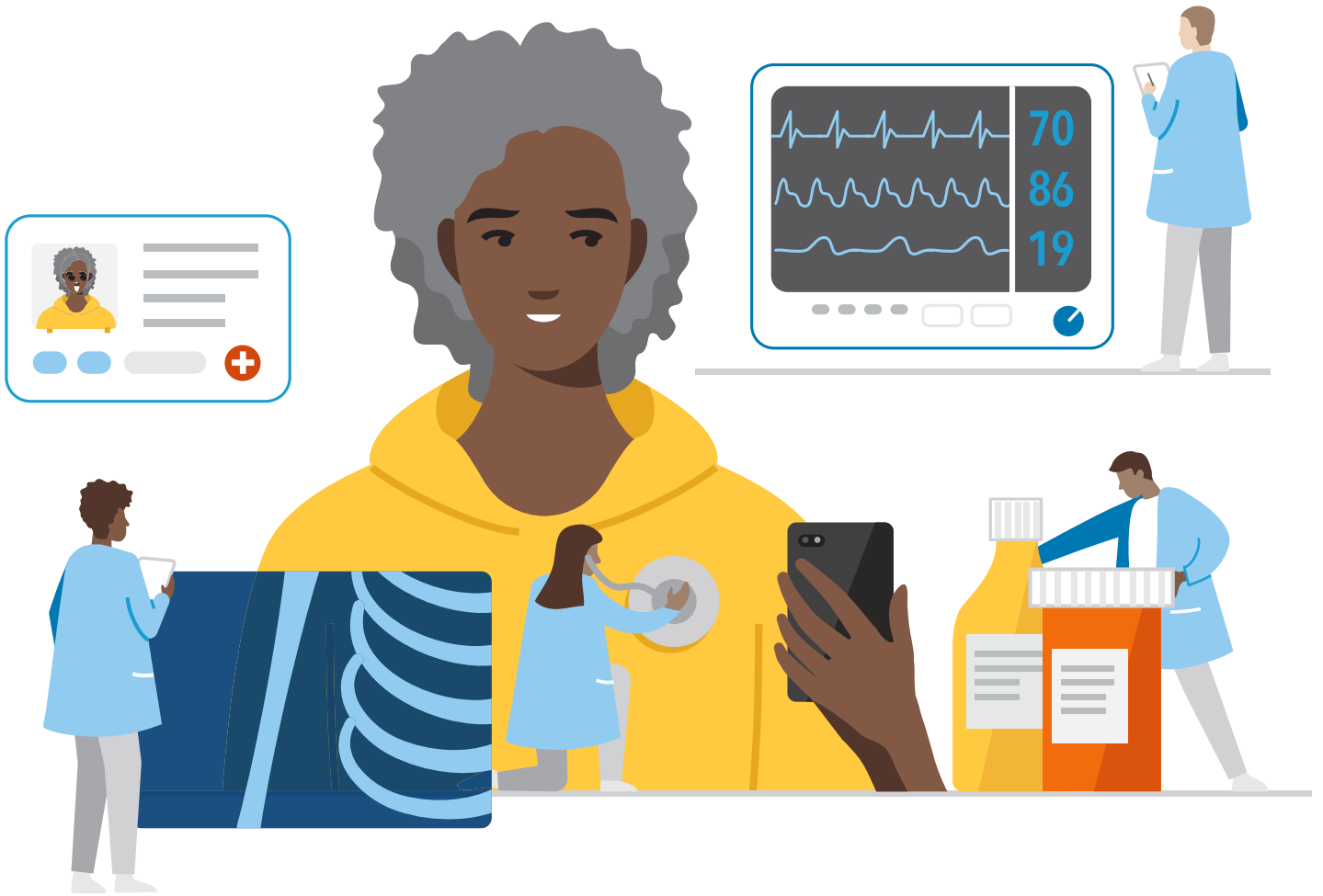
¹Some medications are not eligible for Mail Order Pharmacy. Mail Order Pharmacy can mail to addresses in MD, VA, DC, and certain locations outside the service area.

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

Also inside

- Pharmacy phone numbers7
- The right care8
- Getting virtual care with Kaiser Permanente 11
- Healthy extras to improve your mental and physical health..... 12
- Urgent and After Hours Care 13
- Kaiser Permanente Urgent and After Hours Care locations 14
- Hospital care 15
- Kaiser Permanente medical facilities 16
- Additional services..... 17
- Care options while you’re away from home.....20
- Understanding your costs and benefits22
- Your share of costs23
- Claims.....24
- Requirements for timely medical appointments.....25





Pharmacy phone numbers

There is a pharmacy in each Kaiser Permanente medical center.
See page 16 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.

The right care

Services	In-network	Out-of-network
 Seeing your doctor For an expected care need like a recommended preventive screening, a visit for a health issue currently being treated, a new health concern, or change in an existing health condition that is not an urgent care need.	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. If you have an affiliated physician, contact your doctor's office directly. Ask your doctor's office for business hours. 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	Call your out-of-network provider directly. Ask your doctor's office for business hours.
 Video visits² See physicians and providers by video visit—wherever you need. You can also meet a physician on demand with Get Care Now with a Clinician. Short wait times may apply.	For video visits with doctors who practice at Kaiser Permanente medical centers, visit kp.org or call 800-777-7904 (TTY 711), 24 hours a day, 7 days a week.	Contact your provider directly about the availability of telehealth appointments.
 E-visits³ For certain conditions, you can use our online symptom checker and get personalized care advice within 1 hour.	Get started at kp.org. E-visits are available 7 days a week, from 8 a.m. to midnight.	Contact your provider directly about the availability of e-visits.
 Medical advice by phone Whenever you need medical advice or are unsure whether you need urgent care.	800-777-7904 (TTY 711)	Call for medical advice 24 hours a day, 7 days a week.

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.

³Available 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 You're covered at any Kaiser Permanente After Hours, Urgent, or Advanced Urgent Care location.	800-777-7904 (TTY 711) Unsure if you need urgent or emergency care? Call 800-677-1112 (TTY 711) . 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	14 locations; 7 open 24 hours a day, 7 days a week Members are welcome to walk in without an appointment at our Advanced Urgent Care centers. Urgent Care and After Hours Care are by appointment only. Learn more at kp.org/urgentcare/mas .
 Emergency care² You're covered for urgent and emergency illness or injury anywhere in the world.	If you think you're experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility anytime, day or night. Unsure if you're experiencing an emergency? Call 866-677-1112 (TTY 711) .	24 hours a day, 7 days a week
 Behavioral health	You can seek initial consultation without a referral from your doctor for outpatient treatment for behavioral health or substance use conditions. Call 866-530-8778 (TTY 711) , Monday through Friday (except holidays), 8:30 a.m. to 5 p.m.	Preauthorization is required before receiving inpatient hospital care. Depending on your plan, it may also be required for certain outpatient procedures. Please refer to your plan document for more details.

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.

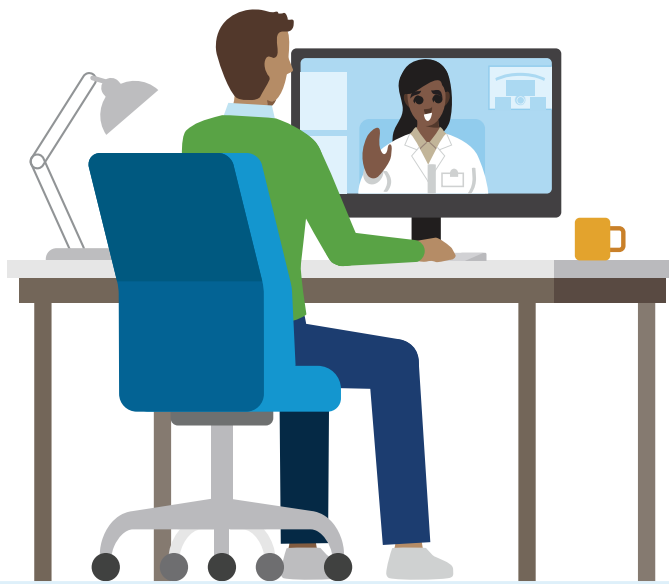
The right care (continued)

Services	In-network	Out-of-network
 Vision care	Visit kp.org or call 800-777-7904 (TTY 711). Hours vary by location. Learn more at kp2020.org. You don't need a referral from your doctor to make an appointment.	You can visit any licensed optometrist or vision facility. You'll pay for services in full and submit a claim for reimbursement.
 Seeing specialty doctors	You need a referral from your primary care physician for specialty care. In most cases, an appointment will be coordinated for you by your care team. Otherwise, call Kaiser Permanente at 800-777-7904 (TTY 711). You don't need a referral for ob-gyn, optometry, and some behavioral health services.	You can choose any licensed provider for specialty care. No referral is needed for office visits to out-of-network specialists; however, preauthorization applies to certain covered out-of-network services.

If you're new to Kaiser Permanente or haven't seen your Permanente physician yet, and 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**).

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.

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.



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

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**.

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 Minnieville 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. Please see your plan document for more details



For locations and other 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.

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 KAISER PERMANENTE.
- 20 West Hyattsville Medical Center
- 21 White Marsh Medical Center
- 22 Woodlawn Medical Center

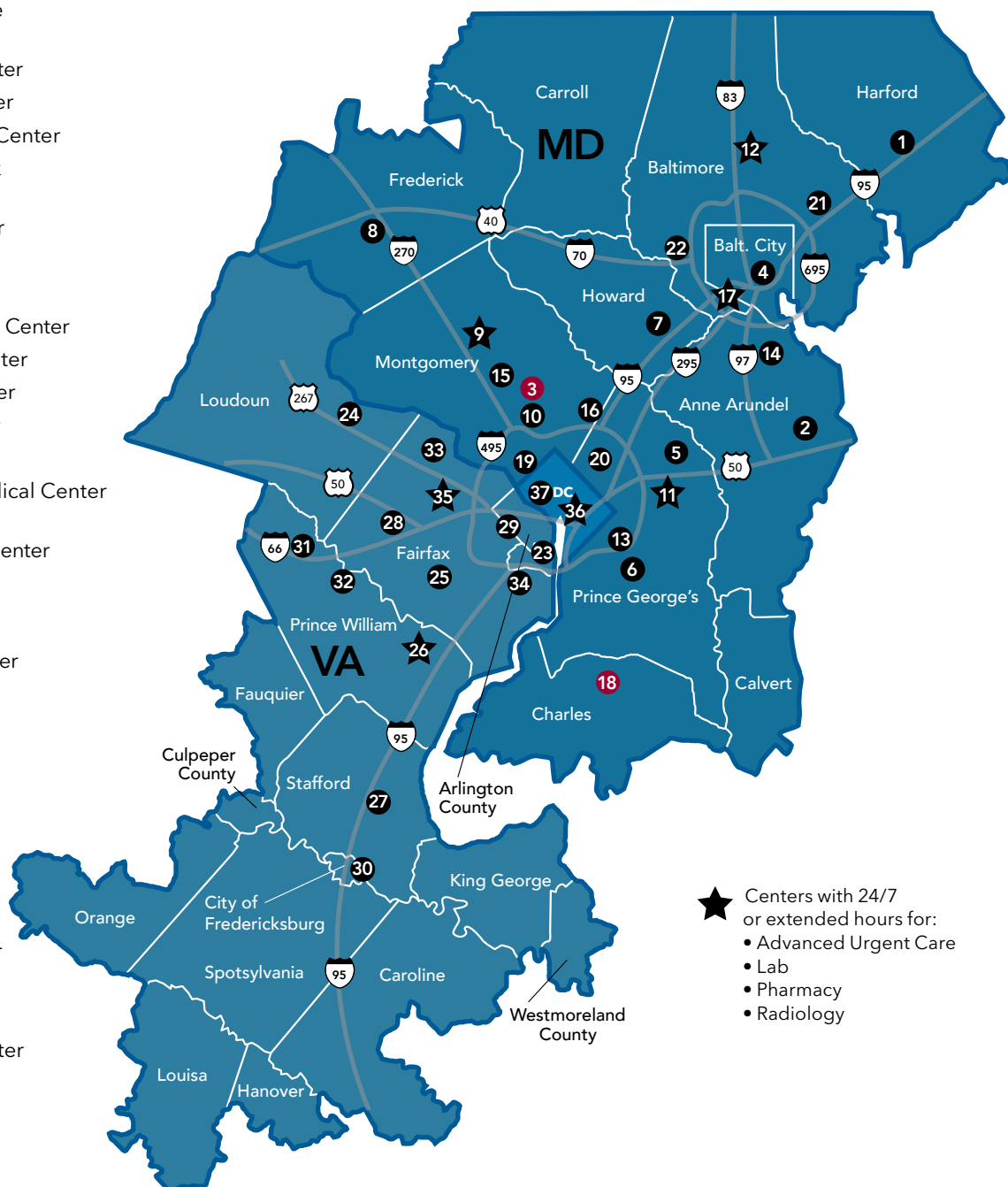
Virginia

- 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

- 33 Reston Medical Center
- 34 Springfield Medical Center
- 35 Tysons Corner Medical Center

Washington, DC

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



- ★ Centers with 24/7 or extended hours for:
- Advanced Urgent Care
 - Lab
 - Pharmacy
 - Radiology

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, 20198, 22406, 22556, 22639, 22642, 22643, 22720, 22728, and 22739.

Additional services

Services	What you need to know
X-ray and imaging services 	In-network: For most services, you need a referral from your doctor. They'll let you know how to schedule your appointment. Most X-ray and imaging services are located wherever Urgent Care or Advanced Urgent Care is offered so you don't have to make a separate trip to have an X-ray or other imaging test. Call the appointment line to schedule a mammogram. You do not need a referral from a doctor. Your primary care physician or ob-gyn will talk with you about how often you should be screened. Your results from tests done in Kaiser Permanente medical centers will be available in your medical record. Your primary care physician or ob-gyn will talk with you about how often you should be screened. Out-of-network: You can receive X-ray and other imaging services at any facility. If you receive screenings in out-of-network facilities, you'll likely 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.
Dental 	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 <i>Evidence of Coverage</i>, 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., to answer your questions about coverage or to help you find a participating dentist.

Additional services (continued)

Services	What you need to know
Lab tests and results 	In-network: For most routine lab tests, your Permanente physician will send the order electronically to the Kaiser Permanente lab, and you can just walk in without an appointment. Most lab services are located wherever Urgent Care or Advanced Urgent Care is 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. You can read most results online soon after the lab completes your tests, sometimes on the same day. If your lab tests are not performed in a Kaiser Permanente medical center, follow your physician's instructions about how to receive your test results. Out-of-network: You can receive lab services at any facility. If you receive lab services in out-of-network facilities, you'll likely 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.
Chronic care management 	You can join our disease management program if you need help managing ongoing health conditions, such as: • Asthma • Chronic obstructive pulmonary disease • Coronary artery disease • Depression • Diabetes • High blood pressure • Weight management To learn more, 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.

Services	What you need to know
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, please notify Member Services at 800-777-7902 (TTY 711). 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.



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**.

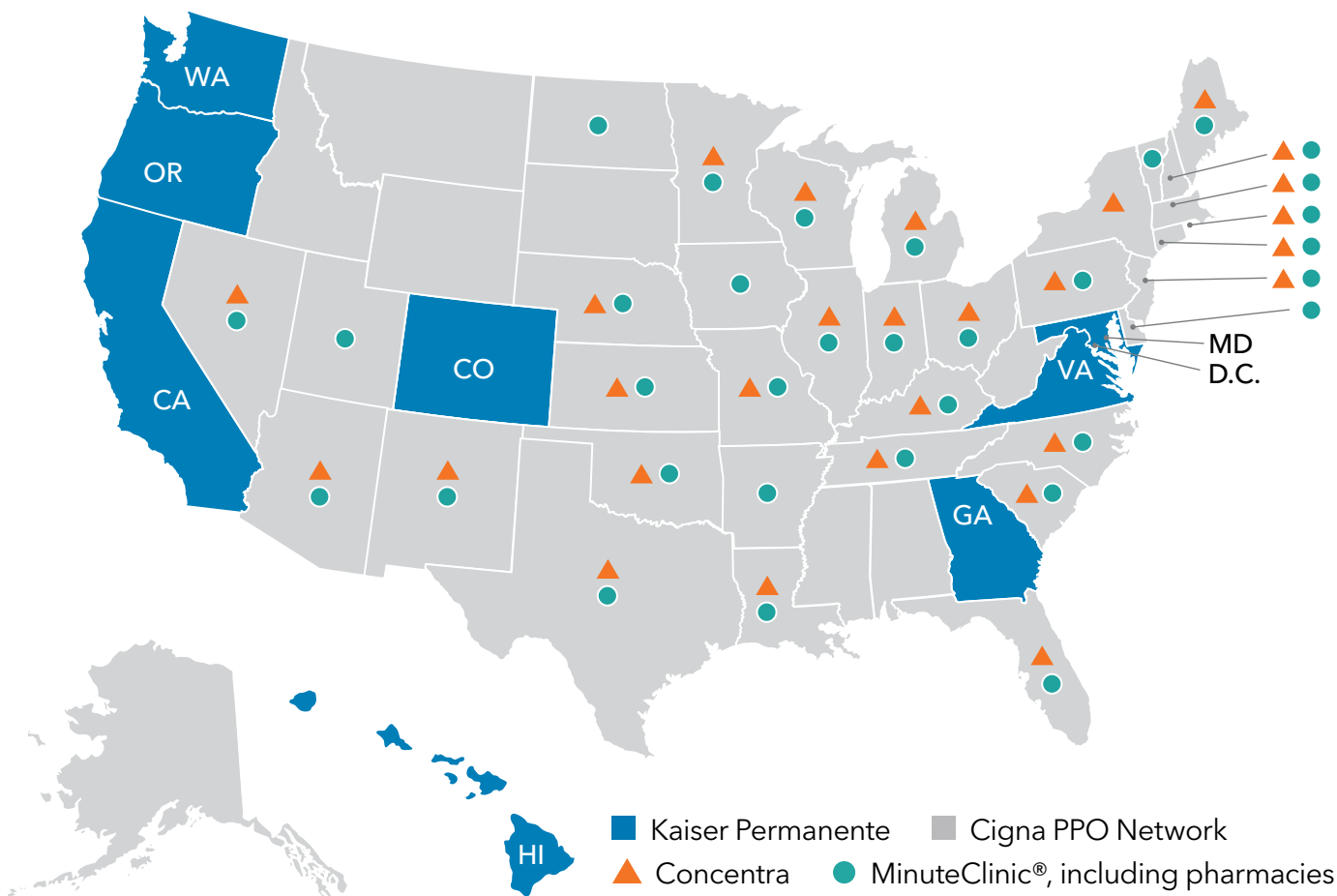
²When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

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.

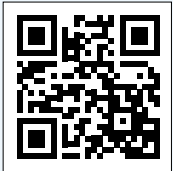
Find care near you



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.

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 do not count toward a deductible. However, they do count toward your annual out-of-pocket maximum for most services.	Nearly all plans have copayments or coinsurance. A copayment or coinsurance may be owed on the day you receive services, for each visit, even if multiple visits occur on the same day.
Coinsurance	The percentage of the cost for a covered service. For example, if your coinsurance is 15% and your allowed office visit cost is \$100, then you pay \$15 and the health plan pays \$85. Coinsurance varies according to your plan and does not apply toward the deductible. However, it counts toward your annual out-of-pocket maximum for most services.	There is no copay or coinsurance for 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.

Claims

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.
- Your amount paid was for a copayment, deductible, and/or coinsurance.

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 plan document.

How to file the claim

To request payment or reimbursement, log on to **kp.org**, select [Coverage & Costs](#), and then select [Submit a claim](#).

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 credit card 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 plan document for more information.



Requirements for timely medical appointments

Some Kaiser Permanente customers 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) ትኩረት: አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-777-7902** ይደውሉ (TTY: **711**)።

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

Bàsɔ̀ò 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 বিনামূল্যে, 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 دسترس‌تان است با 1-800-777-7902 (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 Sprachassistenten mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie 1-800-777-7902 an (TTY: 711).

ગુજરાતી (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 konplèmanntè 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 कॉल करें (TTY: 711).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ ọgụnyere udi enyemaka na ọrụ kwesiri ekwesị, n'efu, dị nye gị. 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).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánífti'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).

اُردو (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۔ کال کریں 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 ń sọ èdè Yorùbá, àwon isẹ̀ ìrànlọ́wọ̀ èdè tó fí kún àwon ohun èlò ìrànlọ́wọ̀ tó yẹ àti àwon isẹ̀ láísí ìdíyelé wà fún ọ. Pe 1-800-777-7902 (TTY: 711).

Your provider choices (continued from the inside front cover)

In-network

Costs

There is a deductible. Some services, such as preventive care and primary care physician visits, are offered before a deductible is met. Refer to your plan document for a list of services that are subject or not subject to the deductible.

Referrals

If you have a referral from a Permanente physician, preauthorization from the health plan may also be required for certain services. Your Permanente physician will act on your behalf to seek this preauthorization.

If you have a referral from a network physician, you'll need to get preauthorization from the Kaiser Permanente Utilization Management Department by calling Member Services at **800-777-7902 (TTY 711)**, Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).

If your preauthorization request is denied

You have the right to file an appeal if you disagree with the health plan's decision to not authorize medical, surgical, or behavioral health services, or drugs and devices. Appeal rights and detailed instructions are included with your plan document.

You can fax appeals to **866-640-9826**. Refer to your plan document for more information.

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'll 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're responsible for paying.
- You must first meet your annual deductible before the health plan begins to pay for covered services.
- After you meet your deductible, you'll have to pay coinsurance or copays for covered services for the rest of the contract year, and 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 plan document for more information.

Want to talk? We're here to help.

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

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

