Your NEW

Signature

member guide

Good things are inside
Welcome to Kaiser Permanente!

We’re glad you’ve chosen us to be your partner in good health.

This handbook will walk you through important features of your Kaiser Permanente plan.

To begin taking an active part in your health as a Kaiser Permanente member, follow “Four simple steps to get started.”

This handbook contains a brief description of the features of the Kaiser Permanente Signature HMO plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the Evidence of Coverage (EOC), or, if you are a federal member, your RI 73-047. If there are any discrepancies between this handbook and the benefits detailed in the EOC or RI 73-047, the EOC or RI 73-047 will prevail.
TABLE OF CONTENTS

Tab 1: Four simple steps to get started

Tab 2: Information at a glance

• Service area map and locations listing
• What type of care do you need and when?
• Important phone numbers to know

Tab 3: About Kaiser Permanente medical centers

Tab 4: Begin using your plan

• Your Kaiser Permanente member identification (ID) card
• Understanding your benefits
• Your physician network
• Primary care physician (PCP)
• Obstetrician/gynecologist (ob/gyn)
• Choosing and changing your doctor(s)
• Scheduling appointments
• Notification of physician changes

Tab 5: Referrals and preauthorization

• Self-referrals
• Referrals to specialists
• Getting approval for specialty care
• If you have a referral from an affiliated doctor
• If your preauthorization request is denied
Tab 6: Care and services

- Preventive care
- Behavioral health services
- Vision care
- Dental care
- Urgent care
- Kaiser Permanente facilities
- 24-hour medical advice
- Hospital care
- Emergency care
- Maternity care
- Lab tests and results
- X-ray and other services
- Out-of-area care

Tab 7: Pharmacy and prescriptions

- Kaiser Permanente pharmacies
- Drug formulary
- Participating pharmacies
- Transferring a prescription

Tab 8: Claims, costs, and payments

- Claims
- Your share of costs

Tab 9: Other information about your plan

- Help managing your ongoing health conditions
- Healthy Living workshops
- Do you have coverage from another plan, too?
FOUR SIMPLE STEPS TO GET STARTED

1. **Choose your primary care doctor.**

Choose your doctor through [kp.org/doctor](http://kp.org/doctor). You may also call a Member Services representative if you need help making a decision or prefer to make your selection over the phone. You can change your physician at any time, for any reason.

Member Services
Toll-free: **800-777-7902 (TTY 711)**

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

Read about our doctors on [kp.org/doctor](http://kp.org/doctor), including where they went to school, what specialty training they’ve had, and what other languages they speak—you can even read about their hobbies.

2. **Register for secure access to kp.org, where you can make routine appointments, check most lab results, and order prescription refills.**

With your Kaiser Permanente identification card handy, go to [kp.org/register](http://kp.org/register) to set up your user ID and password. Once you’ve registered, you’ll have around-the-clock access to the time-saving features of My Health Manager on your computer, smartphone, or tablet. Download the app from the App Store℠ or Google Play™.¹

¹App Store is a service mark of Apple, Inc., and Google Play is a trademark of Google, Inc.

Services offered by My Health Manager on [kp.org](http://kp.org) are available only when receiving care and services at Kaiser Permanente facilities.
3. Make an appointment.

Schedule your first routine appointment with your primary care physician at kp.org/appointments after you’ve registered on kp.org. You can also schedule routine appointments using the app if you’ve downloaded it from the App Store℠ or Google Play™. If you want to schedule your appointment by phone, call the appointment line.

Appointment line
Toll-free: 800-777-7904 (TTY 711)
24 hours a day, seven days a week

4. Transfer your prescriptions.

To transfer a prescription from a non-Kaiser Permanente pharmacy, choose a Kaiser Permanente pharmacy from tab 7, and call with the following information on hand:

- Your name and medical record number (on your ID card)
- The name and telephone number of your current pharmacy
- The name of the prescribed medication
- The prescription number of the prescribed medication (on your prescription bottle)
- The name and phone number of your prescribing physician
Information at a glance
Service area map and locations listing
Maryland
1 Annapolis
2 Anne Arundel Medical Center H
3 Camp Springs UC, BH
4 City Plaza
5 Columbia Gateway BH
6 Kaiser Permanente Frederick BH
7 Gaithersburg 24/7
8 Greater Baltimore Medical Center H
9 Holy Cross Hospital H
10 Holy Cross Germantown Hospital H
11 Kensington UC
12 Largo 24/7, BH
13 Marlow Heights BH
14 Prince George’s BH
15 Severna Park
16 Shady Grove
17 Sibley Memorial Hospital H
18 Silver Spring
19 South Baltimore County 24/7
20 St. Agnes Hospital H
21 Suburban Hospital H
22 Summit Behavioral Health Center BH
23 Towson
24 White Marsh UC, BH
25 Woodlawn BH

Virginia
26 Ashburn BH
27 Burke BH
28 Fair Oaks
29 Falls Church
30 Fredericksburg (not available for Medicare Plus enrollees) BH
31 Manassas BH
32 Reston UC
33 Reston Hospital Center H
34 Springfield
35 Stafford Hospital H
36 Tysons Corner 24/7
37 Virginia Hospital Center H
38 Woodbridge UC, BH

Washington, D.C.
39 Kaiser Permanente Capitol Hill 24/7
40 Children’s National Medical Center H
41 Northwest D.C. Medical Office Building BH
42 Washington Hospital Center H

Medical center
Hospital
Medical center with non-24/7 urgent care available
Medical center with 24/7 urgent care available
Behavioral health center

UC: Medical center with urgent care available
24/7: Urgent care, pharmacy, laboratory, and radiology available 24 hours a day, 7 days a week
H: Premier hospital partners
BH: Behavioral health center

Hospitals are independently owned and operated and are not affiliated entities of Kaiser Permanente.
<table>
<thead>
<tr>
<th>What type of care do you need and when?</th>
<th>Routine nonurgent care</th>
<th>Other nonurgent care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is it for?</strong></td>
<td>An expected care need, like recommended preventive screening or a visit for a health issue currently being treated.</td>
<td>A new health concern or a change in an existing health condition that is not an urgent care need.</td>
</tr>
</tbody>
</table>
| **What should you know?**              | Examples of routine nonurgent care needs include:  
- Physical exams  
- Pre-travel exams  
- Pap tests  
- Well-child check-ups  
- Medication check-ups  
- Follow-up visits  
You can schedule an appointment online with your primary care physician or ob/gyn. If your doctor isn’t available at a time that works for you, call to request an appointment with another physician. | Examples of nonurgent care needs include:  
- Trouble sleeping  
- General digestion problems  
- Gradual skin changes  
- Joint stiffness  
- Ongoing anxiety issues  
- Weight loss or gain  
You can schedule an appointment online with your primary care physician or ob/gyn. If your doctor isn’t available at a time that works for you, call to request an appointment with another physician. |
| **What do you do?**                    | Make an appointment:  
Online through My Health Manager at kp.org  
By phone at 800-777-7904 (TTY 711) | Make an appointment:  
Online through My Health Manager at kp.org  
By phone at 800-777-7904 (TTY 711) |

For appointments with affiliated physicians, see page 12.
<table>
<thead>
<tr>
<th>Urgent care</th>
<th>Emergency care</th>
</tr>
</thead>
<tbody>
<tr>
<td>An illness or injury that requires prompt medical attention, but is not an emergency medical condition.</td>
<td>A medical or psychiatric condition that requires immediate medical attention to prevent serious jeopardy to your health.*</td>
</tr>
<tr>
<td>Examples of urgent care needs include:</td>
<td>Symptoms that may indicate an emergency medical condition include:</td>
</tr>
<tr>
<td>• Minor injuries</td>
<td>• Chest pain or pressure that may radiate to the arm, neck, back, shoulder, jaw, or wrist</td>
</tr>
<tr>
<td>• Sore throats and upper respiratory symptoms</td>
<td>• Sudden onset of severe abdominal pain</td>
</tr>
<tr>
<td>• Earaches</td>
<td>• Severe shortness of breath</td>
</tr>
<tr>
<td>• Sprains</td>
<td>• Sudden decrease in or loss of consciousness</td>
</tr>
<tr>
<td>• Backaches</td>
<td>• Sudden inability to talk or to move one side of the body or sudden slurred speech</td>
</tr>
<tr>
<td>• Frequent urination or burning sensation when urinating</td>
<td>• Severe, persistent bleeding that cannot be stopped</td>
</tr>
<tr>
<td>An urgent care need may also include situations where you are experiencing new or worsening symptoms, or have concerns about your medication.</td>
<td>• Major injuries like gunshot or stab wounds, or severe injuries from a vehicle accident</td>
</tr>
<tr>
<td>Call the 24/7 medical advice line at 800-777-7904 (TTY 711), and an advice nurse will direct you to the best place to seek care.</td>
<td>Call 911 or go to the nearest hospital.</td>
</tr>
</tbody>
</table>

*Please refer to tab 6 under “Emergency care” for the definition of emergency care.
<table>
<thead>
<tr>
<th>Services</th>
<th>Contact</th>
<th>Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical advice</td>
<td>800-777-7904 (TTY 711)</td>
<td>24 hours a day/seven days a week</td>
</tr>
<tr>
<td>Urgent care appointments</td>
<td>800-777-7904 (TTY 711)</td>
<td>24 hours a day/seven days a week</td>
</tr>
<tr>
<td>Appointments for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care</td>
<td></td>
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<tr>
<td>Obstetrics/gynecology</td>
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</tr>
<tr>
<td>Specialty care</td>
<td>Kaiser Permanente facilities: 800-777-7904 (TTY 711)</td>
<td>24 hours a day/seven days a week</td>
</tr>
<tr>
<td>Vision care</td>
<td>If you have an affiliated physician, contact your doctor’s office directly.</td>
<td>Ask your doctor’s office for business hours and add them to the notes section of this book for future reference.</td>
</tr>
<tr>
<td>Member Services</td>
<td>800-777-7902 (TTY 711)</td>
<td>Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays)</td>
</tr>
<tr>
<td>Emergency care</td>
<td>If you think you’re experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility anytime, day or night. Unsure if you’re experiencing an emergency? Call 800-677-1112 (TTY 711).</td>
<td>24 hours a day/seven days a week</td>
</tr>
<tr>
<td>Services</td>
<td>Contact</td>
<td>Availability</td>
</tr>
<tr>
<td>----------------------------------------------</td>
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<td>----------------------------------------------------------------</td>
</tr>
<tr>
<td>Behavioral health/chemical dependency</td>
<td>866-530-8778 (TTY 711)</td>
<td>Monday through Friday, 8:30 a.m. to 5 p.m. (except holidays)</td>
</tr>
<tr>
<td>Pharmacy services</td>
<td>800-700-1479 (TTY 711)</td>
<td>24 hours a day/seven days a week (only at Kaiser Permanente medical centers with 24-hour pharmacy services)</td>
</tr>
<tr>
<td>Preauthorization (approval for specialty services and/or supplies)</td>
<td>800-777-7902 (TTY 711)</td>
<td>Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays)</td>
</tr>
<tr>
<td>Disease management program</td>
<td>Washington, D.C. metropolitan calling area: 703-536-1465 (TTY 711)</td>
<td>Leave a message 24 hours a day/seven days a week</td>
</tr>
<tr>
<td></td>
<td>Baltimore metropolitan calling area: 410-933-7739 (TTY 711)</td>
<td>Leave your name, medical record number, address, and the condition for which you are requesting information.</td>
</tr>
</tbody>
</table>
ABOUT KAISER PERMANENTE MEDICAL CENTERS

Care and coverage together

All 29 medical centers offer

- Primary care
- Pharmacy
- Lab
- Radiology

More than 50 subspecialties offered, including

- Allergy
- Ambulatory surgery services
- Cardiology
- Dermatology
- Ear, nose, and throat
- General surgery
Many medical centers offer:

- Obstetrics/gynecology
- Pediatrics
- Mammography
- Behavioral health
- Urgent care open 24/7 at five locations

Other services include:

- Nutrition
- Occupational therapy
- Oncology
- Pain management
- Outpatient procedures
- Physical therapy
- Speech therapy
- Vision care
- Orthopedics
- Podiatry
Begin using your plan

Your Kaiser Permanente member identification (ID) card
Your member ID card is issued to you, and only you may use it.*

Keep your ID card with you at all times—you’ll need it to make appointments and receive medical services. If you lose your ID card, call Member Services or go to My Health Manager on kp.org to request a replacement. You will be asked to show a valid, government-issued photo ID in addition to your member ID card when you check in for an appointment at a Kaiser Permanente facility. If you have not received your member ID card, your valid, government-issued ID can serve as a temporary ID card.

Understanding your benefits
It’s important that you learn about your plan’s specific benefits, limitations, and exclusions. Refer to your Evidence of Coverage (EOC), or, if you are a federal member, your current RI 73-047 brochure. You can also call Member Services at 800-777-7902 (TTY 711), contact the benefits administrator where you work, or visit My Health Manager on kp.org for information.

Your physician network
A physician network is a group of doctors and other providers who are contracted to give health care services to plan members. Your network includes more than 1,100 physicians in the Mid-Atlantic Permanente Medical Group, P.C. (Permanente physicians), who practice in Kaiser Permanente medical centers. Your network also includes affiliated physicians who do not practice in Kaiser Permanente medical centers, but are available in areas where a medical center may not be convenient. Refer to kp.org/doctor for a list of network physicians.

Primary care physician (PCP)
Meet with your PCP as soon as you can for a baseline checkup. Together, you can create the healthiest life possible. Your PCP will ensure that you get consistent, personalized care. Each family member in your plan can select his or her own PCP. You can also choose a family practitioner who cares for your entire family.

*Letting another person use your ID card for care is considered fraud, and can result in your coverage being terminated.
Obstetrician/gynecologist (ob/gyn)
Women should choose an ob/gyn in addition to their PCP. The ob/gyn is a woman’s personal physician who coordinates women’s health care needs while communicating with the PCP, providing consistent, personalized care. No referrals are necessary when making an appointment with an ob/gyn.

Choosing and changing your doctor(s)
Choose or change your doctor through kp.org/doctor. You may also call a Member Services representative if you need help making a decision or prefer to make your selection over the phone. You can change your physician at any time, for any reason.

Member Services
Toll-free: 800-777-7902 (TTY 711)
Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays)
Read about our doctors on kp.org/doctor, including where they went to school, what specialty training they’ve had, and what other languages they speak—you can even read about their hobbies.

Scheduling appointments
To schedule an appointment with a Permanente physician:
- Register to use My Health Manager on kp.org/register, then make, change, or cancel routine appointments 24 hours a day, seven days a week, online or on your smartphone or tablet if you’ve downloaded the app from the App Store or Google Play, or
- Have your ID card ready and call the Kaiser Permanente appointment line at 800-777-7904 (TTY 711), 24 hours a day, seven days a week.
If your PCP or ob/gyn is not available at the time or date you request, you can choose another date or get an appointment with another doctor on your PCP’s or ob/gyn’s team.
If your doctor is an affiliated provider who does not practice in a Kaiser Permanente medical center, call his or her office directly to make an appointment.

Notification of physician changes
If your PCP or ob/gyn leaves our network or changes office locations, we will mail you a letter explaining the change and when the change is effective. Typically, another physician will be named to take your doctor’s patients. However, if you would like to make your own selection, you may do so at any time. If your physician is just moving to another location, you may choose to continue seeing him or her at the new location.
Referrals and preauthorization

Self-referrals
You may access certain specialties without first obtaining a referral from your PCP. These include:

- Obstetrics/gynecology
- Behavioral health—initial consultation (except inpatient care)
- Vision care (except ophthalmology)
- Emergency services (anywhere in the world)
- Urgent care services (in and out of the service area)

Referrals to specialists
You and your primary care physician (PCP) will talk about specialty care, if necessary. Usually, you will be referred to a network specialist for your care. However, if you need services that are not available in the network, your doctor may refer you to an out-of-network specialist for care.

If you require specialty care, the following process will happen:

- A referral will be issued by your PCP. If you have a Permanente PCP, he or she will electronically submit the referral for specialty care for you.
- The referral will be reviewed to determine if the specialty care is medically necessary and to make sure services are provided by the right type of provider at the safest level of care.
- You and your doctor will be notified of the referral’s status through a letter sent in the mail, and if you are registered on kp.org, online through My Health Manager.

This process of referral and review is called “preauthorization.” Your referral for specialty care must be preauthorized.

If you are authorized to see an out-of-network specialist, you will pay the same amount you would pay if a network specialist provided the services and/or supplies.
Permanente primary care physician referrals

Specialty consultations are easily arranged if you have a Permanente PCP, because Permanente physicians practice together in Kaiser Permanente medical centers. In many cases, your PCP can schedule a specialty appointment for you while you are both in the exam room. Often, it’s even possible to get an appointment for the same day, in the same building.

If you have a referral from an affiliated doctor

You are responsible for getting preauthorization from the Kaiser Permanente Utilization Management Department by calling Member Services at 800-777-7902 (TTY 711), Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).

To determine if a service or procedure requires preauthorization, please call a Member Services representative.

If your preauthorization request is denied

You have the right to file an appeal if you disagree with the health plan’s decision not to authorize medical, surgical, or behavioral health services, or drugs and devices. Appeal rights and detailed instructions are included with your EOC or, if you are a federal member, your RI-73-047.
Preventive care

Your plan covers a preventive health services package at $0 copay. Preventive services include routine health assessments, well-child visits, and certain screenings and tests. There’s no reason to postpone getting the important preventive health checkups and screenings you need. For a list of covered preventive health services, please refer to your EOC or, if you are a federal member, your RI 73-047 brochure.

Preventive care is an important part of catching potential health problems early. However, keep in mind that when you come in for a preventive care service, you may receive other types of service, too. For example, during a routine health assessment, your doctor might find a mole that needs to be removed for testing. Because the mole removal and testing are not part of the preventive screening, you will need to pay your share of the cost for these services. In most cases, you will receive a bill in the mail for any additional services you received during a preventive care visit.

Behavioral health services

You can seek initial consultation for outpatient treatment for mental illness, emotional disorders, drug abuse, and alcohol abuse from Kaiser Permanente behavioral health professionals without a referral from your PCP.

You must contact the Behavioral Health Access Unit at 866-530-8778 (TTY 711) to schedule covered services. Our representatives will assist you in arranging for these services.

Preauthorization (approval) is required for inpatient behavioral health hospital care. Call the Behavioral Health Access Unit at the number above to begin the preauthorization process. If you go to an emergency room due to a behavioral health emergency and it is determined that you need to be admitted, the hospital or an authorized representative can call to obtain preauthorization on your behalf.
Vision care

You may access optometry services such as routine eye exams, glaucoma screenings, and cataract screenings without a referral from your PCP. You will need a referral to obtain care from an ophthalmologist.

Many Kaiser Permanente medical centers have a vision center where you can have exams and purchase quality eyewear and contact lenses. To locate a medical center with vision care services, visit kp.org/facilities.

For information about coverage and limitations:

- Call Member Services at 800-777-7902 (TTY 711), Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).
- Contact the benefits officer where you work.
- Refer to your EOC, or, if you are a federal member, your RI 73-047 brochure.
- Register at kp.org and read a summary of your benefits online through My Health Manager.

Dental care

Accidental dental care

Included

Preventive dental care

May or may not be included

For information about coverage and limitations:

- Call Member Services at 800-777-7902 (TTY 711), Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).
- Contact the benefits officer where you work.
- Refer to your EOC, or, if you are a federal member, your RI 73-047 brochure.
- Register at kp.org and read a summary of your benefits online through My Health Manager.
**Urgent care**

Urgent care services can be found in many Kaiser Permanente medical centers. They give you a convenient destination for care when you need it right away and the situation is urgent, but isn’t an emergency, such as when you have a high fever or a sudden onset of unusual symptoms.

If you think you need urgent care, call the medical advice line at **800-777-7904 (TTY 711)**, 24 hours a day, seven days a week, to speak with a medical advice nurse who can direct you to the best location for care.

**Kaiser Permanente facilities**

During weekends, in the middle of the night, and on holidays, you may receive urgent care at one of the following centers:

### District of Columbia

**Kaiser Permanente Capitol Hill Medical Center**  
700 Second Street, NE  
Washington, DC 20002  
Hours: 24 hours a day, 7 days a week including holidays

### Maryland

**Camp Springs Medical Center**  
6104 Old Branch Avenue  
Temple Hills, MD 20748  
Hours: 5:30–10 p.m. M–F  
9 a.m.–5 p.m. Sa, Su, holidays

**Gaithersburg Medical Center**  
655 Watkins Mill Road  
Gaithersburg, MD 20879  
Hours: 24 hours a day, 7 days a week including holidays

**Kensington Medical Center**  
10810 Connecticut Avenue  
Kensington, MD 20895  
Hours: 5:30–10 p.m. M–F  
9 a.m.–5 p.m. Sa, Su, holidays

**Largo Medical Center**  
1221 Mercantile Lane  
Largo, MD 20774  
Hours: 24 hours a day, 7 days a week including holidays

**South Baltimore County Medical Center**  
1701 Twin Springs Road  
Halethorpe, MD 21227  
Hours: 24 hours a day, 7 days a week including holidays

**White Marsh Medical Center**  
4920 Campbell Boulevard  
Nottingham, MD 21236  
Hours: 5 p.m.–1:30 a.m. M–F  
8:30 a.m.–5 p.m. Sa, Su  
Holiday hours: 8:30 a.m.–11 p.m. M–F  
8:30 a.m.–5 p.m. Sa, Su
### Virginia

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reston Medical Center</strong></td>
<td>1890 Metro Center Drive, Reston, VA 20190</td>
<td>5 p.m.–1 a.m. M–F, 9 a.m.–9 p.m. Sa, Su, holidays</td>
</tr>
<tr>
<td><strong>Tysons Corner Medical Center</strong></td>
<td>8008 Westpark Drive, McLean, VA 22102</td>
<td>24 hours a day, 7 days a week including holidays</td>
</tr>
<tr>
<td><strong>Woodbridge Medical Center</strong></td>
<td>14139 Potomac Mills Road, Woodbridge, VA 22192</td>
<td>2 p.m.–8:30 a.m. M–F, 24 hours Sa, Su, holidays</td>
</tr>
</tbody>
</table>

### Non-Kaiser Permanente facilities

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Winding Cross Urgent Care of Frederick</strong></td>
<td>5930 Frederick Crossing Lane, Frederick, MD 21704</td>
<td>10 a.m.–9 p.m. M–F, 10 a.m.–6 p.m. Saturday, 9 a.m.–4 p.m. Sunday</td>
</tr>
</tbody>
</table>

If you believe you are experiencing a medical emergency, please go to the nearest hospital or dial 911.

Facility addresses, telephone numbers, and hours of operation are subject to change. The continued availability and/or participation of any facility cannot be guaranteed.

Not all services are available at each medical center or site. Kaiser Permanente reserves the right to relocate services. For the most up-to-date information, visit [kp.org](http://kp.org).

You are covered for urgent and emergency illness or injury anywhere in the world.
24-hour medical advice
Whenever you need medical advice, specially trained, local Kaiser Permanente nurses are on call 24 hours per day, seven days per week (including holidays), on our medical advice line. No matter where your doctor practices, Kaiser Permanente advice nurses can help you.

To speak with a medical advice nurse, call 800-777-7904 (TTY 711), anytime, day or night.

If you have a Permanente PCP and receive services at Kaiser Permanente medical centers, our advice nurses will be able to access your personal medical information when you call. They’ll know your medical conditions, see what medications you’re taking, and know when you last visited the doctor. Whether you have a routine question or an urgent matter to discuss, our nurses will have your medical history on hand (certain conditions may not be readily available).

NEW! Video chat with a doctor.
You can call for medical advice from our own registered nurses, and even video chat with one of our doctors using your computer or mobile device (for certain medical conditions, 24 hours a day, seven days a week). There is no copay.

Note: Video chat with a doctor is only for members 18 years and older who receive care at Kaiser Permanente facilities. Available only when member is physically present in MD, VA, and DC.

Hospital care
We believe that coordinating your hospital care with your PCP leads to better health results. To ensure the highest levels of coordination, Kaiser Permanente works with a premier group of hospitals throughout the Mid-Atlantic area to create seamless transition into and out of the hospital. Permanente doctors in these premier hospitals are available 24 hours a day, seven days a week, and have access to your medical record, communicate with your PCP, and coordinate your care with hospital staff.

If you are admitted to a hospital that is not one of our premier hospitals, once your condition has stabilized, we may move you to one of our premier hospital locations where our physicians are on duty. By doing so, we can provide you seamless and coordinated care, both during your hospitalization and in your transition out of the hospital.

To learn about our premier hospitals, visit kp.org/premierhospitals.
Emergency care

You are covered for emergency care worldwide. If you think you are experiencing an emergency, immediately call 911 or go to the nearest emergency facility.

If you are unsure if your medical problem requires an emergency room visit, call 800-677-1112. Specially trained nurses are available 24 hours a day, seven days a week, and will direct you to the most appropriate place to receive care. If your PCP is one of our affiliated physicians, you may call his or her office directly.

Report your emergency room visit to Kaiser Permanente within 48 hours, or as soon as reasonably possible, by calling Member Services at 800-777-7902 (TTY 711), Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays), or the 24-hour medical advice line at 800-777-7904 (TTY 711), available seven days a week.

What is an emergency?

An emergency medical condition is defined in your EOC or, if you are a federal member, your RI 73-047, and, generally, involves a medical condition that, in the absence of immediate medical attention, may result in:

- Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

If an emergency room visit is not due to an emergency as defined above, you will be responsible for all charges.
Maternity care

If you believe you are pregnant, schedule an appointment with your ob/gyn to confirm your pregnancy. If you have a Permanente ob/gyn, your prenatal care is provided at the Kaiser Permanente medical center where he or she practices. If you have an affiliated physician as your ob/gyn, call his or her office directly to schedule an appointment to confirm your pregnancy and for prenatal care.

You and your doctor will talk about which hospital is the best choice for you to deliver your baby.

For information about coverage and limitations:

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

• Contact the benefits officer where you work.

• Refer to your EOC, or, if you are a federal member, your RI 73-047 brochure.

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

Lab tests and results

Labs are located within every Kaiser Permanente medical center. For most routine lab tests, your Permanente doctor will send the order electronically to the lab and you can just walk in without an appointment.

Your results from tests and services performed in Kaiser Permanente medical centers will be in your medical record, and you can read most results online soon after the lab completes your tests, sometimes the same day.

You need to be registered on My Health Manager to view your lab results online. You can sign up at kp.org/register. If you are not registered for My Health Manager, or if your lab results are not posted, you will likely receive a call from your doctor to discuss the results with you. If your lab tests are not performed in a Kaiser Permanente medical center, follow your physician’s instructions about how to receive your test results.
X-ray and other services

For outpatient radiology, most Kaiser Permanente medical centers offer services on-site. Most imaging services require a referral from your PCP or specialist. If you have a Permanente doctor, your referral will be submitted electronically, and your doctor will provide you with instructions for scheduling the appointment.

If your referring doctor is an affiliated physician, you will need to ask him or her for instructions on how to schedule your radiology appointment.

Note: You do not need a referral to have a routine mammogram—simply call the appointment line to schedule yours (your PCP or ob/gyn will discuss if and how often you should be screened).

Out-of-area care

You are covered to receive care for urgent and emergency illness or injury anywhere in the world. If you receive urgent or emergency care outside the plan’s service area in the District of Columbia, Maryland, and Virginia, you will need to submit bills for reimbursement.

While you are traveling, you can get certain medically necessary health care services from plan providers in other Kaiser Permanente locations in parts of California, Colorado, Georgia, Hawaii, Idaho, Oregon, and Washington for up to 90 days of travel. Call Member Services for more information about getting care as a “visiting member” to these other Kaiser Permanente locations in other areas of the country. However, the benefits for care you receive as a visiting member may not be identical to the benefits you have as a member here at home. A list of services available to you in other Kaiser Permanente regions is in your EOC, or, if you are a federal member, your current RI 73-047 brochure.

Out-of-area non-urgent or non-emergency care as a visiting member is not available for members with a high-deductible health plan, or for covered dependents enrolled in colleges that are out of the service area.
Kaiser Permanente pharmacies

You can fill prescriptions from Permanente doctors, affiliated doctors, dentists, and other providers at Kaiser Permanente pharmacies. There are three ways to fill your prescriptions:
All Kaiser Permanente medical centers have a pharmacy. Your Permanente physician can send most prescriptions electronically from his or her office directly to the pharmacy, where you can pick up your medicine. If you have a prescription from a dentist or other prescriber, simply present your prescription with your membership ID card at any Kaiser Permanente medical center pharmacy.

As a registered user of My Health Manager on kp.org, you can request most prescription refills online, get refill reminders, read your medication allergies, and more. You’ll need your member ID number and prescription number. You can choose to have the medicine mailed to you at no additional cost or pick it up at a Kaiser Permanente medical center pharmacy.

Ideal for routine maintenance medications, you can phone, fax, or mail your refill order using our EZ Refill line. You can request mail delivery anywhere in the U.S. for no additional charge, or pick up your medicine at a Kaiser Permanente medical center pharmacy.* You can also call to find out when your refills are ready. For the fastest service, call 800-700-1479 (TTY 711), any time of the day or night, and follow the instructions.

*Please allow up to 10 business days for delivery of your prescription by mail. If you have no refills left, it may take an additional 48 hours for us to contact your Kaiser Permanente network provider to confirm your prescription refill.

Items available through our mail-order service are subject to change at any time without notice and may be subject to state and other licensing restrictions. Please check with your Kaiser Permanente network or mail-order pharmacy if you have a question about whether your prescription can be mailed.
Drug formulary
The Kaiser Permanente formulary is a list of approved, clinically proven drugs. You can review the drug formulary at kp.org/formulary.

Participating pharmacies
Your plan may include access to participating pharmacies in addition to Kaiser Permanente pharmacies. To learn if your plan includes access to participating pharmacies, call Member Services at 800-777-7902 (TTY 711), Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).

Transferring a prescription
To transfer a prescription from a non-Kaiser Permanente pharmacy, choose a Kaiser Permanente pharmacy from the list on the right, and call with the following information on hand:

- Your name and medical record number (on your ID card)
- The name and telephone number of your current pharmacy
- The name of the prescribed medication
- The prescription number of the prescribed medication (on your prescription bottle)
- The name and phone number of your prescribing physician
District of Columbia

Kaiser Permanente
Capitol Hill Medical Center
Pharmacy: 202-346-3300

Northwest D.C.
Medical Office Building
Main number: 202-419-6200

Maryland

Annapolis Medical Center
Pharmacy: 410-571-7360

Camp Springs Medical Center
Pharmacy: 301-702-6175

City Plaza Medical Center
Pharmacy: 443-263-7375

Columbia Gateway Medical Center
Pharmacy: 410-309-7500

Kaiser Permanente
Frederick Medical Center
Pharmacy: 240-529-1800

Gaithersburg Medical Center
Pharmacy: 240-632-4150

Kensington Medical Center
Pharmacy: 301-929-7175

Largo Medical Center
Pharmacy: 301-618-5552

Marlow Heights Medical Center
Pharmacy: 301-702-5190

Prince George’s (Hyattsville)
Medical Center
Pharmacy: 301-209-6688

Severna Park Medical Center
Pharmacy: 410-553-2450

Shady Grove Medical Center
Pharmacy: 301-548-5755

Virginia

Ashburn Medical Center
Pharmacy: 571-252-6005

Burke Medical Center
Pharmacy: 703-249-7750

Fair Oaks Medical Center
Pharmacy: 703-934-5800

Falls Church Medical Center
Pharmacy: 703-237-4430

Fredericksburg Medical Center
Pharmacy: 540-368-3800

Manassas Medical Center
Pharmacy: 703-257-3030

Reston Medical Center
Pharmacy: 703-709-1560

Springfield Medical Center
Pharmacy: 703-922-1234

Tysons Corner Medical Center
Pharmacy: 703-287-4650

Woodbridge Medical Center
Pharmacy: 703-490-7624
Claims, costs, and payments

Claims

When you receive medical care and services from network providers, you will not have to file claims for your services. If you receive an authorized referral from your network provider to an out-of-network provider, you should not receive a bill if you paid for your cost share (if any) at the time of service. If you believe you received a bill in error, call Member Services at 800-777-7902 (TTY 711), Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays), for assistance.

If you do need to file a claim, please refer to the following table for time limits and procedures.

<table>
<thead>
<tr>
<th>Time limits for medical and pharmacy claims</th>
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</thead>
<tbody>
<tr>
<td>If you receive emergency or urgent care services from an out-of-network provider or facility, you must submit itemized bills for claims related to those services as soon as reasonably possible, generally within 180 days from the date you received the service. We will review the claim to determine what payment or reimbursement, if any, will be made. Payments and reimbursements are based on medical necessity for urgent or emergency care as defined in your EOC or, if you are a federal member, your current RI 73-047 brochure.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Submitting a claim</th>
</tr>
</thead>
<tbody>
<tr>
<td>To request payment or reimbursement, ask your service provider for a statement on the provider’s letterhead with the following information:</td>
</tr>
<tr>
<td>• Name of the patient</td>
</tr>
<tr>
<td>• Date of service</td>
</tr>
<tr>
<td>• Service provided (procedures performed with CPT code)</td>
</tr>
<tr>
<td>• Diagnosis with ICD code</td>
</tr>
<tr>
<td>• Amount charged for each service</td>
</tr>
</tbody>
</table>

Write the member’s Kaiser Permanente ID number on each page of the statement. A specific claim form is not required.

Mail to Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., P.O. Box 6233, Rockville, MD 20849-6233.

Once a claim is received by our Claims Department, processing takes about 30 days. An Explanation of Benefits will be sent to you and will detail your and/or the health plan’s financial responsibility.
You have the right to file an appeal if you disagree with the health plan’s decision not to pay for a claim. Appeal rights and detailed instructions are included with your EOC.

### Appealing denied claims

### Your share of costs

Your share of costs is determined by the type of plan you have. The term “cost share” refers to how health care costs are shared between you and the health plan. For more information on the type of plan you have and what your cost shares may be, please:

- Call Member Services at **800-777-7902 (TTY 711)**, Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).
- Contact the benefits officer where you work.
- Refer to your EOC, or, if you are a federal member, your RI 73-047 brochure.
- Register at [kp.org](http://kp.org) and read a summary of your benefits online through My Health Manager.

The table on the next two pages describes the different types of cost shares you may be required to pay under your plan.

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3If you are a federal member, you must send us all of the documents for your claim as soon as possible. You must submit claims by December 31 of the year that follows the year you received the service, unless timely filing was prevented by administrative operations of government or legal incapacity, provided the claim was submitted as soon as reasonably possible. For example, if you receive a service in June 2015, you can file your claim anytime on or before December 31, 2016.
### Your share of costs

<table>
<thead>
<tr>
<th>Type of cost share</th>
<th>What it is</th>
<th>When you pay</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Copayments</strong> <em>(copays)</em></td>
<td>The set fee you pay for a covered service (e.g., non-preventive office visit) every time that service is provided. Copayments vary depending on your plan and do not count toward a deductible. However, they do count toward your annual out-of-pocket maximum for most services.</td>
<td>Nearly all plans have copayments or coinsurance. A copayment or coinsurance may be owed on the day you receive services, for each visit, even if multiple visits occur on the same day. There is no copay or coinsurance for preventive care for non-grandfathered plans. What you owe depends upon your plan’s benefits and the services you receive.</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>The percentage of the cost for a covered service. For example, if your coinsurance is 15 percent and your allowed office visit cost is $100, then you pay $15 and the health plan pays $85. Coinsurance varies according to your plan and does not apply toward the deductible. However, it counts toward your annual out-of-pocket maximum for most services.</td>
<td></td>
</tr>
</tbody>
</table>

Nearly all plans have copayments or coinsurance. A copayment or coinsurance may be owed on the day you receive services, for each visit, even if multiple visits occur on the same day. There is no copay or coinsurance for preventive care for non-grandfathered plans. What you owe depends upon your plan’s benefits and the services you receive.
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<tbody>
<tr>
<td>Deductible (only if you have a deductible plan)</td>
<td>The set amount you must pay each contract year for covered medical services before the health plan begins to pay its share. Not all services may be applied to the deductible. Deductibles vary depending on the plan you have. Once you have met your deductible, you will be required to pay only the applicable copayment or coinsurance for most covered services for the remainder of your plan’s contract year. Certain conditions may apply.</td>
<td>If you have a deductible you will be billed for the full allowed amount for each office visit or service during check-in or after the service via mailed bill. You may also receive an estimate of your charges before your office visit for certain services, and you may choose to make a deposit payment based on that estimate.</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>The maximum amount you pay out of pocket each contract year for most covered services. Once the amounts you have paid equal the out-of-pocket maximum, you pay nothing for those covered services for the remainder of the contract year.</td>
<td>Depending on your plan, the copayments, coinsurance, and deductibles you pay will count toward the out-of-pocket maximum.</td>
</tr>
</tbody>
</table>
Help managing your ongoing health conditions
If you have diabetes, asthma, depression, high blood pressure, chronic obstructive pulmonary disease, or coronary artery disease, and want information to help manage your condition, you can join our disease management program.

Leave a message anytime at 703-536-1465 in the Washington, D.C. metropolitan calling area or 410-933-7739 in the Baltimore area. Please leave your name, medical record number, address, and the condition for which you are requesting information, and we will return your call within two business days.

Healthy Living workshops
Healthy Living workshops are for adults living with one or more ongoing health conditions, such as diabetes, high blood pressure, arthritis, and kidney, lung, or heart disease. The workshops meet for six consecutive weeks and are led by others who also have chronic health conditions. Workshops are offered at several Kaiser Permanente medical centers for no additional charge.

Registration is required. To register, call 800-444-6696 anytime, day or night. For more information, visit kp.org/classes.
Do you have coverage from another plan, too?

If you have other health coverage in addition to your coverage with Kaiser Permanente, please complete and return the Coordination of Benefits Questionnaire enclosed in your welcome kit, or notify Member Services by calling 800-777-7902 (TTY 711), Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).

If the other plan is your primary insurance, we reserve the right to bill the other health plan for the services we provide or authorize for you. Having more than one health care plan doesn’t affect your ability to access Kaiser Permanente services.

If you have a work-related injury or an injury caused by another party

Please notify Member Services by calling 800-777-7902 (TTY 711), Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).