

Care for all that is you



Experience health care designed with you in mind

You deserve high-quality care for your total health, whatever you need – from routine checkups to complex treatments to mental wellness support.

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.



Discover how we can help you stay healthy and doing what you love at kp.org/learnthebasics.



Go where you feel like your best self

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 2025

- The open enrollment period for 2025 coverage runs from **November 1, 2024**, through **January 15, 2025**.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Maryland Health Connection.
- For coverage that starts on **January 1, 2025**, we must receive your Application for health coverage no later than **December 31, 2024**.

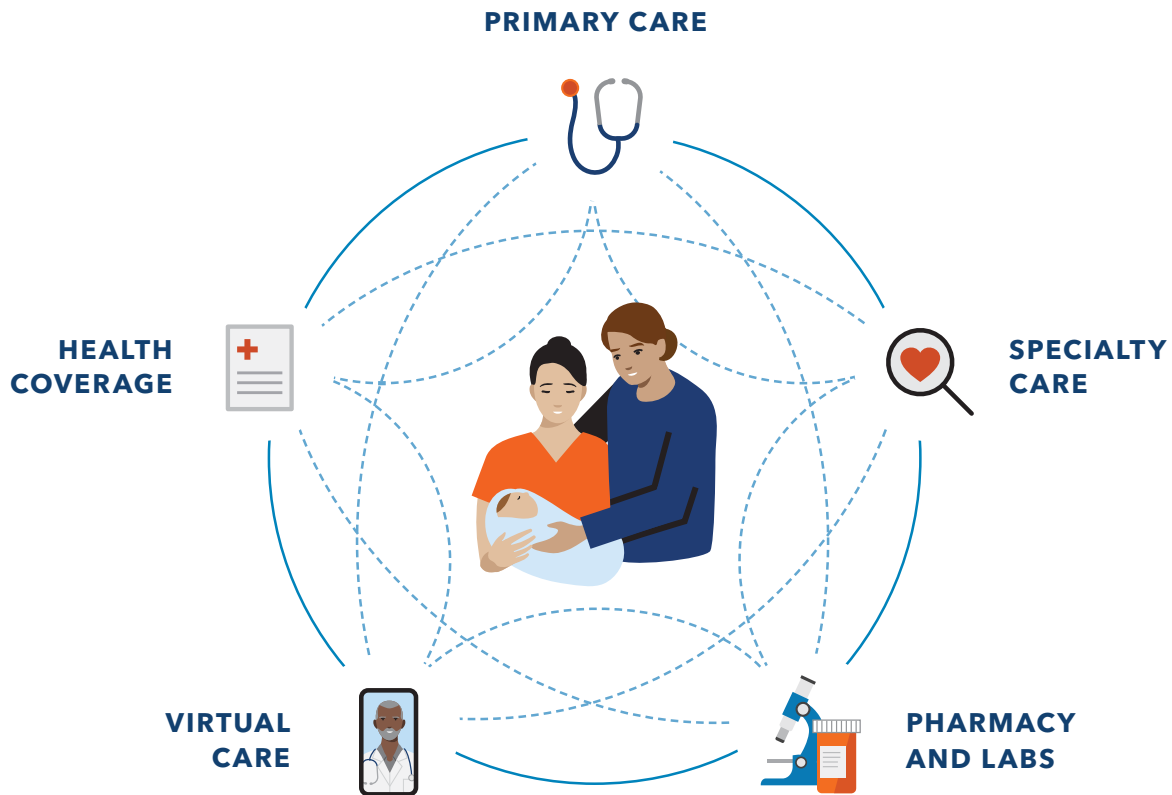
Enrolling during a special enrollment period

- 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 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**).





A different kind of care

Your health care should make your life easier – with doctors, hospitals, and health plan benefits that are all connected and focused on providing you with exceptional care.

With Kaiser Permanente, you get

Personalized care from high-quality specialists

24/7 access to care wherever you are

Predictable costs and less paperwork

Members stay with Kaiser Permanente nearly 3 times as long as other health plans.¹

Care that's **personalized**

For the you who deserves to be seen and heard

You need a doctor who understands you. Someone who'll learn your lifestyle, health risks, and goals. At Kaiser Permanente, you typically don't have to repeat yourself every time you visit the doctor. Your care team has access to your entire Kaiser Permanente medical history through your electronic health record, so they know you and your story.

You can also change your doctor anytime and choose from many clinicians who speak more than one language, so it's easy to find the perfect match for you.

“ From seeing the doctor to getting lab work, I knew exactly where to go and the flow was seamless. ”

– Kaiser Permanente member

We guide you through every step of your care



Your Kaiser Permanente health history lives in your electronic health record.



Your care team helps guide 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 world class

For the you who expects high quality

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



Explore high-quality care options for every health need at buykp.org.

We're a national leader in outcomes

We are one of the national leaders in outcomes for conditions like cancer and heart disease, and we're among the top-rated health plans in every state we serve.^{2,3,4,5,6}



Kaiser Permanente members are

33% more likely to **survive heart disease**⁵

52% more likely to **survive colorectal cancer**⁶

20% **less likely to die early** of cancer⁵

Recognized excellence in stroke and heart disease care⁷

The American Heart Association and American Stroke Association's Get With The Guidelines® program has recognized **38 of our medical centers** for commitment to excellence in the treatment of stroke or heart disease.

Quality cancer care

Kaiser Permanente Mid-Atlantic States received an accreditation with commendation from the Commission on Cancer. The accreditation recognizes that our cancer care exceeds requirements designed by the American College of Surgeons. Learn more about the Mid-Atlantic Kaiser Permanente Cancer Care Institute:

mydoctor.kaiserpermanente.org/mas/specialties-and-institutes/cancer-care.

Care that's convenient

For the you with a busy schedule

Visit kp.org or use our app to make a routine same-day or next-day appointment, or talk to a clinician 24/7 by phone or video.⁸ No matter how you connect, you'll always speak with a medical professional who can see your Kaiser Permanente health history and pick up where you left off.



More than half of members avoided a trip to the ER or urgent care by meeting a clinician for a video visit.⁹

Your health at your fingertips

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

Do more in one visit

Many of our 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.

Get Care Now with a Clinician 24/7

On-demand service with next available clinician – no appointment is needed for urgent care that can be addressed virtually.



E-visits for personalized advice in one hour or less.

Care you can count on

For the you who wants dependable service

You should always have the right care – when and where you need it. Choose the Kaiser Permanente doctors and locations that work best for you, and know your care team is connected to a national network of specialists and services.

At Kaiser Permanente, most members say they get primary care appointments as soon as they expect – or sooner.¹⁰

You can get timely, convenient service with:

- ✓ More primary care appointments
- ✓ Quick lab results
- ✓ 24/7 virtual care
- ✓ A large clinician network



See how to get care that meets you where you are at kp.org/connectedtocare.



Mail-order pharmacy

- Easy refills online, in person, or over the phone
- Most are same-day pickup
- Most prescriptions delivered to your front door¹¹
- Same-day or next-day home delivery available for an additional fee¹¹



Care while traveling

- Help with vaccinations, prescription refills, and more
- Urgent and emergency care worldwide – not just at Kaiser Permanente facilities

MinuteClinics

If you need urgent care in a state without Kaiser Permanente, go to the nearest CVS MinuteClinic®, Concentra urgent care, or urgent care facility.¹²

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 for mental health care within Kaiser Permanente. Share your concerns with anyone on your care team at any time, and they can connect you to the support you need.

- Individual or group therapy
- Health classes¹³
- Medication
- Self-care resources
- Mental wellness apps¹⁴

Not sure where to start? Talk to your personal doctor about your concerns or call us to talk with our mental health team.



Resources for your everyday wellness

Take advantage of classes, services, and programs to help you achieve your health goals.¹⁵

- Affinity Musculoskeletal Program (MSK) - Acupuncture, massage therapy, and chiropractic care
- Healthy lifestyle programs¹⁵
- Wellness coaching¹⁵
- One Pass Select™



Enjoy special deals

on fitness programs, gym memberships, and online resources.

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 – 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.

KP Plus plans – gold

KP Plus members receive high-quality, comprehensive care from Kaiser Permanente physicians. They can also choose to see any licensed provider outside Kaiser Permanente for certain covered services – with up to 10 out-of-network outpatient medical visits per year, including physician office visits, lab and radiology, as well as up to 5 out-of-network pharmacy refills. Out-of-network payments do not accrue toward in-plan deductibles or out-of-pocket maximum. This plan is offered off-exchange only.

Visit choiceproducts-midatlantic.kaiserpermanente.org/hmo-dhmo-plus/ to learn more.

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.¹⁶ 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.

Convenient and affordable dental care

Kaiser Permanente's Individual and Family dental offerings are designed for people who purchase health insurance for themselves or their families. The plans provide a range of affordable choices so that members can meet their dental needs and avoid costly procedures in the future.

Adult dental is only offered through off-exchange.

Adult dental offerings:

Kaiser Permanente Smile KPIF Dental EPO

Kaiser Permanente Smile KPIF Dental PPO Basic

Kaiser Permanente Smile KPIF Dental PPO High

Adding the OrthoPlus rider offers coverage for enhanced cosmetic orthodontic procedures.

Visit kp.org/dental/mas to learn more.

Vision Benefits

At Kaiser Permanente, each member's electronic health record connects eye care to overall care, so their primary care doctor knows when they're due for a comprehensive eye exam and can even schedule an appointment for glaucoma screening and other vision concerns. Of course, members can also be examined for eyeglasses or contact lens prescriptions – that's where Vision Essentials comes in.

Our in-house selection of stylish frames makes it easy for members to take care of both their eyewear and health needs in one trip. They can stop into Vision Essentials after seeing their dermatologist or visiting the lab – all under one roof. And whether their style is fashion-forward, sporty, or retro, we have just the right prescription.

Included in plan:

- Routine eye exams for children and adults.
- Ophthalmology services to treat eye diseases.
- Eyewear: Selected frames/lenses for children aged 19 and under at no charge. Discount off retail for adults: \$90 frames/lenses; \$25 contact lenses.

Example of your costs for care

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

Plan name	Office visit	X-ray	Most generic drugs (Tier 1)
KP MD Gold 0 Ded/150 RxDed/Vision (no deductible)	\$20	\$65	\$10*
KP MD Silver Virtual Forward 4,200 (\$4,200 deductible)	Virtual care no charge; First visit in person no charge, and additional visits in person \$45 after deductible ^{‡‡}	30% after deductible	\$20*
KP MD Bronze 7500 Ded/HSA/Vision (\$7,500 deductible)	No charge after deductible	No charge after deductible	No charge after deductible

You may qualify for federal or state financial assistance

Under health care reform, the federal or state government may provide financial assistance for many people, depending on their income.

- Financial assistance is available for premiums and out-of-pocket expenses.
- Assistance is available based on income and family size.



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



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

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

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

Understanding the plans: benefit highlights

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

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

Benefit highlights	KP E KP MD Silver 3000 Ded/700 RxDed/Vision
	KP E KP MD Silver 3000 Ded/700 RxDed/Off
Plan type	Deductible
Annual medical deductible (individual/family)	\$3,000/\$6,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$35
Specialty care office visit	\$60
Most X-rays	\$85
Most lab tests	\$60
MRI, CT, PET	50% after deductible
Outpatient surgery	40% after deductible
Mental health visit	\$35 (individual therapy)
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	40% after deductible
Emergency and urgent care	
Emergency Department visit	40% after deductible
Urgent care visit	\$60
Prescription drugs (up to a 30-day supply)	
Most generic drugs (Tier 1)	\$20*
Most preferred brand name drugs (Tier 2)	\$80*†
Non-preferred drugs (Tier 3)	40% after \$700 pharmacy deductible per member‡
Specialty drugs (Tier 4)	40% after \$700 pharmacy deductible per member up to \$150 maximum per 30 day prescription
Whole health	
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.

KP Offered through Kaiser Permanente
E Offered through the health benefit exchange, Maryland Health Connection

Annual deductible
 You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$3,000 for yourself or \$6,000 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 \$9,200 for yourself and no more than \$18,400 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 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 \$60 copay for urgent care visits, whether or not you have met your deductible.

* Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.
 † The cost of medications to treat conditions such as diabetes, HIV, or AIDS medications may be less than those shown.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Maryland Health Connection

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

Benefit highlights	KP E	KP E	KP E	KP E
	KP MD Bronze Value 9200 Ded/Vision	KP MD Bronze 7500 Ded/HSA/Vision	KP MD Bronze 6700 Ded/Vision	KP MD Silver 6000 Ded/Vision KP MD Silver 6000 Ded/Vision/Off
Plan type	Deductible	HSA-qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$9,200/\$18,400	\$7,500/\$15,000	\$6,700/\$13,400	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$7,500/\$15,000	\$9,200/\$18,400	\$8,200/\$16,400
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	Chat, Email, E-visit, Phone and Video visit: No charge after deductible	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$35	No charge after deductible	\$40	\$40
Specialty care office visit	\$100	No charge after deductible	\$50 after deductible	\$60
Most X-rays	\$150	No charge after deductible	40% after deductible	\$70
Most lab tests	\$80	No charge after deductible	40% after deductible	\$50
MRI, CT, PET	No charge after deductible	No charge after deductible	40% after deductible	35% after deductible
Outpatient surgery	No charge after deductible	No charge after deductible	40% after deductible	35% after deductible
Mental health visit	\$35 (individual therapy)	No charge after deductible	\$40 (individual therapy)	\$40 (individual therapy)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	No charge after deductible	40% after deductible	35% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	No charge after deductible	40% after deductible	35% after deductible
Emergency and urgent care				
Emergency Department visit	No charge after deductible	No charge after deductible	40% after deductible	35% after deductible
Urgent care visit	\$75	No charge after deductible	\$50 after deductible	\$60
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	\$25*	No charge after deductible	\$20*	\$30*
Most preferred brand name drugs (Tier 2)	No charge after deductible	No charge after deductible	40% after deductible [†]	\$60* [†]
Non-preferred drugs (Tier 3)	No charge after deductible	No charge after deductible	50% after deductible [†]	50% after deductible [†]
Specialty drugs (Tier 4)	No charge after deductible	No charge after deductible	50% after deductible up to \$150 maximum per 30 day prescription	50% after deductible up to \$150 maximum per 30 day prescription
Whole health				
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

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

† The cost of medications to treat conditions such as diabetes, HIV, or AIDS medications may be less than those shown. Formulary drugs dispensed at participating pharmacies covered at slightly higher cost.

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, 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. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

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E Offered through the health benefit exchange, Maryland Health Connection

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

Benefit highlights	KP E KP MD Silver Value 4500 Ded/750 RxDed/Vision KP MD Silver Value 4500 Ded/750 RxDed/Vision/ Off	KP KP MD Silver Virtual Forward 4200 Ded	KP E KP MD Silver Virtual Forward 3200 Ded KP MD Silver Virtual Forward 3200 Ded/Off	KP E KP MD Silver 3000 Ded/700 RxDed/Off
	Deductible	Deductible	Deductible	Deductible
Plan type				
Annual medical deductible (individual/family)	\$4,500/\$9,000	\$4,200/\$8,400	\$3,200/\$6,400	\$3,000/\$6,000
Annual out-of-pocket maximum (individual/family)	\$7,600/\$15,200	\$7,500/\$15,000	\$8,000/\$16,000	\$9,200/\$18,400
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$35	Virtual care no charge; First visit in person no charge, and additional visits in person \$45 after deductible ^{††}	Virtual care no charge; First visit in person no charge, and additional visits in person \$45 after deductible ^{††}	\$35
Specialty care office visit	\$100	\$65 after deductible	\$65 after deductible	\$60
Most X-rays	\$150	30% after deductible	30% after deductible	\$85
Most lab tests	\$80	\$75 after deductible	\$75 after deductible	\$60
MRI, CT, PET	\$600 after deductible	30% after deductible	30% after deductible	50% after deductible
Outpatient surgery	\$300 after deductible	30% after deductible	30% after deductible	40% after deductible
Mental health visit	\$35 (individual therapy)	Virtual care no charge; First visit in person no charge, and additional visits in person \$45 after deductible ^{††}	Virtual care no charge; First visit in person no charge, and additional visits in person \$45 after deductible ^{††}	\$35 (individual therapy)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$550 per admission after deductible	30% after deductible	30% after deductible	40% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	\$550 per admission after deductible	30% after deductible	30% after deductible	40% after deductible
Emergency and urgent care				
Emergency Department visit	\$500 after deductible (waived if admitted)	30% after deductible	30% after deductible	40% after deductible
Urgent care visit	\$75	\$65 after deductible	\$65 after deductible	\$60
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	\$25, pharmacy out-of-pocket maximum applies*	\$20*	\$10*	\$20*
Most preferred brand name drugs (Tier 2)	\$75 after \$750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies [‡]	\$50 after deductible* [†]	\$50 after deductible* [†]	\$80* [†]
Non-preferred drugs (Tier 3)	\$80 after \$750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies [‡]	50% after deductible [†]	50% after deductible [†]	40% after \$700 pharmacy deductible per member [†]
Specialty drugs (Tier 4)	\$100 after \$750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies	50% after deductible up to \$150 maximum per 30 day prescription	50% after deductible up to \$150 maximum per 30 day prescription	40% after \$700 pharmacy deductible per member up to \$150 maximum per 30 day prescription
Whole health				
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

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Benefit highlights	KP E	KP	KP	KP E
	KP MD Gold 1750 Ded/250 RxDed/Vision	KP MD Gold Plus 1700 Ded/Vision	KP MD Gold 1100 Ded/200 RxDed/Vision	KP MD Gold Value 1000 Ded/150 RxDed/Vision
Plan type	Deductible	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$1,750/\$3,500	\$1,700/\$3,400	\$1,100/\$2,200	\$1,000/\$2,000
Annual out-of-pocket maximum (individual/family)	\$6,450/\$12,900	\$8,300/\$16,600	\$6,950/\$13,900	\$6,750/\$13,500
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge ^{†††}	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge ^{†††}	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$15	\$20 ^{†††}	\$15	\$10
Specialty care office visit	\$35	\$50 ^{†††}	\$35	\$35
Most X-rays	\$70	\$65 ^{†††}	\$65	\$50
Most lab tests	\$50	\$15 ^{†††}	\$40	\$25
MRI, CT, PET	35% after deductible	\$250	\$500	\$400 after deductible
Outpatient surgery	35% after deductible	35% after deductible	25% after deductible	\$375
Mental health visit	\$15 (individual therapy)	\$20 (individual therapy) ^{†††}	\$15 (individual therapy)	\$10 (individual therapy)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	35% after deductible	25% after deductible	\$450 per admission after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	35% after deductible	25% after deductible	\$450 per admission after deductible
Emergency and urgent care				
Emergency Department visit	35% after deductible	\$300 after deductible (waived if admitted)	\$500 (waived if admitted)	\$350 after deductible (waived if admitted)
Urgent care visit	\$35	\$50 ^{†††}	\$35	\$40
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	\$15 [*]	\$10 ^{†††}	\$10 [*]	\$10, pharmacy out-of-pocket maximum applies [*]
Most preferred brand name drugs (Tier 2)	\$55 after \$250 pharmacy deductible per member [‡]	\$50 after deductible ^{*,†††}	\$55 [‡]	\$30, pharmacy out-of-pocket maximum applies [‡]
Non-preferred drugs (Tier 3)	50% after \$250 pharmacy deductible per member [‡]	\$100 after deductible ^{*,†††}	25% after \$200 pharmacy deductible per member [‡]	\$60 after \$150 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies [‡]
Specialty drugs (Tier 4)	50% after \$250 pharmacy deductible per member up to \$150 maximum per 30 day prescription	\$150 after deductible ^{*,†††}	25% after \$200 pharmacy deductible per member up to \$150 maximum per 30 day prescription	\$75 after \$150 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies
Whole health				
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

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

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

^{†††} With KP Plus, you're covered for up to 10 out-of-network outpatient medical visits per year, including physician office visits, lab, radiology and urgent care (inside service area), as well up to 5 out-of-network pharmacy refills. Out-of-network payments do not accrue toward in-plan deductibles or out-of-pocket maximum. Formulary drugs dispensed at participating pharmacies covered at slightly higher cost.

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, 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. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Maryland Health Connection

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

Benefit highlights	KP E	KP E	KP E
	KP MD Gold 0 Ded/150 RxDed/Vision	KP MD Platinum 0 Ded/Vision	KP MD Catastrophic†† 9200 Ded/Vision
Plan type	Copayment	Copayment	Deductible
Annual medical deductible (individual/family)	None/None	None/None	\$9,200/\$18,400
Annual out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$3,900/\$7,800	\$9,200/\$18,400
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	Chat, Email, E-visit, Phone and Video visit: No charge after deductible
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$20	\$15	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	\$20	No charge after deductible
Most lab tests	\$30	\$20	No charge after deductible
MRI, CT, PET	\$500	\$250	No charge after deductible
Outpatient surgery	35%	\$350	No charge after deductible
Mental health visit	\$20 (individual therapy)	\$15 (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	35%	\$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
Delivery and inpatient well-baby care	35%	\$350 per day up to 4 days**	No charge after deductible
Emergency and urgent care			
Emergency Department visit	\$500 (waived if admitted)	\$300 (waived if admitted)	No charge after deductible
Urgent care visit	\$40	\$20	No charge after deductible
Prescription drugs (up to a 30-day supply)			
Most generic drugs (Tier 1)	\$10*	\$5*	No charge after deductible
Most preferred brand name drugs (Tier 2)	\$55*†	\$35*†	No charge after deductible
Non-preferred drugs (Tier 3)	35% after \$150 pharmacy deductible per member‡	\$55*†	No charge after deductible
Specialty drugs (Tier 4)	35% after \$150 pharmacy deductible per member up to \$150 maximum per 30 day prescription	\$150*	No charge after deductible
Whole health			
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.		

* 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.

*** The KP MD Catastrophic plan includes 3 office visits at no charge before your deductible applies. Office visits include primary or outpatient mental health office visits.

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

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

Formulary drugs dispensed at participating pharmacies covered at slightly higher cost.

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E Offered through the health benefit exchange, Maryland Health Connection

Cost Share Reduction (CSR) Plans

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

Benefit highlights	E	E	E	E
	KP MD Silver Value 4500 Ded/750 RxDed/CSR/Vision	KP MD Silver Value 1000 Ded/150 RxDed/CSR/Vision	KP MD Silver Value 0 Ded/CSR/Vision	KP MD Silver 2000 Ded/CSR/Vision
Plan type	Deductible	Deductible	Copayment	Deductible
Annual medical deductible (individual/family)	\$4,500/\$9,000	\$1,000/\$2,000	None/None	\$2,000/\$4,000
Annual out-of-pocket maximum (individual/family)	\$5,850/\$11,700	\$2,550/\$5,100	\$1,850/\$3,700	\$7,250/\$14,500
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$35	\$10	\$5	\$35
Specialty care office visit	\$100	\$35	\$20	\$55
Most X-rays	\$150	\$50	\$20	\$55
Most lab tests	\$80	\$25	\$5	\$40
MRI, CT, PET	\$600 after deductible	\$350 after deductible	\$125	35% after deductible
Outpatient surgery	\$300 after deductible	\$200	\$110	35% after deductible
Mental health visit	\$35 (individual therapy)	\$10 (individual therapy)	\$5	\$35 (individual therapy)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$550 per admission after deductible	\$350 per admission after deductible	\$150 per admission	35% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	\$550 per admission after deductible	\$350 per admission after deductible	\$150 per admission	35% after deductible
Emergency and urgent care				
Emergency Department visit	\$500 after deductible (waived if admitted)	\$150 after deductible (waived if admitted)	\$75 (waived if admitted)	35% after deductible
Urgent care visit	\$75	\$30	\$15	\$55
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	\$25, pharmacy out-of-pocket maximum applies [*]	\$6, pharmacy out-of-pocket maximum applies [*]	No charge, pharmacy out-of-pocket maximum applies [*]	\$20 [*]
Most preferred brand name drugs (Tier 2)	\$75 after \$750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies [†]	\$25 after \$150 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies [†]	\$5, pharmacy out-of-pocket maximum applies ^{*,†}	\$60 ^{*,†}
Non-preferred drugs (Tier 3)	\$80 after \$750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies [†]	\$50 after \$150 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies [†]	\$15, pharmacy out-of-pocket maximum applies [†]	35% after deductible [†]
Specialty drugs (Tier 4)	\$100 after \$750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies	\$60 after \$150 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies	\$25, pharmacy out-of-pocket maximum applies [†]	35% after deductible up to \$150 maximum per 30 day prescription
Whole health				
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.			

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

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

Formulary drugs dispensed at participating pharmacies covered at slightly higher cost.

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, 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. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

E Offered through the health benefit exchange, Maryland Health Connection

Cost Share Reduction (CSR) Plans

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

Benefit highlights	E	E	E
	KP MD Silver 0 Ded/CSR-B/Vision	KP MD Silver 0 Ded/CSR-A/Vision	KP MD Silver Virtual Forward 2000 Ded/CSR
Plan type	Copayment	Copayment	Deductible
Annual medical deductible (individual/family)	None/None	None/None	\$2,000/\$4,000
Annual out-of-pocket maximum (individual/family)	\$3,050/\$6,100	\$1,750/\$3,500	\$7,350/\$14,700
Benefits			
Virtual care			
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$15	No charge	Virtual care no charge; First visit in person no charge, and additional visits in person \$45 after deductible ^{††}
Specialty care office visit	\$40	\$15	\$65 after deductible
Most X-rays	\$40	\$15	20% after deductible
Most lab tests	\$40	\$5	\$65 after deductible
MRI, CT, PET	35%	20%	20% after deductible
Outpatient surgery	35%	20%	20% after deductible
Mental health visit	\$15 (individual therapy)	No charge	Virtual care no charge; First visit in person no charge, and additional visits in person \$45 after deductible ^{††}
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35%	20%	20% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	35%	20%	20% after deductible
Emergency and urgent care			
Emergency Department visit	35%	20%	20% after deductible
Urgent care visit	\$40	\$15	\$65 after deductible
Prescription drugs (up to a 30-day supply)			
Most generic drugs (Tier 1)	\$15*	No charge	\$10*
Most preferred brand name drugs (Tier 2)	\$60 ^{††}	\$15*	\$50 after deductible ^{††}
Non-preferred drugs (Tier 3)	35% [†]	20% [†]	50% after deductible [†]
Specialty drugs (Tier 4)	35% up to \$150 maximum per 30 day prescription	20% up to \$150 maximum per 30 day prescription	50% after deductible up to \$150 maximum per 30 day prescription
Whole health			
Healthy services	Vision exams are included with your plan. Visit our Optical Centers for your glasses & contacts. Visit kp2020.org for more information. Explore our broad range of self-care resources designed to help you thrive in mind, body, and spirit. Visit kp.org/selfcare for more details.		

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

† The cost of medications to treat conditions such as diabetes, HIV, or AIDS medications may be less than those shown. Formulary drugs dispensed at participating pharmacies covered at slightly higher cost.

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, 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. The out-of-pocket maximum includes the annual deductible. Most copays and coinsurance contribute to the out-of-pocket maximum.

E Offered through the health benefit exchange,
Maryland Health Connection

Cost Share Reduction (CSR) Plans

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

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

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

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

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

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Find your rate



Apply on buykp.org 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 or call us at **1-800-494-5314** (TTY **711**) to see if you may qualify.
- If you add an optional dental rider for family members 19 and older

Interested in a family plan?

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

Family members include:

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

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

Additional financial assistance for some young adults

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

Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494 5314** (TTY **711**) for information on other rate areas.

ZIP codes for Maryland

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

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

Benefits, Exclusions, and Limitations

Medical Exclusions

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

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

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

The following services are excluded from coverage:

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

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

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

Medical Limitations

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

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

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

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

Pharmacy Exclusions

Except as specifically covered, the Health Plan does not cover:

1. Weight management drugs solely for treatment of or prescribed for increasing or decreasing body weight;;

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

Pharmacy Limitations

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

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

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

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

1. The prescriber or pharmacist determines dispensing a partial supply of a prescription drug to be in the best interest of the member;
2. The prescription drug is anticipated to be required for more than three (3) months;

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 in a single prescription, when authorized by the prescribing plan provider or by a dentist or a referral physician. This does not apply to the first prescription or change in a prescription. The day supply is based on:

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

Except for prescription drugs to treat diabetes, human immunodeficiency virus (HIV), or acquired immunodeficiency syndrome (AIDS), if a drug meets the criteria for a Specialty Drug, then the Member's cost for the drug will not exceed \$150 for a thirty (30)-day supply, in accordance with §15-847 of the Insurance Article. For all insulin, the Member's cost will not exceed \$30 for a 30-day supply, regardless of the amount or type of insulin, in accordance with §15-822.1 of the Insurance Article.

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

Dental Exclusions

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

1. 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 unless otherwise listed as a covered service.
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.

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 to find the one nearest you.¹⁷

Maryland

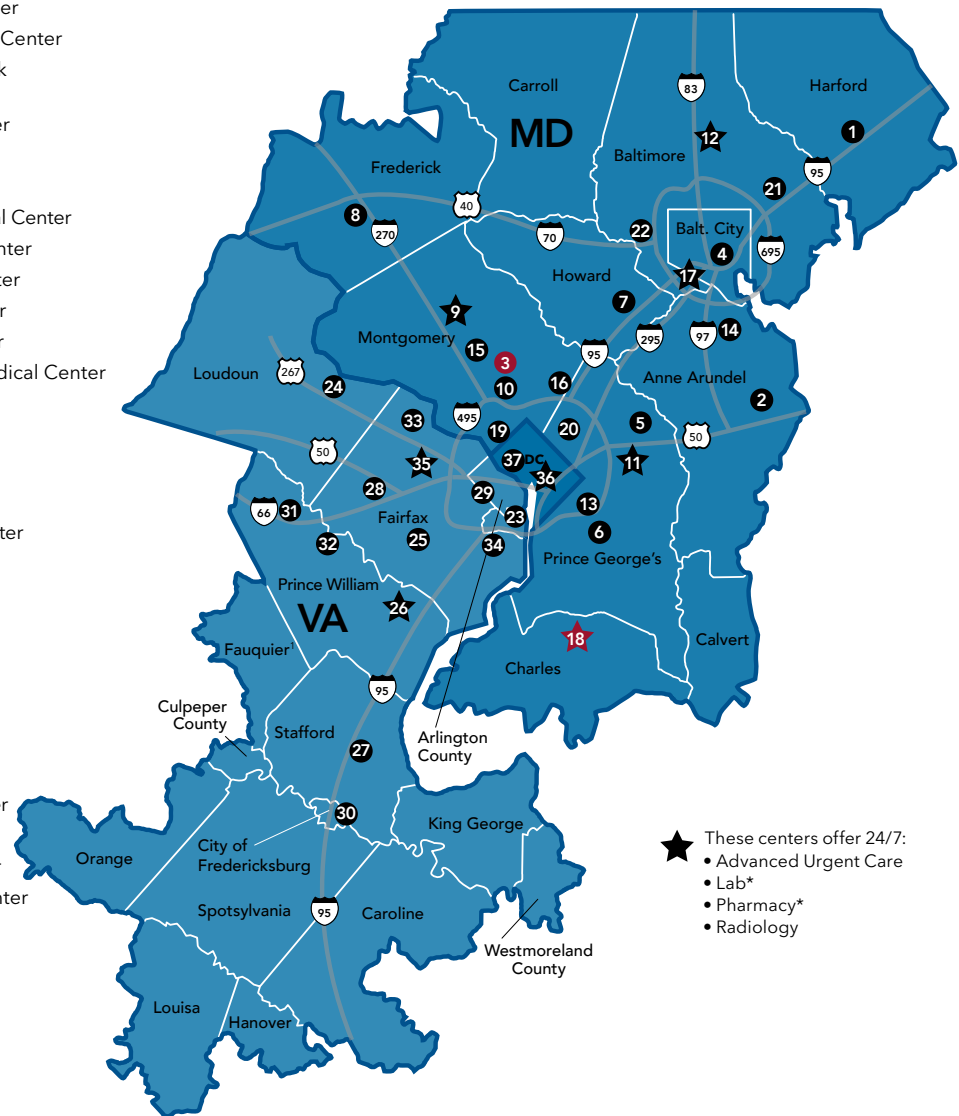
- 1 Abingdon Medical Center
- 2 Annapolis Medical Center
- 3 **FUTURE LOCATION**
Medical Center in Aspen Hill
- 4 Kaiser Permanente Baltimore Harbor Medical Center
- 5 Bowie Fairwood Medical Center
- 6 Camp Springs Medical Center
- 7 Columbia Gateway Medical Center
- 8 Kaiser Permanente Frederick Medical 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.

¹⁷Kaiser 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.

Complete care to help you live a fuller, healthier life

With Kaiser Permanente, our trusted care teams coordinate and personalize your care – so you can spend more time doing what you love.

Have questions about your plan options?



Visit buykp.org to get started.

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, 7:30 a.m. to 9 p.m. (except holidays).



1. Kaiser Permanente internal data, 2020; Hanming Fang, PhD, et al., "Trends in Disenrollment and Reenrollment Within US Commercial Health Insurance Plans, 2006-2018," *JAMA Network*, February 24, 2022. 2. Kaiser Permanente 2023 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 2023 and is used with the permission of NCQA. Quality Compass 2023 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. 2022 Annual Report, Kaiser Permanente, [about.kaiserpermanente.org/who-we-are/annual-reports/2022-annual-report](https://www.kaiserpermanente.org/who-we-are/annual-reports/2022-annual-report). 4. NCQA's Private Health Insurance Plan Ratings 2023-2024, National Committee for Quality Assurance, 2023: 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. Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," Kaiser Permanente, July 20, 2022. 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. American Heart Association and American Stroke Association, July 11, 2024. 8. 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. 9. Kaiser Permanente GCN Post-Visit Survey of 60,945 members, 2023. 10. Kaiser Permanente National Market Research, November 2023. 11. Not all prescriptions can be mailed, restrictions may apply. Please check with your local pharmacy. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescription delivery. 12. If you get care at a CVS MinuteClinic® or Concentra urgent care, you'll be charged your standard copay or coinsurance. 13. Some classes may require a fee. 14. 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. 15. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. 16. 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). 17. Maps and facilities are subject to change.

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

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

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, orụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-777-7902 (TTY: 711)**.

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

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

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

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee 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)**.

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.