Better health care. Built around you.



KAISER PERMANENTE®

Get the care you deserve at
buykp.org

Health care is better when it all works together

With Kaiser Permanente, you get seamless care and coverage in one plan, so you can focus on your next adventure.

Explore how we support you with:

- **Integrated care teams that connect the dots**
- **Care that works around your schedule**
- **Tools for your mental and physical wellness**
- **Care that makes staying healthy simple**

Care for today. Confidence for tomorrow.

Discover care that moves with you at **kp.org/learnthebasics.**

Seamless care that keeps up with your life

Taking care of your health should be simple. Because your care team shares one connected system, support for your mind and body feels easy. See how Kaiser Permanente's coordinated care helps you confidently take the next step.

Important open enrollment dates for 2027

- The open enrollment period for 2027 coverage runs from **November 1, 2026,** through **January 15, 2027.**
- 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, 2027,** we must receive your application for health coverage no later than **December 31, 2026.**

Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can 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**).



Integrated care teams that connect the dots

Your doctors, hospitals, and health plan all work together. With your team in sync and services often in one place, you get proactive care and holistic support for your mind and body. Managing your health is easy and convenient – and your care is personalized to fit your life.

The difference with Kaiser Permanente is that I was able to do everything so simply. It was so seamless and easy.

–Lauren S., Colorado member

Care that works around your schedule



Virtual care made personal

When you need care in the moment, connect by phone or video with someone who knows your health history.[1]



24/7 control with our award-winning app

Use the Kaiser Permanente app to securely message your care team, manage appointments, refill most prescriptions, view most lab results, and more.[2]



Mail-order pharmacy

Order prescription refills online, and we'll deliver them to you at no extra charge.[3] You can also pick them up in person with same-day service.



Support wherever you travel

You're covered worldwide if you need urgent or emergency care when you're away.

What if your health plan and your care team worked as one?

At Kaiser Permanente, integrated care and coverage means fewer barriers, better coordination, and care that puts the member at the center. **Watch the video to see the difference in action**.

Holistic support for your physical and mental health

Tools to reach your health goals

Stay healthy with programs tailored to your lifestyle. Take advantage of healthy extras like wellness coaching, Affinity Musculoskeletal Program (MSK) - Acupuncture, massage therapy, and chiropractic care, digital fitness resources, and gym memberships.[4]

Support is already in your hands

Whether you're feeling overwhelmed, anxious, or just need a reset, help is available. Your membership includes digital mental health tools you can use anytime—at home or on the go. Scan the code to learn more.

Resilient mind, balanced life

You don't need a referral to access therapy or other mental health support within Kaiser Permanente for depression, anxiety, stress, and addiction. Feel your best with the help of mindfulness apps and other self-care resources.[5]

Our members are:[6]

4x
more likely to be screened for depression

Nearly 2x
more likely to respond to treatment



World-class care makes getting and staying healthy simple

Most of our plans include preventive screenings, prenatal care, and nutrition counseling – at no extra cost. If you need specialty care, you'll have access to groundbreaking technology, trusted doctors, and proven treatments tailored to your needs.

Guiding you forward

- Your health history stays secure in your electronic health record.
- Your doctor seamlessly handles referrals and appointments.
- You and your care team can view your records anytime.
- Your care team reaches out when it's time for checkups and tests.

Exceptional care starts with exceptional doctors

Highly skilled and dedicated to improving lives, Permanente physicians are among the region's most respected clinicians. In the Mid-Atlantic, hundreds are recognized as **Top Doctors by local publications**.[7] Our physicians' expertise leads to care patients trust, year after year.



Named #1 for value in the nation

Out of 3,500 brands reviewed in Forbes' Best Brands for Value survey, Kaiser Permanente ranked number one – outranking top brands like Costco, Toyota, and Southwest Airlines.

You deserve care that puts your health first



Kaiser Permanente has really taken care of all of me. They've helped me through everything – from a torn ACL to a brain tumor. Now I'm trying to have a baby, and I know they will be here every step of the way.

–Jessica H., Southern California member

Choosing your health plan

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

Virtual plans

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 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 or coinsurance plans

These plans have simple copays for many services, and fewer costs that require you to meet your deductible first. They generally have higher premiums.

Deductible plans

These plans have lower monthly premiums, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible.

HSA-Eligible Plans

Combine affordable coverage with tax-advantaged savings[8]

A health savings account (HSA) is a tax-advantaged savings account that lets you set aside pre-tax money to pay for out-of-pocket health care costs. To fund an HSA, you must be enrolled in an HSA-eligible health plan. Once you've purchased your health plan, you must create and fund a separate HSA with a financial institution in order to take advantage of the tax benefits of an HSA.

Starting in 2026, most bronze and catastrophic plans, along with some silver and gold plans, are HSA eligible.

Pairing an HSA with a bronze plan may be a good fit if:

- You have room in your budget to regularly set aside extra money for health care, beyond your monthly premiums.
- Saving on federal taxes is important to you.
- You don't receive marketplace financial assistance but want a lower monthly premium.
- You can manage higher costs if you need hospital care or other services subject to the deductible.

How can tax benefits help you?

- **When money goes in:** HSA contributions may reduce your federal taxable income.
- **While your money is in the account:** Interest can grow tax-free.
- **When money comes out:** HSA withdrawals for qualified health care expenses are generally tax-free.

You may get the greatest value from an HSA by contributing regularly and any money you do not spend rolls over from year to year and remains yours, even if you change plans or carriers.

Ready to get started?

Learn more at **healthy.kp.org/pages/hsa-overview**.

Explore dental coverage

Kaiser Permanente Smile dental coverage offers enhanced benefits to support improved oral health for whole-body wellness.

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 personal doctor knows when they're due for a comprehensive eye exam and can even schedule an appointment for a glaucoma screening and other vision concerns. Of course, members can also be examined for eyeglasses or contact lens prescriptions – that's where Vision Essentials by Kaiser Permanente 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 visit 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 under 19 years at no charge. Discount off retail for adults: $90 frames/lenses; $25 contact lenses.

Example of your cost 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	Generic drug
KP MD Gold 0 Ded/150 RxDed/Vision (no deductible)	$20	$65	$15*
KP MD Silver Virtual Forward 5000 Ded ($5,000 deductible)	Virtual care no charge; first visit in person no charge, and additional visits in person $45 after deductible[‡‡]	30% after deductible	$25*
KP MD Bronze 7800 Ded/HSA/Vision ($7,800 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 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)	$10,600/$21,200
Benefits	
Virtual care	
Chat, Email, E-visit, Phone and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services	
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)	$30*
Most preferred brand name drugs (Tier 2)	$80*,‡
Non-preferred drugs (Tier 3)	50% after $700 pharmacy deductible per member‡
Specialty drugs (Tier 4)	50% 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 $10,600 for yourself and no more than $21,200 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no additional charge

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

Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a $35 copay 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.

Coinsurance

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 MD Bronze Value 11110 Ded/HSA/Vision	KP E KP MD Bronze 7800 Ded/HSA/Vision	KP E KP MD Bronze 6700 Ded/HSA	KP E KP MD Silver 6000 Ded/Vision KP MD Silver 6000 Ded/Vision/Off
Plan type	**HSA-qualified**	**HSA-qualified**	**HSA-qualified**	**Deductible**
Annual medical deductible (individual/family)	$11,110/$22,220	$7,800/$15,600	$6,700/$13,400	$6,000/$12,000
Annual out-of-pocket maximum (individual/family)	$11,110/$22,220	$7,800/$15,600	$10,150/$20,300	$10,450/$20,900
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	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				
Primary care office visit	$35	No charge after deductible	$40	$40
Specialty care office visit	$110	No charge after deductible	$50 after deductible	$60
Most X-rays	$150	No charge after deductible	40% after deductible	$70
Most lab tests	$55	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.

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 KP MD Silver Virtual Forward 5000 Ded	KP KP MD Silver 4850 Ded/HSA/Vision	KP E KP MD Silver Value 4500 Ded/750 RxDed/Vision KP MD Silver Value 4500 Ded/750 RxDed/Vision/Off	KP E KP MD Silver Virtual Forward 4000 Ded KP MD Silver Virtual Forward 4000 Ded/Off
Plan type	**HSA-qualified**	**Deductible**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$5,000/$10,000	$4,850/$9,700	$4,500/$9,000	$4,000/$8,000
Annual out-of-pocket maximum (individual/family)	$8,500/$17,000	$8,500/$17,000	$9,300/$18,600	$8,850/$17,700
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	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				
Primary care office visit	Virtual care no charge; first visit in person no charge, and additional visits in person $45 after deductible‡‡	$45 after deductible	$35	Virtual care no charge; first visit in person no charge, and additional visits in person $45 after deductible‡‡
Specialty care office visit	$65 after deductible	$65 after deductible	$110	$65 after deductible
Most X-rays	30% after deductible	$70 after deductible	$150	30% after deductible
Most lab tests	$75 after deductible	$65 after deductible	$45	$75 after deductible
MRI, CT, PET	30% after deductible	35% after deductible	$600 after deductible	30% after deductible
Outpatient surgery	30% after deductible	35% after deductible	$300 after deductible	30% after deductible
Mental health visit	Virtual care no charge; first visit in person no charge, and additional visits in person $45 after deductible‡‡	$45 after deductible (individual therapy)	$35 (individual therapy)	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	30% after deductible	35% after deductible	$550 per admission after deductible	30% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	35% after deductible	$550 per admission after deductible	30% after deductible
Emergency and urgent care				
Emergency Department visit	30% after deductible	$500 after deductible (waived if admitted)	$500 after deductible (waived if admitted)	30% after deductible
Urgent care visit	$65 after deductible	$65 after deductible	$75	$65 after deductible
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	$25*	$25 after deductible*	$25, pharmacy out-of-pocket maximum applies*	$15*
Most preferred brand name drugs (Tier 2)	$50 after deductible*,†	$60 after deductible*,†	$75 after $750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies‡	$50 after deductible*,†
Non-preferred drugs (Tier 3)	50% after deductible†	50% after deductible†	$80 after $750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies‡	50% after deductible†
Specialty drugs (Tier 4)	50% after deductible up to $150 maximum per 30 day prescription	50% after deductible up to $150 maximum per 30 day prescription	$100 after $750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies	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.

‡‡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.

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 KP MD Silver 3000 Ded/700 RxDed/Vision	KP KP MD Gold 2400 Ded/HSA/Vision	KP E KP MD Gold 1750 Ded/250 RxDed/Vision	KP KP MD Gold Plus 1850 Ded/Vision
Plan type	**Deductible**	**HSA-qualified**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$3,000/$6,000	$2,400 (Self only) $4,800 (Indivdual in Family)/$4,800(Family)†	$1,750/$3,500	$1,850/$3,700
Annual out-of-pocket maximum (individual/family)	$10,600/$21,200	$5,500/$11,000	$8,350/$16,700	$10,800/$21,600
Benefits				
Virtual care				
Chat, Email, E-visit, Phone and Video visit	No charge	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				
Primary care office visit	$35	$25 after deductible	$20	$20†††
Specialty care office visit	$60	$50 after deductible	$40	$50†††
Most X-rays	$85	$65 after deductible	$70	$65†††
Most lab tests	$60	$45 after deductible	$50	$20†††
MRI, CT, PET	50% after deductible	35% after deductible	35% after deductible	$350 after deductible
Outpatient surgery	40% after deductible	35% after deductible	35% after deductible	35% after deductible
Mental health visit	$35 (individual therapy)	$25 after deductible (individual therapy)	$20 (individual therapy)	$20 (individual therapy)†††
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	35% after deductible	35% 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	40% after deductible	35% after deductible	35% after deductible	35% after deductible
Emergency and urgent care				
Emergency Department visit	40% after deductible	$500 after deductible (waived if admitted)	35% after deductible	$500 after deductible(waived if admitted)
Urgent care visit	$60	$50 after deductible	$40	$50†††
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	$30*	$15 after deductible*	$15*	$10*,†††
Most preferred brand name drugs (Tier 2)	$80*,‡	$50 after deductible*,‡	$55 after $250 pharmacy deductible per member*,‡	$50 after deductible*,‡,†††
Non-preferred drugs (Tier 3)	50% after $700 pharmacy deductible per member‡	35% after deductible‡	50% after $250 pharmacy deductible per member‡	$100 after deductible*,‡,†††
Specialty drugs (Tier 4)	50% after $700 pharmacy deductible per member up to $150 maximum per 30 day prescription	35% after deductible up to $150 maximum per 30 day prescription	50% after $250 pharmacy deductible per member up to $150 maximum per 30 day prescription	$150 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.

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

†If you are the only applicant applying for this plan, then you must meet the individual deductible. However, when two or more applicants are applying as a family, the combined expenses count toward fulfilling the family deductible.

†††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 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.

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E Offered through the health benefit exchange, Maryland Health Connection

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Benefit highlights	KP MD Gold 1100 Ded/200 RxDed/Vision	KP E MD Gold Value 1300 Ded/150 RxDed/Vision	KP MD Gold 500 Ded/Vision	KP MD Gold 0 Ded/150 RxDed/Vision	KP MD Gold 0 Ded/150 RxDed/ Vision/Dental
Plan type	**Deductible**	**Deductible**	**Deductible**	**Copayment**	**Copayment**
Annual medical deductible (individual/family)	$1,100/$2,200	$1,300/$2,600	$500/$1,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	$7,850/$15,700	$9,700/$19,400	$8,900/$17,800	$8,500/$17,000	$8,500/$17,000
Benefits					
Virtual care					
Chat, Email, E-visit, Phone and Video visit	No charge	No charge	No charge	No charge	No charge
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services					
Primary care office visit	$15	$10	$20	$20	$20
Specialty care office visit	$35	$40	$50	$40	$40
Most X-rays	$65	$60	$65	$65	$65
Most lab tests	$40	$40	$30	$30	$30
MRI, CT, PET	$500	$400 after deductible	$350 after deductible	$500	$500
Outpatient surgery	35% after deductible	$395	40% after deductible	40%	40%
Mental health visit	$15 (individual therapy)	$10 (individual therapy)	$20 (individual therapy)	$20 (individual therapy)	$20 (individual therapy)
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	$500 per admission after deductible	40% after deductible	40%	40%
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	$500 per admission after deductible	40% after deductible	40%	40%
Emergency and urgent care					
Emergency Department visit	$500 (waived if admitted)	$450 after deductible (waived if admitted)	$750 after deductible (waived if admitted)	$750 (waived if admitted)	$750 (waived if admitted)
Urgent care visit	$35	$40	$50	$40	$40
Prescription drugs (up to a 30-day supply)					
Most generic drugs (Tier 1)	$10*	$10, pharmacy out-of-pocket maximum applies*	$15*	$15*	$15*
Most preferred brand name drugs (Tier 2)	$55*,‡	$35, pharmacy out-of-pocket maximum applies*,‡	$55*,‡	$55*,‡	$55*,‡
Non-preferred drugs (Tier 3)	35% after $200 pharmacy deductible per member‡	$75 after $150 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies‡	$70 after deductible*,‡	40% after $150 pharmacy deductible per member‡	40% after $150 pharmacy deductible per member‡
Specialty drugs (Tier 4)	35% after $200 pharmacy deductible per member up to $150 maximum per 30 day prescription	$90 after $150 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies	50% after deductible up to $150 maximum per 30 day prescription	40% after $150 pharmacy deductible per member up to $150 maximum per 30 day prescription	40% after $150 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.				

*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.

KP Offered through Kaiser Permanente

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	KP E KP MD Catastrophic†† 12000 Ded/HSA/Vision	E KP MD Silver Value 4500 Ded/750 RxDed/ CSR/Vision	E KP MD Silver Value 1125 Ded/200 RxDed/CSR/Vision
Plan type	**HSA-qualified**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$12,000/$24,000	$4,500/$9,000	$1,125/$2,250
Annual out-of-pocket maximum (individual/family)	$12,000/$24,000	$7,600/$15,200	$3,300/$6,600
Benefits			
Virtual care			
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
Outpatient services			
Primary care office visit	First 3 office visits no charge.*** Additional visits no charge after deductible.	$35	$10
Specialty care office visit	No charge after deductible	$110	$35
Most X-rays	No charge after deductible	$150	$50
Most lab tests	No charge after deductible	$45	$25
MRI, CT, PET	No charge after deductible	$600 after deductible	$350 after deductible
Outpatient surgery	No charge after deductible	$300 after deductible	$240
Mental health visit	First 3 office visits no charge.*** Additional visits no charge after deductible.	$35 (individual therapy)	$10 (individual therapy)
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	$550 per admission after deductible	$350 per admission after deductible
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	$550 per admission after deductible	$350 per admission after deductible
Emergency and urgent care			
Emergency Department visit	No charge after deductible	$500 after deductible (waived if admitted)	$150 after deductible (waived if admitted)
Urgent care visit	No charge after deductible	$75	$30
Prescription drugs (up to a 30-day supply)			
Most generic drugs (Tier 1)	No charge after deductible	$25, pharmacy out-of-pocket maximum applies*	$6, pharmacy out-of-pocket maximum applies*
Most preferred brand name drugs (Tier 2)	No charge after deductible	$75 after $750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies‡	$25 after $200 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies‡
Non-preferred drugs (Tier 3)	No charge after deductible	$80 after $750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies‡	$50 after $200 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies‡
Specialty drugs (Tier 4)	No charge after deductible	$100 after $750 pharmacy deductible, per member; pharmacy out-of-pocket maximum applies	$60 after $200 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.

**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.

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 Value 0 Ded/CSR/Vision	E KP MD Silver 3500 Ded/CSR/Vision	E KP MD Silver 0 Ded/CSR-B/Vision	E KP MD Silver 0 Ded/CSR-A/Vision
Plan type	**Copayment**	**Deductible**	**Copayment**	**Copayment**
Annual medical deductible (individual/family)	None/None	$3,500/$7,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	$3,300/$6,600	$8,500/$17,000	$3,500/$7,000	$2,500/$5,000
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				
Primary care office visit	$5	$35	$15	No charge
Specialty care office visit	$30	$55	$40	$15
Most X-rays	$45	$55	$40	$15
Most lab tests	$20	$40	$40	$5
MRI, CT, PET	$175	35% after deductible	35%	30%
Outpatient surgery	$140	35% after deductible	35%	30%
Mental health visit	$5	$35 (individual therapy)	$15 (individual therapy)	No charge
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	$185 per admission	35% after deductible	35%	30%
Maternity				
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	$185 per admission	35% after deductible	35%	30%
Emergency and urgent care				
Emergency Department visit	$110 (waived if admitted)	35% after deductible	35%	30%
Urgent care visit	$15	$55	$40	$15
Prescription drugs (up to a 30-day supply)				
Most generic drugs (Tier 1)	No charge, pharmacy out-of-pocket maximum applies*	$25*	$15*	No charge
Most preferred brand name drugs (Tier 2)	$15, pharmacy out-of-pocket maximum applies*,‡	$60*,‡	$60*,‡	$15*
Non-preferred drugs (Tier 3)	$20, pharmacy out-of-pocket maximum applies‡	35% after deductible‡	35%‡	30%‡
Specialty drugs (Tier 4)	$30, pharmacy out-of-pocket maximum applies‡	35% after deductible up to $150 maximum per 30 day prescription	35% up to $150 maximum per 30 day prescription	30% 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 3000 Ded/CSR	E KP MD Silver Virtual Forward 500 Ded/CSR	E KP MD Silver Virtual Forward 0 Ded/CSR
Plan type	**Deductible**	**Deductible**	**Copayment**
Annual medical deductible (individual/family)	$3,000/$6,000	$500/$1,000	None/None
Annual out-of-pocket maximum (individual/family)	$7,850/$15,700	$3,000/$6,000	$1,500/$3,000
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			
Primary care office visit	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 $35 after deductible‡‡	Virtual care no charge; first visit in person no charge, and additional visits in person $15‡‡
Specialty care office visit	$65 after deductible	$55 after deductible	$40
Most X-rays	20% after deductible	20% after deductible	20%
Most lab tests	$65 after deductible	$55 after deductible	$45
MRI, CT, PET	20% after deductible	20% after deductible	20%
Outpatient surgery	20% after deductible	20% after deductible	20%
Mental health visit	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 $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	20% after deductible	20% after deductible	20%
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	20% after deductible	20%
Emergency and urgent care			
Emergency Department visit	20% after deductible	20% after deductible	20%
Urgent care visit	$65 after deductible	$55 after deductible	$40
Prescription drugs (up to a 30-day supply)			
Most generic drugs (Tier 1)	$10*	$10*	No charge
Most preferred brand name drugs (Tier 2)	$50 after deductible*,‡	$30 after deductible*	$20*
Non-preferred drugs (Tier 3)	50% after deductible‡	30% after deductible‡	20%‡
Specialty drugs (Tier 4)	50% after deductible up to $150 maximum per 30 day prescription	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.

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.

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.

Interested in a family plan?

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

Family members include:

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

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

Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** (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	

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.[9]

Maryland

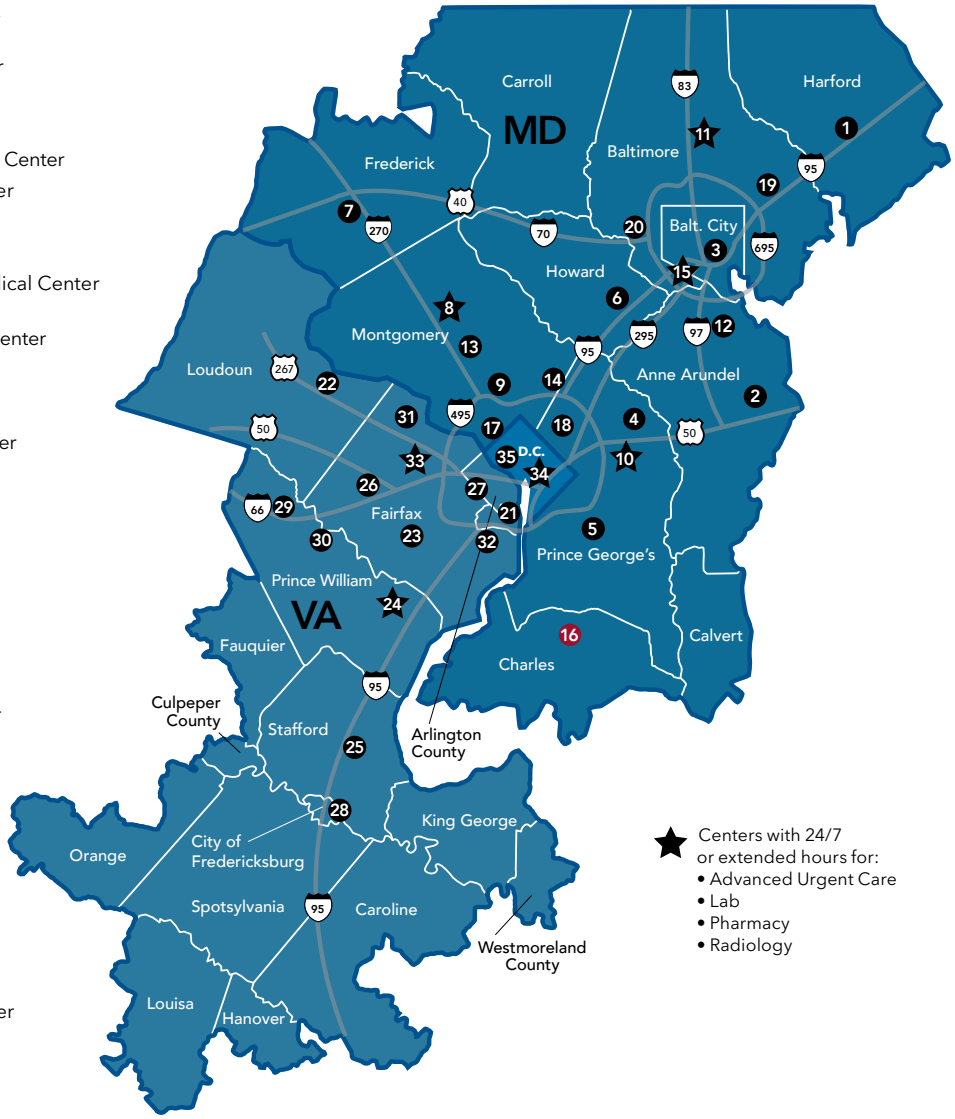
1 Abingdon Medical Center
2 Annapolis Medical Center
3 Kaiser Permanente Baltimore Harbor Medical Center
4 Bowie Fairwood Medical Center
5 Camp Springs Medical Center
6 Columbia Gateway Medical Center
7 Kaiser Permanente Frederick Medical Center
8 Gaithersburg Medical Center
9 Kensington Medical Center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

Virginia

21 Alexandria Medical Center
22 Ashburn Medical Center
23 Burke Medical Center
24 Caton Hill Medical Center
25 Colonial Forge Medical Center
26 Fair Oaks Medical Center
27 Falls Church Medical Center
28 Fredericksburg Medical Center
29 Haymarket Crossroads Medical Center
30 Manassas Medical Center
31 Reston Medical Center
32 Springfield Medical Center
33 Tysons Corner Medical Center

Washington, D.C.

34 Kaiser Permanente Capitol Hill Medical Center
35 Northwest D.C. Medical Office Building



For the most current listing of available facilities and services, please visit **kp.org/facilities**.

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

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;
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.

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;
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.

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 an intentionally self-inflicted injury, 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 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 unless otherwise listed as a covered service.
15. Missed or cancelled appointments unless listed as a Covered Service.

Take the next step toward a better care experience

Ready to make life simpler with smarter coverage? Discover how easy it can be to get care designed around you.

Find the plan that fits your needs

Let's explore your health plan options at **buykp.org**.

Talk to an enrollment specialist

We're here to help. 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. When appropriate and available. **2.** These features apply to care you get at Kaiser Permanente facilities. **3.** Not all prescriptions can be mailed, and restrictions may apply. Please check with your local pharmacy. **4.** 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. **5.** 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. **6.** Kaiser Permanente 2025 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 2025 and is used with the permission of NCQA. Quality Compass 2025 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. **7.** The physicians who practice at Kaiser Permanente are recognized as Top Doctors in *Arlington Magazine* (2026), *Northern Virginia Magazine* (2026), *Washingtonian magazine* (2025), *Baltimore magazine* (2025), and *Bethesda magazine* (2025). **8.** This information is for general educational purposes and is not tax advice. HSA eligibility, health plan benefits, account availability, fees, qualified expenses, contribution limits, and state tax treatment may vary. Catastrophic plans have separate enrollment eligibility requirements. **9.** 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, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides 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, braille and accessible electronic formats

- Provides 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, 4000 Garden City Drive, Hyattsville, MD 20785, 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.

This notice is available at https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/language-assistance/nondiscrimination-notice

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HELP IN YOUR LANGUAGE

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

አማርኛ (Amharic) ትኩረት፡ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-777-7902** ይደውሉ (TTY: **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-777-7902** (TTY: **711**).

Ɓăsɔ́ɔ̀ Wùɖù (Bassa) Mbi sog: nia maa Ɓàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsoŋ ni soŋ, niŋ ma kénŋɛn yé, mbi èyɛm. Wɔ nàŋ **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, আপনি বিনামূল্যে, উপযুক্ত সহায়ক পরিষেবা ও সাহায্য সমেত ভাষা সহায়তা পরিষেবা পেতে পারেন। **1-800-777-7902** (TTY: **711**)–এ ফোন করুন।

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-777-7902**（TTY：**711**）。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-777-7902** (TTY (تلفن متنی): **711**) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-777-7902** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-777-7902** an (TTY: **711**).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો યોગ્ય સહાયક સહાય અને સેવાઓ સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. **1-800-777-7902** (TTY: **711**) પર કૉલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl, w ap jwenn sèvis asistans lang tankou èd ak sèvis konplemantè adapte gratis. Rele **1-800-777-7902** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएँ मुफ़्त उपलब्ध हैं। **1-800-777-7902** पर कॉल करें (TTY: **711**).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ gụnyere udi enyemaka na ọrụ kwesịrị ekwesị, n'efu, dị nye gị. Kpọọ **1-800-777-7902** (TTY: **711**).

Italiano (Italian) ATTENZIONE. Se parla italiano, può usufruire gratuitamente dei servizi di assistenza linguistica compresi gli opportuni aiuti e servizi ausiliari. Chiamare il numero **1-800-777-7902** (TTY: **711**).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-777-7902** までお電話ください（TTY: **711**）。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-777-7902** 로 전화해 주세요(TTY: **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę́', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, kojį' hódíílnih **1-800-777-7902** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para **1-800-777-7902** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-777-7902** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-777-7902** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-777-7902** (TTY: **711**).

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร **1-800-777-7902** (TTY: **711**).

اُردو (Urdu) توجہ: اگر آپ اردو بولتے ہیں تو آپ مفت زبان کی معاونت کی خدمات حاصل کر سکتے ہیں، جیسے مناسب معاون امداد اور خدمات۔ کال کریں **1-800-777-7902** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-777-7902** (TTY: **711**).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè tó fi kún àwọn ohun èlò ìrànlọ́wọ́ tó yẹ àti àwọn iṣẹ́ láìsí ìdíyelé wà fún ọ. Pe **1-800-777-7902** (TTY: **711**).

Notes

Notes



In Maryland, Virginia, and the District of Columbia, all plans are offered and underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., 4000 Garden City Drive, Hyattsville, MD 20785.

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