








# 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
 <b>Choosing your doctor</b>	Learn about our doctors by reading their profiles and biographies on <a href="https://kp.org/searchdoctors">kp.org/searchdoctors</a> , 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.
 <b>Choosing how you get care</b>	How, when, and where do you want to receive care? From telephone advice to video visits, <sup>†</sup> 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.
 <b>Making a routine appointment</b>	You've got options: You can use your phone, computer, or mobile device – anytime, anywhere.	You'll likely have to call during business hours.
 <b>Calling for medical advice</b>	Get 24/7 medical advice by phone from specially trained Kaiser Permanente nurses, or video medical advice with a doctor. <sup>‡</sup> 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.
 <b>So much in one place</b>	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.
 <b>Viewing your medical records and test results</b>	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.
 <b>Getting care in your language</b>	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.

<sup>†</sup>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.

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# 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](https://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](https://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](https://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.

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## Preventive care at no additional cost

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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.\*

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## Getting care away from home

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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**<sup>†</sup> or visit **kp.org/travel**.

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## Healthy resources

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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.<sup>‡</sup>
- **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.

<sup>†</sup>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.

<sup>‡</sup>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.




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## Health care reform – what you should know

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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.

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## Health coverage – why you need it

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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 Maryland Health Connection 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](http://buykp.org/apply) or use a paper application. If you think you may qualify for federal financial assistance, we can help you apply through Maryland Health Connection. 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.

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## Copay plans

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### 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.

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## Deductible plans

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### 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.

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## HSA-qualified deductible plans

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### 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
<b>KP MD Gold 0/20/Dental/Ped Dental</b> (No deductible)	\$20	\$20	\$10
<b>KP MD Silver 1800/30/Dental/Ped Dental</b> (\$1,800 deductible)	\$30	\$30	\$15
<b>KP MD Bronze 6200/20%/HSA/Dental/Ped Dental</b> (\$6,200 deductible)	\$86 or \$50*	\$100 or \$50*	\$24 or \$20*

\*If you've met your deductible

The cost estimates above are from our estimate tools website, [kp.org/treatmentestimates](http://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](http://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

	<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">KP</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px; margin-left: 10px;">M</span>
Plan type	KP MD Silver 1800/30/Dental/Ped Dental
<b>Features</b>	
Annual medical deductible (individual/family)	\$1,800/\$3,600
Annual out-of-pocket maximum (individual/family)	\$7,150/\$14,300
<b>Benefits</b>	
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
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)
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
<b>Maternity</b>	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	30% after deductible
Urgent care visit	\$50
<b>Prescription drugs (up to a 30-day supply)</b>	
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 \$150 maximum per 30-day prescription)
<b>Whole health</b>	
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, Maryland Health Connection

### Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charges for covered services until you reach \$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, Maryland Health Connection

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on [marylandhealthconnection.gov](http://marylandhealthconnection.gov).

	<b>KP</b> <b>M</b> KP MD Bronze 6500/50/Dental/ Ped Dental	<b>KP</b> <b>M</b> KP MD Bronze 6200/20%/HSA/Dental/ Ped Dental	<b>KP</b> <b>M</b> KP MD Bronze 5000/50/Dental/ Ped Dental	<b>KP</b> <b>M</b> KP MD Silver 6000/30/Dental/ Ped Dental	<b>KP</b> <b>M</b> KP MD Silver 2800/30/Dental/ Ped Dental
Plan type	Deductible	HSA-qualified	Deductible	Deductible	Deductible
<b>Features</b>					
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$6,200/\$12,400	\$5000/\$10,000	\$6,000/\$12,000	\$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
<b>Benefits</b>					
<b>Preventive care</b>					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
Primary care office visit	2 visits at \$50 prior to 40% after deductible (copay waived for children under 5) <sup>††</sup>	20% after deductible	\$50 (waived for children under 5)	\$30 (waived for children under 5)	\$30 (waived for children under 5)
Specialty care office visit	40% after deductible	20% after deductible	\$70 after deductible	\$50	\$50
Most X-rays	40% after deductible	20% after deductible	30% after deductible	\$30	\$30
Most lab tests	40% after deductible	20% after deductible	30% after deductible	\$30	\$30
MRI, CT, PET	40% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible
Outpatient surgery	40% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible
Mental health visit	40% after deductible	20% after deductible	\$50 (individual therapy)	\$30 (individual therapy)	\$30 (individual therapy)
<b>Inpatient hospital care</b>					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Maternity</b>					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible
<b>Emergency and urgent care</b>					
Emergency Department visit	40% after deductible	20% after deductible	30% after deductible	30% after deductible	30% after deductible
Urgent care visit	40% after deductible	20% after deductible	\$70 after deductible	\$50	\$50
<b>Prescription drugs (up to a 30-day supply)</b>					
Generic	40% after deductible	\$20 after deductible <sup>1</sup>	\$25 <sup>1</sup>	\$15 <sup>1</sup>	\$15 <sup>1</sup>
Preferred brand	40% after deductible	50% after deductible	50% after \$750 brand deductible per member	\$55 <sup>1</sup>	\$55 after \$500 brand deductible per member <sup>1</sup>
Non-preferred brand	40% after deductible	50% after deductible	50% after \$750 brand deductible per member	30%	30% after \$500 brand deductible per member
Specialty	40% after deductible up to \$150 maximum per 30-day prescription	50% after deductible up to \$150 maximum per 30-day prescription	50% after \$750 brand deductible per member up to \$150 maximum per 30-day prescription	30% up to \$150 maximum per 30-day prescription	30% after \$500 brand deductible per member up to \$150 maximum per 30-day prescription
<b>Whole health</b>					
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)

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](http://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.

<sup>†</sup>Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

<sup>1</sup>Only applicants under age 30, or applicants age 30 and older who provide a certificate from the Health Insurance Marketplace in Maryland demonstrating hardship or lack of affordable coverage, may purchase a KP MD Catastrophic 7150/0/Dental/PedDental plan.

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

<sup>††</sup>Includes two office visits at \$50 before you reach your deductible. Office visits include primary or outpatient mental health care.

**KP** Offered through Kaiser Permanente

**M** Offered through the Marketplace, Maryland Health Connection

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on [marylandhealthconnection.gov](http://marylandhealthconnection.gov).

	<b>KP</b> <b>M</b> KP MD Silver 2750/20%/HSA/ Dental/Ped Dental	<b>KP</b> <b>M</b> KP MD Silver 1800/30/Dental/ Ped Dental	<b>KP</b> <b>M</b> KP MD Gold 1000/20/Dental/ Ped Dental	<b>KP</b> <b>M</b> KP MD Gold 0/20/Dental/ Ped Dental	<b>KP</b> <b>M</b> KP MD Platinum 0/20/Dental/ Ped Dental	<b>KP</b> <b>M</b> KP MD Catastrophic <sup>†</sup> 7150/0/Dental/ Ped Dental
Plan type	HSA-qualified	Deductible	Deductible	Copayment	Copayment	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 <sup>‡</sup>	\$15 <sup>‡</sup>	\$10 <sup>‡</sup>	\$10 <sup>‡</sup>	\$10 <sup>‡</sup>	No charge after deductible
Preferred brand	\$55 after deductible <sup>‡</sup>	\$55 after \$500 brand deductible per member <sup>‡</sup>	\$30 <sup>‡</sup>	\$30 <sup>‡</sup>	\$30 <sup>‡</sup>	No charge after deductible
Non-preferred brand	20% after deductible	30% after \$500 brand deductible per member	20%	\$50 <sup>‡</sup>	\$50 <sup>‡</sup>	No charge after deductible
Specialty	30% after deductible up to \$150 maximum per 30-day prescription	30% after \$500 brand deductible per member up to \$150 maximum per 30-day prescription	30% up to \$150 maximum per 30-day prescription	\$150 <sup>‡</sup>	\$150 <sup>‡</sup>	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)

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](http://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.

<sup>‡</sup>Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

<sup>†</sup>Only applicants under age 30, or applicants age 30 and older who provide a certificate from the Health Insurance Marketplace in Maryland demonstrating hardship or lack of affordable coverage, may purchase a KP MD Catastrophic 7150/0/Dental/PedDental plan.

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

<sup>‡</sup>Includes two office visits at \$50 before you reach your deductible. Office visits include primary or outpatient mental health care.

**M** Offered through the Marketplace,  
Maryland Health Connection

## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through [marylandhealthconnection.gov](http://marylandhealthconnection.gov).

	<b>M</b> KP MD Silver 2000/30/CSR/Dental/ Ped Dental	<b>M</b> KP MD Silver 300/15/CSR/Dental/ Ped Dental	<b>M</b> KP MD Silver 100/5/CSR/Dental/ Ped Dental	<b>M</b> KP MD Silver 1700/20%/CSR/HDHP/ Dental/Ped Dental <sup>††</sup>	<b>M</b> KP MD Silver 500/10%/CSR/HDHP/ Dental/Ped Dental <sup>††</sup>
<b>Plan type</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
<b>Features</b>					
Annual medical deductible (individual/family)	\$2000/\$4000	\$300/\$600	\$100/\$200	\$1,700/\$3,400	\$500/\$1,000
Annual out-of-pocket maximum (individual/family)	\$5,700/\$11,400	\$2,350/\$4,700	\$2,000/\$4,000	\$5,000/\$10,000	\$2,250/\$4,500
<b>Benefits</b>					
<b>Preventive care</b>					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
Primary care office visit	\$30 (waived for children under 5)	\$15 (waived for children under 5)	\$5 (waived for children under 5)	20% after deductible	10% after deductible
Specialty care office visit	\$50	\$30	\$5	20% after deductible	10% after deductible
Most X-rays	\$30	\$20	\$5	20% after deductible	10% after deductible
Most lab tests	\$30	\$20	\$5	20% after deductible	10% after deductible
MRI, CT, PET	30% after deductible	25% after deductible	10% after deductible	20% after deductible	10% after deductible
Outpatient surgery	30% after deductible	25% after deductible	10% after deductible	20% after deductible	10% after deductible
Mental health visit	\$30 (individual therapy)	\$15 (individual therapy)	\$5 (individual therapy)	20% after deductible	10% after deductible
<b>Inpatient hospital care</b>					
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	10% after deductible
<b>Maternity</b>					
Routine prenatal care visit, first postpartum visit	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	10% after deductible
<b>Emergency and urgent care</b>					
Emergency Department visit	30% after deductible	25% after deductible	10% after deductible	20% after deductible	10% after deductible
Urgent care visit	\$50	\$30	\$5	20% after deductible	10% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>					
Generic	\$15 <sup>†</sup>	\$10 <sup>†</sup>	\$5 <sup>†</sup>	\$15 after deductible <sup>†</sup>	\$10 after deductible <sup>†</sup>
Preferred brand	\$55 <sup>†</sup>	\$45 <sup>†</sup>	\$10 <sup>†</sup>	\$55 after deductible <sup>†</sup>	\$35 after deductible <sup>†</sup>
Non-preferred brand	30%	25%	10%	20% after deductible	10% after deductible
Specialty	30% up to \$150 maximum per 30-day prescription	25% up to \$150 maximum per 30-day prescription	10% up to \$150 maximum per 30-day prescription	30% after deductible up to \$150 maximum per 30-day prescription	10% after deductible up to \$150 maximum per 30-day prescription
<b>Whole health</b>					
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)

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](http://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.

<sup>†</sup>**Mail order:** 90-day supply of qualified prescriptions for the cost of a 60-day supply.

<sup>††</sup>Only applicants under age 30, or applicants age 30 and older who provide a certificate from the Health Insurance Marketplace in Maryland demonstrating hardship or lack of affordable coverage, may purchase a KP MD Catastrophic 7150/0/Dental/PedDental plan.

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

<sup>†††</sup>Includes two office visits at \$50 before you reach your deductible. Office visits include primary or outpatient mental health care.

**M** Offered through the Marketplace,  
Maryland Health Connection

## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through [marylandhealthconnection.gov](http://marylandhealthconnection.gov).

	<b>M</b> KP MD Silver 100/5%/CSR/HDHP/Dental/ Ped Dental	<b>M</b> KP MD Silver 1550/30/CSR/Dental/ Ped Dental	<b>M</b> KP MD Silver 100/10/CSR/Dental/ Ped Dental	<b>M</b> KP MD Silver 0/5/CSR/Dental/ Ped Dental
Plan type	Deductible	Deductible	Deductible	Copayment
<b>Features</b>				
Annual medical deductible (individual/family)	\$100/\$200	\$1,550 /\$3,100	\$100/\$200	None/None
Annual out-of-pocket maximum (individual/family)	\$1,800/\$3,600	\$5,700/\$11,400	\$2,350/\$4,700	\$1,800/\$3,600
<b>Benefits</b>				
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	5% after deductible	\$30 (waived for children under age 5)	\$10 (waived for children under 5)	\$5 (waived for children under age 5)
Specialty care office visit	5% after deductible	\$50	\$25	\$5
Most X-rays	No charge after deductible	\$30	\$20	\$5
Most lab tests	No charge after deductible	\$30	\$20	\$5
MRI, CT, PET	5% after deductible	30% after deductible	30% after deductible	10%
Outpatient surgery	5% after deductible	30% after deductible	30% after deductible	10%
Mental health visit	5% after deductible	\$30 (individual therapy)	\$10 (individual therapy)	\$5 (individual therapy)
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	5% after deductible	30% after deductible	30% after deductible	10%
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	5% after deductible	30% after deductible	30% after deductible	10%
<b>Emergency and urgent care</b>				
Emergency Department visit	5% after deductible	30% after deductible	30% after deductible	10%
Urgent care visit	5% after deductible	\$50	\$25	\$5
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$5 after deductible <sup>†</sup>	\$15 <sup>†</sup>	\$10 <sup>†</sup>	\$5 <sup>†</sup>
Preferred brand	\$10 after deductible <sup>†</sup>	\$55 after \$500 brand deductible per member <sup>†</sup>	\$45 <sup>†</sup>	\$10 <sup>†</sup>
Non-preferred brand	5% after deductible	30% after \$500 brand deductible per member	30%	10%
Specialty	5% after deductible up to \$150 maximum per 30-day prescription	30% after \$500 brand deductible per member up to \$150 maximum per 30-day prescription	30% up to \$150 maximum per 30-day prescription	20% up to \$150 maximum per 30-day prescription
<b>Whole health</b>				
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)

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](http://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.

<sup>†</sup>**Mail order:** 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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

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

<sup>††</sup>Includes two 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).

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## A reason to smile

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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.

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## Choosing a dentist

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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](http://dominiondental.com/kaiserdentists) or call Dominion at **1-855-733-7524** (TTY **711**).

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## Quality dental care

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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.

\*Enhanced adult dental benefits are offered only for plans sold directly by Kaiser Permanente and are not offered in Kaiser Permanente plans offered through the Maryland Health Connection.

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## Enhanced adult dental benefits\*

For an additional premium of \$12.99 per month, adults 19 and older can choose to enroll in an enhanced dental plan that offers orthodontic coverage, a \$10 copay for most preventive care procedures, and even lower fees on more extensive care than the Preventive Dental Plan. To enroll, select the option on your application to enhance your dental coverage with the dental HMO rider.

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## Essential vision care

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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](http://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](http://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.

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## Determine if you qualify

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Call us at **1-800-494-5314** or go to **marylandhealthconnection.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 Maryland Health Connection.

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**.

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## If you do qualify

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If you qualify, you'll need to buy your plan through Maryland Health Connection. 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 Maryland Health Connection 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.

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## If you don't qualify

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

**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](http://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)
- If you add an optional dental rider for family members 19 and older

### 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 Maryland

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



## 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](http://buykp.org/apply), your rate will be calculated automatically.

1. On the worksheet below, list everyone you want to cover:
  - Yourself
  - Your spouse/domestic partner
  - 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. If you are adding the optional dental rider for adults 19 and older, please add \$12.99 per adult to your monthly rates.
5. 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		\$	\$	\$
Optional dental rider (add \$12.99 per adult 19 and older)		___ × \$12.99 = \$___	___ × \$12.99 = \$___	___ × \$12.99 = \$___
Total health plan monthly rate		\$	\$	\$

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

## 2017 Monthly rates

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

Age on 2017 effective date	KP MD Bronze 6500/50/Dental/ Ped Dental	KP MD Bronze 6200/20%/HSA/Dental/ Ped Dental	KP MD Bronze 5000/50/Dental/ Ped Dental	KP MD Silver 6000/30/Dental/ Ped Dental	KP MD Silver 2800/30/Dental/ Ped Dental	KP MD Silver 2750/20%/HSA/Dental/ Ped Dental	KP MD Silver 1800/30/Dental/ Ped Dental
<21	\$129.49	\$124.62	\$142.69	\$153.64	\$162.84	\$155.64	\$168.52
21	203.92	196.25	224.71	241.96	256.44	245.11	265.39
22	203.92	196.25	224.71	241.96	256.44	245.11	265.39
23	203.92	196.25	224.71	241.96	256.44	245.11	265.39
24	203.92	196.25	224.71	241.96	256.44	245.11	265.39
25	204.74	197.04	225.61	242.93	257.47	246.09	266.45
26	208.81	200.96	230.10	247.77	262.59	250.99	271.76
27	213.71	205.67	235.50	253.57	268.75	256.88	278.13
28	221.66	213.32	244.26	263.01	278.75	266.43	288.48
29	228.19	219.60	251.45	270.75	286.96	274.28	296.97
30	231.45	222.74	255.05	274.62	291.06	278.20	301.22
31	236.34	227.45	260.44	280.43	297.21	284.08	307.59
32	241.24	232.16	265.83	286.24	303.37	289.97	313.96
33	244.30	235.11	269.20	289.87	307.22	293.64	317.94
34	247.56	238.25	272.80	293.74	311.32	297.56	322.18
35	249.19	239.82	274.60	295.68	313.37	299.52	324.31
36	250.82	241.39	276.39	297.61	315.42	301.49	326.43
37	252.45	242.96	278.19	299.55	317.47	303.45	328.55
38	254.08	244.53	279.99	301.48	319.52	305.41	330.68
39	257.35	247.67	283.58	305.35	323.63	309.33	334.92
40	260.61	250.81	287.18	309.22	327.73	313.25	339.17
41	265.50	255.52	292.57	315.03	333.88	319.13	345.54
42	270.19	260.03	297.74	320.60	339.78	324.77	351.64
43	276.72	266.31	304.93	328.34	347.99	332.61	360.13
44	284.88	274.16	313.92	338.02	358.25	342.42	370.75
45	294.46	283.39	324.48	349.39	370.30	353.94	383.22
46	305.88	294.38	337.07	362.94	384.66	367.67	398.09
47	318.73	306.74	351.22	378.18	400.82	383.11	414.80
48	333.41	320.87	367.40	395.60	419.28	400.75	433.91
49	347.89	334.80	383.36	412.78	437.49	418.16	452.76
50	364.20	350.50	401.33	432.14	458.00	437.77	473.99
51	380.31	366.01	419.08	451.26	478.26	457.13	494.95
52	398.05	383.08	438.63	472.31	500.57	478.45	518.04
53	416.00	400.35	458.41	493.60	523.14	500.02	541.40
54	435.37	418.99	479.76	516.58	547.50	523.31	566.61
55	454.74	437.64	501.10	539.57	571.86	546.60	591.82
56	475.75	457.85	524.25	564.49	598.27	571.84	619.15
57	496.95	478.26	547.62	589.66	624.94	597.33	646.76
58	519.59	500.05	572.56	616.51	653.41	624.54	676.21
59	530.80	510.84	584.92	629.82	667.51	638.02	690.81
60	553.44	532.62	609.86	656.68	695.98	665.23	720.27
61	573.02	551.46	631.44	679.91	720.60	688.76	745.75
62	585.86	563.83	645.59	695.15	736.75	704.20	762.47
63	601.97	579.33	663.34	714.27	757.01	723.56	783.43
64+	611.76	588.75	674.13	725.88	769.32	735.33	796.17

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

## 2017 Monthly rates

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

Age on 2017 effective date	KP MD Gold 1000/20/Dental/Ped Dental	KP MD Gold 0/20/Dental/Ped Dental	KP MD Platinum 0/20/Dental/Ped Dental	KP MD Catastrophic 7150/0/Dental/Ped Dental	KP MD Silver 2000/30/CSR/Dental/Ped Dental	KP MD Silver 1700/20%/CSR/HDHP/Dental/Ped Dental	KP MD Silver 1550/30/CSR/Dental/Ped Dental
					KP MD Silver 300/15/CSR/Dental/Ped Dental	KP MD Silver 500/10%/CSR/HDHP/Dental/Ped Dental	KP MD Silver 100/10/CSR/Dental/Ped Dental
					KP MD Silver 100/5/CSR/Dental/Ped Dental	KP MD Silver 100/5%/CSR/HDHP/Dental/Ped Dental	KP MD Silver 0/5/CSR/Dental/Ped Dental
<21	\$199.35	\$203.78	\$220.14	\$113.24	\$153.64	\$155.64	\$162.84
21	313.93	320.92	346.67	178.33	241.96	245.11	256.44
22	313.93	320.92	346.67	178.33	241.96	245.11	256.44
23	313.93	320.92	346.67	178.33	241.96	245.11	256.44
24	313.93	320.92	346.67	178.33	241.96	245.11	256.44
25	315.19	322.20	348.06	179.04	242.93	246.09	257.47
26	321.46	328.62	354.99	182.61	247.77	250.99	262.59
27	329.00	336.32	363.31	186.89	253.57	256.88	268.75
28	341.24	348.84	376.83	193.84	263.01	266.43	278.75
29	351.29	359.11	387.92	199.55	270.75	274.28	286.96
30	356.31	364.24	393.47	202.40	274.62	278.20	291.06
31	363.84	371.95	401.79	206.68	280.43	284.08	297.21
32	371.38	379.65	410.11	210.96	286.24	289.97	303.37
33	376.09	384.46	415.31	213.64	289.87	293.64	307.22
34	381.11	389.60	420.86	216.49	293.74	297.56	311.32
35	383.62	392.16	423.63	217.92	295.68	299.52	313.37
36	386.13	394.73	426.40	219.35	297.61	301.49	315.42
37	388.65	397.30	429.18	220.77	299.55	303.45	317.47
38	391.16	399.87	431.95	222.20	301.48	305.41	319.52
39	396.18	405.00	437.50	225.05	305.35	309.33	323.63
40	401.20	410.14	443.04	227.91	309.22	313.25	327.73
41	408.74	417.84	451.36	232.19	315.03	319.13	333.88
42	415.96	425.22	459.34	236.29	320.60	324.77	339.78
43	426.00	435.49	470.43	241.99	328.34	332.61	347.99
44	438.56	448.33	484.30	249.13	338.02	342.42	358.25
45	453.31	463.41	500.59	257.51	349.39	353.94	370.30
46	470.90	481.38	520.01	267.50	362.94	367.67	384.66
47	490.67	501.60	541.85	278.73	378.18	383.11	400.82
48	513.28	524.70	566.81	291.57	395.60	400.75	419.28
49	535.56	547.49	591.42	304.23	412.78	418.16	437.49
50	560.68	573.16	619.15	318.50	432.14	437.77	458.00
51	585.48	598.52	646.54	332.59	451.26	457.13	478.26
52	612.79	626.44	676.70	348.10	472.31	478.45	500.57
53	640.42	654.68	707.21	363.79	493.60	500.02	523.14
54	670.24	685.16	740.14	380.73	516.58	523.31	547.50
55	700.06	715.65	773.07	397.68	539.57	546.60	571.86
56	732.40	748.71	808.78	416.04	564.49	571.84	598.27
57	765.05	782.08	844.83	434.59	589.66	597.33	624.94
58	799.89	817.70	883.32	454.38	616.51	624.54	653.41
59	817.16	835.35	902.38	464.19	629.82	638.02	667.51
60	852.01	870.98	940.86	483.99	656.68	665.23	695.98
61	882.14	901.79	974.14	501.11	679.91	688.76	720.60
62	901.92	922.00	995.98	512.34	695.15	704.20	736.75
63	926.72	947.36	1023.37	526.43	714.27	723.56	757.01
64+	941.79	962.76	1040.01	534.99	725.88	735.33	769.32

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](http://kp.org/facilities) to find the one nearest you.

## Maryland

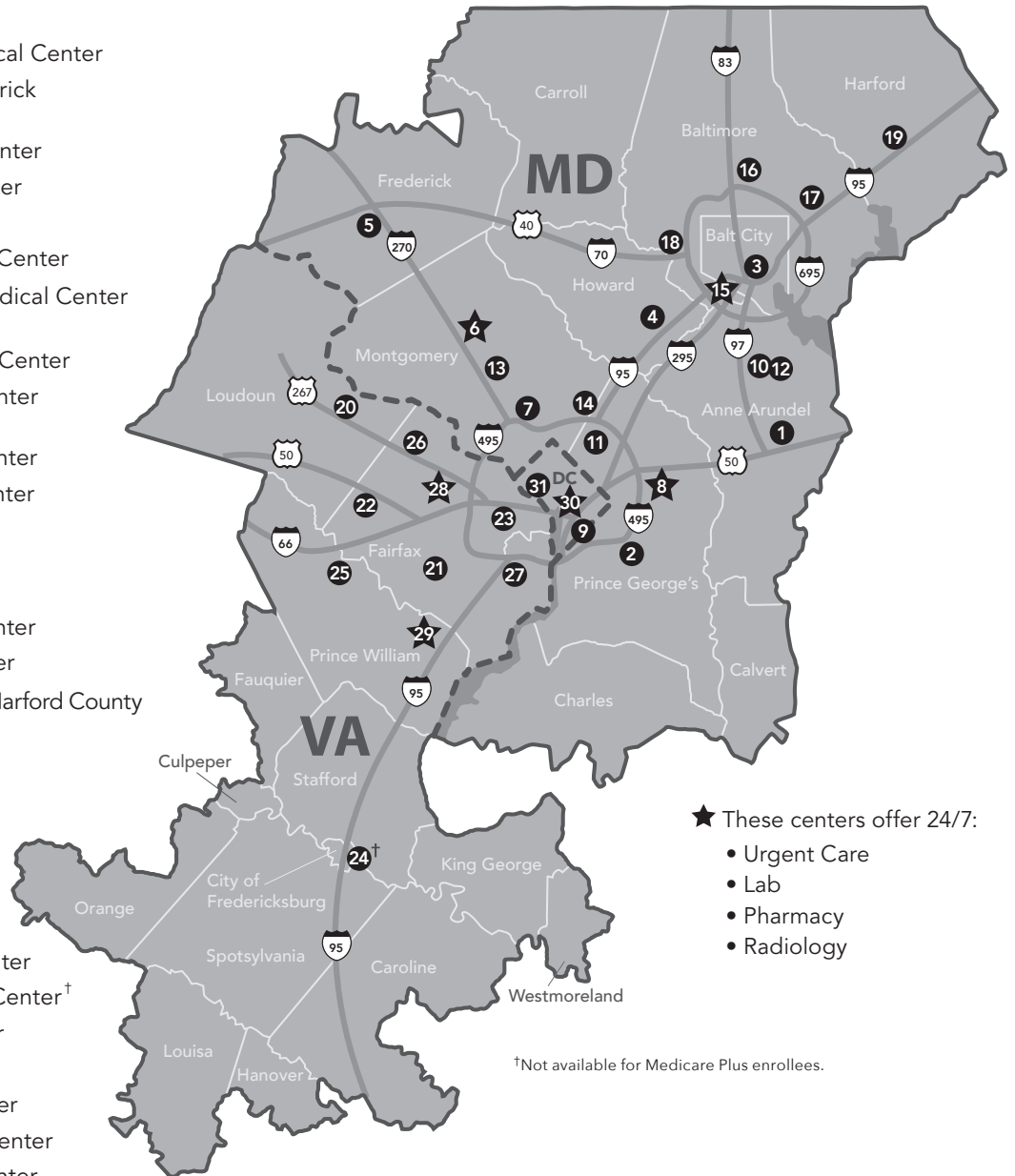
- 1 Annapolis Medical Center
- 2 Camp Springs Medical Center
- 3 Kaiser Permanente Baltimore Harbor Medical Center
- 4 Columbia Gateway Medical Center
- 5 Kaiser Permanente Frederick Medical Center
- 6 Gaithersburg Medical Center
- 7 Kensington Medical Center
- 8 Largo Medical Center
- 9 Marlow Heights 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**

## 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

## Washington, DC

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



Please check [kp.org/facilities](http://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](http://buykp.org/apply). • Or contact your agent or broker.

# Exclusions, limitations and reductions

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

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## Important definitions

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Several terms used within this Section have special meanings. Please see the Definitions Appendix for an explanation of these terms. They include:

1. Allowable Expense;
2. Claim Determination Period;
3. Health Plan; and
4. Plan.

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## Exclusions

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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: Benefits. When a Service is excluded, all Services related to the excluded Service are also excluded, even if they would otherwise be covered under this Agreement.

1. Services that are not Medically Necessary.
2. Services performed or prescribed under the direction of a person who is not a Health Care Practitioner.
3. Services that are beyond the scope of practice of the Health Care Practitioner performing the Service.
4. Services to the extent they are covered by any government unit, except for veterans in Veterans Administration or armed forces facilities for Services received for which the recipient is liable.
5. Services for which a Member is not legally, or as a customary practice, required to pay in the absence of a health benefit plan.
6. Except for the pediatric vision benefit provided in Section 3: Benefits - the purchase, examination, or fitting of eye glasses or contact lenses, except for aphakic patients and soft or rigid gas permeable lenses or sclera shells intended for the use in the treatment of a disease or injury.
7. Personal Care Services and Domiciliary Care Services.
8. Services rendered by a Health Care Practitioner who is a Member's spouse, mother, father, daughter, son, brother or sister.
9. Experimental Services. This exclusion does not apply to Services covered under clinical trials (in Section 3: Benefits) of this Agreement.
10. Practitioner, Hospital or clinical Services related to radial keratotomy, myopic keratomileusis and surgery which involves corneal tissue for the purpose of altering, modifying or correcting myopia, hyperopia or stigmatic error.
11. Services to reverse a voluntary sterilization procedure for a Dependent minor.
12. Services for sterilization for a Dependent minor, except FDA approved sterilization procedures for women with reproductive capacity.
13. Medical or surgical treatment for reducing or controlling weight, unless otherwise specified in Section 3: Benefits, of this Agreement.
14. Services incurred before the effective date of coverage for a Member.
15. Services incurred after a Member's termination of coverage, except as provided in Section 6: Extension of Benefits.
16. Surgery or related Services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or developmental anomalies.
17. Services for injuries or diseases related to a Member's job to the extent the Member is

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

- required to be covered by a workers' compensation law.
18. Services rendered from a dental or medical department maintained by or on behalf of an employer, mutual benefit association, labor, union, trust, or similar persons or groups.
  19. Personal hygiene and convenience items, including, but not limited to, air conditioners, humidifiers or physical fitness equipment.
  20. Charges for telephone consultations, failure to keep a scheduled visit or completion of any form.
  21. Inpatient admissions primarily for diagnostic studies, unless authorized by the Health Plan.
  22. The purchase, examination or fitting of hearing aids and supplies, and tinnitus maskers, unless otherwise specified under Section 3: Benefits, of this Agreement.
  23. Travel, whether or not it is recommended by a Health Care Practitioner, except for:
    - a. Covered ambulance Services; and
    - b. Air travel in connection with a covered transplant.
  24. Except for Emergency Services and Urgent Care Service, Services received while the Member is outside the United States.
  25. Unless otherwise specified under Section 3: Benefits, or the Adult Dental Plan or Pediatric Dental Plan, as applicable, dental work or treatment which includes Hospital or professional care in connection with:
    - a. The operation or treatment for the fitting or wearing of dentures;
    - b. Orthodontic care or malocclusion;
    - c. Operations on or for treatment of or to the teeth or supporting tissues of the teeth, except for removal of tumors and cysts or treatment of injury to natural teeth due to an accident if the treatment is received within six (6) months of the accident; and
    - d. Dental implants.
  26. Except as provided under the Adult Dental Plan or Pediatric Dental Plan of this Agreement, as applicable, accidents occurring while and as a result of chewing.
  27. Routine foot care, including the paring or removing of corns and calluses, or trimming of nails, unless these Services are determined to be Medically Necessary.
  28. Arch support, orthotic devices, in-shoe supports, orthopedic shoes, elastic supports or exams for their prescription or fitting, unless these Services are deemed to be Medically Necessary.
  29. Inpatient admissions primarily for physical therapy, unless authorized by the Health Plan.
  30. Services to reverse voluntary, surgically induced infertility.
  31. Services for sterilization or reverse sterilization for a dependent minor. This does not apply to FDA approved sterilization procedures for women with reproductive capacity.
  32. Gamete intrafallopian transfers (GIFT) and Zygote intrafallopian transfers (ZIFT)
  33. Treatment of sexual dysfunction not related to organic disease.
  34. Services that duplicate benefits provided under federal, state or local laws, regulations or programs.
  35. Non-human organs and their implantation.
  36. Non-replacement fees for blood and blood products.
  37. Lifestyle improvements or physical fitness programs, unless included in Section 3 of this Agreement.
  38. Wigs or cranial prosthesis, except for one (1) hair prosthesis for a Member whose hair loss was the result of chemotherapy or radiation treatment for cancer.
  39. Weekend admission charges, except for emergencies and maternity, unless authorized by the Health Plan.
  40. Outpatient orthomolecular therapy, including nutrients, vitamins and food supplements.
  41. Temporomandibular joint syndrome (TMJ) treatment and treatment for craniomandibular pain



- syndrome (CPS), except for surgical Services for TMJ and CPS, if Medically Necessary and if there is a clearly demonstrable radiographic evidence of joint abnormality due to disease or injury.
42. Services resulting from accidental bodily injuries arising out of a motor vehicle accident, to the extent the Services are payable under a medical expense payment provision of an automobile insurance policy.
  43. Services for conditions that State or local laws, regulations, ordinances or similar provisions require to be provided in a public institution.
  44. Services for, or related to, the removal of an organ from a Member for the purposes of transplantation into another person unless the:
    - a. Transplant recipient is covered under the Health Plan and is undergoing a covered transplant; and
    - b. Services are not payable by another carrier.
  45. Physical examinations required for obtaining or continuing employment, insurance or government licensing.
  46. Non-medical ancillary Services such as vocational rehabilitation, employment counseling or educational therapy.
  47. A private Hospital room unless Medically Necessary and authorized by the Health Plan.
  48. Private duty nursing, unless authorized by the Health Plan.
  49. Any claim, bill or other demand or request for payment for Health Care Services determined to be furnished as a result of a referral prohibited by § 1-302 of the Health Occupations Article.

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## Limitations

We will use our best efforts to provide or arrange for Members' Health Care Services in the event of unusual circumstances that delay or render impractical the provision of Services under this Agreement, such as a major disaster, epidemic, war, riot, civil insurrection, disability of a large share of personnel of a Plan Hospital or Plan Medical Office, and complete or partial destruction of facilities. However, the Health

Plan, Kaiser Foundation Hospitals, Medical Group and Medical Group Physicians shall only be liable for reimbursement of the expenses necessarily incurred by a Member in procuring the Services through other providers, to the extent prescribed by the Commissioner.

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

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## Reductions

### Injury or Illness Caused by Third Party

Except for any benefits that would be (1) payable under Personal Injury Protection (PIP) coverage and/or (2) payable under any capitation agreement the Health Plan has with a participating provider, if you become ill or injured through the fault of a third party and you collect any money from the third party or their insurance company for medical expenses, the Health Plan will be subrogated for any Service provided by or arranged as a result of the occurrence that gave rise to the cause of action as follows: (1) per the Health Plan's fee schedule for Services provided or arranged by the Medical Group or (2) any actual expenses that were made for Services provided by participating providers.

Except for any benefits that would be (1) payable under Personal Injury Protection (PIP) coverage and/or (2) payable under any capitation agreement the Health Plan has with a participating provider, when you recover for medical expenses in a cause of action, the Health Plan has the option of becoming subrogated to all claims, causes of action and other rights you may have against a third party or an insurer, government program or other source of coverage for monetary damages, compensation or indemnification on account of the injury or illness allegedly caused by the third party. The Health Plan will also be subrogated as

of the time it mails or delivers a written notice of its exercise of this option to you or to your attorney as follows: (1) per the Health Plan's fee schedule for services provided by the Medical Group at one of our medical offices or  
(2) any actual expenses that were made for Services provided by a participating provider. Any amount returned to the Health Plan will be reduced by a pro rata share of the court costs and legal fees incurred by the Member which are applicable to the portion of the settlement returned to the Health Plan.

To secure the Health Plan's rights, the Health Plan will have a lien on the proceeds of any judgment or settlement you obtain against a third party for covered medical expenses, in accordance with the first paragraph of this provision (above). The Health Plan's recovery shall be made only to the extent that the Health Plan provided benefits or made payments for benefits as a result of the occurrence that gave rise to the cause of action. The proceeds of any judgment or settlement that the Member or the Health Plan obtains shall first be applied to satisfy the Health Plan's lien, regardless of whether the total amount of recovery is less than the actual losses and damages you incurred.

Within thirty (30) days after submitting or filing a claim or legal action against the third party, you must send written notice of the claim or legal action to:

Kaiser Foundation Health Plan  
of the Mid-Atlantic States, Inc.  
Attention: Patient Financial Services  
2101 East Jefferson Street  
Rockville, Maryland 20852

In order for the Health Plan to determine the existence of any rights we may have and to satisfy those rights, you must complete and send the Health Plan all consents, releases, authorizations, assignments and other documents, including lien forms directing your attorney, the third party, and the third party's liability insurer to pay the Health Plan directly. You must not take any action prejudicial to the Health Plan's rights.

If your estate, parent, guardian or conservator asserts a claim against a third party based on your injury or illness; both your estate, parent, guardian or conservator and any settlement or judgment recovered by the estate, parent, guardian or

conservator, shall be subject to the Health Plan's liens and other rights to the same extent as if you had asserted the claim against the third party. The Health Plan may assign its rights to enforce its liens and other rights.

If you are enrolled in Medicare, Medicare law may apply with respect to Services covered by Medicare.

### **Medicare and TRICARE Benefits**

**This provision applies only to Members who are enrolled in a Kaiser Permanente for Individuals & Families Plan and who are enrolled in Medicare Part A and/or B or TRICARE.** If you are enrolled in Medicare Part A and/or Part B, your benefits are reduced by any benefits for which you are enrolled and receive under Medicare; except for Members whose Medicare benefits are secondary by law. TRICARE benefits are secondary by law.

### **Coordination of Benefits (COB)**

The plan that pays first (primary plan) is determined by using National Association of Insurance Commissioners (NAIC) 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, 100 percent of the total Allowable Expenses, not to exceed the maximum liability of the secondary plan. The secondary plan is never liable for more expenses than it would cover if it had been primary.

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

### **Members with a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) option:**

If a Member has other health care coverage in addition to an HDHP with an HSA option (as described in Section 1: Introduction), the Member may not be eligible to establish or contribute to an HSA. Kaiser Permanente does not provide tax advice. Contact your financial or tax advisor for more information about your eligibility for an HSA or to obtain tax advice.

Any information we request to help us coordinate benefits must be provided. Please contact Member Services with any questions about COB at:

Inside the Washington, DC Metropolitan Area:  
301-468-6000

Outside of the Washington, DC Metropolitan Area:  
1-800-777-7902

TTY: 711

### **Coordination of Benefits Rules**

COB applies when a Member has health care coverage under more than one plan.

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 percent of the total Allowable Expense.

### **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/Dependents:**

1. Subject to #2 (immediately below), a plan that covers a person as a Subscriber is primary to a plan that covers the person as a dependent.
2. If the person is a Medicare beneficiary, and, as a result of the provisions of Title XVIII of the Social Security Act and implementing regulations, Medicare is:
  - a. Secondary to the plan covering the person as a dependent; and
  - b. Primary to the plan covering the person as other than a dependent,
    - i. Then the order of benefits is reversed so

that the plan covering the person as an employee, member, subscriber, policyholder or retiree is the secondary plan and the other plan covering the person as a dependent is the primary plan.

### **Dependent Child/Parents:**

1. **Not Separated or Divorced.** When the Health Plan and another plan cover the same child as a Dependent of different persons, called "parents," (1) 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 (2) if both parents have the same birthday, the plan that covered a parent longer is primary; or (3) if the rules in (1) or (2) 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.
2. **Dependent Child/Separated or Divorced Parents.** If two or more plans cover a person as a dependent child whose parents are divorced or separated or are not living together, whether or not they have ever been married: If a court decree states that one of the parents is responsible for the dependent child's health care expenses or health care coverage and the plan of that parent has actual knowledge of those terms, that plan is primary. If the parent with responsibility has no health care coverage for the dependent child's health care expenses, but that parent's spouse does, that parent's spouse's plan is the primary plan. This item shall not apply with respect to any plan year during which benefits are paid or provided before the entity has actual knowledge of the court decree provision;
3. If a court decree states that both parents are responsible for the dependent child's health care expenses or health care coverage, the provisions of Subparagraph 1: Not Separated or Divorced, shall determine the order of benefits;
4. If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the health care expenses or health care coverage of the dependent child, the provisions of Subparagraph 1: Not Separated or Divorced, shall determine the order of benefits; or
5. If there is no court decree allocating responsibility for the child's health care expenses or health care

coverage, the order of benefits for the child are as follows:

- a. The plan covering the custodial parent;
- b. The plan covering the custodial parent's spouse;
- c. The plan covering the non-custodial parent; and then
- d. The plan covering the non-custodial parent's spouse.

#### **Dependent Child/Non-Parent:**

1. For a dependent child covered under more than one plan of individuals who are not the parents of the child, the order of benefits shall be determined, as applicable, under the dependent child provisions above, as if those individuals were parents of the child.

#### **Dependent Child/Own Coverage:**

1. For a dependent child who has coverage under either or both parents' plans and also has his or her own coverage as a dependent under a spouse's plan, the rule for "Longer or Shorter Length of Coverage" applies.
2. In the event the dependent child's coverage under the spouse's plan began on the same date as the dependent child's coverage under either or both parents' plans, the order of benefits shall be determined by applying the birthday rule under the "Dependent Child/ Parents Not Separated or Divorced" provision above.

#### **Active/Inactive Employee**

1. 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).

#### **COBRA or State Continuation Coverage**

1. If a person whose coverage is provided pursuant to COBRA or under a right of continuation pursuant to state or other federal law is covered under another plan, the plan covering the person as an employee, member, subscriber or retiree or covering the person as a dependent of an employee, member, subscriber or retiree is the primary plan and the

Plan covering that same person pursuant to COBRA or under a right of continuation pursuant to state or other federal law is the secondary plan.

2. If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.

#### **Longer/Shorter Length of Coverage**

1. 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 the Health Plan is the primary Plan, COB has no effect on the benefits or services provided under this Agreement. When the 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 the Health Plan. At the request of the Member or Parent/Guardian, as applicable, the Health Plan will provide or arrange for covered services and then seek coordination with a primary plan.

#### **Coordination with the Health Plan's Benefits**

The 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 the Health Plan in the absence of this COB provision, and the benefits that would be payable for as 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 the Health Plan may be recovered, from the Primary Plan, so that the Health Plan benefits 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. The Health Plan will decide the information it needs, and may get that information from, or give it to, any other organization or person. The Health Plan need not tell, or get the consent of, any person to do this. Each person claiming benefits under this Health Plan must give the 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 this Health Plan, then the Health Plan may pay that amount to the organization that made that payment. The amount paid will be treated as if it was a benefit paid by the Health Plan.

### **Right of Recovery**

If the amount of payment by the Health Plan is more than it should have been under this COB provision, or if the Health Plan has provided services that should have been paid by the primary plan, the 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 the Health Plan does not have to pay full benefits or it 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 the 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 (VA) to provide, we will not pay the Department of Veterans Affairs. When we cover any such Services, we may recover the value of the Services from the Department of Veterans Affairs.

### **Members with a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) option who receive VA health benefits:**

If a Member has actually received VA health benefits in the last three (3) months, the Member will not be eligible to establish or contribute to an HSA even when enrolled in a HDHP. Kaiser Permanente does not provide tax advice. Contact your financial or tax advisor for more information about your eligibility for an HSA or to obtain tax advice.

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 ክፍያ 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 የስልክ ቁጥር ለስቴትዎ ወይም ለክልልዎ ደውለው ከአስተርጓሚ ጋር ይነጋገሩ።

**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 վիզոցով 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:

**Bàsòò Wùdù (Bassa):** Ɔ mò nì kpé bɛ̀ m̀ ké gbo-kpá-kpá dyé dé nì miòùn niìn bídí-wùdù mú pídyi. Ɔ jũ ké m̀ dyi dyi-diè-dè bɛ̀ bédé bá nì céè-dè m̀ tò bó dɛ̀ zò jè dyíé ní, mɔɔ jũ bá nì kũùn kpɔ̀ jè dyí dyiìn dé Kaiser Permanente múé ní, mɔɔ ɔ dyi bɔ́ dò jũ bɛ̀ m̀ ké dɛ̀ dò nyu bó wé jéé dò kɔ̀ nì, níí, d́á nɔ̀bà bɛ̀ wa tòà bó nì bóđóò mɔɔ nì gbɛ̀ɛ̀ò bìiɛ̀, ké nì mu nyo-wuđúún-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
Virginia	1-800-777-7902
Washington	1-800-813-2000
TTY	711

Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

**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 kining pahibalo nanginahanglan sa inyo paglihok sa dili pa usa ka pihon 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 oswa 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'asusụ gi na akwughị ugwo ọ bụla. Ọ bụrụ na ị nwere ajụjụ gbasara akwukwọ anamachoihe gi ma ọ bụ mkpuchi si na Kaiser Permanente, ma ọ bụ ọ bụrụ na nke bụ ọkwa a chọrọ ka ị mee ihe tupu otu ụbọchi, kpọọ nomba enyere maka steeti ma ọ bụ mpaghara gi iji kwukọrịta okwu n'etiti onye ọkwa 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 rehiyon 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។ បើសិនអ្នកមានសំណួរណាមួយអំពីពាក្យស្នើសុំប្រការធានារ៉ាប់រងតាមរយៈ 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 조취를 취해야만 하는 경우, 귀하의 주 및 지역의 제공된 전화번호로 연락해 통역사와 통화하십시오.

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

**Kajin Majōl (Marshallese):** Ewōr jimwe eo aṃ in bōk jipañ ilo kajin eo aṃ ejjeļok wōṇāān. Ñe ewōr aṃ kajitōk kōn peba in aplaiki eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak ñe enaan in kōjeļā in ej aikuj bwe kwōn ṃakūtūt ṃokta jān juon raan eo eṃōj an kallikkar, kaļok nōṃba eo ej leļok ñan state eo aṃ ak jikūṃ bwe kwōn maroñ 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'ídíłkíd doogo, éí doodago díí naaltsoos haa'ída yookáałgo hait'áoda í'díłíłít níłniigo éí nitsaa hahoodzojį éí doodago t'áá aadi nahós'a'di ata' dahalne'ígíí bich'į' hólne'go bee bíł ahił hodíłłnih.

**नेपाली (Nepali):** तपाईंसंग कुनै शुल्क नदिइ आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसंग आफ्नो आवेदन बारे वा Kaiser Permanente माफत कवरेज 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 lokaiaieng 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 ਦੁਬਾਰੀਏ 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 کئے بغیر اپنی زبان میں مدد حاصل کرنے کا حق 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 ìrànṣẹ̀wọ̀ gbà nípa èdè rẹ̀ láìsán owó. Bí o bá ní ìbèèrè nípa iwé tí o kọ tàbí ìṣedéédé nípaṣẹ̀ Kaiser Permanente, tàbí ifitonilétí yíì jẹ̀ èyí o nílò láti ìgbésẹ̀ kan ní ojọ kan patọ̀, pé nọmbà tí a pèsè fún ìpínlẹ̀ tàbí agbègbè rẹ̀ láti bá òhgbifọ̀ kan sọrọ̀.





## The right choice for a healthier you

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

- Choose your doctor, and change at any time.
- Email your doctor's office with nonurgent questions.
- Make routine in-person and video appointments by phone, computer, or mobile device.\*
- Get video medical advice with a doctor or medical advice by phone from specially trained Kaiser Permanente nurses.\*
- Get the convenience of having your doctor, the lab, and the pharmacy all under one roof (at many facilities).
- Refill most prescriptions in person, by phone, online, or with our app.

Together we thrive.

### Stay connected to good health

Visit [kp.org/thrive](http://kp.org/thrive) or call us at **1-800-494-5314**. (For TTY, call **711**.)



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**Kaiser Foundation Health Plan of  
the Mid-Atlantic States, Inc.**

2101 East Jefferson St.  
Rockville, MD 20852

\*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).