

Healthy together

See how our care and coverage can help you thrive



Kaiser Permanente for
Individuals and Families

Experience the Kaiser Permanente difference

	With Kaiser Permanente*	Without Kaiser Permanente
 Choosing your doctor	Learn about our doctors by reading their profiles and biographies on kp.org/searchdoctors , then choose the one who's right for you.	You may not know much about a doctor. Or you may be offered a simple provider directory with minimal information.
 Choosing how you get care	How, when, and where do you want to receive care? From telephone advice to video visits, [†] in-person appointments to emailing your doctor, and more, you're in control.	Even for minor concerns, you usually make an appointment, drive to the doctor's office, and sit in the waiting room.
 Making a routine appointment	You've got options: You can use your phone, computer, or mobile device – anytime, anywhere.	You'll likely have to call during business hours.
 Calling for medical advice	Get 24/7 medical advice by phone from specially trained Kaiser Permanente nurses, or video medical advice with a doctor. [†] Both have access to your electronic health record and can make follow-up appointments.	If medical advice is available by phone, the representative won't have access to your medical history and won't be able to connect you directly to care.
 So much in one place	In most of our facilities, you can see your doctor, get a lab test, X-rays, and pick up prescriptions, under one roof.	Seeing your doctor, getting a lab test, and picking up medication probably means 3 separate trips.
 Viewing your medical records and test results	You and your providers have access to your electronic health record – which includes your medical history and most test results – keeping everyone connected and in the know.	You have to collect or request all your medical records on your own, and your providers are not likely to be connected to each other.
 Getting care in your language	We have multilingual doctors and staff, and we offer interpretation services by phone in 150+ languages.	Some health plans offer limited access to interpreter services and multilingual doctors.

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

[†]For certain medical conditions and for members 18 and older who are in Maryland; Virginia; Washington, DC; Florida; North Carolina; West Virginia; or Pennsylvania during the call. Primary care video visits are available during normal business hours, and urgent care video visits are available weekdays from 10 a.m. to 10 p.m. and weekends from noon to midnight, Eastern time.

The right choice for your health

Welcome to your Kaiser Permanente for Individuals and Families enrollment guide. This guide will help you select the right health plan for your needs. Read on to learn why Kaiser Permanente is the best choice.

How to use this guide

Here are some questions you may have, and where you can find the answers in this guide.

Why should I choose Kaiser Permanente?

Your health. Your way.	2
Great care, great results	3
Why you need coverage	4

How do I enroll?

Important deadlines	5
Simple steps to enroll	6

Which plan should I pick?

Understanding health plans	7
Choosing a plan based on your care needs	8
Health plan benefit highlights	9

Do you offer dental plans or vision coverage?

Dental and vision care	14
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How much will coverage cost?

You may qualify for federal financial assistance	15
Working out your rate	16

Where are you located?

Finding a facility near you	20
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Important details and notices

Exclusions, limitations and reductions

Your health. Your way.

Kaiser Permanente makes it easier for you to stay in charge of your health. It's simple to make smart choices when you have great doctors and convenient facilities.



Choose your doctor – and change anytime

Connecting you with a doctor who suits your needs is our top priority. At kp.org/searchdoctors, you can find information on a wide range of top-notch physicians, including their education, credentials, and specialties.

You can choose your doctor from:

- Adult medicine/internal medicine
- Family medicine
- Pediatrics/family medicine (for children up to 18)

Select one doctor for your whole family or a different doctor for each family member. You can also change your doctor anytime.



Easy access for easier care

You'll have many locations to choose from, some with 24/7 urgent care. You can also schedule a video appointment with a doctor, or get medical advice by phone, email, or video – all at no additional cost to you.*

Many services under one roof

Most of our facilities offer a wide variety of care and services, so you can take care of several health care needs in one visit. You can see your doctor or specialist, get a lab test or an X-ray, and pick up your medications – all without leaving the building.



Manage your health – anytime, anywhere

Online at kp.org or with our mobile app, it's easy to stay on top of the care you get at our facilities, 24/7:

- Schedule and cancel in-person and video appointments.*
- View most lab results as soon as they're available.
- Email your doctor's office with nonurgent questions.
- Print vaccination records for school, sports, or camp.
- Manage a family member's health.†
- Use tools to help manage your coverage and costs.
- Refill most prescriptions with no charge for shipping.

Visit kp.org/experience to see how it works.

*All video appointments are for certain medical conditions, and for members who are age 18 or older. Routine video visit appointments are with physicians who practice at Kaiser Permanente facilities. During a routine video visit with your doctor, you must be present in Maryland, Virginia, or Washington, DC. For urgent video visits with a doctor, you may also be located in Florida, North Carolina, West Virginia, or Pennsylvania (available weekdays from 10 a.m. to 10 p.m. and weekends from noon to midnight, Eastern time).

†Due to privacy laws, certain features may not be available if they're being accessed on behalf of a child younger than 18. Your child's physician may also be prevented from giving you certain information without your child's consent.

Great care, great results

Get the care you need to stay your healthiest. Whether it's time for a preventive screening or you need help while traveling away from home, we're here for you.

Preventive care at no additional cost

We believe prevention plays a vital role in health care. That's why we offer so many resources to help you stay healthy and happy, and avoid getting sick.

To catch problems early, we offer preventive screenings, routine appointments, and more. Your electronic health record plays a key role in this, tracking the services you get and reminding your doctor when you're due for care. No matter which Kaiser Permanente plan you choose, there's no additional cost for most preventive care services. And most of our plans also include a \$0 copay for all primary care office visits for children under 5.*

Getting care away from home

If you get sick or injured while traveling, we can help you get care. We can also help you prepare for travel by checking if you need a vaccination, getting you a prescription refill before you leave, and more. Just call our 24/7 Away From Home Travel Line at **951-268-3900**[†] or visit **kp.org/travel**.

Healthy resources

Take advantage of a wide range of convenient tools to help you stay well – from health classes at our locations to personal support from a wellness coach.

- **Health classes:** Choose from many classes and support groups offered at our facilities.[‡]
- **Healthy lifestyle programs:** Our personalized online programs can help you lose weight, reduce stress, quit smoking, and more – at no additional cost to members.
- **Wellness coaching:** Our wellness coaches will work one-on-one with you to help you achieve your health goals – at no additional cost to members and with no referrals needed.
- **Special rates for members:** Get reduced rates on a variety of products and services, like gym memberships and massage therapy through ChooseHealthy™.
- **Online wellness tools:** You can find health calculators, podcasts, recipes, fitness videos, and more at **kp.org/livehealthy**.

*Cost share varies by plan design. Please review your *Membership Agreement and Evidence of Coverage (EOC)* for more details.

[†]Outside the United States, dial the U.S. country code "001" for landlines and "+1" for mobile before the phone number. Long-distance charges may apply and we cannot accept collect calls. This phone line is closed on major holidays.

[‡]Classes vary at each Kaiser Permanente facility and some may require a fee.

Why you need coverage

Health coverage is something you can't afford to be without. Kaiser Permanente makes it easy for you to get great care and coverage.



Health care reform – what you should know

Legally, most U.S. residents must have health coverage. If you don't, you may have to pay a tax penalty to the federal government.

Why choose Kaiser Permanente?

- All the plans in this guide meet the standards of health care reform. They offer the same basic services, such as doctor visits, hospital care, prescriptions, and preventive care at no additional cost.
- You can buy one of our plans from us or through the Health Insurance Marketplaces.



Health coverage – why you need it

Almost everyone gets sick or hurt, or needs medical care at some point. Health coverage helps you pay for the care you need to get better – like seeing a doctor, staying in a hospital, or taking medication.

Health coverage also covers care that helps you stay healthy. Preventive care – like mammograms and cholesterol tests – can help catch health problems early, when they're easier to treat.

Without coverage, paying for all this care can be difficult. High medical bills can even wipe out savings or lead to personal bankruptcy.

Important deadlines

There's a deadline to apply for health care coverage, whether you apply during open enrollment or during a special enrollment period.



To enroll during this open enrollment period, you must make sure we receive your completed Application for Health Coverage – along with your first month's premium – **no later than January 31, 2017.**

Enrolling during the 2017 open enrollment period

You may change or apply for 2017 coverage during the open enrollment period, which runs from **November 1, 2016, through January 31, 2017.** You can do so either through the Health Insurance Marketplace or through Kaiser Permanente.

To start coverage on:	Your completed application and premium must be received by:
January 1, 2017	December 15, 2016
February 1, 2017	January 15, 2017
March 1, 2017	January 31, 2017

Enrolling during a special enrollment period

You also may enroll or change your coverage if you experience what's known as a triggering event. Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you and/or your dependents. If you know that you'll be losing coverage, you can also apply for new coverage 60 days in advance.

For more information, please refer to the Enrolling During a Special Enrollment Period guide. If you didn't receive this guide, you can find it at **buykp.org/apply**, or you may call **1-800-494-5314** (for TTY, call **711**) to request a copy.

Simple steps to enroll

Applying for health coverage is easy. Choose a plan that puts you on the road to better health. Just follow these steps and see the rest of this guide for helpful information.



Choose a plan

You can cover your entire family under the same plan or separate plans.



Calculate your rate

Use the rate calculator on page 17 to find out what your monthly rate would be for the plan you choose.



See if you're eligible for federal financial assistance

If you qualify, the federal government will pay any federal financial assistance to Kaiser Permanente on your behalf. Help may be available for paying monthly premiums or out-of-pocket costs, such as copays, coinsurance, or deductibles. See "You may qualify for federal financial assistance" on page 15 for more information.



Complete your application

Complete an online application at **buykp.org/apply** or use a paper application. If you think you may qualify for federal financial assistance, we can help you apply through the Health Insurance Marketplace. Call us at **1-800-494-5314**.

Understanding health plans

We offer a variety of plans to fit your needs and budget. All of them offer the same quality care, but the way they split the costs between the member and the health plan is different. Learn more below.

Copay plans

Platinum, Gold

Copay plans are the simplest. You know in advance how much you will pay for things like doctor visits and prescriptions. Your monthly rate is higher, but you'll pay much less when you actually get care.

Deductible plans

Gold, Silver, Bronze

With a deductible plan, your monthly rate is lower, but you'll have to reach a deductible. This means you'll pay the full charges for covered services until you reach a set amount known as your deductible. Then you'll start paying less – just 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 meet your deductible.

HSA-qualified deductible plans

Silver, 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, adult dental care, or chiropractic services.* 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.

*For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://www.irs.gov).

Choosing a plan based on your care needs

If you need a lot of care, you may want a plan with a higher monthly rate so that you pay less when you come in for care. If you don't go to the doctor much, you may want a plan with a lower monthly rate, keeping in mind you'll pay more if and when you do get care.

Monthly rate versus out-of-pocket costs

Metal name	What you pay for your monthly rate	What you pay when you get care (Emergency Department visit, lab test, etc.)
Platinum		
Gold		
Silver		
Bronze		

An example of costs when you get care

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

Plan name	Office visit	X-ray	Generic drug
KP VA Gold 0/20/Dental/Ped Dental (No deductible)	\$20	\$20	\$10
KP VA Silver 1800/30/Dental/Ped Dental (\$1,800 deductible)	\$30	\$30	\$15
KP VA Bronze 6200/20%/HSA/Dental/Ped Dental (\$6,200 deductible)	\$86 or \$50*	\$100 or \$50*	\$20*

*If you've met your deductible

The cost estimates above are from our estimate tools website, kp.org/treatmentestimates. Visit this site anytime to get an idea of what the charges for common services might be before you meet your deductible.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Health plan 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

<div> <div>KP</div> <div>M</div> </div> <div> <div>KP VA Silver</div> <div>1800/30/Dental/Ped Dental</div> </div>	
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$1,800/\$3,600
Annual out-of-pocket maximum (individual/family)	\$7,150/\$14,300
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$30 (waived for children under 5)
Specialty care office visit	\$50
Most X-rays	\$30
Most lab tests	\$30
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$30 (individual therapy)
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	30% after deductible
Urgent care visit	\$50
Prescription drugs (up to a 30-day supply)	
Generic	\$15
Preferred brand	\$55 after \$500 brand deductible per member
Non-preferred brand	30% after \$500 brand deductible per member
Specialty	30% after \$500 brand deductible per member (up to \$250 maximum per 30-day prescription)
Whole health	
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

KP Offered through Kaiser Permanente

M Offered through the Marketplace, Health Insurance Marketplace

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 \$1,800 for yourself or \$3,600 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 \$7,150 for yourself and no more than \$14,300 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no charge

Most preventive care services—including routine physical exams and mammograms—are covered at no 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 \$30 copay—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.

Coinurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 30% 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. The deductible must be met before the copay applies for some services. In this example, you'd start paying a \$50 copay for urgent care visits, whether or not you have met your deductible.

KP Offered through Kaiser Permanente

M Offered through the Marketplace,
Health Insurance Marketplace

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on **healthcare.gov**.

	KP M KP VA Bronze 6500/50/Dental/ Ped Dental	KP M KP VA Bronze 6200/20%/HSA/ Dental/Ped Dental	KP M KP VA Bronze 5000/50/Dental/ Ped Dental	KP M KP VA Silver 6000/30/Dental/ Ped Dental	KP M KP VA STD Silver 3500/30/Dental/ Ped Dental	KP M KP VA Silver 2800/30/Dental/ Ped Dental
Plan type	Deductible	HSA-qualified	Deductible	Deductible	Deductible	Deductible
Features						
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$6,200/\$12,400	\$5,000/\$10,000	\$6,000/\$12,000	\$3,500/\$7,000	\$2,800/\$5,600
Annual out-of-pocket maximum (individual/family)	\$7,150/\$14,300	\$6,550/\$13,100	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300
Benefits						
Preventive care						
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)						
Primary care office visit	2 visits at \$50 prior to 40% after deductible (copay waived for children under 5) ^{††}	20% after deductible	2 visits at \$50 prior to 25% after deductible (copay waived for children under 5) ^{††}	\$30 (waived for children under 5)	\$30	\$30 (waived for children under 5)
Specialty care office visit	40% after deductible	20% after deductible	\$60 after deductible	\$50	\$65	\$50
Most X-rays	40% after deductible	20% after deductible	\$110	\$30	20% after deductible	\$30
Most lab tests	40% after deductible	20% after deductible	\$40	\$30	20% after deductible	\$30
MRI, CT, PET	40% after deductible	20% after deductible	\$625 after deductible	30% after deductible	20% after deductible	30% after deductible
Outpatient surgery	40% after deductible	20% after deductible	25% after deductible	30% after deductible	20% after deductible	30% after deductible
Mental health visit	40% after deductible	20% after deductible	\$50 (individual therapy)	\$30 (individual therapy)	\$30 (individual therapy)	\$30 (individual therapy)
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	20% after deductible	25% after deductible	30% after deductible	20% after deductible	30% after deductible
Maternity						
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	20% after deductible	25% after deductible	30% after deductible	20% after deductible	30% after deductible
Emergency and urgent care						
Emergency Department visit	40% after deductible	20% after deductible	25% after deductible	30% after deductible	\$400 after deductible (copay waived if admitted)	30% after deductible
Urgent care visit	40% after deductible	20% after deductible	\$60 after deductible	\$50	\$75	\$50
Prescription drugs (up to a 30-day supply)						
Generic	40% after deductible	\$20 after deductible [†]	\$25 [†]	\$15 [†]	\$15 [†]	\$15 [†]
Preferred brand	40% after deductible	50% after deductible	\$100 after \$800 brand deductible per member [†]	\$55 [†]	\$50 [†]	\$55 after \$500 brand deductible per member [†]
Non-preferred brand	40% after deductible	50% after deductible	50% after \$800 brand deductible per member	30%	\$100 [†]	30% after \$500 brand deductible per member
Specialty	40% after deductible up to \$250 maximum per 30-day prescription	50% after deductible up to \$250 maximum per 30-day prescription	50% after \$800 brand deductible per member up to \$250 maximum per 30-day prescription	30% up to \$250 maximum per 30-day prescription	40%	30% after \$500 brand deductible per member up to \$250 maximum per 30-day prescription
Whole health						
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

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 more 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. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

*After designated days, there is no charge for covered services related to the admission.

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

^{††}Only applicants under age 30, or applicants age 30 and older who provide a certificate from the Health Insurance Marketplace in Virginia demonstrating hardship or lack of affordable coverage, may purchase a KP VA Catastrophic 7150/0/Dental/PedDental plan.

**The KP VA Catastrophic 7150/0/Dental/PedDental plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary or outpatient mental health care.

^{†††}Includes 2 office visits at \$50 before you reach your deductible. Office visits include primary or outpatient mental health care.

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Health Insurance Marketplace

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on **healthcare.gov**.

	KP M	KP M	KP M	KP M	KP M	KP M
	KP VA Silver 2750/20%/HSA/ Dental/Ped Dental	KP VA Silver 1800/30/Dental/ Ped Dental	KP VA Gold 1000/20/Dental/ Ped Dental	KP VA Gold 0/20/Dental/ Ped Dental	KP VA Platinum 0/20/Dental/ Ped Dental	KP VA Catastrophic [†] 7150/0/Dental/ Ped Dental
Plan type	HSA-qualified	Deductible	Deductible	Copay	Copay	Deductible
Features						
Annual medical deductible (individual/family)	\$2,750/\$5,500	\$1,800/\$3,600	\$1,000/\$2,000	None/None	None/None	\$7,150/\$14,300
Annual out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$7,150/\$14,300	\$6,350/\$12,700	\$6,350/\$12,700	\$5,000/\$10,000	\$7,150/\$14,300
Benefits						
Preventive care						
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)						
Primary care office visit	20% after deductible	\$30 (waived for children under 5)	\$20 (waived for children under 5)	\$20 (waived for children under 5)	\$20 (waived for children under 5)	First 3 office visits no charge.** Additional visits no charge after deductible.
Specialty care office visit	20% after deductible	\$50	\$40	\$40	\$30	No charge after deductible
Most X-rays	20% after deductible	\$30	\$20	\$20	\$20	No charge after deductible
Most lab tests	20% after deductible	\$30	\$20	\$20	\$20	No charge after deductible
MRI, CT, PET	20% after deductible	30% after deductible	\$150	\$250	\$150	No charge after deductible
Outpatient surgery	20% after deductible	30% after deductible	20% after deductible	30%	\$350	No charge after deductible
Mental health visit	20% after deductible	\$30 (individual therapy)	\$20 (individual therapy)	\$20 (individual therapy)	\$20 (individual therapy)	First 3 office visits no charge.** Additional visits no charge after deductible.
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	30% after deductible	20% after deductible	30%	\$350 per day up to 4 days*	No charge after deductible
Maternity						
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	30% after deductible	20% after deductible	30%	\$350 per day up to 4 days*	No charge after deductible
Emergency and urgent care						
Emergency Department visit	20% after deductible	30% after deductible	\$250 (waived if admitted)	\$250 (waived if admitted)	\$250 (waived if admitted)	No charge after deductible
Urgent care visit	20% after deductible	\$50	\$40	\$40	\$30	No charge after deductible
Prescription drugs (up to a 30-day supply)						
Generic	\$15 after deductible [†]	\$15 [†]	\$10 [†]	\$10 [†]	\$10 [†]	No charge after deductible
Preferred brand	\$55 after deductible [†]	\$55 after \$500 brand deductible per member [†]	\$30 [†]	\$30 [†]	\$30 [†]	No charge after deductible
Non-preferred brand	20% after deductible	30% after \$500 brand deductible per member	20%	\$50 [†]	\$50 [†]	No charge after deductible
Specialty	30% after deductible up to \$250 maximum per 30-day prescription	30% after \$500 brand deductible per member up to \$250 maximum per 30-day prescription	30% up to \$250 maximum per 30-day prescription	\$150 [†]	\$150 [†]	No charge after deductible
Whole health						
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee after deductible for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

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**The KP VA Catastrophic 7150/0/Dental/PedDental plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary or outpatient mental health care.

^{††}Includes 2 office visits at \$50 before you reach your deductible. Office visits include primary or outpatient mental health care.

M Offered through the Marketplace,
Health Insurance Marketplace

Cost Share Reduction (CSR) Plans

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

	M KP VA Silver 2000/30/CSR/ Dental/Ped Dental	M KP VA Silver 300/15/CSR/Dental/ Ped Dental	M KP VA Silver 100/5/CSR/Dental/ Ped Dental	M KP VA STD Silver 3000/30/CSR/ Dental/Ped Dental	M KP VA STD Silver 700/10/CSR/Dental/ Ped Dental	M KP VA STD Silver 250/5/CSR/Dental/ Ped Dental
Plan type	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Features						
Annual medical deductible (individual/family)	\$2,000/\$4,000	\$300/\$600	\$100/\$200	\$3,000/\$6,000	\$700/\$1,400	\$250/\$500
Annual out-of-pocket maximum (individual/family)	\$5,700/\$11,400	\$2,350/\$4,700	\$2,000/\$4,000	\$5,700/\$11,400	\$2,000/\$4,000	\$1,250/\$2,500
Benefits						
Preventive care						
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)						
Primary care office visit	\$30 (waived for children under 5)	\$15 (waived for children under 5)	\$5 (waived for children under 5)	\$30	\$10	\$5
Specialty care office visit	\$50	\$30	\$5	\$65	\$25	\$15
Most X-rays	\$30	\$20	\$5	20% after deductible	20% after deductible	5% after deductible
Most lab tests	\$30	\$20	\$5	20% after deductible	20% after deductible	5% after deductible
MRI, CT, PET	30% after deductible	25% after deductible	10% after deductible	20% after deductible	20% after deductible	5% after deductible
Outpatient surgery	30% after deductible	25% after deductible	10% after deductible	20% after deductible	20% after deductible	5% after deductible
Mental health visit	\$30 (individual therapy)	\$15 (individual therapy)	\$5 (individual therapy)	\$30 (individual therapy)	\$10 (individual therapy)	\$5 (therapy visit)
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	25% after deductible	10% after deductible	20% after deductible	20% after deductible	5% after deductible
Maternity						
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	25% after deductible	10% after deductible	20% after deductible	20% after deductible	5% after deductible
Emergency and urgent care						
Emergency Department visit	30% after deductible	25% after deductible	10% after deductible	\$300 after deductible (copay waived if admitted)	\$150 after deductible (copay waived if admitted)	\$100 after deductible (copay waived if admitted)
Urgent care visit	\$50	\$30	\$5	\$75	\$40	\$25
Prescription drugs (up to a 30-day supply)						
Generic	\$15 [†]	\$10 [†]	\$5 [†]	\$10 [†]	\$5 [†]	\$3 [†]
Preferred brand	\$55 [†]	\$45 [†]	\$10 [†]	\$50 [†]	\$25 [†]	\$5 [†]
Non-preferred brand	30%	25%	10%	\$100 [†]	\$50 [†]	\$10 [†]
Specialty	30% up to \$250 maximum per 30-day prescription	25% up to \$250 maximum per 30-day prescription	10% up to \$250 maximum per 30-day prescription	40%	30%	25%
Whole health						
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

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 more 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. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

*After designated days, there is no charge for covered services related to the admission.

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

[‡]Only applicants under age 30, or applicants age 30 and older who provide a certificate from the Health Insurance Marketplace in Virginia demonstrating hardship or lack of affordable coverage, may purchase a KP VA Catastrophic 7150/0/Dental/PedDental plan.

**The KP VA Catastrophic 7150/0/Dental/PedDental plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary or outpatient mental health care.

^{††}Includes 2 office visits at \$50 before you reach your deductible. Office visits include primary or outpatient mental health care.

M Offered through the Marketplace,
Health Insurance Marketplace

Cost Share Reduction (CSR) Plans

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

	M KP VA Silver 1700/20%/CSR/HDHP/ Dental/Ped Dental	M KP VA Silver 500/10%/CSR/HDHP/ Dental/Ped Dental	M KP VA Silver 100/5%/CSR/HDHP/ Dental/Ped Dental	M KP VA Silver 1550/30/CSR/ Dental/Ped Dental	M KP VA Silver 100/10/CSR/Dental/ Ped Dental	M KP VA Silver 0/5/CSR/Dental/ Ped Dental
Plan type	Deductible	Deductible	Deductible	Deductible	Deductible	Copayment
Features						
Annual medical deductible (individual/family)	\$1,700/\$3,400	\$500/\$1,000	\$100/\$200	\$1,550/\$3,100	\$100/\$200	None/None
Annual out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$2,250/\$4,500	\$1,800/\$3,600	\$5,700/\$11,400	\$2,350/\$4,700	\$1,800/\$3,600
Benefits						
Preventive care						
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)						
Primary care office visit	20% after deductible	10% after deductible	5% after deductible	\$30 (waived for children under 5)	\$10 (waived for children under 5)	\$5 (waived for children under 5)
Specialty care office visit	20% after deductible	10% after deductible	5% after deductible	\$50	\$25	\$5
Most X-rays	20% after deductible	10% after deductible	5% after deductible	\$30	\$20	\$5
Most lab tests	20% after deductible	10% after deductible	5% after deductible	\$30	\$20	\$5
MRI, CT, PET	20% after deductible	10% after deductible	5% after deductible	30% after deductible	30% after deductible	10%
Outpatient surgery	20% after deductible	10% after deductible	5% after deductible	30% after deductible	30% after deductible	10%
Mental health visit	20% after deductible	10% after deductible	5% after deductible	\$30 (individual therapy)	\$10 (individual therapy)	\$5 (individual therapy)
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	10% after deductible	5% after deductible	30% after deductible	30% after deductible	10%
Maternity						
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	10% after deductible	5% after deductible	30% after deductible	30% after deductible	10%
Emergency and urgent care						
Emergency Department visit	20% after deductible	10% after deductible	5% after deductible	30% after deductible	30% after deductible	10%
Urgent care visit	20% after deductible	10% after deductible	5% after deductible	\$50	\$25	\$5
Prescription drugs (up to a 30-day supply)						
Generic	\$15 after deductible [†]	\$10 after deductible [†]	\$5 after deductible [†]	\$15 [†]	\$10 [†]	\$5 [†]
Preferred brand	\$55 after deductible [†]	\$35 after deductible [†]	\$10 after deductible [†]	\$55 after \$500 brand deductible per member [†]	\$45 [†]	\$10 [†]
Non-preferred brand	20% after deductible	10% after deductible	5% after deductible	30% after \$500 brand deductible per member	30%	10%
Specialty	20% after deductible up to \$250 maximum per 30-day prescription	10% after deductible up to \$250 maximum per 30-day prescription	5% after deductible up to \$250 maximum per 30-day prescription	30% after \$500 brand deductible per member up to \$250 maximum per 30-day prescription	30% up to \$250 maximum per 30-day prescription	20% up to \$250 maximum per 30-day prescription
Whole health						
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

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 more 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. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

*After designated days, there is no charge for covered services related to the admission.

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

[‡]Only applicants under age 30, or applicants age 30 and older who provide a certificate from the Health Insurance Marketplace in Virginia demonstrating hardship or lack of affordable coverage, may purchase a KP VA Catastrophic 7150/0/Dental/PedDental plan.

**The KP VA Catastrophic 7150/0/Dental/PedDental plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary or outpatient mental health care.

^{††}Includes 2 office visits at \$50 before you reach your deductible. Office visits include primary or outpatient mental health care.

Dental and vision care

We emphasize healthy smiles through preventive care. Kaiser Permanente health plans provide essential health benefits, including pediatric dental benefits for those 18 and younger, in addition to a Preventive Dental Plan for adults 19 and older. Dental benefits are administered through Dominion Dental Services USA, Inc. (Dominion Dental).

A reason to smile

In the Preventive Dental Plan, adults pay a \$30 copay for preventive care procedures such as routine cleanings, oral examinations, and topical fluoride, plus bitewing X-rays.

More extensive care is provided at savings of up to 70% compared with the usual and customary charges for these services. You pay only the amount listed on the Dominion fee schedule. The combination of predictable costs, no deductibles, and no annual maximums helps you plan for out-of-pocket fees.

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 **1-855-733-7524** (TTY **711**).

Quality dental care

With the Preventive Dental Plan, you can be confident that your dentist was carefully selected. All dentists go through a quality assurance program developed in accordance with the National Committee for Quality Assurance (NCQA). This process confirms that each dentist has the required credentials and has passed a thorough on-site office evaluation.

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, visit kp.org/facilities.

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.

You may qualify for federal financial assistance

Do you need help paying for health care? Under health care reform, the federal government will provide federal financial assistance for many people, depending on their income. Learn more below.

3 things to know:

- Financial assistance is available for premiums and out-of-pocket expenses.
- If you qualify for assistance, the federal government will pay it directly to us.
- Assistance is available on a sliding scale, based on income and family size.

Determine if you qualify

Call us at **1-800-494-5314** or go to **healthcare.gov** to see if you qualify for assistance. Or contact your agent or broker.

Both your eligibility and the exact amount of your financial assistance will be determined by the Health Insurance Marketplace.

To quickly check if you may be eligible, use this chart, which shows the estimated 2016 family income levels that qualify people for help with paying premiums.

Number of people in household	Annual family income level
1	\$47,520 or below
2	\$64,080 or below
3	\$80,640 or below
4	\$97,200 or below
5	\$113,760 or below
6	\$130,320 or below
7	\$146,920 or below
8	\$163,560 or below

You can also use our online calculator to find out if you may qualify. Just go to **buykp.org**.

If you do qualify

If you qualify, you'll need to buy your plan through the Health Insurance Marketplace. If you'd like, we can help you enroll in one of our plans there. Just call us at **1-800-494-5314**.

Keep in mind that enrolling in a new plan will not end any other coverage you have through the Health Insurance Marketplace or Kaiser Permanente. Don't want to pay for 2 plans? Be sure to end your current plan the day before your new plan starts. That way, you'll avoid paying 2 premiums and having a gap in your coverage.

If you don't qualify

Even if you can't get assistance from the federal government, you can buy a Kaiser Permanente plan from us or through the Health Insurance Marketplace.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Working out your rate

Use the rate calculator and monthly rates chart on the following pages to help you evaluate our plan options, or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you will need to pay when you get care. See page 8 for more information.

What determines your rate?

Your rate is based on the following:

- The plan you select
- Where you live, based on your county and ZIP code
- Your age on your start date (effective date)
- Whether you use tobacco

Family plans have advantages:

- Children can be covered under your plan until they reach age 26, whether or not they're in school or living at home.
- If you have more than 3 children under 21 on the same plan, you will only be charged for the 3 oldest. Other children under 21 are covered at no additional cost.
- If you have a child-only account and everyone on the account is under 21, you will only be charged for the subscriber and the 3 oldest children under 21.

The rates on page 18 apply to the ZIP codes below.

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 Virginia

20101-05	20194-97	22121-22	22301-15	22534-35
20108-13	20598	22124-25	22320	22538
20117-22	22003	22134-35	22331-34	22544-47
20124	22009	22150-53	22350	22551
20129	22015	22156	22401-08	22553-56
20131-32	22025-27	22158-61	22412	22565
20134-37	22030-44	22172	22430	22567
20141-43	22046	22180-83	22443	22580
20146-49	22060	22185	22446	22720
20151-53	22066-67	22191-95	22448	22728
20155-56	22079	22199	22451	22736
20158-60	22081-82	22201-07	22463	22960
20163-72	22095-96	22209-17	22471	23015
20175-78	22101-03	22219	22481	23024
20180-82	22106-09	22225-27	22485	23117
20184	22116	22230	22508	23170
20189-92	22118-19	22240-46	22526	



Rate calculator

To figure out the total monthly rate for your health plan for you and your family, just follow these steps. Or, if you apply online through buykp.org/apply, your rate will be calculated automatically.

1. On the worksheet below, list everyone you want to cover:
 - Yourself
 - Your spouse
 - Each adult child 21 through 25
 - Your 3 oldest children under 21 (other children under 21 are covered at no charge)
2. Find the plan you're considering in the rate chart on the next page.
3. Find the rate for each family member, based on his or her age on the start date.
4. Add up the rates.

Your monthly rate worksheet				
Plan choice		A	B	C
Family member name	Family member age	Rate for plan A	Rate for plan B	Rate for plan C
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Subtotal for health plan monthly rate		\$	\$	\$
Total health plan monthly rate		\$	\$	\$

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

2017 Non-tobacco monthly rates

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

Age on 2017 effective date	KP VA Bronze 6500/50/Dental/ Ped Dental	KP VA Bronze 6200/20%/HSA/ Dental/ Ped Dental	KP VA Bronze 5000/50/Dental/ Ped Dental	KP VA Silver 6000/30/Dental/ Ped Dental	KP VA STD Silver 3500/30/Dental/ Ped Dental	KP VA Silver 2800/30/Dental/ Ped Dental	KP VA Silver 2750/20%/HSA/ Dental/ Ped Dental	KP VA Silver 1800/30/Dental/ Ped Dental
<21	\$129.08	\$142.49	\$151.43	\$163.53	\$188.51	\$182.19	\$178.78	\$191.13
21	203.28	224.40	238.48	257.52	296.86	286.92	281.54	300.99
22	203.28	224.40	238.48	257.52	296.86	286.92	281.54	300.99
23	203.28	224.40	238.48	257.52	296.86	286.92	281.54	300.99
24	203.28	224.40	238.48	257.52	296.86	286.92	281.54	300.99
25	204.09	225.30	239.43	258.55	298.05	288.07	282.67	302.19
26	208.16	229.79	244.20	263.70	303.98	293.81	288.30	308.21
27	213.04	235.17	249.93	269.88	311.11	300.69	295.05	315.44
28	220.97	243.92	259.23	279.92	322.69	311.88	306.03	327.18
29	227.47	251.10	266.86	288.16	332.19	321.06	315.04	336.81
30	230.72	254.69	270.67	292.29	336.94	325.65	319.55	341.62
31	235.60	260.08	276.40	298.47	344.06	332.54	326.30	348.85
32	240.48	265.47	282.12	304.65	351.19	339.43	333.06	356.07
33	243.53	268.83	285.70	308.51	355.64	343.73	337.28	360.59
34	246.78	272.42	289.51	312.63	360.39	348.32	341.79	365.40
35	248.41	274.22	291.42	314.69	362.76	350.62	344.04	367.81
36	250.03	276.01	293.33	316.75	365.14	352.91	346.29	370.22
37	251.66	277.81	295.24	318.81	367.51	355.21	348.55	372.63
38	253.29	279.60	297.15	320.87	369.89	357.50	350.80	375.03
39	256.54	283.19	300.96	324.99	374.64	362.09	355.30	379.85
40	259.79	286.78	304.78	329.11	379.39	366.68	359.81	384.67
41	264.67	292.17	310.50	335.29	386.51	373.57	366.57	391.89
42	269.35	297.33	315.99	341.21	393.34	380.17	373.04	398.81
43	275.85	304.51	323.62	349.45	402.84	389.35	382.05	408.44
44	283.98	313.49	333.16	359.76	414.71	400.83	393.31	420.48
45	293.54	324.03	344.37	371.86	428.67	414.31	406.54	434.63
46	304.92	336.60	357.72	386.28	445.29	430.38	422.31	451.49
47	317.73	350.74	372.74	402.50	463.99	448.46	440.05	470.45
48	332.36	366.89	389.91	421.05	485.37	469.11	460.32	492.12
49	346.80	382.83	406.85	439.33	506.44	489.49	480.31	513.49
50	363.06	400.78	425.93	459.93	530.19	512.44	502.83	537.57
51	379.12	418.51	444.77	480.27	553.64	535.11	525.07	561.35
52	396.80	438.03	465.51	502.68	579.47	560.07	549.57	587.53
53	414.69	457.78	486.50	525.34	605.59	585.32	574.34	614.02
54	434.00	479.09	509.15	549.81	633.80	612.57	601.09	642.61
55	453.31	500.41	531.81	574.27	662.00	639.83	627.83	671.21
56	474.25	523.53	556.37	600.79	692.57	669.38	656.83	702.21
57	495.39	546.86	581.18	627.58	723.45	699.22	686.11	733.51
58	517.96	571.77	607.65	656.16	756.40	731.07	717.36	766.92
59	529.14	584.11	620.76	670.32	772.73	746.85	732.85	783.48
60	551.70	609.02	647.23	698.91	805.68	778.70	764.10	816.89
61	571.22	630.56	670.13	723.63	834.18	806.25	791.13	845.78
62	584.02	644.70	685.15	739.85	852.88	824.32	808.86	864.74
63	600.08	662.43	703.99	760.20	876.33	846.99	831.11	888.52
64+	609.84	673.20	715.44	772.56	890.58	860.76	844.62	902.97

Rates are effective January 1, 2017, through December 31, 2017.

2017 Non-tobacco monthly rates

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

Age on 2017 effective date	KP VA Gold 1000/20/Dental/ Ped Dental	KP VA Gold 0/20/Dental/ Ped Dental	KP VA Platinum 0/20/Dental/ Ped Dental	KP VA Catastrophic 7150/0/Dental/ Ped Dental	KP VA Silver 2000/30/CSR/ Dental/Ped Dental	KP VA STD Silver 3000/30/CSR/ Dental/Ped Dental	KP VA Silver 1700/20%/CSR/HDHP/ Dental/Ped Dental	KP VA Silver 1550/30/CSR/ Dental/Ped Dental
					KP VA Silver 300/15/CSR/ Dental/Ped Dental	KP VA STD Silver 700/10/CSR/ Dental/Ped Dental	KP VA Silver 500/10%/CSR/HDHP/ Dental/Ped Dental	KP VA Silver 100/10/CSR/ Dental/Ped Dental
					KP VA Silver 100/5/CSR/ Dental/Ped Dental	KP VA STD Silver 250/5/CSR/ Dental/Ped Dental	KP VA Silver 100/5%/CSR/HDHP/ Dental/Ped Dental	KP VA Silver 0/5 CSR/ Dental/Ped Dental
<21	\$227.15	\$237.67	\$256.60	\$120.54	\$163.53	\$188.51	\$178.78	\$182.19
21	357.72	374.28	404.09	189.83	257.52	296.86	281.54	286.92
22	357.72	374.28	404.09	189.83	257.52	296.86	281.54	286.92
23	357.72	374.28	404.09	189.83	257.52	296.86	281.54	286.92
24	357.72	374.28	404.09	189.83	257.52	296.86	281.54	286.92
25	359.15	375.78	405.71	190.59	258.55	298.05	282.67	288.07
26	366.31	383.26	413.79	194.39	263.70	303.98	288.30	293.81
27	374.89	392.25	423.49	198.94	269.88	311.11	295.05	300.69
28	388.84	406.84	439.25	206.35	279.92	322.69	306.03	311.88
29	400.29	418.82	452.18	212.42	288.16	332.19	315.04	321.06
30	406.01	424.81	458.64	215.46	292.29	336.94	319.55	325.65
31	414.60	433.79	468.34	220.01	298.47	344.06	326.30	332.54
32	423.18	442.77	478.04	224.57	304.65	351.19	333.06	339.43
33	428.55	448.39	484.10	227.42	308.51	355.64	337.28	343.73
34	434.27	454.38	490.57	230.45	312.63	360.39	341.79	348.32
35	437.13	457.37	493.80	231.97	314.69	362.76	344.04	350.62
36	440.00	460.36	497.03	233.49	316.75	365.14	346.29	352.91
37	442.86	463.36	500.26	235.01	318.81	367.51	348.55	355.21
38	445.72	466.35	503.50	236.53	320.87	369.89	350.80	357.50
39	451.44	472.34	509.96	239.57	324.99	374.64	355.30	362.09
40	457.17	478.33	516.43	242.60	329.11	379.39	359.81	366.68
41	465.75	487.31	526.13	247.16	335.29	386.51	366.57	373.57
42	473.98	495.92	535.42	251.52	341.21	393.34	373.04	380.17
43	485.43	507.90	548.35	257.60	349.45	402.84	382.05	389.35
44	499.73	522.87	564.51	265.19	359.76	414.71	393.31	400.83
45	516.55	540.46	583.51	274.11	371.86	428.67	406.54	414.31
46	536.58	561.42	606.14	284.75	386.28	445.29	422.31	430.38
47	559.12	585.00	631.59	296.70	402.50	463.99	440.05	448.46
48	584.87	611.95	660.69	310.37	421.05	485.37	460.32	469.11
49	610.27	638.52	689.38	323.85	439.33	506.44	480.31	489.49
50	638.89	668.46	721.70	339.04	459.93	530.19	502.83	512.44
51	667.15	698.03	753.63	354.03	480.27	553.64	525.07	535.11
52	698.27	730.59	788.78	370.55	502.68	579.47	549.57	560.07
53	729.75	763.53	824.34	387.25	525.34	605.59	574.34	585.32
54	763.73	799.09	862.73	405.29	549.81	633.80	601.09	612.57
55	797.72	834.64	901.12	423.32	574.27	662.00	627.83	639.83
56	834.56	873.20	942.74	442.87	600.79	692.57	656.83	669.38
57	871.76	912.12	984.77	462.62	627.58	723.45	686.11	699.22
58	911.47	953.67	1029.62	483.69	656.16	756.40	717.36	731.07
59	931.15	974.25	1051.85	494.13	670.32	772.73	732.85	746.85
60	970.85	1015.80	1096.70	515.20	698.91	805.68	764.10	778.70
61	1005.19	1051.73	1135.49	533.42	723.63	834.18	791.13	806.25
62	1027.73	1075.31	1160.95	545.38	739.85	852.88	808.86	824.32
63	1055.99	1104.87	1192.87	560.38	760.20	876.33	831.11	846.99
64+	1073.16	1122.84	1212.27	569.49	772.56	890.58	844.62	860.76

Rates are effective January 1, 2017, through December 31, 2017.

Finding a facility near you

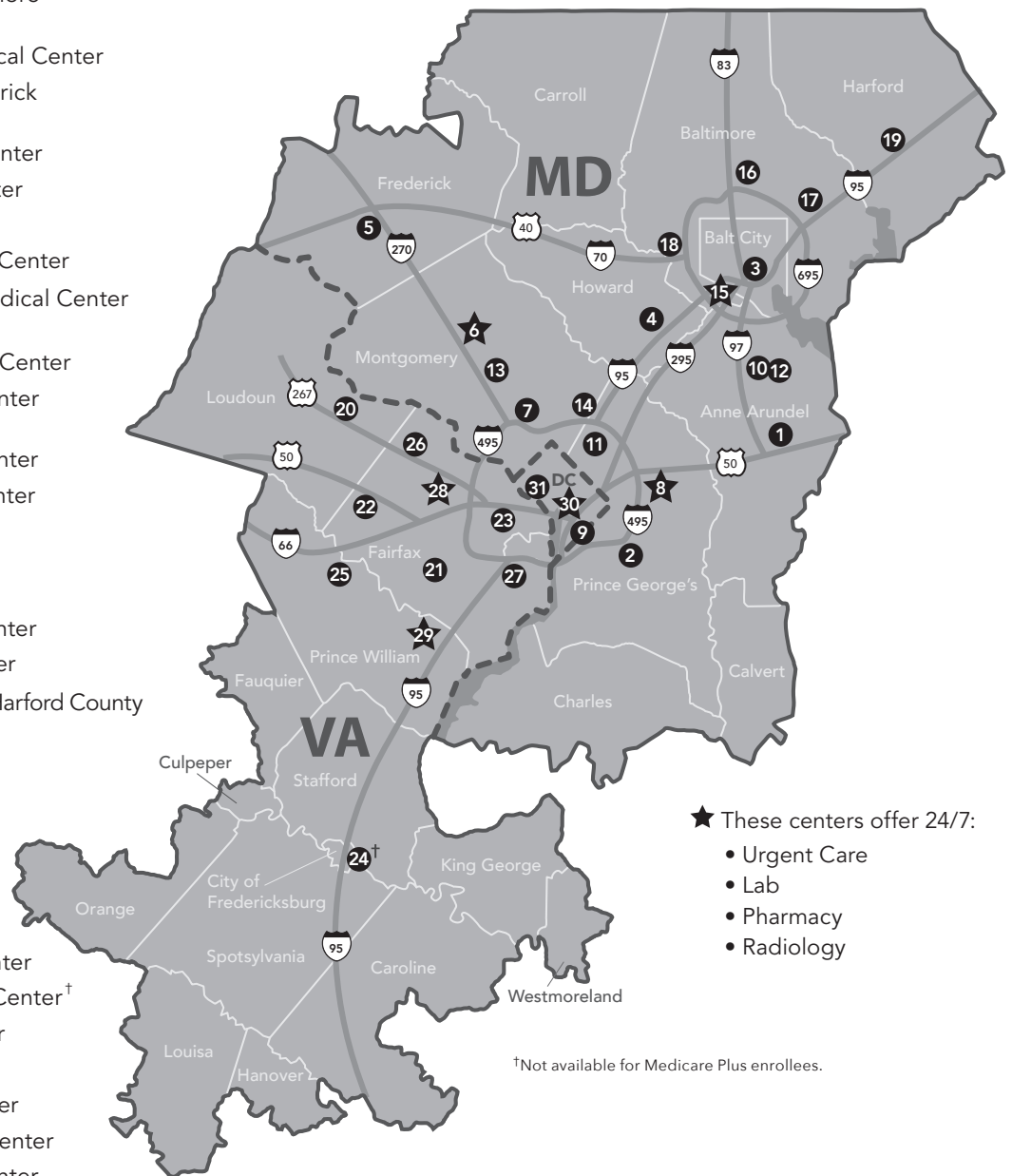
Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or search for a facility by ZIP code or keywords at kp.org/facilities to find the one nearest you.

Maryland

- 1 Annapolis Medical Center
- 2 Camp Springs Medical Center
- 3 Kaiser Permanente Baltimore Harbor Medical Center
- 4 Columbia Gateway Medical Center
- 5 Kaiser Permanente Frederick Medical Center
- 6 Gaithersburg Medical Center
- 7 Kensington Medical Center
- 8 Largo Medical Center
- 9 Marlow Heights Medical Center
- 10 **NEW!** North Arundel Medical Center
Opening spring 2017
- 11 Prince George's Medical Center
- 12 Severna Park Medical Center
Relocating spring 2017
- 13 Shady Grove Medical Center
- 14 Silver Spring Medical Center
- 15 South Baltimore County Medical Center
- 16 Towson Medical Center
- 17 White Marsh Medical Center
- 18 Woodlawn Medical Center
- 19 **NEW!** Medical Center in Harford County
Opening spring 2017

Washington, DC

- 30 Kaiser Permanente Capitol Hill Medical Center
- 31 Northwest DC Medical Office Building



Virginia

- 20 Ashburn Medical Center
- 21 Burke Medical Center
- 22 Fair Oaks Medical Center
- 23 Falls Church Medical Center
- 24 Fredericksburg Medical Center[†]
- 25 Manassas Medical Center
- 26 Reston Medical Center
- 27 Springfield Medical Center
- 28 Tysons Corner Medical Center
- 29 Woodbridge Medical Center

Please check kp.org/facilities for the most up-to-date listing of the services located at Kaiser Permanente medical centers, or call Member Services. All Severna Park services and providers will relocate to the new North Arundel Medical Center spring 2017.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

Important details and notices

Notice of insurance information practices – Abbreviated version

Virginia

Please be advised that Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (hereinafter Kaiser Permanente), has not received any personal information regarding your application from any person other than the applicant. Personal information necessary to determine eligibility for coverage may be collected from the application.

Please also be assured that it is Kaiser Permanente's policy to protect the confidentiality of your private medical information to the full extent of the law.

Kaiser Permanente will not disclose any personal or privileged information about an individual that is collected or received unless the disclosure is:

- authorized in writing by the individual; or
- made to a medical care institution or medical professional for the purpose of:
 - ◆ verifying insurance coverage or benefits, or
 - ◆ informing an individual of a medical problem of which the individual may not be aware, or
 - ◆ conducting an operations or services audit, provided that information is disclosed only as is reasonably necessary to accomplish the foregoing purposes; or
- made to an insurance regulatory authority; or
- made to a law enforcement or other government authority to protect Kaiser Permanente interests in preventing or prosecuting the perpetration of fraud upon it; or
- as permitted by applicable law.

You have the right to see and obtain copies of the recorded personal information pertaining to you by submitting a written request. If you ask us to correct, amend, or delete any information about you in our files and if we refuse to do so, you have the right to give us a concise statement of what you believe is the correct information and we will put your statement in our file so that anyone reviewing it will see it.

Information obtained from a report prepared by an insurance-support organization may be retained by an insurance-support organization and disclosed to other persons.

This is an abbreviated version of the notice of information collection and disclosure practices. Kaiser Permanente's complete *Notice of Insurance Information Practices* form is available to you upon request.

Exclusions, limitations, and coordination of benefits

This section provides you with information on what Services Health Plan will not pay for regardless of whether or not the Service is Medically Necessary. It also provides information on how your benefits may be reduced as the result of other types of coverage.

Exclusions

The Services listed below are excluded from coverage. These exclusions apply to all Services that would otherwise be covered under this Agreement. Additional exclusions that apply only to a particular Service are listed in the description of that Service in Section 3. When a Service is excluded, all Services directly related to the excluded Service are also excluded, even if they would otherwise be covered under this Agreement. Services that are not Medically Necessary are also excluded.

Alternative Medical Services

- Acupuncture
- Holistic medicine
- Homeopathic medicine
- Hypnosis
- Aroma therapy
- Massage and massage therapy
- Reiki therapy
- Herbal, vitamin or dietary products or therapies
- Naturopathy
- Thermography
- Orthomolecular therapy
- Contact reflex analysis
- Bioenergetic synchronization technique (BEST)
- Iridology-study of the iris
- Auditory integration therapy (AIT)
- Colonic irrigation
- Magnetic innervation therapy
- Electromagnetic therapy
- Neurofeedback/Biofeedback

Certain Exams and Services

Physical examinations and other Services (a) required for obtaining or maintaining employment or

participation in employee programs, or (b) required for insurance, licensing, or disability determination, or (c) on court-order or required for parole or probation.

Cosmetic Services

Services that are intended primarily to improve your appearance and that will not result in significant improvement in physical function, except for Services covered under "Reconstructive Surgery" or "Cleft Lip, Cleft Palate or Ectodermal Dysplasia" in Section 3.

Court Ordered Testing

Court ordered testing or care unless Medically Necessary

Custodial Care

Custodial care means assistance with activities of daily living (for example: walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking medicine), or care that can be performed safely and effectively by people who, in order to provide the care, do not require medical licenses or certificates or the presence of a supervising licensed nurse.

Dental Care

Dental care and dental x-rays, including dental appliances, dental implants, orthodontia, shortening of the mandible or maxillae for cosmetic purposes, and correction of malocclusion, dental Services resulting from medical treatment such as surgery on the jawbone and radiation treatment, and any non-removable dental appliance involved in temporomandibular joint (TMJ) pain dysfunction syndrome.

This exclusion does not apply to Medically Necessary dental care covered under "Accidental Dental Injury Services", "Cleft-Lip, Cleft-Palate or Ectodermal Dysplasia", or "Oral Surgery" in Section 3, or under "Dental Plans".

Disposable Supplies

Disposable supplies for home use such as bandages, gauze, tape, antiseptics, dressings, ace-type bandages, and any other supplies, dressings, appliances, or devices, not specifically listed as covered in Section 3.

Durable Medical Equipment

Except as covered under “Durable Medical Equipment” in Section 3, the following items and Services are excluded:

- Comfort, convenience, or luxury equipment or features;
- Exercise or hygiene equipment;
- Non-medical items such as sauna baths or elevators;
- Modifications to your home or car;
- Devices for testing blood or other body substances (except as covered under “Diabetes Equipment, Supplies and Self Management”); and
- Electronic monitors of the heart or lungs, except infant apnea monitors

Employer or Government Responsibility

Financial responsibility for Services that an employer or government agency is required by law to provide.

Experimental or Investigational Services

Except as covered under “Clinical Trials” in Section 3, a Service is experimental or investigational for your condition if any of the following statements apply to it at the time the Service is or will be provided to you:

- It cannot be legally marketed in the United States without the approval of the Food and Drug Administration (“FDA”) and such approval has not been granted; or
- It is the subject of a current new drug or new device application on file with the FDA and FDA approval has not been granted; or
- It is subject to the approval or review of an Institutional Review Board (“IRB”) of the treating facility that approves or reviews research concerning the safety, toxicity, or efficacy of services; or
- It is the subject of a written protocol used by the treating facility for research, clinical trials, or other

tests or studies to evaluate its safety, effectiveness, toxicity or efficacy, as evidenced in the protocol itself or in the written consent form used by the facility.

In determining whether a Service is experimental or investigational, the following sources of information will be relied upon exclusively:

- your medical records,
- the written protocols or other documents pursuant to which the Service has been or will be provided,
- any consent documents you or your representative has executed or will be asked to execute, to receive the Service,
- the files and records of the IRB or similar body that approves or reviews research at the institution where the Service has been or will be provided, and other information concerning the authority or actions of the IRB or similar body,
- the published authoritative medical or scientific literature regarding the Service, as applied to your illness or injury, and
- regulations, records, applications, and any other documents or actions issued by, filed with, or taken by, the FDA, the Office of Technology Assessment, or other agencies within the United States Department of Health and Human Services, or any state agency performing similar functions.

Health Plan consults Medical Group and then uses the criteria described above to decide if a particular Service is experimental or investigational.

Prosthetic and Orthotic Devices

Prosthetics for sports or cosmetic purposes. Services and supplies for external prosthetic and orthotic devices, except as specifically covered under Section 3 of this Agreement.

Routine Foot Care Services

Except for patients with diabetes or vascular disease as specifically covered under Section 3, the following foot care Services (palliative or cosmetic) are excluded:

- Flat foot conditions;
- Support devices and arch supports;
- Foot inserts;

- Orthopedic and corrective shoes not part of a leg brace and fitting;
- Castings and other services related to devices of the feet;
- Foot orthotics;
- Subluxations of the foot;
- Corns, calluses and care of toenails;
- Bunions except for capsular or bone surgery;
- Fallen arches;
- Weak feet; and
- Chronic foot strain or symptomatic complaints of the feet.

Travel and Lodging Expenses

Travel and lodging expenses, except that in some situations, if a Plan Physician refers you to a provider outside our Service Area, we may pay certain expenses that we pre-authorize in accord with our travel and lodging guidelines.

Workers' Compensation or Employer's Liability

Financial responsibility for Services for any illness, injury, or condition, to the extent a payment or any other benefit, including any amount received as a settlement (collectively referred to as "Financial Benefit"), is provided under any workers' compensation or employer's liability law. We will provide Services even if it is unclear whether you are entitled to a Financial Benefit; but we may recover the value of any covered Services from the following sources:

- Any source providing a Financial Benefit or from whom a Financial Benefit is due; or
- You, to the extent that a Financial Benefit is provided or payable or would have been required to be provided or payable if you had diligently sought to establish your rights to the Financial Benefit under any workers' compensation or employer's liability law.

Limitations

We will use our best efforts to provide or arrange for covered Services in the event of unusual circumstances that delay or render impractical the provision of Services such as major disaster, epidemic, war, terrorist activity, riot, civil insurrection, disability

of a large share of personnel of a Plan Hospital or Plan Medical Center, complete or partial destruction of facilities, and labor disputes not involving Health Plan, Kaiser Foundation Hospitals, or Medical Group. However, in these circumstances Health Plan, Kaiser Foundation Hospitals, Medical Group, and Medical Group Physicians will not have any liability for any delay or failure in providing covered Services.

In the case of a labor dispute involving Health Plan, Kaiser Foundation Hospitals, or Medical Group, we may postpone elective care until the dispute is resolved if delaying care is safe and will not result in harmful health consequences. Emergency and urgent care Services will be provided as described under "Getting Urgent and Emergency Services" in Section 2, and under "Urgent Care Service" and "Emergency Services" in Section 3.

Coordination of benefits

TRICARE and Medicare Benefits

The value of your benefits are coordinated with any benefits to which you are entitled under Medicare, except for Members whose Medicare benefits are secondary by law. TRICARE benefits are secondary benefits by law.

Coordination of Benefits (COB)

The Plan that pays first (Primary Plan) is determined by using National Association of Insurance Commissioners (NAIC) and Medicare Secondary Payer (MSP) Order of Benefits Guidelines.

The Primary Plan provides benefits as it would in the absence of any other coverage. The Plan that pays benefits second (Secondary Plan) coordinates with the Primary Plan, and pays the difference between what the Primary Plan paid, or the value of any benefit or Service provided, and the maximum liability of the Secondary Plan, not to exceed 100 percent of total Allowable Expenses. The Secondary Plan is never liable for more expenses than it would cover if it had been Primary.

The following COB rules for Health Plan are modeled after the rules recommended by the National Association of Insurance Commissioners (NAIC) and the Medicare Secondary Payor rules, which are incorporated by reference.

You must give us any information we request to help us coordinate benefits. If you have any questions about COB, please call our Member Services Call Center.

Inside the Washington, D.C.
Metropolitan area: (301) 468-6000

Outside the Washington, D.C.
Metropolitan area: 1-800-777-7902

TTY: 711

Coordination of Benefits Rules

Coordination of Benefits ("COB") applies when a Member has health care coverage under more than one Plan. "Plan" and "Health Plan" are defined below.

The Order of Benefit Determination Rules will be used to determine which Plan is the Primary Plan. The other Plans will be Secondary Plan(s). If the Health Plan is the Primary Plan, it will provide or pay its benefits without considering the other Plan(s) benefits. If the Health Plan is a Secondary Plan, the benefits or services provided under this Agreement will be coordinated with the Primary Plan so the total of benefits paid, or the reasonable cash value of the services provided, between the Primary Plan and the Secondary Plan(s) do not exceed 100% of the total Allowable Expense.

Definitions

Plan: Any of the following that provides benefits or services for, or because of, medical care or treatment:

Individual or group insurance or group-type coverage, whether insured or uninsured. This includes prepaid group practice or individual practice coverage. "Plan" does not include an individually underwritten and issued, guaranteed renewable, specified disease policy or intensive care policy, that does not provide benefits on an expense-incurred basis.

Health Plan: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., providing services or benefits for health care. Health Plan is a Plan.

Allowable Expense: a health care Service or expense, including deductibles, coinsurance or copayments, that is covered in full or in part by any of the Plans covering the Member. This means that an expense or healthcare Service or a portion of an expense or health care Service that is not covered by any of the Plans is not an allowable expense. For example, if a

Member is confined in a private hospital room, the difference between the cost of a semi-private room in the hospital and the private room usually is not an Allowable Expense. "Allowable Expense does not include coverage for dental care except as provided under "Accidental Dental Injuries" in the Section 3.

Claim Determination Period: A calendar year.

However, it does not include any part of a year during which a person has no Health Plan coverage, or any part of a year before the date this COB provision or a similar provision takes effect.

Order of Benefit Determination Rules

- 1) If another Plan does not have a COB provision, that Plan is the Primary Plan.
- 2) If another Plan has a COB provision, the first of the following rules that apply will determine which Plan is the Primary Plan:
 - **Subscriber /Dependent.** A Plan that covers a person as a Subscriber is Primary to a Plan that covers the person as a dependent.
 - **Dependent Child/Parents Not Separated or Divorced.** When Health Plan and another Plan cover the same child as a Dependent of different persons, called "parents": (i) the Plan of the parent whose birthday falls earlier in the year is Primary to the Plan of the parent whose birthday falls later in the year; or (ii) if both parents have the same birthday, the Plan that covered a parent longer is Primary; or (iii) if the rules in (i) or (ii) do not apply to the rules provided in the other Plan, then the rules in the other Plan will be used to determine the order of benefits.
 - **Dependent Child/Separated or Divorced Parents.** If two or more Plans cover a person as a dependent child of divorced or separated parents, benefits for the child are determined in this order: (i) first, the Plan of the parent with custody of the child; (ii) then, the Plan of the spouse of the parent with custody of the child; and (iii) finally, the Plan of the parent not having custody of the child.

However, if the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the Plan obligated to pay or provide the benefits of that parent has actual knowledge of those terms, that Plan is primary. This paragraph (iv) does not apply with respect to any Claim Determination Period or Plan year during

which any benefits are actually paid or provided before the payer has that actual knowledge.

- **Active/Inactive Employee.** A Plan that covers a person as an employee who is neither laid off nor retired (or as such an employee's dependent) is Primary to a Plan which covers that person as a laid off or retired employee (or as such an employee's dependent).
- **Longer/Shorter Length of Coverage.** If none of the above rules determines the order of benefits, the Plan that has covered a Subscriber longer is Primary to the Plan which has covered the Subscriber for the shorter time.

Effect of COB on the Benefits of this Plan

When Health Plan is the Primary Plan, COB has no effect on the benefits or services provided under this Agreement. When Health Plan is a Secondary Plan to one or more other Plans, its benefits may be coordinated with the Primary Plan carrier using the guidelines below. COB shall in no way restrict or impede the rendering of services provided by Health Plan. At the Member's request, Health Plan will provide or arrange for covered services and then seek coordination with a Primary Plan.

Coordination with Health Plan's Benefits. Health Plan may coordinate benefits payable or may recover the reasonable cash value of services it has provided when the sum of the benefits that would be payable for, or the reasonable cash value of, the services provided as Allowable Expenses by Health Plan in the absence of this COB provision and the benefits that would be payable for Allowable Expenses under one or more of the other Plans, in the absence of provisions with a purpose like that of this COB provision, whether or not a claim thereon is made; exceeds Allowable Expenses in a Claim Determination Period. In that case, the Health Plan benefits will be coordinated, or the reasonable cash value of any services provided by Health Plan may be recovered, from the Primary Plan, so that they and the benefits payable under the other Plans do not total more than the Allowable Expenses.

Right to Reserve and Release Needed Information

Certain information is needed to apply these COB rules. Health Plan will decide the information it needs, and may get that information from, or give it to, any other organization or person. Health Plan need not tell, or get the consent of, any person to do this. Each person claiming benefits under Health Plan must give Health Plan any information it needs.

Facility of Payment

If a payment made or Service provided under another Plan includes an amount that should have been paid or provided by or through Health Plan, Health Plan may pay that amount to the organization which made that payment. The amount paid will be treated as if it was a benefit paid by Health Plan.

Right of Recovery

If the amount of payment by Health Plan is more than it should have been under this COB provision, or if Health Plan has provided services that should have been paid by the Primary Plan, Health Plan may recover the excess or the reasonable cash value of the services, as applicable, from the person who received payment or for whom payment was made; or from an insurance company or other organization.

Benefit Reserve Account

When Health Plan does not have to pay full benefits, or recovers the reasonable cash value of the services provided because of COB, the savings will be credited to the Member in a Benefit Reserve Account. These savings can be used by the Member for any unpaid Covered Expense during the calendar year. A Member may request detailed information concerning the Benefits Reserve Account from Health Plan's Patient Accounting Department.

Military Service

For any Services for conditions arising from military service that the law requires the Department of Veterans Affairs to provide, we will not pay the Department of Veterans Affairs, and when we cover any such Services we may recover the value of the Services from the Department of Veterans Affairs.

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 the number provided below.

District of Columbia	1-800-777-7902
Maryland	1-800-777-7902
Virginia	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 with the Kaiser Civil Rights Coordinator, 2101 East Jefferson Street, Rockville, MD 20852, telephone number: 1-800-777-7902. You can file a grievance by mail or phone. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Help in your Language

English: You have the right to get help in your language at no cost. If you have questions about your application or coverage through Kaiser Permanente, or if this is a notice that requires you to take action by a specific date, call the number provided for your state or region to talk to an interpreter.

አማርኛ (Amharic): ያለምንም ከፍተኛ በራስዎ ቋንቋ እገዛ የማግኘት መብት አለዎት። ስለ ማመልከቻዎ ወይም ከኪሰር ፐርማኒንቴ Kaiser Permanente ስለሚያገኙት ሽፋን ማንኛውም ጥያቄዎች ካሉዎት፣ ወይም ይህ ማሳወቂያ በግልፅ በተጠቀሰ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ በተጠቀሰው የሰላሳ ሰዓት ለስራት ወይም ለክልል ደውለው ከአስተርጓሚ ጋር ይነጋግሩ።

العربية (Arabic): لك الحق في الحصول على المساعدة بلغتك دون تحمل أي تكاليف. إذا كانت لديك استفسارات بشأن طلبك أو تغطيتك التي تقدمها Kaiser Permanente، أو إذا كان هذا الإشعار الذي يتطلب منك اتخاذ إجراء خلال تاريخ محدد، يُرجى الاتصال بالرقم المخصص لولايتك أو منطقتك للتحدث إلى مترجم فوري.

Հայերեն (Armenian): Դուք ունեք Ձեր լեզվով անվճար օգնություն ստանալու իրավունք: Եթե Դուք հարցեր ունեք Ձեր դիմումի կամ Kaiser Permanente-ի վիճուցով Ձեր ծածկույթի վերաբերյալ, կամ եթե սա ծանուցում է, որը պարտադրում է Ձեզ, որպեսզի գործուղություններ ձեռնարկեք մինչև որոշակի ամսաթիվ, ապա զանգահարեք Ձեր նահանգի կամ շրջանի համար տրամադրված հեռախոսահամարով՝ թարգմանչի հետ խոսելու համար:

Bàsɔ̀ò Wùdù (Bassa): Ɔ mò nì kpé bé m̃ ké gbo-kpá-kpá dyé dé nì m̃òùn ñiìn bídí-wùdù mú pídyi. Ɔ jũ ké m̃ dyi dyi-diè-dè bé bédé bá nì céè-dè m̃ tò bó dè zò jè dyíé ní, m̃ò jũ bá nì kũùn kpɔ̀ jè dyí dyiìn dé Kaiser Permanente múé ní, m̃ò Ɔ dyi b̃ɔ̀ dò jũ bé m̃ ké dè dò nyu bó wé jéé dò kɔ̀ nì, níí, d́á ñòbà bé wa tòà bó nì bóqóò m̃ò nì gbě̀èò bìè, ké nì mu nyo-wuquún-zà-nyò dò gbo wùdùùn.

বাংলা (Bengali): বিনা খরচে আপনার নিজের ভাষায় সাহায্য পাওয়ার অধিকার আপনার আছে। আপনার যদি আপনার আবেদন বা Kaiser Permanente-এর মাধ্যমে পাওয়া কভারেজ নিয়ে কোনো প্রশ্ন থাকে বা এটি যদি কোনো নোটিস হয় যার ফলে আপনার একটি নির্ধারিত দিনের মধ্যে কোনো পদক্ষেপ গ্রহণ করার প্রয়োজন হয়, তাহলে দোভাষীর সাথে কথা বলতে আপনার রাজ্য বা অঞ্চলের জন্য প্রদত্ত নম্বরটিতে ফোন করুন।

California	1-800-464-4000
Colorado	1-800-632-9700
District of Columbia	1-800-777-7902
Georgia	1-888-865-5813
Hawaii	1-800-966-5955
Maryland	1-800-777-7902
Oregon	1-800-813-2000
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Cebuano (Bisaya): Anaa moy katungod nga mangayo og tabang sa inyo pinulongan ug kini walay bayad. Kung naa mo pangutana bahin sa inyo aplikasyon o coverage sa Kaiser Permanente, o kung kaning pahibalo nanginahanglan sa inyo paglihok sa dili pa usa ka piho nga petsa, palihug lang pagtawag sa mga numero sa telepono nga gihatag sa imong estado ("state") o rehiyon ("region") para makigstorya sa usa ka interpreter.

中文 (Chinese): 您有權免費以您的語言獲得幫助。如果您對您的Kaiser Permanente申請或承保有任何疑問，或者如果本通知要求您在具體日期之前採取措施，請致電您所在的州或地區的電話，與口譯員進行溝通。

Chuuk (Chukese): Mei wor omw pwuung omw kopwe angei aninis non foosun fonuomw (Chuukese), ese kamo. Ika mei wor omw kapas eis usun omw apilikeison me/ika policy fan nemenien Kaiser Permanente, are ika ei esinesin a erenuk pwe kopwe fori pwan ekoch foror, ka tongeni omw kopwe kori ewe nampa mei kawor faniten omw state ika fonu (asan) iwe eman chon chiakku epwe anisuk non kapasen fonuomw.

Français (French): Une assistance gratuite dans votre langue est à votre disposition. Si vous avez des questions à propos de votre demande d'inscription ou de la couverture par Kaiser Permanente, ou si cet avis vous demande de prendre des mesures à une date précise, appelez le numéro indiqué pour votre Etat ou votre région pour parler à un interprète.

Deutsch (German): Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Falls Sie Fragen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutzes durch Kaiser Permanente haben oder falls Sie aufgrund dieser Benachrichtigung bis zu bestimmten Stichtagen handeln müssen, rufen Sie die für Ihren Bundesstaat oder Ihre Region aufgeführte Nummer an, um mit einem Dolmetscher zu sprechen.

ગુજરાતી (Gujarati): તમને કોઈ પણ ખર્ચ વગર તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. જો તમને Kaiser Permanente મારફતે તમારી અરજી અથવા કવરેજ વિશે પ્રશ્નો હોય, અથવા જો આ નોટિસ હોય જેમાં તમને કોઈ ચોક્કસ તારીખથી પગલાં લેવાની જરૂર હોય, તો દુભાષિયા સાથે વાત કરવા તમારા સ્ટેટ અથવા રીજીયન માટે પૂરા પાડવામાં આવેલ નંબર પર ફોન કરો.

Kreyòl Ayisyen (Haitian Creole): Ou gen dwa pou jwenn èd nan lang ou gratis. Si ou gen nenpòt kesyon sou aplikasyon ou an oswa asirans ou ak Kaiser Permanente, oswa si nan avni sa a gen bagay ou sipoze fè sa a avan yon sèten dat, rele nimewo nou mete pou Eta ouwa rejyon ou a pou w ka pale ak yon entèprèt.

‘ōlelo Hawai‘i (Hawaiian): He pono a ua loa‘a no kekahi kōkua me kāu ‘ōlelo inā makemake a he manuahi no ho‘i. Inā he mau nīnau kāu e pili ana i kāu palapala noi ‘inikua ola kino a i ‘ole i kōkua ma‘ō ka polokalamu kōkua ola kino Kaiser Permanente, a i ‘ole inā ke ha‘i nei paha kēia leka nei iā‘oe e hana koke aku i kēia ma mua o kekahi lā i waiho ‘ia, e kelepona aku i ka helu i loa‘a ma kēia leka nei no kāu moku‘āina a i ‘ole pana‘āina no ka wala‘au ‘ana me kekahi kanaka unuhi ‘ōlelo.

हिन्दी (Hindi): आपको बिना किसी कीमत चुकाए आपकी भाषा में सहायता पाने का अधिकार है। यदि आप आपके आवेदन पत्र के विषय में या Kaiser Permanente के कवरेज के विषय में कुछ पूछना चाहते हैं या यदि यह एक नोटिस है जिसके कारण आपको किसी विशेष तिथि तक कारवाई करनी पड़ेगी तो आपके राज्य या क्षेत्र के लिए दिए गए नंबर पर फोन करके किसी दुभाषिये से बात करें।

Hmoob (Hmong): Koj muaj cai kom tau txais kev pab uas hais koj hom lus yam tsis tau them nqi. Yog koj muaj lus nug txog koj daim ntawv thov los yog cov kev pab them nyiaj tim Kaiser Permanente, los yog tias daim ntawv no yog ib tsab ntawv ceebtoom uas yuav kom koj ua ib yam dabtsi raws li hnuv tau teev tseg, hu rau tus nab npawb xovtooj uas tau muab rau koj lub xeev lossis cheeb tsam kom tau tham nrog tus kws txhais lus.

Igbo (Igbo): ! nwere ikike inweta enyemaka n'asụsụ gi na akwụghị ụgwọ ọ bụla. Ọ bụrụ na i nwere ajụjụ gbasara akwụkwọ anamachọihe gi ma ọ bụ mkpuchi si na Kaiser Permanente, ma ọ bụ ọ bụrụ na nke bụ ọkwa a chọrọ ka i mee ihe tupu otu ụbọchị, kpọọ nomba enyere maka steeti ma ọ bụ mpaghara gi iji kwukọrịta okwu n'etiti onye ọkọwa okwu.

Iloko (Ilocano): Adda ti karbenganyo a dumawat iti tulong iti pagsasaoyo nga awan ti bayadanyo. No addaankayo kadagiti saludsod maipanggep ti aplikasionyo wenno coverage babaen ti Kaiser Permanente, wenno no daytoy ket maysa a pakdaar a kalikagumanna a rumbeng nga aramidenyo ti addang iti espesipiko a petsa, tawagan ti numero nga inpaay para ti estado wenno rehion tapno makipatang ti maysa mangipatarus iti pagsasao.

Italiano (Italian): Hai il diritto di ricevere assistenza nella tua lingua gratuitamente. In caso di domande riguardanti la tua richiesta o la copertura attraverso Kaiser Permanente, o se occorre intervenire entro una data specifica secondo quanto indicato in questa comunicazione, chiama il numero fornito per il tuo stato o la tua regione per parlare con un interprete.

日本語 (Japanese): あなたは、費用負担なしでご使用の言語で支援を受ける権利を保持しています。お申し込みまたはKaiser Permanenteの担保範囲に関してご質問があるか、または本通知により、あなたが特定の日付までに行動を起こすよう依頼されている場合、お住まいの州または地域に対して提供された電話番号に電話して、通訳とお話ください。

ខ្មែរ (Khmer): អ្នកមានសិទ្ធិទទួលបានជំនួយជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ បើសិនអ្នកមានសំណួរណាមួយអំពីពាក្យស្នើសុំឬការធានារ៉ាប់រងតាមរយៈ Kaiser Permanente ឬប្រសិនបើជាលិខិតជូនដំណឹងដែលតម្រូវឲ្យអ្នកចាត់វិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ សូមទូរស័ព្ទទៅលេខដែលបានផ្តល់ជូនសម្រាប់រដ្ឋឬតំបន់របស់អ្នកដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ។

한국어 (Korean): 귀하에게는 한국어 통역서비스를 무료로 받으실 수 있는 권리가 있습니다. Kaiser Permanente를 통한 귀하의 보험 신청서나 보험 보장 범위에 관해 질문이 있을 경우 또는 이 통지서의 요구대로 어느 날짜까지 조치를 취해야만 하는 경우, 귀하의 주 및 지역의 제공된 전화번호로 연락해 통역사와 통화하십시오.

ລາວ (Laotian): ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັຽຄ່າ. ຖ້າວ່າ ທ່ານມີຄໍາຖາມກ່ຽວກັບການສະໝັກຂອງທ່ານ ຫຼື ການຄຸ້ມຄອງຜ່ານ Kaiser Permanente, ຫຼື ຖ້າອັນນີ້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດໍາເນີນການພາຍໃນວັນທີທີ່ເຈາະຈົງໃດໜຶ່ງ, ໃຫ້ໂທຕາມໝາຍເລກທີ່ໃຫ້ໄວ້ສໍາລັບລັດ ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລິມັດຖານພາສາ.

Kajin Majōl (Marshallese): Ewōr jimwe eo aṃ in bōk jipaṇ ilo kajin eo aṃ ejjelōk wōṇāān. Ñe ewōr aṃ kajitōk kōn peba in aplaiki eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak ñe enaan in kōjelā in ej aikuj bwe kwōn ṃakūtūt ṃokta jān juon raan eo eṃōj an kallikkar, kaḷok nōṃba eo ej lelōk ñan state eo aṃ ak jikūṃ bwe kwōn maroṇ kōnono ippān juon ri-ukōt.

Naabeehó (Navajo): T'áá ni nizaad bee níká i'doolwoł doo bik'é asíníłáágóó éí bee náhaz'á. Kaiser Permanente áká aná'álwo' ná bik'é azláadoo yíníkeedgo naaltsoos hadinílaa, éí bína'idíłkik doogo, éí doodago díí naaltsoos haa'ída yoolkáalgo hait'áoda í'dííłíł nítłiigo éí nitsaa hahoodzojį éí doodago t'áá aadi nahós'a'di ata' dahalne'ígíí bich'į' hólne'go bee bíł ahíł hodíłníh.

नेपाली (Nepali): तपाईंसँग कुनै शुल्क नदिइ आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसँग आफ्नो आवेदन बारे वा Kaiser Permanente मार्फत कवरज बारेमा कुनै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोभाषेसंग कुराकानी गर्न तपाईंको राज्य वा क्षेत्रका लागि दिइएको नम्बरमा कल गर्नुहोस् ।

Afaan Oromoo (Oromo): Baasii malee afaan keetiin gargaarsa argachuudhaaf mirga qabda. Waa'ee iyyata keetii yookaan tajaajila Kaiser Permanente hammatu ilaalchisee gaaffii yoo qabaatte, yookaan yoo kun beeksisa guyyaa murtaa'e irratti tarkaanfii akka ati fudhattu gaafatu ta'e, lakkoofsa bilbilaa naannoo yookaan goodina keetiif kenname bilbiluudhaan turjumaana haasofsiisi.

فارسی (Persian): شما حق دارید که بدون هیچ هزینه ای به زبان خود کمک دریافت کنید. اگر درباره درخواست یا پوشش خود در Kaiser Permanente سوالی داشته یا بر اساس این اعلامیه باید تا تاریخ مشخصی اقدامی بعمل آورید، برای صحبت با یک مترجم شفاهی با شماره تلفن ارائه شده برای ایالت یا منطقه خود تماس بگیرید.

lokaiahn Pohnpei (Pohnpeian): Komw anehki pwung en rapahki sounkawehwe en omw palien lokaia ni sohte isaihs. Ma mie iren owmi kalelapak ohng aplikeisin de iren audepe kan ohng Kaiser Permanente, de ma pakair wet me anahne komwi en mwekid ohng rahn me kileledi, ah komw anahne koahl nempe me sansalehr ohng owmi palien wehi pwe komwi en lokaiaiang owmi tungoal soun kawehwe.

Português (Portuguese): Você tem o direito de obter ajuda em seu idioma sem nenhum custo. Se você tiver dúvidas sobre sua solicitação ou cobertura por meio da Kaiser Permanente, ou se este aviso exigir que você tome alguma medida até uma data específica, ligue para o número fornecido para seu estado ou região para falar com um intérprete.

ਪੰਜਾਬੀ (Punjabi): ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਸੁਲਕ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਪਾਉਣ ਦਾ ਹੱਕ ਹੈ। ਜੇਕਰ ਤੁਹਾਡੇ ਆਪਣੀ ਅਰਜ਼ੀ ਜਾਂ Kaiser Permanente ਰਾਹੀਂ ਕਵਰੇਜ ਬਾਰੇ ਸਵਾਲ ਹਨ, ਜਾਂ ਇਸ ਨੋਟਿਸ ਵਜੋਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਨਿਸ਼ਚਿਤ ਮਿਤੀ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪਵੇ, ਤਾਂ ਦੁਬਾਸੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਆਪਣੇ ਰਾਜ ਜਾਂ ਇਲਾਕੇ ਲਈ ਮੁਹੱਈਆ ਕਰਵਾਏ ਗਏ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ।

Română (Romanian): Aveți dreptul de a solicita ajutor care să vă fie oferit în mod gratuit în limba dumneavoastră. Dacă aveți întrebări legate de solicitarea dumneavoastră sau de acoperirea oferită de Kaiser Permanente sau dacă acest aviz vă solicită să luați măsuri până la o anumită dată, sunați la numărul de telefon furnizat pentru statul sau regiunea dumneavoastră pentru a sta de vorbă cu un interpret.

Русский (Russian): У вас есть право получить бесплатную помощь на своем языке. Если у вас имеются вопросы относительно вашего заявления или медицинского страхования в Kaiser Permanente, либо если такое уведомление требует от вас каких-либо действий к определенной дате, позвоните по номеру телефона для своего штата или региона, чтобы поговорить с переводчиком.

Faa-Samoa (Samoan): E iai lou 'aia e maua se fesoasoani i lou gagana e aunoa ma le totogi. Afai e iai ni fesili e uiga i lou tusi apalai po o puipuiga e ala mai Kaiser Permanente, po o lenei tusi e manaomia ona e gaoioi i se taimi atofaina, vili le numera ua fuafuaina mo lou setete po o oganuu e fesoota'i i se faaliliu.

Español (Spanish): Usted tiene derecho a obtener ayuda en su idioma sin costo alguno. Si tiene preguntas acerca de su solicitud o cobertura a través de Kaiser Permanente, o si este es un aviso que requiere que usted tome alguna medida antes de una fecha determinada, llame al número de teléfono que se proporciona para su estado o región para hablar con un intérprete.

Tagalog (Tagalog): Mayroon kang karapatang humingi ng tulong sa iyong wika nang walang bayad. Kung mayroon kang mga katanungan tungkol sa iyong aplikasyon o coverage sa pamamagitan ng Kaiser Permanente, o kung ito ay abisong nangangailangan ng iyong aksyon sa tiyak na petsa, tumawag sa numerong ibinigay para sa iyong estado o rehiyon para makipag-usap sa isang interpreter.

ไทย (Thai): ท่านมีสิทธิที่จะได้รับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย หากท่านมีคำถามเกี่ยวกับการสมัครของท่าน หรือความคุ้มครองผ่าน Kaiser Permanente หรือหากนี่คือหนังสือที่ต้องการให้ท่านดำเนินการภายในวันที่ที่กำหนดไว้ โปรดติดต่อหมายเลขที่ให้ไว้สำหรับรัฐหรือเขตพื้นที่ของท่านเพื่อคุยกับล่าม

Lea Faka-Tonga (Tongan): 'Oku 'ia ho totonu ke ke ma'u ha fakatonulea ta'etotongi. Kapau 'oku 'i ai ha'o fehu'i ki ho tohi kole na'e fakafonu ki he malu'i 'inisiua 'a e Kaiser Permanente, pea kapau ko e tohina 'oku fiema'u keke fai ha me'a ki ai pe ko ha 'aho na'e tuku pau atu ke fai ia, taa ki he fika kuo 'oatu ki ho siteiti pe ko e vahefonua 'oku ke 'i ai ke talanoa mo ha tokotaha tene fakatonu lea atu kiate koe.

Українська (Ukrainian): У Вас є право на отримання допомоги безкоштовно на Вашій рідній мові. Якщо Ви маєте питання стосовно Вашого звернення чи страхового покриття в Kaiser Permanente, чи якщо відповідно до такого повідомлення Вам треба буде здійснити певну дію до конкретної дати, подзвоніть по номеру, що відповідає Вашій країні чи регіону, щоб поговорити з перекладачем.

اردو (Urdu): آپ کو کوئی بھی قیمت ادا کرنے کی ضرورت نہیں ہے۔ اگر آپ کے ذہن میں اپنی درخواست یا Kaiser Permanente کے ذریعہ کوریج کے متعلق کوئی بھی سوالات ہیں، یا اگر اس نوٹس کی وجہ سے آپ کو کسی مخصوص تاریخ تک عمل انجام دینے کی ضرورت ہوگی تو، کسی مترجم سے بات چیت کرنے کے لئے آپ کی ریاست یا علاقہ کے لئے فراہم کئے گئے نمبر پر کال کریں۔

Tiếng Việt (Vietnamese): Quý vị có quyền được nhận trợ giúp miễn phí bằng ngôn ngữ của mình. Nếu quý vị có các câu hỏi về mẫu đơn hoặc mức bảo hiểm của mình thông qua Kaiser Permanente, hoặc đây là thông báo yêu cầu quý vị thực hiện vào một ngày cụ thể, hãy gọi đến số điện thoại được cung cấp cho bang hoặc khu vực của quý vị để trò chuyện với phiên dịch viên.

Yorùbá (Yoruba): O ní ètò láti rí ìrànṣẹ́ gbà nípa èdè rẹ láìsán owó. Bí ó bá ní ibèèrè nípa iwé tí o kọ tàbí ìṣedéédé nípaṣẹ́ Kaiser Permanente, tàbí ifitonilétí yíì jẹ èyí o nílò láti ìgbésẹ́ kan ní ojò kan patọ́, pé nọmbà tí a pèsè fún ipínlẹ̀ tàbí agbègbè rẹ láti bá òhgbifọ́ kan sọrọ́.



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*All video appointments are for certain medical conditions, and for members who are age 18 or older. Routine video visit appointments are with physicians who practice at Kaiser Permanente facilities. During a routine video visit with your doctor, you must be present in Maryland, Virginia, or Washington, DC. For urgent video visits with a doctor, you may also be located in Florida, North Carolina, West Virginia, or Pennsylvania (available weekdays from 10 a.m. to 10 p.m. and weekends from noon to midnight, Eastern time).

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