

# Care for all that is you



# Experience health care designed with you in mind

Care for ...

Routine checkups, complex treatments, and late-night questions

Building strength, reducing stress, and raising a family

New goals, old habits, and ongoing mental wellness

No matter what your priority is, ours is providing excellent care – for the you who's feeling great, the you who needs support, and every you in between.



# Go where you feel like your best self

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

## Important open enrollment dates for 2024

- The open enrollment period for 2024 coverage runs from **November 1, 2023**, through **January 15, 2024**.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Virginia's Insurance Marketplace.
- For coverage that starts on **January 1, 2024**, we must receive your Application for health coverage no later than **December 15, 2023**.

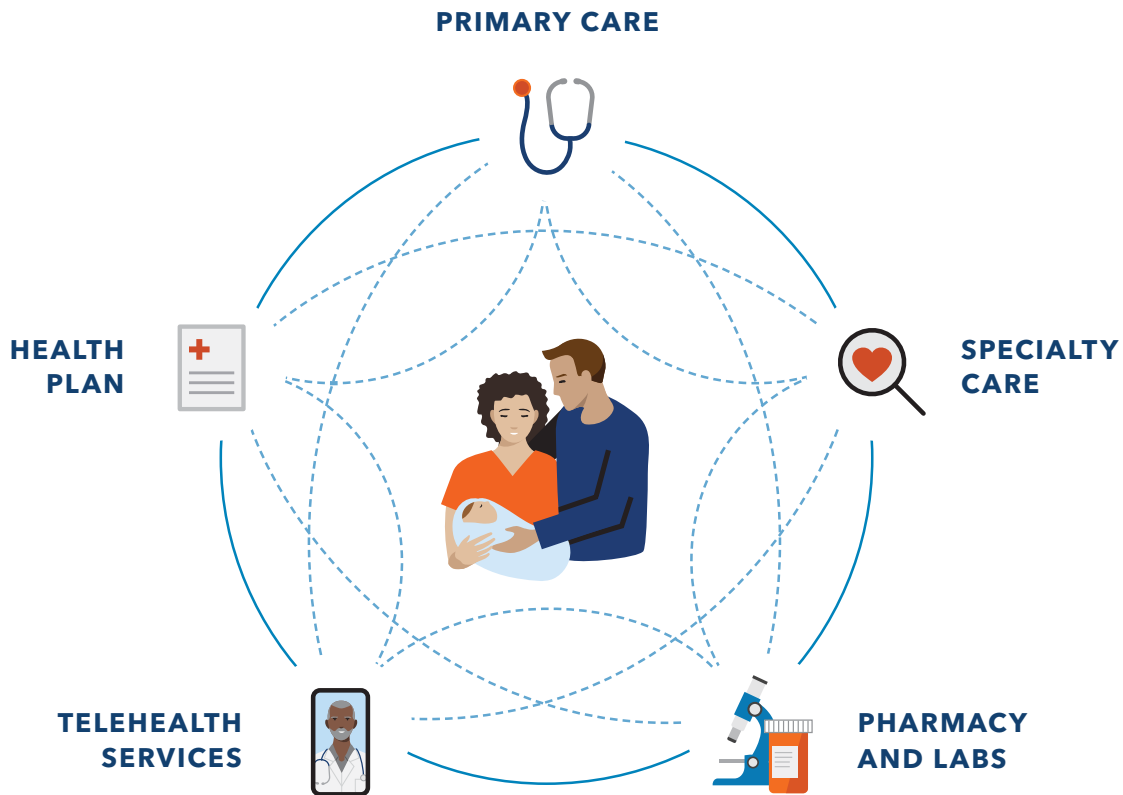
## Enrolling during a special enrollment period

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

### Want to talk? We're here to help.

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





## Built to make your life easier

Combined care and coverage means your Kaiser Permanente doctors, hospitals, and health plan benefits are all connected and committed to providing you with exceptional care tailored to your needs.

It's easier access to specialists and the latest treatments.

It's predictable costs and less paperwork.

It's the care, when you need it.



Find out how we can help you stay healthy and keep doing what you love.

[kp.org/allthatisyouth](https://kp.org/allthatisyouth)

# Care that's **personalized**

For the you who deserves to be understood

Kaiser Permanente doctors have one priority: your health. Your electronic health record connects your care team with your health history, so your doctor can plan the care for your needs. They learn your lifestyle, risks, and goals to understand what matters most to you and be your health advocate.



Explore care that fits your life.

[kp.org/connectedtocare](https://kp.org/connectedtocare)

---

We guide you through every step of your care



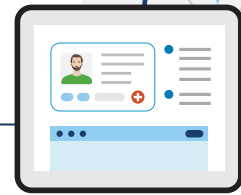
**Your Kaiser Permanente health history lives on your electronic health record.**



**Your doctor guides you through appointments and referrals.**



**Your health record is available to you and your care team 24/7.**



**Your care team lets you know when to schedule checkups and tests.**



# Care that's convenient

## For the you with a busy schedule

Visit [kp.org](https://kp.org) or use our app to make a routine, same-day or next-day appointment in person, or talk to a clinician 24/7 by phone or video.<sup>1</sup> No matter how you connect, you'll talk with a medical professional who can see your health history and pick up where you left off.

### Do more in one visit

Many of our Kaiser Permanente facilities have pharmacies and labs in the same building, so you can see your doctor, get your tests, and pick up your prescriptions all in one stop.

### Your health at your fingertips

- Get 24/7 virtual care
- Email your care team with non-urgent questions
- View most lab results and doctor's notes
- Refill most prescriptions
- Check in for appointments
- Pay bills and view statements



See how the Kaiser Permanente app puts you in control.  
[kp.org/mobile](https://kp.org/mobile)

**FAST COMPANY** | **THE WEBBY AWARDS**

Our mobile app won Fast Company's 2022 Design Company of the Year and the 2022 People's Voice Webby award for Health and Fitness Apps.

### You're covered while traveling



If you're planning to travel, we can help you manage your vaccinations, refill prescriptions, and more. And once you're on the go, you're covered for emergency care anywhere in the world – even at non-Kaiser Permanente facilities.

# Care that's world class

For the you who expects the best

No matter your needs – mental health, maternity, cancer care, heart health, and beyond – you have access to doctors, cutting-edge technology, and evidence-based care.



Learn how our doctors and specialists work for you.

[kp.org/specialtycare](https://kp.org/specialtycare)



---

We're a national leader in screening rates and research, and we're among the top-rated health plans in every state we serve.<sup>2,3,4</sup>

Kaiser Permanente members are:



**33%**

**more likely to survive heart disease<sup>5</sup>**

**52%**

**more likely to survive colorectal cancer<sup>6</sup>**

**20%**

**less likely to experience premature death due to cancer<sup>7</sup>**

# Care that's all encompassing

For the you who wants to explore all your health options

Kaiser Permanente members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral. You also have access to self-care apps to help your overall mental wellness.<sup>8,9</sup>



## Calm

The number one app for sleep and meditation<sup>10</sup>



## Ginger

Text one-on-one with an emotional support coach anytime, anywhere<sup>11</sup>



## myStrength

Build a personalized plan to strengthen your emotional health



Find out more about mental health care.

[kp.org/mentalhealth](https://kp.org/mentalhealth)

---

## Resources for everyday wellness

Take advantage of classes, services, and programs to help you achieve your health and fitness goals.<sup>12</sup>

- Acupuncture, massage therapy, and chiropractic care
- Reduced rates on gym memberships
- Healthy lifestyle programs
- Wellness coaching
- Online fitness with the ClassPass app

## Explore dental coverage

Kaiser Permanente Smile dental coverage offers enhanced benefits to support improved oral health for whole-body wellness. Starting January 2024, there are new optional dental (adult) and cosmetic orthodontic (adult and child-only) plans available.



Visit [kp.org/dental/mas](https://kp.org/dental/mas) to learn more.



# Care that's **dependable**

**For the you who wants a doctor you trust**

Your health is a lifelong journey, and we want you to have a doctor to go the distance. We hire doctors and staff who often speak more than one language and deliver care that's sensitive to your culture, ethnicity, and lifestyle. And you can choose or change your doctor anytime.



From finding the right doctor to transitioning care, we'll help you with every step.

[kp.org/newmember](https://kp.org/newmember)

“

Dr. Weniger was relatable, kind, and thorough. By the end of my visit, I knew I made the right choice in Kaiser Permanente.

”

– **Aimee**, new member

# Choosing your health plan

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

## Virtual plans – gold and silver

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

## Copay plans – platinum and gold

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

## Deductible plans – gold, silver, bronze, and catastrophic

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

## HSA-qualified high deductible health plans – bronze

HSA-qualified deductible plans are deductible plans with a special feature. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account. You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses or adult dental.<sup>13</sup> And if you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

# Example of your costs for care

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

Plan name	Office visit	X-ray	Most generic drugs (Tier 1)
KP VA Gold 0 Ded/Vision (no deductible)	\$20 (waived for children under 5)	\$65	\$10*
KP VA Silver Virtual Forward 4000 Ded (\$4,000 deductible)	Virtual care no charge; First visit in person no charge, and additional visits in person \$55 after deductible**	30% after deductible	\$10*
KP VA Bronze 6500 Ded/Vision (\$6,500 deductible)	First 3 visits \$55, then 35% after deductible (copay waived for children under 5)	35% after deductible	\$35*

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

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

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

## Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit [buykp.org/apply](https://buykp.org/apply) for details.



# Understanding the plans: benefit highlights

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

## Here’s a quick look at how to use the chart

Benefit highlights	<span style="border: 1px solid white; border-radius: 50%; padding: 2px;">KP</span> <span style="border: 1px solid white; border-radius: 50%; padding: 2px;">E</span> KP VA Silver 2500 Ded/Vision
Plan type	<b>Deductible</b>
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200
<b>Benefits</b>	
<b>Virtual care</b>	
Chat, Email, E-visit, Phone and Video visit	No charge
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
Primary care office visit	\$35 (waived for children under age 5)
Specialty care office visit	\$55
Most X-rays	\$85
Most lab tests	\$60
MRI, CT, PET	\$40 after deductible
Outpatient surgery	40% after deductible
Mental health visit	\$35 (individual therapy)
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible
<b>Maternity</b>	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	40% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	40% after deductible
Urgent care visit	\$55
<b>Prescription drugs (up to a 30-day supply)</b>	
Most generic drugs (Tier 1)	\$20*
Most preferred brand name drugs (Tier 2)	\$80*
Non-preferred drugs (Tier 3)	40% after \$950 pharmacy deductible per member
Specialty drugs (Tier 4)	40% after deductible up to \$250 maximum per 30-day prescription
<b>Whole health</b>	
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit <a href="http://kp2020.org">kp2020.org</a> for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="http://kp.org/selfcare">kp.org/selfcare</a> for more details.

**KP** Offered through Kaiser Permanente

**E** Offered through the health benefit exchange

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

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

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

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

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

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

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

**KP** Offered through Kaiser Permanente

**E** Offered through the health benefit exchange

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

Benefit highlights	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>
	KP VA Bronze 7500 Ded	KP VA Standard Bronze 7500 Ded/Vision	KP VA Bronze 7000 Ded/HSA/Vision	KP VA Bronze 6500 Ded/Vision
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>HSA-qualified</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$7,500/\$15,000	\$7,500/\$15,000	\$7,000/\$14,000	\$6,500/\$13,000
Annual out-of-pocket maximum (individual/family)	\$9,450/\$18,900	\$9,400/\$18,800	\$7,050/\$14,100	\$9,450/\$18,900
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone and Video visit	No charge	Same as in-person services	No charge after deductible	No charge
<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	40% after deductible	\$50	No charge after deductible	First 3 visits \$55, then 35% after deductible (copay waived for children under 5)
Specialty care office visit	40% after deductible	\$100	No charge after deductible	\$75 after deductible
Most X-rays	40% after deductible	50% after deductible	No charge after deductible	35% after deductible
Most lab tests	40% after deductible	50% after deductible	No charge after deductible	\$75
MRI, CT, PET	40% after deductible	50% after deductible	\$50 after deductible	\$625 after deductible
Outpatient surgery	40% after deductible	50% after deductible	No charge after deductible	35% after deductible
Mental health visit	40% after deductible	\$50 (individual therapy)	No charge after deductible	\$55 (individual therapy)
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	50% after deductible	No charge after deductible	35% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	50% after deductible	No charge after deductible	35% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	40% after deductible	50% after deductible	No charge after deductible	35% after deductible
Urgent care visit	40% after deductible	\$75	No charge after deductible	\$75 after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Most generic drugs (Tier 1)	40% after deductible	\$25*	No charge after deductible	\$35*
Most preferred brand name drugs (Tier 2)	40% after deductible	\$50 after deductible*	No charge after deductible	\$100 after deductible*
Non-preferred drugs (Tier 3)	50% after deductible	\$100 after deductible*	No charge after deductible	50% after deductible
Specialty drugs (Tier 4)	50% after deductible up to \$250 maximum per 30-day prescription	\$500 after deductible*	No charge after deductible	50% after deductible up to \$250 maximum per 30-day prescription
<b>Whole health</b>				
Healthy services	Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="http://kp.org/selfcare">kp.org/selfcare</a> for more details.	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit <a href="http://kp2020.org">kp2020.org</a> for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="http://kp.org/selfcare">kp.org/selfcare</a> for more details.	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit <a href="http://kp2020.org">kp2020.org</a> for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="http://kp.org/selfcare">kp.org/selfcare</a> for more details.	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit <a href="http://kp2020.org">kp2020.org</a> for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="http://kp.org/selfcare">kp.org/selfcare</a> for more details.

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-777-7902 (TTY 711), 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.

**KP** Offered through Kaiser Permanente  
**E** Offered through the health benefit exchange

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

Benefit highlights	<b>KP</b> <b>E</b> KP VA Standard Silver 5900 Ded/Vision	<b>KP</b> <b>E</b> KP VA Silver 5000 Ded/Vision	<b>KP</b> <b>E</b> KP VA Silver Virtual Forward 5000 Ded
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$5,900/\$11,800	\$5,000/\$10,000	\$5,000/\$10,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$8,000/\$16,000	\$7,850/\$15,700
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	Same as in-person services	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$40	\$40 (waived for children under 5)	Virtual care no charge; First visit in person no charge, and additional visits in person \$55 after deductible <sup>††</sup>
Specialty care office visit	\$80	\$60	\$75 after deductible
Most X-rays	40% after deductible	\$70	30% after deductible
Most lab tests	40% after deductible	\$50	\$75 after deductible
MRI, CT, PET	40% after deductible	35% after deductible	30% after deductible
Outpatient surgery	40% after deductible	35% after deductible	30% after deductible
Mental health visit	\$40 (individual therapy)	\$40 (individual therapy)	Virtual care no charge; First visit in person no charge, and additional visits in person \$55 after deductible <sup>††</sup>
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	35% after deductible	30% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	35% after deductible	30% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	40% after deductible	35% after deductible	30% after deductible
Urgent care visit	\$60	\$60	\$75 after deductible
<b>Prescription drugs (up to a 30-day supply)</b>			
Most generic drugs (Tier 1)	\$20*	\$30*	20*
Most preferred brand name drugs (Tier 2)	\$40*	\$60*	\$50 after deductible*
Non-preferred drugs (Tier 3)	\$80 after deductible*	50% after deductible	50% after deductible
Specialty drugs (Tier 4)	\$350 after deductible*	50% after deductible up to \$250 maximum per 30-day prescription	50% after deductible up to \$250 maximum per 30-day prescription
<b>Whole health</b>			
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit <a href="https://kp2020.org">kp2020.org</a> for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="https://kp.org/selfcare">kp.org/selfcare</a> for more details.		

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-777-7902 (TTY 711), 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.

**KP** Offered through Kaiser Permanente

**E** Offered through the health benefit exchange

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

Benefit highlights	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>
	KP VA Silver Virtual Forward 4000 Ded	KP VA Silver 2500 Ded/Vision	KP VA Gold Virtual Forward 2500 Ded
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$4,000/\$8,000	\$2,500/\$5,000	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$8,000/\$16,000	\$9,100/\$18,200	\$4,980/\$9,960
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	Virtual care no charge; First visit in person no charge, and additional visits in person \$55 after deductible <sup>††</sup>	\$35 (waived for children under age 5)	Virtual care no charge; First visit in person no charge, and additional visits in person \$50 after deductible <sup>††</sup>
Specialty care office visit	\$75 after deductible	\$55	\$70 after deductible
Most X-rays	30% after deductible	\$85	\$50 after deductible
Most lab tests	\$75 after deductible	\$60	\$50 after deductible
MRI, CT, PET	30% after deductible	40% after deductible	\$150 after deductible
Outpatient surgery	30% after deductible	40% after deductible	\$270 after deductible
Mental health visit	Virtual care no charge; First visit in person no charge, and additional visits in person \$55 after deductible <sup>††</sup>	\$35 (individual therapy)	Virtual care no charge; First visit in person no charge, and additional visits in person \$50 after deductible <sup>††</sup>
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	40% after deductible	\$300 per day up to 3 days** after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	40% after deductible	\$300 per day up to 3 days** after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	40% after deductible	\$200 after deductible (copay waived if admitted)
Urgent care visit	\$75 after deductible	\$55	\$70 after deductible
<b>Prescription drugs (up to a 30-day supply)</b>			
Most generic drugs (Tier 1)	\$10*	\$20*	\$5*
Most preferred brand name drugs (Tier 2)	\$50 after deductible*	\$80*	\$50 after deductible*
Non-preferred drugs (Tier 3)	50% after deductible	40% after deductible	50% after deductible
Specialty drugs (Tier 4)	50% after deductible up to \$250 maximum per 30-day prescription	40% after deductible up to \$250 maximum per 30-day prescription	50% after deductible up to \$250 maximum per 30-day prescription
<b>Whole health</b>			
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit <a href="http://kp2020.org">kp2020.org</a> for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="http://kp.org/selfcare">kp.org/selfcare</a> for more details.		

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

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us at 1-800-777-7902 (TTY 711), 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.

**KP** Offered through Kaiser Permanente

**E** Offered through the health benefit exchange

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

Benefit highlights	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>	<b>KP</b> <b>E</b>
	KP VA Gold 2000 Ded/Vision	KP VA Standard Gold 1500 Ded/Vision	KP VA Gold 1250 Ded/200 RxDed/Vision
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$2,000/\$4,000	\$1,500/\$3,000	\$1,250/\$2,500
Annual out-of-pocket maximum (individual/family)	\$6,700/\$13,400	\$8,700/\$17,400	\$7,500/\$15,000
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	Same as in-person services	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$25 (waived for children under 5)	\$30	\$20 (waived for children under 5)
Specialty care office visit	\$60	\$60	\$40
Most X-rays	30% after deductible	25% after deductible	\$65
Most lab tests	30% after deductible	25% after deductible	\$30
MRI, CT, PET	30% after deductible	25% after deductible	35% after deductible
Outpatient surgery	30% after deductible	25% after deductible	35% after deductible
Mental health visit	\$25 (individual therapy)	\$30 (individual therapy)	\$20 (individual therapy)
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	25% after deductible	35% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	25% after deductible	35% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	25% after deductible	35% after deductible
Urgent care visit	\$60	\$45	\$40
<b>Prescription drugs (up to a 30-day supply)</b>			
Most generic drugs (Tier 1)	\$15*	\$15*	\$10*
Most preferred brand name drugs (Tier 2)	\$60*	\$30*	\$55 after \$200 pharmacy deductible per member*
Non-preferred drugs (Tier 3)	50% after deductible	\$60*	35% after \$200 pharmacy deductible per member
Specialty drugs (Tier 4)	50% after deductible up to \$250 maximum per 30-day prescription	\$250*	35% after \$200 pharmacy deductible per member up to \$250 maximum per 30-day prescription
<b>Whole health</b>			
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit <a href="https://kp2020.org">kp2020.org</a> for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="https://kp.org/selfcare">kp.org/selfcare</a> for more details.		

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-777-7902 (TTY 711), 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.



**KP** Offered through Kaiser Permanente  
**E** Offered through the health benefit exchange

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

Benefit highlights	<b>KP</b> <b>E</b> KP VA Gold 0 Ded/Vision	<b>KP</b> <b>E</b> KP VA Standard Platinum 0 Ded/Vision	<b>KP</b> <b>E</b> KP VA Catastrophic 9450 Ded/Vision <sup>††</sup>
	Copayment	Copayment	Deductible
Plan type			
Annual medical deductible (individual/family)	None/None	None/None	\$9,450/\$18,900
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$3,200/\$6,400	\$9,450/\$18,900
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	Same as in-person services	No charge after deductible
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$20 (waived for children under 5)	\$10	First 3 office visits no charge.*** Additional visits no charge after deductible.
Specialty care office visit	\$40	\$20	No charge after deductible
Most X-rays	\$65	\$30	No charge after deductible
Most lab tests	\$30	\$30	No charge after deductible
MRI, CT, PET	\$500	\$100	No charge after deductible
Outpatient surgery	35%	\$300	No charge after deductible
Mental health visit	\$20 (individual therapy)	\$10 (individual therapy)	First 3 office visits no charge.*** Additional visits no charge after deductible.
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35%	\$350	No charge after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	35%	\$350	No charge after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	\$500 (waived if admitted)	\$100	No charge after deductible
Urgent care visit	\$40	\$15	No charge after deductible
<b>Prescription drugs (up to a 30-day supply)</b>			
Most generic drugs (Tier 1)	\$10*	\$5*	No charge after deductible
Most preferred brand name drugs (Tier 2)	\$55*	\$10*	No charge after deductible
Non-preferred drugs (Tier 3)	35%	\$50*	No charge after deductible
Specialty drugs (Tier 4)	35% up to \$250 maximum per 30-day prescription	\$150*	No charge after deductible
<b>Whole health</b>			
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit <a href="https://kp2020.org">kp2020.org</a> for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="https://kp.org/selfcare">kp.org/selfcare</a> for more details.		

\* 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 benefit exchange in Virginia demonstrating hardship or lack of affordable coverage, may purchase a KP VA Catastrophic plan.

\*\*\* The KP VA Catastrophic plan includes three office visits at no charge before your deductible applies. Office visits include primary or outpatient mental health office visits.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-777-7902 (TTY 711), 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.

**E** Offered through the health benefit exchange

## Cost Share Reduction (CSR) Plans

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

Benefit highlights	<b>E</b> KP VA Standard Silver 5700 Ded/CSR/Vision	<b>E</b> KP VA Standard Silver 700 Ded/CSR/Vision	<b>E</b> KP VA Standard Silver 0 Ded/CSR/Vision
	Deductible	Deductible	Deductible
<b>Plan type</b>			
<b>Annual medical deductible (individual/family)</b>	\$5,700/\$11,400	\$700/\$1,400	None/None
<b>Annual out-of-pocket maximum (individual/family)</b>	\$7,200/\$14,400	\$3,000/\$6,000	\$1,800/\$3,600
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	Same as in-person services	Same as in-person services	Same as in-person services
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$40	\$20	No charge
Specialty care office visit	\$80	\$40	\$10
Most X-rays	40% after deductible	30% after deductible	25%
Most lab tests	40% after deductible	30% after deductible	25%
MRI, CT, PET	40% after deductible	30% after deductible	25%
Outpatient surgery	40% after deductible	30% after deductible	25%
Mental health visit	\$40 (individual therapy)	\$20 (individual therapy)	No charge
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	25%
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	25%
<b>Emergency and urgent care</b>			
Emergency Department visit	40% after deductible	30% after deductible	25%
Urgent care visit	\$60	\$30	\$5
<b>Prescription drugs (up to a 30-day supply)</b>			
Most generic drugs (Tier 1)	\$20*	\$10*	No charge
Most preferred brand name drugs (Tier 2)	\$40*	\$20*	\$15*
Non-preferred drugs (Tier 3)	\$80 after deductible*	\$60 after deductible*	\$50*
Specialty drugs (Tier 4)	\$350 after deductible*	\$250 after deductible*	\$150*
<b>Whole health</b>			
<b>Healthy services</b>	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit <a href="https://kp2020.org">kp2020.org</a> for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="https://kp.org/selfcare">kp.org/selfcare</a> for more details.		

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at **1-800-777-7902 (TTY 711)**, 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.

**E** Offered through the health benefit exchange

## Cost Share Reduction (CSR) Plans

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

Benefit highlights	<b>E</b> KP VA Silver 3000 Ded/CSR/Vision	<b>E</b> KP VA Silver 0 Ded/CSR-A/Vision	<b>E</b> KP VA Silver 0 Ded/CSR-B/Vision
	Deductible	Copayment	Copayment
Plan type			
Annual medical deductible (individual/family)	\$3,000/\$6,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$3,150/\$6,300	\$2,200/\$4,400
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$35 (waived for children under age 5)	\$15 (waived for children under 5)	\$5 (waived for children under 5)
Specialty care office visit	\$55	\$40	\$15
Most X-rays	\$55	\$40	\$15
Most lab tests	\$40	\$40	\$5
MRI, CT, PET	35% after deductible	30%	10%
Outpatient surgery	35% after deductible	30%	10%
Mental health visit	\$35 (individual therapy)	\$15 (individual therapy)	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30%	10%
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	30%	10%
<b>Emergency and urgent care</b>			
Emergency Department visit	35% after deductible	30%	10%
Urgent care visit	\$55	\$40	\$15
<b>Prescription drugs (up to a 30-day supply)</b>			
Most generic drugs (Tier 1)	\$25*	\$15*	\$5*
Most preferred brand name drugs (Tier 2)	\$60*	\$60*	\$10*
Non-preferred drugs (Tier 3)	35% after deductible	30%	10%
Specialty drugs (Tier 4)	35% after deductible up to \$250 maximum per 30-day prescription	30% up to \$250 maximum per 30-day prescription	10% up to \$250 maximum per 30-day prescription
<b>Whole health</b>			
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit <a href="https://kp2020.org">kp2020.org</a> for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="https://kp.org/selfcare">kp.org/selfcare</a> for more details.		

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-777-7902 (TTY 711), 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.

**E** Offered through the health benefit exchange

## Cost Share Reduction (CSR) Plans

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

Benefit highlights	<b>E</b>	<b>E</b>	<b>E</b>
	KP VA Silver Virtual Forward 2500 Ded/CSR	KP VA Silver Virtual Forward 750 Ded/CSR	KP VA Silver Virtual Forward 100 Ded/CSR
Plan type	<b>Deductible</b>	<b>Deductible</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$750/\$1,500	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$7,550/\$15,100	\$2,100/\$4,200	\$850/\$1,700
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	Virtual care no charge; First visit in person no charge, and additional visits in person \$45 after deductible <sup>††</sup>	Virtual care no charge; First visit in person no charge, and additional visits in person \$35 after deductible <sup>††</sup>	Virtual care no charge; First visit in person no charge, and additional visits in person \$25 after deductible <sup>††</sup>
Specialty care office visit	\$65 after deductible	\$55 after deductible	\$45 after deductible
Most X-rays	20% after deductible	10% after deductible	5% after deductible
Most lab tests	\$65 after deductible	\$55 after deductible	\$45 after deductible
MRI, CT, PET	20% after deductible	10% after deductible	5% after deductible
Outpatient surgery	20% after deductible	10% after deductible	5% after deductible
Mental health visit	Virtual care no charge; First visit in person no charge, and additional visits in person \$45 after deductible <sup>††</sup>	Virtual care no charge; First visit in person no charge, and additional visits in person \$35 after deductible <sup>††</sup>	Virtual care no charge; First visit in person no charge, and additional visits in person \$25 after deductible <sup>††</sup>
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	10% after deductible	5% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	10% after deductible	5% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	20% after deductible	10% after deductible	5% after deductible
Urgent care visit	\$65 after deductible	\$55 after deductible	\$45 after deductible
<b>Prescription drugs (up to a 30-day supply)</b>			
Most generic drugs (Tier 1)	\$10*	\$10*	\$3*
Most preferred brand name drugs (Tier 2)	\$50 after deductible*	\$30 after deductible*	\$20 after deductible*
Non-preferred drugs (Tier 3)	50% after deductible	20% after deductible	5% after deductible
Specialty drugs (Tier 4)	50% after deductible up to \$250 maximum per 30-day prescription	20% after deductible up to \$250 maximum per 30-day prescription	5% after deductible up to \$250 maximum per 30-day prescription
<b>Whole health</b>			
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit <a href="https://kp2020.org">kp2020.org</a> for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit <a href="https://kp.org/selfcare">kp.org/selfcare</a> for more details.		

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

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

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-777-7902 (TTY 711), 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.

# Find your rate



Apply on [buykp.org/apply](https://buykp.org/apply) to have your rate calculated automatically.

## How is your rate determined?

### Your rate is based on:

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

## Interested in a family plan?

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

Family members include:

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

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

Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

### ZIP codes for Virginia

20101-05	20175-78	22081-82	22225-27	22534-35
20108-13	20180-82	22095-96	22230	22538
20115	20184	22101-03	22240-46	22544-47
20116	20185	22106-09	22301-15	22551
20117-22	20186	22116	22320	22553-56
20124	20187	22118-19	22331-34	22565
20128	20188	22121-22	22350	22567
20129	20189-92	22124-25	22401-08	22580
20131-32	20194-97	22134-35	22412	22639
20134-37 <sup>†</sup>	20198	22150-53	22430	22642
20138	20598	22156	22443	22643
20139	22003	22158-61	22446	22720
20140	22009	22172	22448	22728
20141-43	22015	22180-83	22451	22736
20144	22025-27	22185	22463	22739
20146-49	22030-44	22191-95	22471	22960 <sup>†</sup>
20151-53	22046	22199	22481	23015
20155-56	22060	22201-07	22485	23024
20158-60	22066-67	22209-17	22508	23117 <sup>†</sup>
20163-72	22079	22219	22526	23170

<sup>†</sup> Portions of ZIP code not in service area: 20135, 22960, and 23117

# Kaiser Permanente medical facilities



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 visit [kp.org/facilities](https://kp.org/facilities) to find the one nearest you.

## Maryland

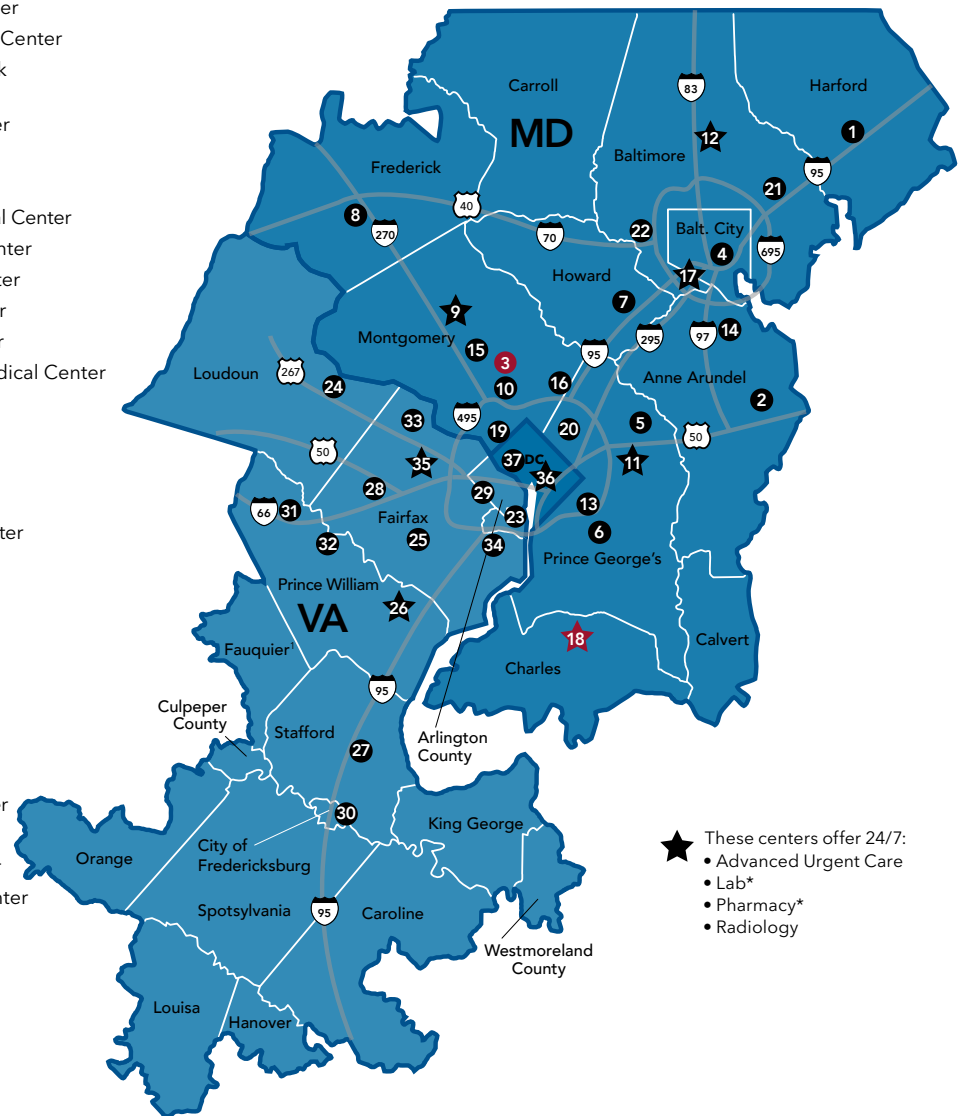
- 1 Abingdon Medical Center
- 2 Annapolis Medical Center
- 3 **FUTURE LOCATION**  
Medical Center in Aspen Hill
- 4 Kaiser Permanente Baltimore Harbor Medical Center
- 5 Bowie Fairwood Medical Center
- 6 Camp Springs Medical Center
- 7 Columbia Gateway Medical Center
- 8 Kaiser Permanente Frederick Medical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

## Virginia

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

## Washington, DC

- 33 Reston Medical Center
- 34 Springfield Medical Center
- 35 Tysons Corner Medical Center
- 36 Kaiser Permanente Capitol Hill Medical Center
- 37 Northwest DC Medical Office Building



\*Extended pharmacy hours at Gaithersburg and Lutherville-Timonium and extended lab hours at Tysons Corner.

For our most up-to-date listing of facilities and services available, please check [kp.org/facilities](https://kp.org/facilities).

Kaiser Permanente's service area in Fauquier County includes the following ZIP codes: 20115, 20116, 20117, 20119, 20128, 20137, 20138, 20139, 20140, 20144, 20181, 20184, 20185, 20186, 20187, 20188, 20198, 22406, 22556, 22639, 22642, 22643, 22720, 22728, and 22739.

# Important details and notices

Notice of insurance information practices – abbreviated version

## Virginia

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

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

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

- Authorized in writing by the individual; or
- Made to a medical care institution or medical professional for the purpose of:
  - Verifying insurance coverage or benefits, or
  - Informing an individual of a medical problem of which the individual may not be aware, or
  - Conducting an operations or services audit, provided that information is disclosed only as is reasonably necessary to accomplish the foregoing purposes; or

- Made to an insurance regulatory authority; or
- Made to a law enforcement or other government authority to protect Kaiser Permanente interests in preventing or prosecuting the perpetration of fraud upon it; or
- As permitted by applicable law.

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

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

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

# Benefits, Exclusions, and Limitations

## Medical Exclusions

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

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

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

The following services are excluded from coverage:

### 1. Alternative Medical Services

- a. Acupuncture
- b. Holistic medicine
- c. Homeopathic medicine
- d. Hypnosis
- e. Aroma therapy
- f. Massage and massage therapy
- g. Reiki therapy
- h. Herbal, vitamin or dietary products or therapies
- i. Naturopathy
- j. Thermography
- k. Orthomolecular therapy

- l. Contact reflex analysis
- m. Bioenergetic synchronization technique (BEST)
- n. Iridology-study of the iris
- o. Auditory integration therapy (AIT)
- p. Colonic irrigation
- q. Magnetic innervation therapy
- r. Electromagnetic therapy
- s. Neurofeedback/Biofeedback.

### 2. Certain Exams and Services

Physical examinations and other services:

- a. Required for obtaining or maintaining employment or participation in employee programs;
- b. Required for insurance, licensing, or disability determination; or
- c. On court-order or required for parole or probation.

### 3. Cosmetic Services

Cosmetic services, including 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. Examples of cosmetic services include but are not limited to cosmetic dermatology, cosmetic surgical services and cosmetic dental services.

### 4. Court Ordered Testing

Court ordered testing or care unless medically necessary.



## 5. Custodial Care

Custodial care means assistance with activities of daily living, such as walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking medicine, or care that can be performed safely and effectively by people who, in order to provide the care, do not require medical licenses or certificates or the presence of a supervising licensed nurse. This exclusion does not apply to custodial care received while under hospice care.

## 6. Dental Care

Dental care and dental x-rays, including dental appliances, dental implants, shortening of the mandible or maxillae for cosmetic purposes, and correction of malocclusion, dental services resulting from medical treatment such as surgery on the jawbone and radiation treatment, and any non-removable dental appliance involved in temporomandibular joint (TMJ) pain dysfunction syndrome. This exclusion does not apply to medically necessary dental care.

## 7. Disposable Supplies

Disposable supplies for home use such as bandages, gauze, tape, antiseptics, ace-type bandages.

## 8. Durable Medical Equipment,

except for equipment that we would specifically cover.

## 9. Employer or Government Responsibility

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

## 10. Experimental or Investigational Services

A service is experimental or investigational for your condition if any of the following statements apply to it at the time the service is or will be provided to you:

- a. It cannot be legally marketed in the United States without the approval of the Food and Drug Administration ("FDA") and such approval has not been granted; or
- b. It is the subject of a current new drug or new device application on file with the FDA and FDA approval has not been granted; or
- c. It is subject to the approval or review of an Institutional Review Board ("IRB") of the treating facility that approves or reviews research concerning the safety, toxicity, or efficacy of services; or
- d. It is the subject of a written protocol used by the treating facility for research, clinical trials, or other tests or studies to evaluate its safety, effectiveness, toxicity or efficacy, as evidenced in the protocol itself or in the written consent form used by the facility.

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

- a. Your medical records;
- b. The written protocols or other documents pursuant to which the service has been or will be provided;
- c. Any consent documents you or your

representative has executed or will be asked to execute, to receive the Service;

- d. The files and records of the IRB or similar body that approves or reviews research at the institution where the service has been or will be provided, and other information concerning the authority or actions of the IRB or similar body;
- e. The published authoritative medical or scientific literature regarding the service, as applied to your illness or injury; and
- f. Regulations, records, applications, and any other documents or actions issued by, filed with, or taken by, the FDA, the Office of Technology Assessment, or other agencies within the United States Department of Health and Human Services, or any state agency performing similar functions.

We will consult with our Medical Group and then use the criteria described above to decide if a particular service is experimental or investigational.

### **11. Family Members**

Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse or domestic partner, child, brother, sister, parent, in-law, or self.

### **12. Health Club Memberships and Fitness Services**

Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or

facilities used for physical fitness, even when ordered by a plan provider. This exclusion also applies to health spas.

### **13. Prosthetic and Orthotic Devices**

Prosthetics for sports or cosmetic purposes. Services and supplies for external prosthetic and orthotic devices.

### **14. Routine Foot Care Services,**

except when medically necessary.

### **15. Travel and Lodging Expenses,**

except that in some situations if a plan physician refers you to a non-plan provider outside our Service Area, we may pay certain expenses that we pre-authorize in accord with our travel and lodging guidelines; or if travel and lodging expenses are incurred as part of transplant services.

### **15. Vein Treatment**

Treatment of varicose veins or telangiectatic dermal veins, also known as spider veins, by any method including sclerotherapy or other surgeries for cosmetic purposes.

### **16. Workers' Compensation or Employer's Liability**

Services you would not have to pay for if you didn't have this Plan. This includes, but is not limited to government programs, Services during a jail or prison sentence, Services you get from workers' compensation, and Services from free clinics. If workers' compensation benefits are not available to you, this exclusion does not apply. This exclusion will apply if you get the benefits in whole or in part. This exclusion also applies whether or not you claim the benefits or compensation, and whether or not you get payments from any third party.

## Medical Limitations

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

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

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

For personal reasons, some members may refuse to accept services recommended by their plan physician for a particular condition. If you refuse to accept services recommended by your plan physician, he or she will advise you if there is no other professionally acceptable alternative. You may get a second opinion from another plan physician.

## Pharmacy Exclusions

We do not cover:

1. Drugs for which a prescription is not required by law, except for non-prescription drugs that are prescribed by a plan provider and are listed in our formulary;
2. Compounded preparations that do not contain at least one (1) ingredient requiring a prescription and are not listed in our formulary;
3. Take home drugs received from a hospital, skilled nursing facility or other similar facility;
4. Drugs that are considered to be experimental or investigational;
5. Drugs that can be obtained without a prescription or for which there is a non-prescription drug that is the identical chemical equivalent (i.e., the same active ingredient and dosage) to a prescription drug, unless otherwise prohibited by state or federal laws governing Essential Health Benefits;
6. Drugs for which the member is not legally obligated to pay or for which no charge is made;
7. Drugs or dermatological preparations, ointments, lotions and creams prescribed for cosmetic purposes including, but not limited to, drugs used to retard or reverse the effects of skin aging or to treat nail fungus or hair loss;
8. Medical foods;
9. Drugs for the palliation and management of terminal illness if they are provided by a licensed

- hospice agency to a member participating in our hospice care program;
10. Prescribed drugs and accessories that are necessary for services that we do not cover;
  11. Special packaging (e.g., blister pack, unit dose, unit-of-use packaging) that is different from our standard packaging for prescription drugs;
  12. Alternative formulations or delivery methods that are different from our standard formulation or delivery method for prescription drugs and deemed not medically necessary;
  13. Drugs and devices that are provided during a covered stay in a hospital or skilled nursing facility, or that require administration or observation by medical personnel and are provided to you in a medical office or during home visits. This includes the equipment and supplies associated with the administration of a drug;
  14. Bandages or dressings;
  15. Diabetic equipment and supplies;
  16. Growth hormone therapy (GHT) for treatment of adults age 18 or older, except when prescribed by a plan physician, pursuant to clinical guidelines for adults;
  17. Immunizations and vaccinations solely for the purpose of travel;
  18. Any prescription drug product that is therapeutically equivalent to an over-the-counter drug, upon a review and determination by the Pharmacy and Therapeutics Committee. The determination by the Pharmacy and Therapeutics Committee is subject

to appeal if the prescribing physician believes the over-the-counter therapeutically equivalent drug is inappropriate therapy for treatment of the patient's condition;

19. Drugs for weight management;
20. Drugs for treatment of sexual dysfunction disorder, such as erectile dysfunction.
21. Drugs for the treatment of infertility.

## Pharmacy Limitations

For drugs prescribed by dentists, coverage is limited to antibiotics and pain relief drugs that are included on our formulary and purchased at a plan pharmacy, unless the criteria for coverage of non-preferred brand drugs has been met.

In the event of a civil emergency or the shortage of one or more prescription drugs, we may limit availability in consultation with our emergency management department and/or our Pharmacy and Therapeutics Committee. If limited, the applicable cost share per prescription will apply. However, a member may file a claim for the difference between the cost share for a full prescription and the pro-rata cost share for the actual amount received.

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

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

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

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

1. the prescribing physician or pharmacist determines dispensing a partial supply of a prescription drug to be in the best interest of the member; and
2. the member requests or agrees to a partial supply for the purpose of synchronizing the dispensing of the member's prescription drugs.

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

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

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

For contraceptives, members may obtain up to a twelve (12)-month supply of prescription contraceptives in a single prescription, when authorized by the prescribing plan provider or a referral physician.

## Dental Exclusions

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

1. Any procedures not listed on this plan
2. Services which, in the opinion of the attending dentist, are not necessary to the member's dental health.
3. Dental procedures or services performed solely for cosmetic purposes or that is not dentally necessary and/or medically necessary; unless the member has purchased the additional cosmetic Ortho Plus Plan and services are within the benefit guidelines listed in the cosmetic Ortho Plus Plan.
4. Any dental services, or appliances, which are determined to be not reasonable and/or necessary for maintaining or improving you or your Dependent's dental health, as determined by the plan based on generally accepted dental standards of care.
5. For elective procedures, including prophylactic extraction of third molars.
6. Replacement of dentures, crowns, appliances or bridgework that have been lost, stolen or damaged.
7. Dental services provided for or paid by a federal or state government

- agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
8. Treatment required due to an accident from an external force or are intentionally self-inflicted, unless otherwise listed as covered Service.
  9. Services that restore tooth structure due to attrition, erosion or abrasion are not covered.
  10. Experimental procedures or investigational services, including any treatment, therapy, procedure or drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional standards or for which the safety and efficiency have not been determined for use in the treatment for which the item in service in question is recommended or prescribed.
  11. Procedures, appliances, or restoration to correct congenital or developmental malformations are not covered benefits.
  12. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the member became eligible for such services.
  13. Dental services that are received in an Emergency Care setting for conditions that are not emergencies if the subscriber reasonable should have known that an Emergency Care situation did not exist.
  14. Composite or ceramic brackets, lingual adaptation of Orthodontic bands and other specialized or Cosmetic alternatives to standard fixed and removable Orthodontic appliances. Invisalign services are excluded from Orthodontic benefits.
  15. Broken appointments unless specifically covered.

# Complete care to help you live a fuller, healthier life

With Kaiser Permanente, you have a trusted partner who considers your health a priority and makes it easier to get the care you need. That's why members stay with Kaiser Permanente nearly 3 times as long as other health plans.<sup>14</sup>

## Want to learn more?



Visit [kp.org/allthatisyou](https://kp.org/allthatisyou) to shop plans and get help with your health care questions.

Call **1-800-494-5314** (TTY **711**) to talk to an enrollment specialist.

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



**1.** When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. **2.** Kaiser Permanente 2022 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2022 and is used with the permission of NCQA. Quality Compass 2022 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. **3.** 2021 Annual Report, Kaiser Permanente, [about.kaiserpermanente.org/who-we-are/annual-reports/2021-annual-report](https://www.kaiserpermanente.org/who-we-are/annual-reports/2021-annual-report). **4.** NCQA's Private Health Insurance Plan Ratings 2022-2023, National Committee for Quality Assurance, 2022: Kaiser Foundation Health Plan of Colorado – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of Georgia, Inc. – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Hawaii – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. – HMO (rated 5 out of 5); Kaiser Foundation Health Plan, Inc., of Northern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of the Northwest – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Southern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of Washington – HMO (rated 4 out of 5). **5.** See note 7. **6.** Theodore R. Levin, MD, et al., "Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large, Community-Based Population," *Gastroenterology*, November 2018. **7.** Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," July 20, 2022. **8.** The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. Some classes vary by location and may require fees. **9.** Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old. **10.** Calm is the number one app for sleep, meditation, and relaxation, with over 100 million downloads and 1.5 million+ 5-star reviews. Learn more at [calm.com/blog/about](https://calm.com/blog/about). **11.** Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost. **12.** Some of these services may not be covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. **13.** 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). **14.** Kaiser Permanente internal data, 2019; "12 Trends Influencing the Future of Workplace Benefits," Aflac, 2018; U.S. Bureau of Labor Statistics, 2018.



## NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

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

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

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

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

---

## HELP IN YOUR LANGUAGE

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

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

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

**Bàsɔ̀̀ Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo:** ɔ jù ké m̀ Bàsɔ̀̀-wùdù-po-nyò jù ní, níí, à wuɖu kà kò dò po-poò béìn m̀ gbo kpáá. Đá **1-800-777-7902** (TTY: **711**)

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

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

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

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

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

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

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

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

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

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

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-777-7902** (TTY: 711) まで、お電話にてご連絡ください。

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-777-7902** (TTY: 711) 번으로 전화해 주십시오.

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

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

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

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

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  
Tumawag sa **1-800-777-7902** (TTY: 711).

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

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

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

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

# Notes

A series of horizontal dotted lines for writing notes.

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