

CHOOSE A PLAN

PLANS & BENEFITS

IN THIS BROCHURE

- Benefit highlights

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

BENEFIT HIGHLIGHTS

Copayment plans

	KP 0/25/Rx	KP 0/35/Rx
Features		
Annual deductible (individual/family)	None	
Annual out-of-pocket maximum (individual/family)	\$3,500/\$7,000	\$4,000/\$8,000
Benefits		
Preventive care		
Immunizations	No charge	
Physical exam	No charge	
Well-child visit	No charge	
Preventive X-rays and lab tests/MRI, CT, and PET	No charge	
Outpatient services (per visit or procedure)		
Primary care office visit (waived for children under 5)	\$25 copay	\$35 copay
Specialty care office visit	\$40 copay	\$50 copay
Outpatient surgery	\$100 copay	\$300 copay
Diagnostic labs and X-rays	\$40 copay	\$50 copay
MRI, CT, and PET	\$100 copay per test	
Inpatient hospital care		
Hospital care and professional visits (no limit per admission)	\$500 copay per day	\$600 copay per day
Maternity coverage		
Prenatal care/One postpartum visit	No charge	
Delivery and inpatient well-baby care	\$500 copay per day	\$600 copay per day
Emergency and urgent care		
Emergency Department visit (waived if admitted)	\$100 copay	
Urgent care visit (after hours)	\$40 copay	\$50 copay
Ambulance service	\$50 copay per trip	
Prescription drugs (30-day supply filled at a Kaiser Permanente pharmacy)		
Pharmacy deductible (all drugs)	\$100 per member	\$150 per member
Generic drug	\$10 copay	\$15 copay
Preferred brand/Nonpreferred brand drug	\$30 copay/\$45 copay	
Other		
Dental services	Covered. See the <i>Preventive Dental Plan</i> flyer for more information.	

Please note: Under the Patient Protection and Affordable Care Act (PPACA), your coverage will be considered non-grandfathered coverage because you purchased a Kaiser Permanente for Individuals and Families plan after March 23, 2010.

For a list of exclusions and limitations associated with the benefits shown, please see the *Kaiser Permanente for Individuals and Families Exclusions and Limitations* flyer included in this packet.

These are only highlights of plan coverage and are not inclusive. For specific benefit information, reference the *Guide to Your 2011 Benefits and Services (KFHP-NG-KPIF-DC* for District of Columbia residents, *KFHP-NG-KPIF-VA* for Virginia residents, and *KFHP-NG-KPIF-MD* for Maryland residents), which you will receive upon acceptance. Please call Member Services (301) 468-6000 or 1-800-777-7902 for additional assistance.

BENEFIT HIGHLIGHTS

Deductible plans

	KP 750/30/Rx	KP 1500/30	KP 1000/30/Rx	KP 2000/30/Rx
Features				
Annual deductible (individual/family)	\$750/\$1,500	\$1,500 /\$3,000	\$1,000 /\$2,000	\$2,000 /\$4,000
Annual out-of-pocket maximum (individual/family)	\$3,500/\$7,000	\$3,500/\$7,000	\$3,500/\$7,000	\$4,000/\$8,000
Benefits Services are not subject to deductible unless otherwise indicated.				
Preventive care (not subject to deductible)				
Immunizations	No charge			
Physical exam	No charge			
Well-child visit	No charge			
Preventive X-rays and lab tests/ MRI, CT, and PET	No charge			
Outpatient services (per visit or procedure)				
Primary care office visit (waived for children under 5)	\$30 copay			
Specialty care office visit	\$40 copay			
Outpatient surgery	20% of AC* (after deductible)		30% of AC (after deductible)	20% of AC (after deductible)
Diagnostic labs and X-rays	20% of AC (after deductible)		30% of AC (after deductible)	20% of AC (after deductible)
MRI, CT, and PET	20% of AC (after deductible)		30% of AC (after deductible)	20% of AC (after deductible)
Inpatient hospital care				
Hospital care and professional visits	20% of AC (after deductible)		30% of AC (after deductible)	20% of AC (after deductible)
Maternity coverage				
Prenatal care/One postpartum visit	No charge			
Delivery and inpatient well-baby care	20% of AC (after deductible)		30% of AC (after deductible)	20% of AC (after deductible)
Emergency and urgent care				
Emergency Department visit (waived if admitted)	\$100 copay			
Urgent care visit (after hours)	\$40 copay			
Ambulance service	\$50 copay per trip			
Prescription drugs (30-day supply filled at a Kaiser Permanente pharmacy)				
Pharmacy deductible (all drugs)	\$100 per member	N/A	\$150 per member	\$200 per member
Generic drug	\$10 copay	Not covered	\$10 copay	
Preferred brand/Nonpreferred brand drug	\$30 copay/\$45 copay	Not covered	\$30 copay/\$45 copay	\$35 copay/\$50 copay
Other				
Dental services	Covered. See the <i>Preventive Dental Plan</i> flyer for more information.			

Please note: Under the Patient Protection and Affordable Care Act (PPACA), your coverage will be considered non-grandfathered coverage because you purchased a Kaiser Permanente for Individuals and Families plan after March 23, 2010.

For a list of exclusions and limitations associated with the benefits shown, please see the *Kaiser Permanente for Individuals and Families Exclusions and Limitations* flyer included in this packet.

***AC is the allowable charge.**

Get a faster response when you apply online. It's easy and convenient!
Visit buykp.org/apply or call your broker.

BENEFIT HIGHLIGHTS

	Deductible plans		HSA-qualified deductible plans	
	KP 4500/20%/Rx	KP 8000/0%/Rx	KP 1250/20/HSA/Rx	KP 2500/30/HSA/Rx
Features				
Annual deductible (individual/family)	\$4,500 /\$9,000	\$8,000 /\$16,000	\$1,250/\$2,500	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$9,000/\$18,000	\$10,000/\$20,000	\$3,000/\$6,000	\$5,000/\$10,000
Benefits				
Services are not subject to deductible unless otherwise indicated.				
Preventive care (not subject to deductible)				
Immunizations	No charge			
Physical exam	No charge			
Well-child visit	No charge			
Preventive X-rays and lab tests/MRI, CT, and PET	No charge			
Outpatient services (per visit or procedure)				
Primary care office visit (waived for children under 5)	20% of AC* (after deductible)	No charge (after deductible)	\$20 copay (after deductible)	\$30 copay (after deductible)
Specialty care office visit	20% of AC (after deductible)	No charge (after deductible)	\$30 copay (after deductible)	\$40 copay (after deductible)
Outpatient surgery	20% of AC (after deductible)	No charge (after deductible)	20% of AC (after deductible)	
Diagnostic labs and X-rays	No charge (after deductible)		20% of AC (after deductible)	
MRI, CT, and PET	20% of AC (after deductible)	No charge (after deductible)	20% of AC (after deductible)	
Inpatient hospital care				
Hospital care and professional visits	No charge (after deductible)		\$500 copay per day (after deductible)	
Maternity coverage				
Prenatal care/One postpartum visit	No charge (after deductible)			
Delivery and inpatient well-baby care	No charge (after deductible)		\$500 copay per day (after deductible)	
Emergency and urgent care				
Emergency Department visit (waived if admitted)	No charge (after deductible)		\$100 copay (after deductible)	
Urgent care visit (after hours)	20% of AC (after deductible)	No charge (after deductible)	\$30 copay (after deductible)	\$40 copay (after deductible)
Ambulance service	No charge (after deductible)		20% of AC (after deductible)	
Prescription drugs				
(30-day supply filled at a Kaiser Permanente pharmacy)				
Pharmacy deductible (all drugs)	Subject to medical deductible			
Generic drug	\$15 copay (after deductible)		\$10 copay (after deductible)	\$15 copay (after deductible)
Preferred brand/Nonpreferred brand drug	\$35 copay/\$50 copay (after deductible)		\$35 copay/\$50 copay (after deductible)	
Other				
Dental services	Covered. See the <i>Preventive Dental Plan</i> flyer for more information.			

Please note: Under the Patient Protection and Affordable Care Act (PPACA), your coverage will be considered non-grandfathered coverage because you purchased a Kaiser Permanente for Individuals and Families plan after March 23, 2010.

These are only highlights of plan coverage and are not inclusive. For specific benefit information, reference the *Guide to Your 2011 Benefits and Services* (KFHP-NG-KPIF-DC for District of Columbia residents, KFHP-NG-KPIF-VA for Virginia residents, and KFHP-NG-KPIF-MD for Maryland residents), which you will receive upon acceptance. Please call Member Services (301) 468-6000 or 1-800-777-7902 for additional assistance.

For a list of exclusions and limitations associated with the benefits shown, please see the *Kaiser Permanente for Individuals and Families Exclusions and Limitations* flyer in this packet.

*AC is the allowable charge.

PREVENTIVE DENTAL PLAN

We emphasize healthy smiles through preventive care. Our Preventive Dental Plan, available through Dominion Dental Services USA, Inc. (Dominion), promotes healthy teeth and gums to help reduce the need for costly procedures in the future.

You pay a fixed copayment for preventive care procedures such as routine cleanings, oral examinations, and topical fluoride (once every six months), plus bitewing X-rays.

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

Choosing a dentist

You may choose any general dentist from the list of participating dental providers. Specialty care is also available. To see a participating specialist, you'll need a referral from a participating general dentist. These dentists are conveniently located throughout the community.

To locate a participating provider, please visit dominiondental.com/kaiser or call Dominion at **1-888-518-5338**.

Quality dental care

With the Preventive Dental Plan, you can be confident that your dentist was carefully selected to offer quality care. All dentists go through a quality assurance program developed in accordance with the National Association of Dental Plans (NADP) recommendations.

This process confirms that each dentist has the required credentials and has passed a thorough on-site office evaluation.

Dedicated customer service

We also know that quality customer service is an important component of any dental plan. To answer your questions about coverage, locating a provider, fee schedules, or other topics, knowledgeable Dominion Member Services representatives are available at **1-888-518-5338** to assist you, 7:30 a.m. to 6 p.m., Monday through Friday. Hearing-impaired members can also call our TTY phone number, 1-800-688-4889, for assistance.



A reason to smile—dental coverage you can believe in. Smile. Laugh. Show them your pearly whites. Flash that movie-star grin. If the eyes are the window to the soul, the teeth are the welcome mat. Our dental coverage helps your smile shine with confidence.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 East Jefferson Street
Rockville, MD 20852

100130_09EnrolDental_P_br
60052325 MAS

Kaiser Foundation Health Plan
Mid-Atlantic States Region

IMPORTANT DETAILS AND NOTICES

Kaiser Permanente for Individuals and Families plans

HIPAA INFORMATION

Kaiser Permanente may have a health coverage plan for you even if you don't qualify for a plan that requires medical review. **If you live in Virginia or Washington, DC**, you may be eligible for Health Insurance Portability and Accountability Act (HIPAA) coverage. HIPAA is a federally mandated program that may apply to you if you have been turned down for medical coverage. **If you live in Maryland**, you may be eligible for health care coverage under the Maryland Health Insurance Plan (MHIP). MHIP is a program for Maryland residents who otherwise do not have access to health coverage. (See below.)

For residents of Virginia and Washington, DC

If you believe that you are HIPAA eligible and have indicated that on your application, and if you or your family members do not pass the Kaiser Permanente for Individuals and Families medical review, your application(s) will be forwarded to our HIPAA Membership Administration department to determine if you or your family members qualify for HIPAA coverage. To learn more about HIPAA eligibility and coverage, please call Member Services at **(301) 468-6000** or toll free at **1-800-777-7902**.

For residents of Maryland

If you reside in Maryland, you may be eligible for health care coverage under the Maryland Health Insurance Plan (MHIP). MHIP is a high-risk pool for Maryland residents who do not have access to health insurance. To obtain information regarding MHIP, contact:

Maryland Health Insurance Plan
10455 Mill Run Circle, RR291
Owings Mill, MD 21117-9685
Telephone: **1-888-444-9016** (toll free)
Web site: **www.marylandhealthinsuranceplan.state.md.us**

Who is not eligible for MHIP?

You are not eligible for MHIP if you do not reside in Maryland or if you are eligible for any of the following programs or plans:

- Medicare
- Maryland Medical Assistance
- Maryland Children's Health Program
- Any employer-sponsored health plan

NOTICE OF INSURANCE INFORMATION PRACTICES

Abbreviated version

Virginia

Please be advised that Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (hereinafter Kaiser Permanente), has not received any personal information regarding your application from any person other than the applicant. Personal information necessary to determine eligibility for coverage and to make underwriting decisions may be collected from the application, medical questionnaire, and any pre-existing file with Kaiser Permanente. With written authorization by the applicant, any physician, nurse, hospital, clinic, or other provider having treated or attended to the applicant or the applicant's dependents listed on the application, and having possession of any records or information with respect thereto, is authorized to provide such information or records to Kaiser Permanente upon request for the purpose of evaluation of this application. Further, the applicant or individual designated to act on behalf of the applicant is entitled to receive a copy (or photocopy) of this authorization upon request.

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

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

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

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

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

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

Kaiser Permanente for Individuals and Families

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