

Find your healthy place

With care for all that is you



Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

Important open enrollment dates for 2023

- The open enrollment period for 2023 coverage runs from November 1, 2022, through January 15, 2023.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Maryland Health Connection.
- For coverage that starts on January 1, 2023, we must receive your Application for health coverage no later than December 15, 2022.

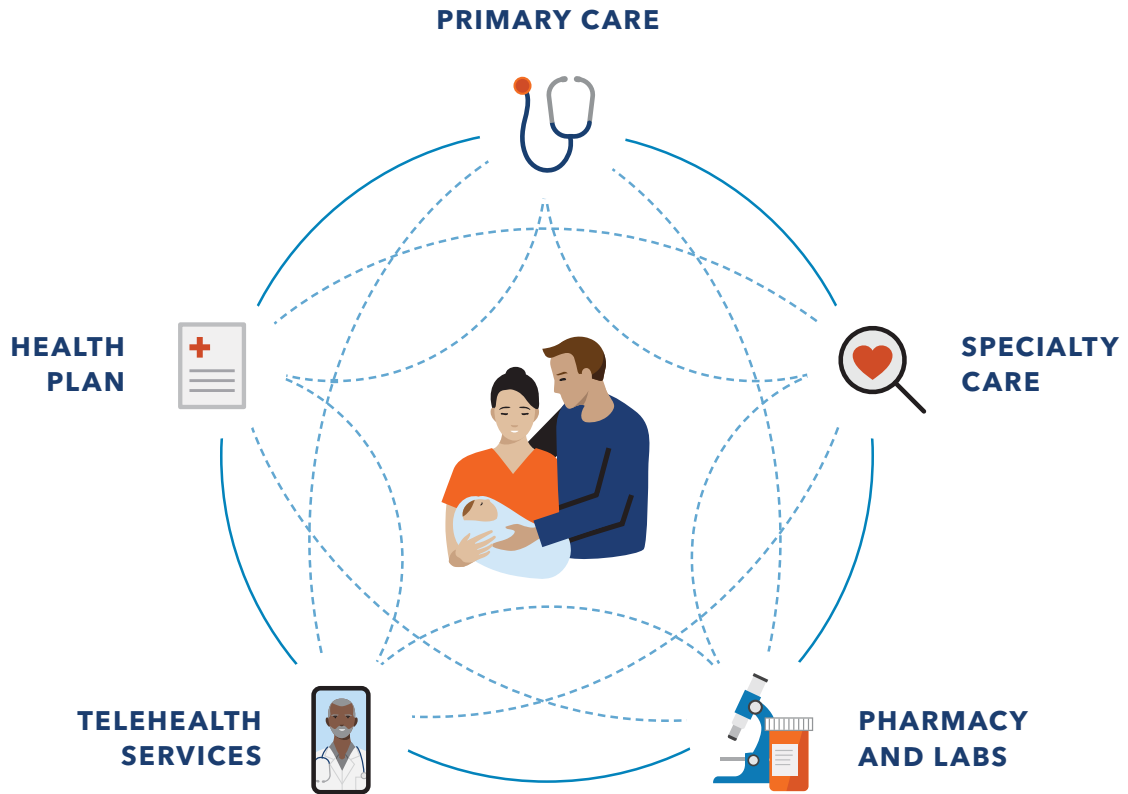
Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit kp.org/speciaalenrollment for a list of qualifying life events and instructions.

Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY 711).





Built to make your life easier

Kaiser Permanente combines care and coverage – which makes us different than your other health care options. Your doctors, hospitals, and health plan work together to make high-quality health care easier to get. That means you'll have peace of mind knowing care for your total health is there when and where you need it – from your doctor's office to your living room.

To see what it's like to be a member, visit kp.org/myhealthyplace.

"I really appreciate the coordination of care. Every doctor and specialist can access my records, and I don't have to waste valuable time repeating medical histories."

–Lisa, Kaiser Permanente member

Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to make sure the care you get is tailored to your needs. Your Kaiser Permanente care team is part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

Your healthy place should reflect all that is you

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Hire doctors and staff who speak more than one language
- Offer phone interpretation services in more than 150 languages
- Improved health outcomes among diverse populations for conditions like high blood pressure, diabetes, and colon cancer¹

Get care with the help of your electronic health record



Share your health history and any concerns with your personal doctor.



Your doctor coordinates your care, so you don't have to worry about where to go or who to call next.



Future care teams have a full picture of your Kaiser Permanente health history – without you having to repeat your story.



With your health records in hand, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

Convenient ways to get care

Same-day, next-day, and weekend appointments are available at most locations, and by phone and video.²



Visit us in person at a location near you.



Talk to a health care professional by phone or video.²



24-hour virtual care on your schedule

If a trip to the doctor's office doesn't fit your schedule, it's easy to get fast, personalized support – daytime, nighttime, anytime.

- Schedule a phone or video visit with a doctor or clinician.²
- Get 24/7 care advice by phone.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.
- Chat online with a Kaiser Permanente clinician for advice.

When connecting to care virtually, you may save money as well as time. Telehealth is covered at no cost with most plans.³



Prescription delivery

Fill prescriptions online or with the Kaiser Permanente app.⁴

- Have most delivered directly to your front door.
- Get same-day or next-day delivery for an additional fee.⁵
- Order them for same-day pickup.



Kaiser Permanente app

Manage your health 24/7 with our app. It's an easy, convenient way to do everything described above – anytime, anywhere.⁶

Care away from home

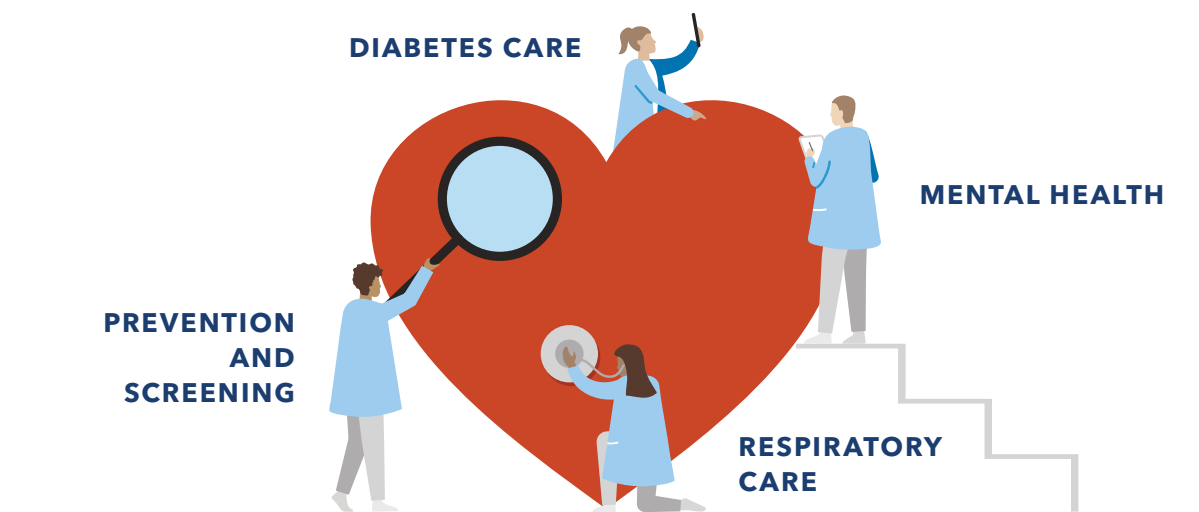
You're covered for urgent and emergency care anywhere in the world. And if you're planning to travel, we can help you stay on top of your health when you're away from home. We'll work with you to see if you need a vaccination, refill prescriptions, and more.



Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our specialty care has you covered.

In 2021, Kaiser Permanente led the nation as the top performer in 42 effectiveness-of-care measures. The closest national competitor led in only 14.⁷



Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

A collaborative approach to care

With one of the largest multispecialty medical groups in the country, we can help connect you with the right specialist who'll create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/specialtycare.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you can enroll in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you get the care you need without missing a beat.



Search profiles to find the right doctor

Our online doctor profiles let you browse the many doctors and locations in your area, even before you enroll. So you can join knowing you've found a doctor who fits your needs.



Transition your care

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. From day one, you'll have the support you need to help reach your health goals.



Connect to care online

After you enroll, create an account at kp.org and download the Kaiser Permanente app.⁶ Then manage your health on your schedule – whenever, wherever.

Health care doesn't have to be confusing

If you don't know an HMO from an HSA, you're not alone. But rest assured – we're here to make health care easier to understand. Get help learning the basics at kp.org/learnthebasics.



Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.⁸ Many of these resources are available at no additional cost.



Acupuncture, massage therapy, chiropractic care

Enjoy reduced rates on services to help you stay healthy.



Discounts for members

Enjoy discounts on products and services that can help you stay healthy – like gym memberships, massage therapy, and more. Explore your options at kp.org/choosehealthy.



Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more.



Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

Extras for your total health



Use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Set mental health goals, track progress, and get support managing depression, anxiety, and more.



Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.

Care meets you where you are

When you're a member, you get access to our doctors and facilities – conveniently located near where you live, work, and play. And when you can't come to us, you can get the care you need when you need it.²

117.8M

VIRTUAL CONNECTIONS

between members and their care teams in 2021⁹



12.6M

MEMBERS

covered for care needs in mind and body



23,656

DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements



42.5M

PRESCRIPTION DELIVERIES

to members' homes in 2021



773

HOSPITALS AND MEDICAL OFFICES

with many services often under one roof, so you can get everything done quickly



9

AREAS

to get Kaiser Permanente care in person – California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.



Your choice of doctors and locations

Visit kp.org/doctors to see all Kaiser Permanente locations near you and browse our online doctor profiles. You can choose your personal doctor and change anytime, for any reason.



Doctor and facility counts include affiliated medical professionals and locations. These statistics are from multiple Kaiser Permanente locations in various states.

Choosing your health plan

We offer a variety of plans to help fit your needs and budget. All of them offer the same quality care, but the way they split the costs is different.

Virtual plans – gold and silver

With a virtual plan, your monthly premium is lower, and you'll start most care with a virtual visit. Connect to care how you want – choose from 24/7 online chat or advice phone line, e-visit, scheduled video visit, phone appointment, or email for nonurgent issues, all at no additional cost. You'll get the care and prescriptions you need, or help finding in-person care.

Copay plans – platinum and gold

Copay plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

Deductible plans – gold, silver, bronze, and catastrophic

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you reach your deductible.

HSA-qualified high deductible health plans – silver and bronze

HSA-qualified deductible plans are deductible plans with a special feature. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account. You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses or adult dental.¹⁰ And if you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

Example of your costs for care

Let's say you hurt your ankle. You visit your personal doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's an example of what you'd pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Most generic drugs (Tier 1)
KP MD Gold Value 0/20/Vision (no deductible)	\$20 (waived for children under 5)	\$65	\$10*
KP MD Silver Virtual Forward 4000/Off (\$4,000 deductible)	Virtual care no charge; First visit in person no charge, and additional visits in person \$55 after deductible (copay waived for children under age 5)**	30% after deductible	\$10*
KP MD Bronze 6900/0%/HSA/Vision (\$6,900 deductible)	No charge after deductible	No charge after deductible	No charge after deductible

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

** Virtual Forward offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits. First in person visit at no charge before you reach your deductible, including primary care visits and outpatient mental health care visits.

The cost estimates above are from [kp.org/treatmentestimates](https://www.kp.org/treatmentestimates). Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit buykp.org/apply for details.



Understanding the plans: benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

Here's a quick look at how to use the chart

Benefit highlights	KP E KP MD Silver Value 2500/35/Vision KP MD Silver Value 2500/35/Vision/Off
Plan type	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200
Benefits	
Virtual care	
Chat, Email, E-visit, Phone, and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$35 (waived for children under 5)
Specialty care office visit	\$55
Most X-rays	\$85
Most lab tests	\$60
MRI, CT, PET	50% after deductible
Outpatient surgery	40% after deductible
Mental health visit	\$35 (individual therapy)
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	40% after deductible
Emergency and urgent care	
Emergency Department visit	40% after deductible
Urgent care visit	\$55
Prescription drugs (up to a 30-day supply)	
Most generic drugs (Tier 1)	\$20*
Most preferred brand name drugs (Tier 2)	\$80*,†
Non-preferred drugs (Tier 3)	40% after \$950 pharmacy deductible per member†
Specialty drugs (Tier 4)	40% after \$950 pharmacy deductible per member up to \$150 maximum per 30 day prescription
Whole health	
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Maryland Health Connection

Annual deductible
You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$2,500 for yourself or \$5,000 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum
This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$9,100 for yourself and no more than \$18,200 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no additional charge
Most preventive care services—including routine physical exams and mammograms—are covered at no additional charge. Plus, they're not subject to the deductible.

Covered before you reach the deductible
With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$35 copay (waived for children under 5)—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

Coinsurance
After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 40% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay
This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$55 copay for urgent care visits, whether or not you have met your deductible.

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

† The cost of diabetes, HIV, or AIDS medications will not exceed \$150 per 30-day supply; If there is a deductible, it will still apply.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Maryland Health Connection

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on marylandhealthconnection.gov.

Benefit highlights	KP E	KP E	KP E	KP E
	KP MD Bronze 7500/40/Vision	KP MD Bronze 6900/0%/HSA/Vision	KP MD Bronze Value 6700/40/Vision	KP MD Silver 6000/40/Vision KP MD Silver 6000/40/Vision/Off
Plan type	Deductible	HSA-qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$7,500/\$15,000	\$6,900/\$13,800	\$6,700/\$13,400	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$6,900/\$13,800	\$9,100/\$18,200	\$8,500/\$17,000
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	Chat, Email, E-visit, Phone and Video visit: No charge after deductible	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	40% after deductible	No charge after deductible	\$40 (waived for children under 5)	\$40 (waived for children under 5)
Specialty care office visit	40% after deductible	No charge after deductible	\$50 after deductible	\$60
Most X-rays	40% after deductible	No charge after deductible	40% after deductible	\$70
Most lab tests	40% after deductible	No charge after deductible	40% after deductible	\$50
MRI, CT, PET	40% after deductible	No charge after deductible	40% after deductible	35% after deductible
Outpatient surgery	40% after deductible	No charge after deductible	40% after deductible	35% after deductible
Mental health visit	40% after deductible	No charge after deductible	\$40 (individual therapy)	\$40 (individual therapy)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	No charge after deductible	40% after deductible	35% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	No charge after deductible	40% after deductible	35% after deductible
Emergency and urgent care				
Emergency Department visit	40% after deductible	No charge after deductible	40% after deductible	35% after deductible
Urgent care visit	40% after deductible	No charge after deductible	\$50 after deductible	\$60
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	40% after deductible [†]	No charge after deductible	\$20*	\$30*
Most preferred brand name drugs (Tier 2)	40% after deductible [†]	No charge after deductible	40% after deductible [‡]	\$60*, [‡]
Non-preferred drugs (Tier 3)	50% after deductible [†]	No charge after deductible	50% after deductible [‡]	50% after deductible [‡]
Specialty drugs (Tier 4)	50% after deductible up to \$150 maximum per 30 day prescription	No charge after deductible	50% after deductible up to \$150 maximum per 30 day prescription	50% after deductible up to \$150 maximum per 30 day prescription
Whole health				
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

** After day maximum is met, there is no charge for covered services related to this admission.

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

†† Only applicants younger than age 30 or applicants age 30 and older who receive an exemption due to lack of affordable coverage or hardship may enroll in this plan. To apply for an exemption, please go to marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf and follow the instructions.

*** The KP MD Catastrophic 9100/0/Vision plan includes three office visits at no charge before your deductible applies. Office visits include primary or outpatient mental health office visits.

‡ The cost of medications to treat conditions such as diabetes, HIV, or AIDS medications may be less than those shown.

††† Virtual Forward offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits. First in person visit at no charge before you reach your deductible, including primary care visits and outpatient mental health care visits.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-777-7902, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Maryland Health Connection

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on marylandhealthconnection.gov.

Benefit highlights	KP E	KP E	KP E	KP E
	KP MD Silver Virtual Forward 5000	KP MD Silver Virtual Forward 4000 KP MD Silver Virtual Forward 4000/Off	KP MD Silver 3200/20%/HSA/Vision KP MD Silver 3200/20%/HSA/Vision/Off	KP MD Silver Value 2500/35/Vision KP MD Silver Value 2500/35/Vision/Off
Plan type	Deductible	Deductible	HSA-qualified	Deductible
Annual medical deductible (individual/family)	\$5,000/\$10,000	\$4,000/\$8,000	\$3,200/\$6,400	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$7,400/\$14,800	\$7,500/\$15,000	\$6,650/\$13,300	\$9,100/\$18,200
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	Chat, Email, E-visit, Phone and Video visit: No charge after deductible	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	Virtual care no charge; First visit in person no charge, and additional visits in person \$55 after deductible (copay waived for children under age 5) ^{††}	Virtual care no charge; First visit in person no charge, and additional visits in person \$55 after deductible (copay waived for children under age 5) ^{††}	20% after deductible	\$35 (waived for children under 5)
Specialty care office visit	\$75 after deductible	\$75 after deductible	20% after deductible	\$55
Most X-rays	30% after deductible	30% after deductible	20% after deductible	\$85
Most lab tests	\$75 after deductible	\$75 after deductible	20% after deductible	\$60
MRI, CT, PET	30% after deductible	30% after deductible	20% after deductible	50% after deductible
Outpatient surgery	30% after deductible	30% after deductible	20% after deductible	40% after deductible
Mental health visit	Virtual care no charge; First visit in person no charge, and additional visits in person \$55 after deductible ^{††}	Virtual care no charge; First visit in person no charge, and additional visits in person \$55 after deductible ^{††}	20% after deductible	\$35 (individual therapy)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	20% after deductible	40% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	20% after deductible	40% after deductible
Emergency and urgent care				
Emergency Department visit	30% after deductible	30% after deductible	20% after deductible	40% after deductible
Urgent care visit	\$75 after deductible	\$75 after deductible	20% after deductible	\$55
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	\$20*	\$10*	\$20 after deductible*	\$20*
Most preferred brand name drugs (Tier 2)	\$50 after deductible*, [†]	\$50 after deductible*, [†]	\$55 after deductible*, [†]	\$80*, [†]
Non-preferred drugs (Tier 3)	50% after deductible [†]	50% after deductible [†]	20% after deductible [†]	40% after \$950 pharmacy deductible per member [†]
Specialty drugs (Tier 4)	50% after deductible up to \$150 maximum per 30 day prescription	50% after deductible up to \$150 maximum per 30 day prescription	30% after deductible up to \$150 maximum per 30 day prescription	40% after \$950 pharmacy deductible per member up to \$150 maximum per 30 day prescription
Whole health				
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

^{**} After day maximum is met, there is no charge for covered services related to this admission.

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^{***} The KP MD Catastrophic 9100/0/Vision plan includes three office visits at no charge before your deductible applies. Office visits include primary or outpatient mental health office visits.

[†] The cost of medications to treat conditions such as diabetes, HIV, or AIDS medications may be less than those shown.

^{††} Virtual Forward offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits. First in person visit at no charge before you reach your deductible, including primary care visits and outpatient mental health care visits.

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Maryland Health Connection

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Benefit highlights	KP E KP MD Gold Virtual Forward 2000	KP E KP MD Gold 1750/20/Vision	KP E KP MD Gold Value 1000/20/Vision	KP E KP MD Gold Value 0/20/Vision
	Deductible	Deductible	Deductible	Copayment
Plan type				
Annual medical deductible (individual/family)	\$2,000/\$4,000	\$1,750/\$3,500	\$1,000/\$2,000	None/None
Annual out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$6,950/\$13,900	\$6,950/\$13,900	\$7,250/\$14,500
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	Virtual care no charge; First visit in person no charge, and additional visits in person \$50 after deductible (copay waived for children under age 5) ^{††}	\$20 (waived for children under 5)	\$20 (waived for children under 5)	\$20 (waived for children under 5)
Specialty care office visit	\$70 after deductible	\$40	\$40	\$40
Most X-rays	\$50 after deductible	\$70	\$70	\$65
Most lab tests	\$50 after deductible	\$50	\$40	\$30
MRI, CT, PET	\$150 after deductible	35% after deductible	\$500	\$500
Outpatient surgery	\$200 after deductible	35% after deductible	35% after deductible	35%
Mental health visit	Virtual care no charge; First visit in person no charge, and additional visits in person \$50 after deductible ^{††}	\$20 (individual therapy)	\$20 (individual therapy)	\$20 (individual therapy)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$300 per day up to 3 days ^{**} after deductible	35% after deductible	35% after deductible	35%
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	\$300 per day up to 3 days ^{**} after deductible	35% after deductible	35% after deductible	35%
Emergency and urgent care				
Emergency Department visit	\$200 after deductible	35% after deductible	\$500 (waived if admitted)	\$500 (waived if admitted)
Urgent care visit	\$70 after deductible	\$40	\$40	\$40
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	\$5*	\$15*	\$10*	\$10*
Most preferred brand name drugs (Tier 2)	\$50 after deductible*, [‡]	\$55 after \$250 pharmacy deductible per member*, [‡]	\$55*, [‡]	\$55*, [‡]
Non-preferred drugs (Tier 3)	50% after deductible [‡]	50% after \$250 pharmacy deductible per member [‡]	35% after \$200 pharmacy deductible per member [‡]	35% after \$150 pharmacy deductible per member [‡]
Specialty drugs (Tier 4)	50% after deductible up to \$150 maximum per 30 day prescription	50% after \$250 pharmacy deductible per member up to \$150 maximum per 30 day prescription	35% after \$200 pharmacy deductible per member up to \$150 maximum per 30 day prescription	35% after \$150 pharmacy deductible per member up to \$150 maximum per 30 day prescription
Whole health				
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

^{**} After day maximum is met, there is no charge for covered services related to this admission.

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

^{††} Only applicants younger than age 30 or applicants age 30 and older who receive an exemption due to lack of affordable coverage or hardship may enroll in this plan. To apply for an exemption, please go to marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf and follow the instructions.

^{***} The KP MD Catastrophic 9100/0/Vision plan includes three office visits at no charge before your deductible applies. Office visits include primary or outpatient mental health office visits.

[‡] The cost of medications to treat conditions such as diabetes, HIV, or AIDS medications may be less than those shown.

[†] Virtual Forward offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits. First in person visit at no charge before you reach your deductible, including primary care visits and outpatient mental health care visits.

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E Offered through the health benefit exchange, Maryland Health Connection

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on marylandhealthconnection.gov.

Benefit highlights	E KP MD Platinum 0/15/Vision	E KP MD Catastrophic ^{††} 9100/0/Vision	E KP MD Silver 3800/35/CSR/Vision (6000)
Plan type	Copayment	Deductible	Deductible
Annual medical deductible (individual/family)	None/None	\$9,100/\$18,200	\$3,800/\$7,600
Annual out-of-pocket maximum (individual/family)	\$3,900/\$7,800	\$9,100/\$18,200	\$7,250/\$14,500
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	Chat, Email, E-visit, Phone and Video visit: No charge after deductible	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No Charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$15 (waived for children under 5)	First 3 office visits no charge. ^{***} Additional visits no charge after deductible.	\$35 (waived for children under 5)
Specialty care office visit	\$20	No charge after deductible	\$55
Most X-rays	\$20	No charge after deductible	\$55
Most lab tests	\$20	No charge after deductible	\$40
MRI, CT, PET	\$250	No charge after deductible	35% after deductible
Outpatient surgery	\$350	No charge after deductible	35% after deductible
Mental health visit	\$15 (individual therapy)	First 3 office visits no charge. ^{***} Additional visits no charge after deductible.	\$35 (individual therapy)
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$350 per day up to 4 days ^{**}	No charge after deductible	35% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No Charge
Delivery and inpatient well-baby care	\$350 per day up to 4 days ^{**}	No charge after deductible	35% after deductible
Emergency and urgent care			
Emergency Department visit	\$300 (waived if admitted)	No charge after deductible	35% after deductible
Urgent care visit	\$20	No charge after deductible	\$55
Prescription drugs (up to a 30-day supply)			
Most generic drugs (Tier 1)	\$5*	No charge after deductible	\$25*
Most preferred brand name drugs (Tier 2)	\$35*,‡	No charge after deductible	\$60*,‡
Non-preferred drugs (Tier 3)	\$55*,‡	No charge after deductible	35% after deductible‡
Specialty drugs (Tier 4)	\$150*	No charge after deductible	35% after deductible up to \$150 maximum per 30 day prescription
Whole health			
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.		

** After day maximum is met, there is no charge for covered services related to this admission.

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

†† Only applicants younger than age 30 or applicants age 30 and older who receive an exemption due to lack of affordable coverage or hardship may enroll in this plan. To apply for an exemption, please go to marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf and follow the instructions.

*** The KP MD Catastrophic 9100/0/Vision plan includes three office visits at no charge before your deductible applies. Office visits include primary or outpatient mental health office visits.

‡ The cost of medications to treat conditions such as diabetes, HIV, or AIDS medications may be less than those shown.

† Virtual Forward offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits. First in person visit at no charge before you reach your deductible, including primary care visits and outpatient mental health care visits.

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E Offered through the health benefit exchange, Maryland Health Connection

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through marylandhealthconnection.gov.

Benefit highlights	E	E	E	E
	KP MD Silver 0/15/CSR/Vision (6000)	KP MD Silver 0/5/CSR/Vision (6000)	KP MD Silver Virtual Forward 2500/CSR (4000)	KP MD Silver Virtual Forward 750/CSR (4000)
Plan type	Copayment	Copayment	Deductible	Deductible
Annual medical deductible (individual/family)	None/None	None/None	\$2,500/\$5,000	\$750/\$1,500
Annual out-of-pocket maximum (individual/family)	\$3,000/\$6,000	\$2,000/\$4,000	\$7,250/\$14,500	\$2,000/\$4,000
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$15 (waived for children under 5)	\$5 (waived for children under 5)	Virtual care no charge; First visit in person no charge, and additional visits in person \$45 after deductible (copay waived for children under age 5) ^{††}	Virtual care no charge; First visit in person no charge, and additional visits in person \$35 after deductible (copay waived for children under age 5) ^{††}
Specialty care office visit	\$40	\$15	\$65 after deductible	\$55 after deductible
Most X-rays	\$40	\$15	20% after deductible	10% after deductible
Most lab tests	\$40	\$10	\$65 after deductible	\$55 after deductible
MRI, CT, PET	30%	10%	20% after deductible	10% after deductible
Outpatient surgery	30%	10%	20% after deductible	10% after deductible
Mental health visit	\$15 (individual therapy)	\$5	Virtual care no charge; First visit in person no charge, and additional visits in person \$45 after deductible ^{††}	Virtual care no charge; First visit in person no charge, and additional visits in person \$35 after deductible ^{††}
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30%	10%	20% after deductible	10% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No Charge	No Charge	No charge	No charge
Delivery and inpatient well-baby care	30%	10%	20% after deductible	10% after deductible
Emergency and urgent care				
Emergency Department visit	30%	10%	20% after deductible	10% after deductible
Urgent care visit	\$40	\$15	\$65 after deductible	\$55 after deductible
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	\$15*	\$5*	\$10*	\$10*
Most preferred brand name drugs (Tier 2)	\$60*, [†]	\$15*	\$50 after deductible*, [†]	\$30 after deductible*
Non-preferred drugs (Tier 3)	30% [†]	10% [†]	50% after deductible [†]	20% after deductible [†]
Specialty drugs (Tier 4)	30% up to \$150 maximum per 30 day prescription	10% up to \$150 maximum per 30 day prescription	50% after deductible up to \$150 maximum per 30 day prescription	20% after deductible up to \$150 maximum per 30 day prescription
Whole health				
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

** After day maximum is met, there is no charge for covered services related to this admission.

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

†† Only applicants younger than age 30 or applicants age 30 and older who receive an exemption due to lack of affordable coverage or hardship may enroll in this plan. To apply for an exemption, please go to marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf and follow the instructions.

*** The KP MD Catastrophic 9100/0/Vision plan includes three office visits at no charge before your deductible applies. Office visits include primary or outpatient mental health office visits.

[†] The cost of medications to treat conditions such as diabetes, HIV, or AIDS medications may be less than those shown.

^{††} Virtual Forward offers virtual care at no charge; includes unlimited access to Chat, email, E-visits, phone and video visits. First in person visit at no charge before you reach your deductible, including primary care visits and outpatient mental health care visits.

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E Offered through the health benefit exchange, Maryland Health Connection

Cost Share Reduction (CSR) Plans

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Benefit highlights	E	E	E	E
	KP MD Silver Virtual Forward 100/CSR (4000)	KP MD Silver 2300/20%/CSR/Vision (3200)	KP MD Silver 650/10%/CSR/Vision (3200)	KP MD Silver 100/5%/CSR/Vision (3200)
Plan type	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$100/\$200	\$2,300/\$4,600	\$650/\$1,300	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$850/\$1,700	\$6,650/\$13,300	\$3,000/\$6,000	\$2,300/\$4,600
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	Virtual care no charge; First visit in person no charge, and additional visits in person \$25 after deductible (copay waived for children under age 5) ^{††}	20% after deductible	10% after deductible	5% after deductible
Specialty care office visit	\$45 after deductible	20% after deductible	10% after deductible	5% after deductible
Most X-rays	5% after deductible	20% after deductible	10% after deductible	5% after deductible
Most lab tests	\$45 after deductible	20% after deductible	10% after deductible	5% after deductible
MRI, CT, PET	5% after deductible	20% after deductible	10% after deductible	5% after deductible
Outpatient surgery	5% after deductible	20% after deductible	10% after deductible	5% after deductible
Mental health visit	Virtual care no charge; First visit in person no charge, and additional visits in person \$25 after deductible ^{††}	20% after deductible	10% after deductible	5% after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	5% after deductible	20% after deductible	10% after deductible	5% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	5% after deductible	20% after deductible	10% after deductible	5% after deductible
Emergency and urgent care				
Emergency Department visit	5% after deductible	20% after deductible	10% after deductible	5% after deductible
Urgent care visit	\$45 after deductible	20% after deductible	10% after deductible	5% after deductible
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	\$3*	\$20 after deductible*	\$15 after deductible*	\$10 after deductible*
Most preferred brand name drugs (Tier 2)	\$20 after deductible*	\$55 after deductible*, [†]	\$50 after deductible*, [†]	\$15 after deductible*
Non-preferred drugs (Tier 3)	5% after deductible*, [†]	20% after deductible [†]	10% after deductible [†]	5% after deductible [†]
Specialty drugs (Tier 4)	5% after deductible up to \$150 maximum per 30 day prescription	30% after deductible up to \$150 maximum per 30 day prescription	10% after deductible up to \$150 maximum per 30 day prescription	5% after deductible up to \$150 maximum per 30 day prescription
Whole health				
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

** After day maximum is met, there is no charge for covered services related to this admission.

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

^{††} Only applicants younger than age 30 or applicants age 30 and older who receive an exemption due to lack of affordable coverage or hardship may enroll in this plan. To apply for an exemption, please go to marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf and follow the instructions.

*** The KP MD Catastrophic 9100/0/Vision plan includes three office visits at no charge before your deductible applies. Office visits include primary or outpatient mental health office visits.

[†] The cost of medications to treat conditions such as diabetes, HIV, or AIDS medications may be less than those shown.

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Cost Share Reduction (CSR) Plans

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Benefit highlights	E	E	E
	KP MD Silver 2500/30/CSR/Vision (2500)	KP MD Silver 0/10/CSR/Vision (2500)	KP MD Silver 0/5/CSR/Vision (2500)
Plan type	Deductible	Copayment	Copayment
Annual medical deductible (individual/family)	\$2,500/\$,5000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$3,000/\$6,000	\$2,000/\$4,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$30 (waived for children under 5)	\$10 (waived for children under 5)	\$5 (waived for children under 5)
Specialty care office visit	\$55	\$40	\$15
Most X-rays	\$85	\$40	\$20
Most lab tests	\$55	\$40	\$5
MRI, CT, PET	50% after deductible	30%	10%
Outpatient surgery	40% after deductible	30%	10%
Mental health visit	\$30 (individual therapy)	\$10 (individual therapy)	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30%	10%
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30%	10%
Emergency and urgent care			
Emergency Department visit	40% after deductible	30%	10%
Urgent care visit	\$55	\$40	\$15
Prescription drugs (up to a 30-day supply)			
Most generic drugs (Tier 1)	\$20*	\$10*	\$5*
Most preferred brand name drugs (Tier 2)	\$80*,†	\$60*,‡	\$10*
Non-preferred drugs (Tier 3)	40% after \$950 pharmacy deductible per member†	30% after \$50 pharmacy deductible per member‡	10%†
Specialty drugs (Tier 4)	40% after \$950 pharmacy deductible per member up to \$150 maximum per 30 day prescription	30% after \$50 pharmacy deductible per member up to \$150 maximum per 30 day prescription	20% up to \$150 maximum per 30 day prescription
Whole health			
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.		

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Find your rate

Use the monthly rates chart on the following pages or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- If you qualify for federal financial assistance. Visit buykp.org/apply or call us at **1-800-494-5314** to see if you may qualify.
- If you add an optional dental rider for family members 19 and older

Interested in a family plan?

Find the rate for each family member, based on his or her age on the start date.

Family members include:

- You
- Your spouse/domestic partner
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge.

Additional financial assistance for some young adults

If you are between 18 and 34, you may qualify for even more financial assistance due to new legislation in Maryland. To find out more, visit marylandhealthconnection.gov or call us at **1-800-255-5169**.

The rates in the monthly rates chart apply to these ZIP codes. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

ZIP codes for Maryland				
20588	20781-85	20918	21108	21284-87
20601-04	20787-88	20993	21111	21289-90
20607-08	20790-92	20997	21113-14	21297-98
20610	20794	21001	21117	21401-05
20612-13	20797	21005	21120	21409
20616-17	20799	21009-10	21122-23	21411-12
20623	20810-18	21012-15	21128	21701-05
20637	20824-25	21017-18	21130-33	21709-10
20639-40	20827	21020	21136	21714
20643	20830	21022-23	21139-40	21716-18
20645-46	20832-33	21027-32	21144	21723
20658	20837-39	21034-37	21146	21737-38
20675	20841-42	21040-48	21150	21754-55
20677-78	20847-55	21050-54	21152-58	21757-59 [†]
20689	20857	21056-57	21160-63	21762
20695	20859-62	21060-62	21201-31	21765
20697	20866	21065	21233-37	21769-71 [†]
20701	20868	21071	21239-41	21774-77
20703-12	20871-72	21074-78	21244	21784
20714-26	20874-80	21082	21250-52	21787 [†]
20731-33	20882-86	21084-85	21263-64	21790-94
20735-38	20889	21087-88	21270	21797
20740-55	20891-92	21090	21273	
20757-59	20894-99	21092-94	21275	
20762-65	20901-08	21102	21278-79	
20768-79	20910-16	21104-06	21281-82	

[†] Portions of ZIP code not in service area: 21758, 21769, and 21787.

2023 Monthly rates

Please note: These rates do not include the federal financial assistance you may be eligible to receive through marylandhealthconnection.gov.

Age on 2023 effective date	KP MD Bronze 7500/40%/Vision	KP MD Bronze 6900/0%/HSA/Vision	KP MD Bronze Value 6700/40%/Vision	KP MD Silver 6000/40%/Vision/Off	E KP MD Silver Virtual Forward 5000	E KP MD Silver Virtual Forward 4000/Off	E KP MD Silver 3200/20%/HSA/Vision/Off	E KP MD Silver Value 2500/35%/Vision/Off
0-14	\$144.07	\$149.09	\$154.61	\$177.17	\$160.67	\$163.92	\$164.79	\$179.20
15	156.88	162.34	168.36	192.92	174.95	178.49	179.44	195.13
16	161.78	167.41	173.61	198.94	180.42	184.06	185.04	201.22
17	166.67	172.48	178.87	204.97	185.88	189.63	190.64	207.31
18	171.95	177.93	184.53	211.45	191.76	195.63	196.67	213.87
19	177.22	183.39	190.19	217.94	197.64	201.63	202.70	220.43
20	182.68	189.04	196.05	224.65	203.73	207.84	208.95	227.22
21	188.33	194.89	202.11	231.60	210.03	214.27	215.41	234.25
22	188.33	194.89	202.11	231.60	210.03	214.27	215.41	234.25
23	188.33	194.89	202.11	231.60	210.03	214.27	215.41	234.25
24	188.33	194.89	202.11	231.60	210.03	214.27	215.41	234.25
25	189.08	195.67	202.92	232.53	210.87	215.13	216.27	235.19
26	192.85	199.57	206.96	237.16	215.07	219.41	220.58	239.87
27	197.37	204.24	211.81	242.72	220.11	224.55	225.75	245.49
28	204.71	211.85	219.69	251.75	228.30	232.91	234.15	254.63
29	210.74	218.08	226.16	259.16	235.02	239.77	241.04	262.13
30	213.75	221.20	229.39	262.87	238.38	243.20	244.49	265.87
31	218.27	225.88	234.25	268.42	243.42	248.34	249.66	271.50
32	222.79	230.55	239.10	273.98	248.47	253.48	254.83	277.12
33	225.62	233.48	242.13	277.46	251.62	256.70	258.06	280.63
34	228.63	236.60	245.36	281.16	254.98	260.12	261.51	284.38
35	230.14	238.16	246.98	283.02	256.66	261.84	263.23	286.25
36	231.65	239.71	248.60	284.87	258.34	263.55	264.95	288.13
37	233.15	241.27	250.21	286.72	260.02	265.27	266.68	290.00
38	234.66	242.83	251.83	288.57	261.70	266.98	268.40	291.88
39	237.67	245.95	255.06	292.28	265.06	270.41	271.85	295.62
40	240.69	249.07	258.30	295.98	268.42	273.84	275.29	299.37
41	245.21	253.75	263.15	301.54	273.46	278.98	280.46	304.99
42	249.54	258.23	267.80	306.87	278.29	283.91	285.42	310.38
43	255.56	264.47	274.26	314.28	285.01	290.76	292.31	317.88
44	263.10	272.26	282.35	323.55	293.41	299.34	300.93	327.25
45	271.95	281.42	291.85	334.43	303.28	309.41	311.05	338.26
46	282.50	292.34	303.17	347.40	315.05	321.41	323.12	351.38
47	294.36	304.61	315.90	361.99	328.28	334.90	336.69	366.13
48	307.92	318.65	330.45	378.67	343.40	350.33	352.20	383.00
49	321.29	332.48	344.80	395.11	358.31	365.54	367.49	399.63
50	336.36	348.07	360.97	413.64	375.11	382.69	384.72	418.37
51	351.24	363.47	376.94	431.93	391.71	399.61	401.74	436.88
52	367.62	380.43	394.52	452.08	409.98	418.26	420.48	457.26
53	384.19	397.58	412.30	472.46	428.46	437.11	439.44	477.87
54	402.08	416.09	431.50	494.47	448.41	457.47	459.90	500.12
55	419.98	434.60	450.71	516.47	468.37	477.82	480.36	522.38
56	439.37	454.68	471.52	540.32	490.00	499.89	502.55	546.51
57	458.96	474.95	492.54	564.41	511.84	522.18	524.95	570.87
58	479.86	496.58	514.98	590.12	535.16	545.96	548.86	596.87
59	490.22	507.30	526.09	602.85	546.71	557.74	560.71	609.75
60	511.13	528.93	548.53	628.56	570.02	581.53	584.62	635.75
61	529.21	547.64	567.93	650.80	590.18	602.10	605.30	658.24
62	541.07	559.92	580.66	665.39	603.42	615.60	618.87	673.00
63	555.95	575.32	596.63	683.68	620.01	632.53	635.89	691.51
64+	564.99	584.67	606.33	694.80	630.09	642.81	646.23	702.75

2023 Monthly rates

Please note: These rates do not include the federal financial assistance you may be eligible to receive through marylandhealthconnection.gov.

Age on 2023 effective date	KP MD Gold Virtual Forward 2000	KP MD Gold 1750/20/Vision	KP MD Gold Value 1000/20/Vision	KP KP MD Gold Value 0/20/Vision	KP KP MD Platinum 0/15/Vision	KP KP MD Catastrophic 9100/0/Vision	KP KP MD Bronze 7500/40%/Vision	KP MD Bronze 6900/0%/HSA/ Vision	KP MD Bronze Value 6700/40%/Vision
0-14	\$192.68	\$194.77	\$205.67	\$214.20	\$241.03	\$103.63	\$144.07	\$149.09	\$154.61
15	209.81	212.08	223.95	233.24	262.45	112.84	156.88	162.34	168.36
16	216.36	218.70	230.94	240.52	270.65	116.36	161.78	167.41	173.61
17	222.90	225.32	237.93	247.80	278.84	119.88	166.67	172.48	178.87
18	229.96	232.45	245.46	255.64	287.66	123.67	171.95	177.93	184.53
19	237.01	239.58	252.99	263.48	296.48	127.47	177.22	183.39	190.19
20	244.31	246.96	260.78	271.60	305.62	131.40	182.68	189.04	196.05
21	251.87	254.60	268.85	280.00	315.07	135.46	188.33	194.89	202.11
22	251.87	254.60	268.85	280.00	315.07	135.46	188.33	194.89	202.11
23	251.87	254.60	268.85	280.00	315.07	135.46	188.33	194.89	202.11
24	251.87	254.60	268.85	280.00	315.07	135.46	188.33	194.89	202.11
25	252.88	255.62	269.93	281.12	316.33	136.00	189.08	195.67	202.92
26	257.91	260.71	275.30	286.72	322.63	138.71	192.85	199.57	206.96
27	263.96	266.82	281.75	293.44	330.19	141.96	197.37	204.24	211.81
28	273.78	276.75	292.24	304.36	342.48	147.25	204.71	211.85	219.69
29	281.84	284.90	300.84	313.32	352.56	151.58	210.74	218.08	226.16
30	285.87	288.97	305.14	317.80	357.60	153.75	213.75	221.20	229.39
31	291.92	295.08	311.60	324.52	365.17	157.00	218.27	225.88	234.25
32	297.96	301.19	318.05	331.24	372.73	160.25	222.79	230.55	239.10
33	301.74	305.01	322.08	335.44	377.45	162.28	225.62	233.48	242.13
34	305.77	309.08	326.38	339.92	382.49	164.45	228.63	236.60	245.36
35	307.79	311.12	328.53	342.16	385.02	165.53	230.14	238.16	246.98
36	309.80	313.16	330.69	344.40	387.54	166.62	231.65	239.71	248.60
37	311.82	315.19	332.84	346.64	390.06	167.70	233.15	241.27	250.21
38	313.83	317.23	334.99	348.88	392.58	168.78	234.66	242.83	251.83
39	317.86	321.31	339.29	353.36	397.62	170.95	237.67	245.95	255.06
40	321.89	325.38	343.59	357.84	402.66	173.12	240.69	249.07	258.30
41	327.93	331.49	350.04	364.56	410.22	176.37	245.21	253.75	263.15
42	333.73	337.35	356.23	371.00	417.47	179.48	249.54	258.23	267.80
43	341.79	345.49	364.83	379.96	427.55	183.82	255.56	264.47	274.26
44	351.86	355.68	375.58	391.16	440.15	189.24	263.10	272.26	282.35
45	363.70	367.64	388.22	404.32	454.96	195.60	271.95	281.42	291.85
46	377.81	381.90	403.28	420.00	472.61	203.19	282.50	292.34	303.17
47	393.67	397.94	420.21	437.64	492.45	211.72	294.36	304.61	315.90
48	411.81	416.27	439.57	457.80	515.14	221.48	307.92	318.65	330.45
49	429.69	434.35	458.66	477.68	537.51	231.09	321.29	332.48	344.80
50	449.84	454.72	480.17	500.08	562.72	241.93	336.36	348.07	360.97
51	469.74	474.83	501.41	522.20	587.61	252.63	351.24	363.47	376.94
52	491.65	496.98	524.80	546.56	615.02	264.42	367.62	380.43	394.52
53	513.81	519.38	548.45	571.20	642.74	276.34	384.19	397.58	412.30
54	537.74	543.57	573.99	597.80	672.67	289.21	402.08	416.09	431.50
55	561.67	567.76	599.54	624.40	702.61	302.08	419.98	434.60	450.71
56	587.61	593.98	627.23	653.24	735.06	316.03	439.37	454.68	471.52
57	613.81	620.46	655.19	682.36	767.83	330.12	458.96	474.95	492.54
58	641.76	648.72	685.03	713.44	802.80	345.15	479.86	496.58	514.98
59	655.62	662.72	699.82	728.84	820.13	352.60	490.22	507.30	526.09
60	683.58	690.98	729.66	759.92	855.10	367.64	511.13	528.93	548.53
61	707.75	715.43	755.47	786.80	885.35	380.64	529.21	547.64	567.93
62	723.62	731.47	772.41	804.44	905.20	389.18	541.07	559.92	580.66
63	743.52	751.58	793.65	826.56	930.09	399.88	555.95	575.32	596.63
64+	755.61	763.80	806.55	840.00	945.21	406.38	564.99	584.67	606.33

2023 Monthly rates

Please note: These rates do not include the federal financial assistance you may be eligible to receive through marylandhealthconnection.gov.

Age on 2023 effective date	KP MD Silver 6000/40/Vision	KP MD Silver Virtual Forward 4000	KP MD Silver 3200/20%/HSA/Vision	KP MD Silver Value 2500/35/Vision	^E KP MD Gold Virtual Forward 2000	^E KP MD Gold 1750/20/Vision	^E KP MD Gold Value 1000/20/Vision	^E KP MD Gold Value 0/20/Vision
0-14	\$214.42	\$198.38	\$199.44	\$216.89	\$192.68	\$194.77	\$205.67	\$214.20
15	233.48	216.01	217.16	236.16	209.81	212.08	223.95	233.24
16	240.77	222.76	223.94	243.54	216.36	218.70	230.94	240.52
17	248.06	229.50	230.72	250.91	222.90	225.32	237.93	247.80
18	255.90	236.76	238.02	258.84	229.96	232.45	245.46	255.64
19	263.75	244.02	245.32	266.78	237.01	239.58	252.99	263.48
20	271.88	251.54	252.88	275.00	244.31	246.96	260.78	271.60
21	280.29	259.32	260.70	283.51	251.87	254.60	268.85	280.00
22	280.29	259.32	260.70	283.51	251.87	254.60	268.85	280.00
23	280.29	259.32	260.70	283.51	251.87	254.60	268.85	280.00
24	280.29	259.32	260.70	283.51	251.87	254.60	268.85	280.00
25	281.41	260.36	261.74	284.64	252.88	255.62	269.93	281.12
26	287.02	265.54	266.96	290.31	257.91	260.71	275.30	286.72
27	293.74	271.77	273.21	297.12	263.96	266.82	281.75	293.44
28	304.68	281.88	283.38	308.18	273.78	276.75	292.24	304.36
29	313.64	290.18	291.72	317.25	281.84	284.90	300.84	313.32
30	318.13	294.33	295.89	321.78	285.87	288.97	305.14	317.80
31	324.86	300.55	302.15	328.59	291.92	295.08	311.60	324.52
32	331.58	306.78	308.41	335.39	297.96	301.19	318.05	331.24
33	335.79	310.67	312.32	339.64	301.74	305.01	322.08	335.44
34	340.27	314.81	316.49	344.18	305.77	309.08	326.38	339.92
35	342.51	316.89	318.58	346.45	307.79	311.12	328.53	342.16
36	344.76	318.96	320.66	348.72	309.80	313.16	330.69	344.40
37	347.00	321.04	322.75	350.99	311.82	315.19	332.84	346.64
38	349.24	323.11	324.83	353.25	313.83	317.23	334.99	348.88
39	353.73	327.26	329.00	357.79	317.86	321.31	339.29	353.36
40	358.21	331.41	333.17	362.33	321.89	325.38	343.59	357.84
41	364.94	337.63	339.43	369.13	327.93	331.49	350.04	364.56
42	371.38	343.60	345.43	375.65	333.73	337.35	356.23	371.00
43	380.35	351.90	353.77	384.72	341.79	345.49	364.83	379.96
44	391.57	362.27	364.20	396.06	351.86	355.68	375.58	391.16
45	404.74	374.46	376.45	409.39	363.70	367.64	388.22	404.32
46	420.44	388.98	391.05	425.27	377.81	381.90	403.28	420.00
47	438.09	405.32	407.47	443.13	393.67	397.94	420.21	437.64
48	458.27	423.99	426.24	463.54	411.81	416.27	439.57	457.80
49	478.17	442.40	444.75	483.67	429.69	434.35	458.66	477.68
50	500.60	463.15	465.61	506.35	449.84	454.72	480.17	500.08
51	522.74	483.63	486.21	528.75	469.74	474.83	501.41	522.20
52	547.13	506.19	508.89	553.41	491.65	496.98	524.80	546.56
53	571.79	529.01	531.83	578.36	513.81	519.38	548.45	571.20
54	598.42	553.65	556.59	605.29	537.74	543.57	573.99	597.80
55	625.05	578.28	581.36	632.23	561.67	567.76	599.54	624.40
56	653.92	604.99	608.21	661.43	587.61	593.98	627.23	653.24
57	683.07	631.96	635.33	690.91	613.81	620.46	655.19	682.36
58	714.18	660.75	664.26	722.38	641.76	648.72	685.03	713.44
59	729.59	675.01	678.60	737.98	655.62	662.72	699.82	728.84
60	760.71	703.79	707.54	769.45	683.58	690.98	729.66	759.92
61	787.61	728.69	732.57	796.66	707.75	715.43	755.47	786.80
62	805.27	745.03	748.99	814.52	723.62	731.47	772.41	804.44
63	827.42	765.51	769.59	836.92	743.52	751.58	793.65	826.56
64+	840.87	777.96	782.10	850.53	755.61	763.80	806.55	840.00

2023 Monthly rates

Please note: These rates do not include the federal financial assistance you may be eligible to receive through marylandhealthconnection.gov.

Age on 2023 effective date	KP MD Platinum 0/15/Vision	KP MD Catastrophic 9100/0/Vision	E		E		E
			KP MD Silver 3800/35/CSR/Vision (6000) KP MD Silver 0/15/CSR/Vision (6000) KP MD Silver 0/5/CSR/Vision (6000)	KP MD Silver Virtual Forward 2500/CSR (4000) KP MD Silver Virtual Forward 750/CSR (4000) KP MD Silver Virtual Forward 100/CSR (4000)	KP MD Silver 2300/20%/CSR/Vision (3200) KP MD Silver 650/10%/CSR/Vision (3200) KP MD Silver 100/5%/CSR/Vision (3200)	KP MD Silver 2500/30/CSR/Vision (2500) KP MD Silver 0/10/CSR/Vision (2500) KP MD Silver 0/5/CSR/Vision (2500)	
0-14	\$241.03	\$103.63	\$214.42	\$198.38	\$199.44	\$216.89	
15	262.45	112.84	233.48	216.01	217.16	236.16	
16	270.65	116.36	240.77	222.76	223.94	243.54	
17	278.84	119.88	248.06	229.50	230.72	250.91	
18	287.66	123.67	255.90	236.76	238.02	258.84	
19	296.48	127.47	263.75	244.02	245.32	266.78	
20	305.62	131.40	271.88	251.54	252.88	275.00	
21	315.07	135.46	280.29	259.32	260.70	283.51	
22	315.07	135.46	280.29	259.32	260.70	283.51	
23	315.07	135.46	280.29	259.32	260.70	283.51	
24	315.07	135.46	280.29	259.32	260.70	283.51	
25	316.33	136.00	281.41	260.36	261.74	284.64	
26	322.63	138.71	287.02	265.54	266.96	290.31	
27	330.19	141.96	293.74	271.77	273.21	297.12	
28	342.48	147.25	304.68	281.88	283.38	308.18	
29	352.56	151.58	313.64	290.18	291.72	317.25	
30	357.60	153.75	318.13	294.33	295.89	321.78	
31	365.17	157.00	324.86	300.55	302.15	328.59	
32	372.73	160.25	331.58	306.78	308.41	335.39	
33	377.45	162.28	335.79	310.67	312.32	339.64	
34	382.49	164.45	340.27	314.81	316.49	344.18	
35	385.02	165.53	342.51	316.89	318.58	346.45	
36	387.54	166.62	344.76	318.96	320.66	348.72	
37	390.06	167.70	347.00	321.04	322.75	350.99	
38	392.58	168.78	349.24	323.11	324.83	353.25	
39	397.62	170.95	353.73	327.26	329.00	357.79	
40	402.66	173.12	358.21	331.41	333.17	362.33	
41	410.22	176.37	364.94	337.63	339.43	369.13	
42	417.47	179.48	371.38	343.60	345.43	375.65	
43	427.55	183.82	380.35	351.90	353.77	384.72	
44	440.15	189.24	391.57	362.27	364.20	396.06	
45	454.96	195.60	404.74	374.46	376.45	409.39	
46	472.61	203.19	420.44	388.98	391.05	425.27	
47	492.45	211.72	438.09	405.32	407.47	443.13	
48	515.14	221.48	458.27	423.99	426.24	463.54	
49	537.51	231.09	478.17	442.40	444.75	483.67	
50	562.72	241.93	500.60	463.15	465.61	506.35	
51	587.61	252.63	522.74	483.63	486.21	528.75	
52	615.02	264.42	547.13	506.19	508.89	553.41	
53	642.74	276.34	571.79	529.01	531.83	578.36	
54	672.67	289.21	598.42	553.65	556.59	605.29	
55	702.61	302.08	625.05	578.28	581.36	632.23	
56	735.06	316.03	653.92	604.99	608.21	661.43	
57	767.83	330.12	683.07	631.96	635.33	690.91	
58	802.80	345.15	714.18	660.75	664.26	722.38	
59	820.13	352.60	729.59	675.01	678.60	737.98	
60	855.10	367.64	760.71	703.79	707.54	769.45	
61	885.35	380.64	787.61	728.69	732.57	796.66	
62	905.20	389.18	805.27	745.03	748.99	814.52	
63	930.09	399.88	827.42	765.51	769.59	836.92	
64+	945.21	406.38	840.87	777.96	782.10	850.53	

Rates are effective January 1, 2023, through December 31, 2023.

952580196 MD 2023

Learn about vision and dental coverage

With our Kaiser Permanente Individuals and Families dental plans and vision coverage, you get the benefits you need and the quality care you've come to expect. There's no waiting period – you can start receiving covered services the minute your coverage takes effect.

Essential vision care

You can get optometry services like routine eye exams, glaucoma screenings, and cataract screenings without a referral from your personal physician. You'll need a referral to get care from an ophthalmologist. Many Kaiser Permanente medical centers have a vision center where you can have exams and purchase quality eyewear and contact lenses. To locate a medical center with a vision center, and find information about other vision benefits, visit kp2020.org.

For information about vision coverage and limitations:

Call Member Services at **1-800-777-7902** (TTY **711**), Monday through Friday, from 7:30 a.m. to 9 p.m. (except holidays).

Refer to your *Membership Agreement* and *Evidence of Coverage*.

Register at kp.org and read a summary of your benefits online through My Health Manager.

Adult dental benefit

For an additional premium of \$12.14 per month, adults 19 and older can choose to enroll in an enhanced dental plan that offers orthodontic coverage and a \$10 copay for most preventive care procedures. To enroll, select the option on your application to enhance your dental coverage with the dental HMO rider.

Choosing a dentist

You may choose any general dentist from the list of participating dental providers. Specialty care is also available. To see a participating specialist, you'll need a referral from a participating general dentist. These dentists are conveniently located throughout the community.

To locate a participating provider, please visit dominiondental.com/kaiserdentists or call Dominion at **855-733-7524**.

Benefits, Exclusions, and Limitations

Medical Exclusions

This provision provides information on what services we will not pay for regardless of whether or not the service is medically necessary.

When a service is not covered, all services, drugs, or supplies related to the non-covered service are excluded from coverage, except services we would otherwise cover to treat serious complications of the non-covered service.

For example, if you have a non-covered cosmetic surgery, we will not cover services you receive in preparation for the surgery or for follow-up care. If you later suffer a life-threatening complication, such as a serious infection, this exclusion will not apply and we would cover any services that we would otherwise cover to treat that complication.

The following services are excluded from coverage:

1. Services that are not medically necessary;
2. Services performed or prescribed under the direction of a person who is not a health care practitioner;
3. Services that are beyond the scope of practice of the Health Care Practitioner performing the service;
4. Other services to the extent they are covered by any government unit, except for veterans in Veterans Administration or armed forces facilities for services received for which the recipient is liable;
5. Services for which a member is not legally, or as a customary practice, required to pay in the absence of a health benefit plan;
6. Except for pediatric vision benefits, the purchase, examination, or fitting of eye glasses or contact lenses, except for aphakic patients and soft or rigid gas permeable lenses or sclera shells intended for the use in the treatment of a disease or injury;
7. Personal care services and domiciliary care services;
8. Services rendered by a health care practitioner who is a member's spouse, mother, father, daughter, son, brother or sister;
9. Experimental services, except when part of a clinical trial;
10. Practitioner, hospital or clinical services related to radial keratotomy, myopic keratomileusis and surgery which involves corneal tissue for the purpose of altering, modifying or correcting myopia, hyperopia or stigmatic error;
11. Medical or surgical treatment for reducing or controlling weight;
12. Services incurred before the effective date of coverage for a member;
13. Services incurred after a member's termination of coverage;
14. Cosmetic services, including surgery or related services and other services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or developmental anomalies;

15. Services for injuries or diseases related to a member's job to the extent the member is required to be covered by a workers' compensation law;
16. Services rendered from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor, union, trust, or similar persons or groups;
17. Personal hygiene and convenience items, including, but not limited to, air conditioners, humidifiers or physical fitness equipment;
18. Except for a covered telehealth consultation, charges for telephone consultations, failure to keep a scheduled visit or completion of any form;
19. Inpatient admissions primarily for diagnostic studies, unless authorized by us;
20. The purchase, examination or fitting of hearing aids and supplies, and tinnitus maskers;
21. Travel, whether or not it is recommended by a health care practitioner, except for:
 - a. Covered ambulance services; and
 - b. Travel in connection with a covered transplant.
22. Except for emergency services and urgent care services, services received while the member is outside of the United States;
23. Immunizations related to foreign travel.
24. Dental work or treatment that includes hospital or professional care in connection with:
 - a. The operation or treatment for the fitting or wearing of dentures;
 - b. Orthodontic care or malocclusion;
 - c. Operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for removal of tumors and cysts or treatment of injury to natural teeth due to an accident if the treatment is received within six (6) months of the accident; and
 - d. Dental implants.
25. Accidents occurring while and as a result of chewing;
26. Arch support, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports or exams for their prescription or fitting, unless these services are deemed to be medically necessary;
27. Inpatient admissions primarily for physical therapy, unless authorized by us;
28. Treatment of sexual dysfunction not related to organic disease;
29. Services that duplicate benefits provided under federal, state or local laws, regulations or programs;
30. Non-human organs and their implantation;
31. Non-replacement fees for blood and blood products;
32. Lifestyle improvements or physical fitness programs;
33. Wigs or cranial prosthesis, except for one (1) hair prosthesis for a member whose hair loss was the result of chemotherapy or radiation treatment for cancer;
34. Weekend admission charges, except for emergencies and maternity, unless authorized by us;

35. Outpatient orthomolecular therapy, including nutrients, vitamins and food supplements;
36. Services resulting from accidental bodily injuries arising out of a motor vehicle accident, to the extent the services are payable under a medical expense payment provision of an automobile insurance policy;
37. Services for conditions that state or local laws, regulations, ordinances or similar provisions require to be provided in a public institution;
38. Services for, or related to, the removal of an organ from a member for the purposes of transplantation into another person unless the:
 - a. Transplant recipient is covered under one of our plans and is undergoing a covered transplant; and
 - b. Services are not payable by another carrier.
39. Physical examinations required for obtaining or continuing employment, insurance or government licensing;
40. Non-medical ancillary services such as vocational rehabilitation, employment counseling or educational therapy;
41. A private hospital room unless medically necessary and authorized by us;
42. Private duty nursing, unless authorized by us;
43. Any claim, bill or other demand or request for payment for health care services determined to be furnished as a result of a referral prohibited by §1-302 of the Health Occupations Article.

Medical Limitations

We will make our best efforts to provide or arrange for your health care services in the event of unusual circumstances, for reasons such as:

1. A major disaster;
2. An epidemic;
3. War;
4. Riot;
5. Civil insurrection;
6. Disability of a large share of personnel of a plan hospital or plan medical center; and/or
7. Complete or partial destruction of facilities.

In the event that we are unable to provide services, we, Kaiser Foundation Hospitals, Medical Group and Kaiser Permanente's Medical Group Plan Physicians shall only be liable for reimbursement of the expenses necessarily incurred by a member in procuring the services through other providers, to the extent prescribed by the Commissioner of Insurance.

For personal reasons, some members may refuse to accept services recommended by their plan physician for a particular condition. If you refuse to accept services recommended by your plan physician, he or she will advise you if there is no other professionally acceptable alternative. You may get a second opinion from another plan physician. If you still refuse to accept the recommended services, we and plan providers have no further responsibility to provide or cover any alternative treatment you may request for that condition.

Pharmacy Exclusions

Except as specifically covered under the Outpatient Prescription Drug Benefit, we do not cover a drug:

1. That can be obtained without a prescription, except for over-the-counter contraceptive drugs; or
2. For which there is a non-prescription drug that is the identical chemical equivalent (i.e., same active ingredient and dosage) to the prescription drug, unless otherwise prohibited by federal or state laws governing essential health benefits.
3. The member requests or agrees to a partial supply for the purpose of synchronizing the dispensing of the member's prescription drugs;
4. The prescription drug is not a Schedule II controlled dangerous substance; and
5. The supply and dispensing of the prescription drug meet all prior authorization and utilization management requirements specific to the prescription drug at the time of the synchronized dispensing.

Pharmacy Limitations

Except for maintenance medications and contraceptive drugs, members may obtain up to a thirty (30)-day supply and will be charged the applicable cost share based on:

1. The prescribed dosage;
2. Standard Manufacturers Package Size; and
3. Specified dispensing limits.

Drugs that have a short shelf life may require dispensing in smaller quantities to assure that the quality is maintained. Such drugs will be limited to a thirty (30)-day supply. If a drug is dispensed in several smaller quantities (for example, three [3] ten [10]-day supplies), you will be charged only one cost share at the initial dispensing for each thirty (30)-day supply.

Members may obtain a partial supply of a prescription drug and will be charged a prorated daily copayment or coinsurance, if the following conditions are met:

1. The prescribing physician or pharmacist determines dispensing a partial supply of a prescription drug to be in the best interest of the member;

Except for maintenance medications and contraceptive drugs as described below, injectable drugs that are self-administered and dispensed from the pharmacy are limited to a thirty (30)-day supply.

For maintenance medications, members may obtain up to a ninety (90)-day supply in a single prescription, when authorized by the prescribing plan provider or by a dentist or a referral physician. This does not apply to the first prescription or change in a prescription. The day supply is based on:

1. The prescribed dosage;
2. Standard Manufacturer's Package Size; and
3. Specified dispensing limits.

Except for prescription drugs to treat diabetes, human immunodeficiency virus (HIV), or acquired immunodeficiency syndrome (AIDS), if a drug meets the criteria for a Specialty Drug, then the Member's cost for the drug will not exceed \$150 for a thirty (30)-day supply, in accordance with §15-847 of the Insurance Article.

For prescribed contraceptives, members may obtain up to a twelve (12)-month supply for a single dispense at a plan pharmacy or through our mail service delivery program.

Dental Exclusions

The following exclusions apply to covered dental services for children under age nineteen (19) years:

1. Services which are covered under worker's compensation or employer's liability laws;
2. Services which are not necessary for the patient's dental health as determined by us;
3. Surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or development anomalies;
4. Oral surgery requiring the setting of fractures or dislocations;
5. Dispensing of drugs;
6. Unless otherwise specified in covered services, dental work or treatment which includes hospital or professional care in connection with:
 - a. The operation or treatment for the fitting or wearing of dentures;
 - b. Orthodontic care or malocclusion;
 - c. Operations on, or for treatment of, or to the teeth or supporting tissues of the teeth, except for the removal of tumors and cysts or treatment of injury to natural teeth due to an accident, if the treatment is received within six (6) months of the accident; and
 - d. Dental implants.
7. Procedures not listed as covered benefits;
8. Services obtained outside of the dental office in which enrolled and that are not preauthorized or otherwise approved by such office or the Plan (with the exception of urgent care services which are covered

outside the plan's service area and out-of-area emergencies);

9. Services performed by a participating specialist without a referral from a participating general dentist, with the exception of Orthodontics. A referral form is required;
10. Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article;
11. Non-medically necessary orthodontia is not a covered benefit. Discounts are provided to members through our agreements with our participating orthodontists. These provider agreements create no liability for payment by us and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation item #26 concerning Medically Necessary orthodontia.

Dental Limitations

The following limitations apply to covered dental services for children under age nineteen (19) years:

1. One (1) evaluation is covered two (2) times per calendar year, per patient, per provider/location;
2. One (1) teeth cleaning is covered two (2) times per calendar year, per patient;
3. One (1) topical fluoride application is covered two (2) times per calendar year, per patient; four (4) fluoride varnish treatments are covered per calendar year,

- per patient for children age three (3) years and above; eight (8) topical fluoride varnishes are covered per calendar year, per patient up to age two (2) years;
4. Two (2) bitewing X-rays are covered per calendar year, per patient, per provider/ location;
 5. One (1) set of full mouth X-rays or panoramic film is covered every three (3) years. Panoramic X-rays are limited to ages six (6) years and above. No more than one (1) set of X-rays is covered per provider/location;
 6. One (1) sealant per tooth is covered per lifetime, per patient, limited to occlusal surfaces of posterior permanent teeth without restorations or decay;
 7. One (1) application of caries arresting medicament per primary tooth is covered per lifetime;
 8. One (1) space maintainer per twenty-four (24) months, per quadrant or per arch, per patient to preserve space between teeth for premature loss of a primary tooth (does not include use for orthodontic treatment);
 9. Replacement of a filling is covered if it is more than three (3) years from the date of original placement;
 10. Replacement of a crown or denture is covered if it is more than five (5) years from the date of original placement;
 11. Replacement of a prefabricated resin and stainless-steel crown is covered if it is more than three (3) years from the date of original placement, per tooth, per patient;
 12. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan;
 13. Relining and rebasing of dentures is covered once per twenty-four (24) months, per patient, only after six (6) months of initial placement;
 14. Soft liner for complete or partial removable denture-indirect, limited to one (1) per 12 months;
 15. Root canal treatment and retreatment of previous root canal are covered once per tooth, per lifetime;
 16. Periodontal scaling and root planing, osseous surgery and gingivectomy or gingivoplasty are each limited to one per twenty-four (24) months, per patient, per quadrant;
 17. Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation and in lieu of a covered cleaning, limited to once per two (2) years;
 18. Full mouth debridement is covered once per twenty-four (24) months, per patient;
 19. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years;
 20. Localized delivery of antimicrobial agents is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of twelve (12) teeth for all four (4) quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater;
 21. Periodontal surgery of any type, including any associated material, is covered once every twenty-four (24) months, per quadrant or surgical site;
 22. Periodontal maintenance after active therapy is covered two (2) times per calendar year;
 23. Coronectomy, intentional partial tooth removal, one (1) per tooth, per lifetime;
 24. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services

can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes;

25. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of sixty (60) minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. Non-intravenous conscious sedation is not covered in conjunction with analgesia;
26. Orthodontics is only covered if medically necessary as determined by us. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility;
27. Synchronous teledentistry or asynchronous teledentistry must be accompanied by a covered procedure.

Kaiser Permanente medical facilities

Maryland

- 1 Abingdon Medical Center
- 2 Annapolis Medical Center
- 3 **OPENING TBD**
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 **OPENING 2022**
Medical Center in Hyattsville
- 11 Kensington Medical Center
- 12 Largo Medical Center
- 13 **OPENING 2022**
Lutherville-Timonium Medical Center
- 14 Marlow Heights Medical Center
- 15 North Arundel Medical Center
- 16 Prince George's Medical Center
(will close when the Medical Center in Hyattsville opens)
- 17 Shady Grove Medical Center
- 18 Silver Spring Medical Center
- 19 South Baltimore County Medical Center
- 20 Towson Medical Center
(will close when Lutherville-Timonium Medical Center opens)
- 21 **OPENING TBD**
Medical Center in Waldorf
- 22  Friendship Heights
by KAISER PERMANENTE.
- 23 White Marsh Medical Center
- 24 Woodlawn Medical Center

Virginia

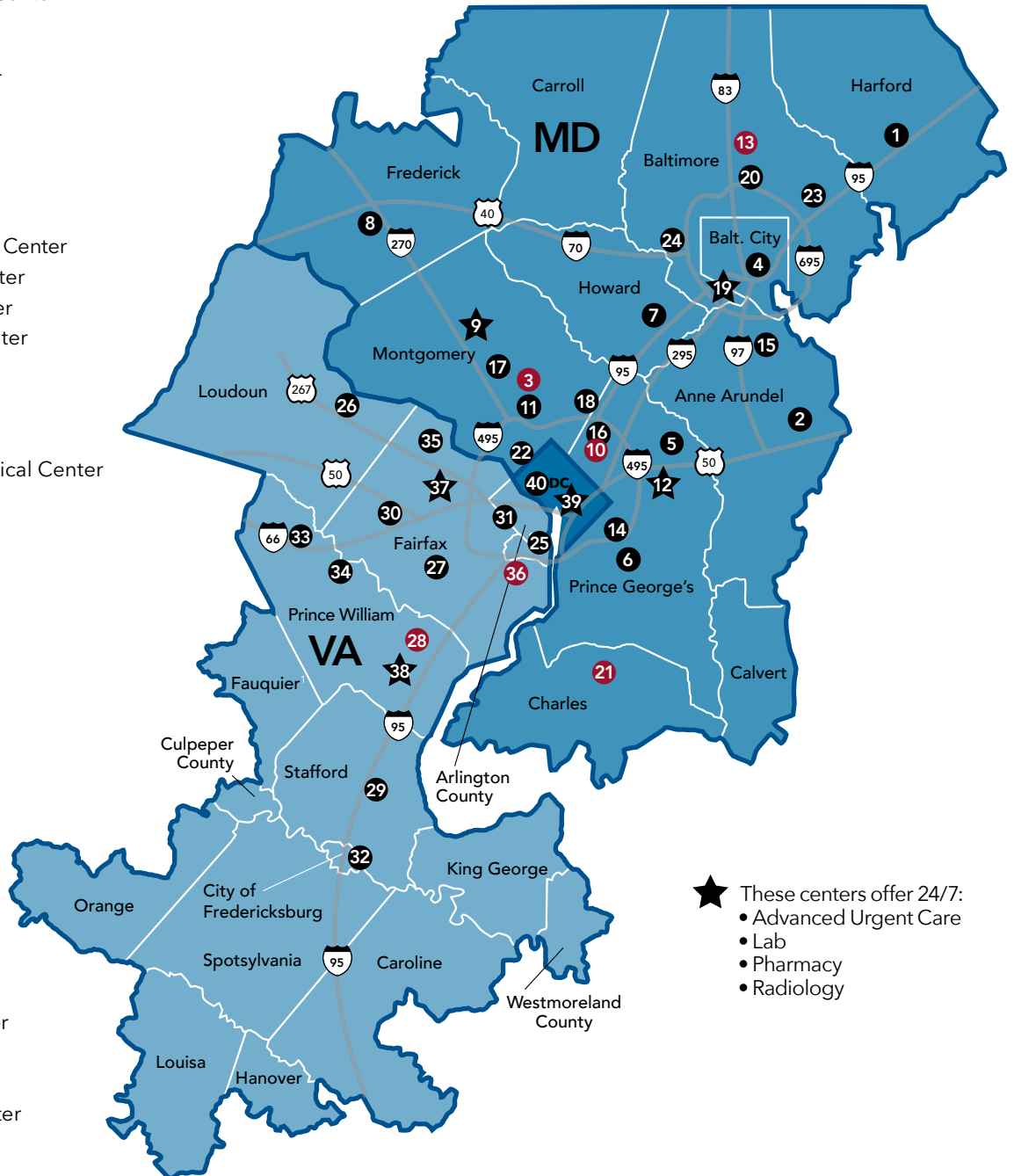
- 25 Alexandria Medical Center
- 26 Ashburn Medical Center
- 27 Burke Medical Center
- 28 **OPENING 2022**
Caton Hill Medical Center
- 29 Colonial Forge Medical Center
- 30 Fair Oaks Medical Center
- 31 Falls Church Medical Center
- 32 Fredericksburg Medical Center

- 33 Haymarket Crossroads Medical Center
- 34 Manassas Medical Center
- 35 Reston Medical Center
- 36 **OPENING 2022**
Springfield Medical Center
(adjacent to current facility)
- 37 Tysons Corner Medical Center

- 38 Woodbridge Medical Center
(will close when Caton Hill Medical Center opens)

Washington, DC

- 39 Kaiser Permanente Capitol Hill Medical Center
- 40 Northwest DC Medical Office Building



Please check kp.org/facilities for the most up-to-date listing of services available at Kaiser Permanente Medical Centers.

'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.

1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. **2.** When 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. **3.** High deductible health plans may require a copay or coinsurance for phone appointments and video visits. **4.** Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. **5.** Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescriptions. **6.** These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org. **7.** Kaiser Permanente 2021 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2021 and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. **8.** Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice. **9.** Kaiser Permanente Telehealth Insights Dashboard. **10.** For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at irs.gov.

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 on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. 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 **1-800-777-7902** (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, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

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

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

HELP IN YOUR LANGUAGE

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

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

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**)።

Bàsòò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké ñ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béin ñ gbo kpáa. Dá **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নি:খরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

中文 (Chinese) 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 **1-800-777-7902** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-777-7902** (TTY: 711) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-777-7902** (TTY: 711).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902** (TTY: 711).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902** (TTY: 711).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902** (TTY: 711) पर कॉल करें।

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

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

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-777-7902** (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. **1-800-777-7902** (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, kojí' hódílnih **1-800-777-7902** (TTY: 711).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902** (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902** (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 **1-800-777-7902** (TTY: 711).

ไทย (Thai) หมายเหตุ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902** (TTY: 711).

اُردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902** (TTY: 711)۔

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902** (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902** (TTY: 711).

Let us help you find your healthy place

Having a good health plan is important for peace of mind. So is getting quality care. With Kaiser Permanente, you get both.

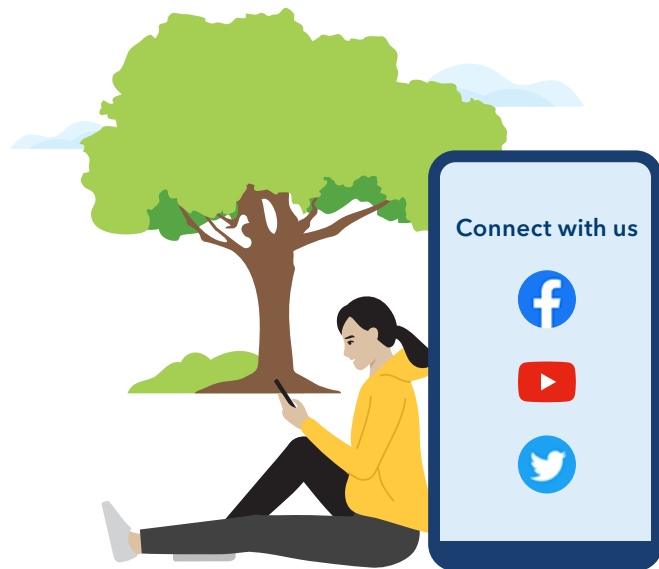
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Talk to an enrollment specialist today about specialty care, extra features, and more.

Call **1-800-494-5314** (TTY 711).

Visit kp.org/myhealthyplace to see how we can make your care experience better, no matter what stage of life you're in.

Current members with questions can call our Member Service Contact Center at **1-800-777-7902** (TTY 711), Monday through Friday, from 7:30 a.m. to 9 p.m. (except holidays).



In Maryland, Virginia, and the District of Columbia, all plans are offered and underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., 2101 E. Jefferson St., Rockville, MD 20852.