

Kaiser Permanente for
Individuals and Families

2016 Enrollment Guide
District of Columbia






together in good health

see how easy healthy can be



Making good health easier

Experience the Kaiser Permanente difference

The experience ...	Without Kaiser Permanente	With Kaiser Permanente*
 Choosing your doctor	All you know is that your doctor accepts your insurance.	You can search our doctor profiles on kp.org and choose the one who's right for you. You can even change your doctor anytime.
 Getting care in your language	Some health plans have few multilingual doctors.	We have multilingual doctors and staff, and we offer interpretation services by phone in 140+ languages.
 Choosing how you get care	Even for minor concerns, you usually make an appointment, drive to the doctor's office, and sit in the waiting room.	For minor concerns, you can request a phone appointment or email your doctor's office with routine questions.
 Calling for advice	When your child has a late-night fever, there's often no medical advice available.	Specially trained Kaiser Permanente nurses can offer medical advice by phone, 24/7.
 Making an appointment	Calling and waiting to schedule an appointment can take forever.	You can schedule routine appointments from your computer or mobile device – anytime, anywhere.
 Seeing your doctor	Your doctor may need to flip through your files, hunting for details and looking for answers you've already given.	Your doctor has your medical history and prescriptions right at his or her fingertips through your electronic health record.
 Remembering what your doctor said	Take lots of notes during your visit or trust your memory later.	You can view your past visit summaries and most lab test results online, whenever you want.

*These features are available when you get care at Kaiser Permanente facilities.

The right choice for a healthier you

Welcome to your Kaiser Permanente for Individuals and Families enrollment guide. This guide will help you select the right health plan for your needs. Read on to learn why Kaiser Permanente is the best choice.

How to use this guide

Here are some questions you may have, and where you can find the answers in this guide.

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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.,
is a qualified health plan issuer in the DC Health Link.

Have questions? Call us at **1-800-494-5314**. • Go to **dchealthlink.com**. • Or contact your agent or broker.

Your health. Your way.

Kaiser Permanente makes it easier for you to stay in charge of your health. It's simple to make smart choices when you have great doctors and convenient facilities.



Choose and change your doctor

At Kaiser Permanente, we know how important it is to find a doctor who matches your specific needs. Even if you don't need to see your doctor right away, having a doctor you connect with is an important part of taking care of your health.

To help you make the decision that's right for you, you can browse our online doctor profiles where you can find information related to education, credentials, and specialties, as well as our doctors' interest areas and if they are accepting new patients.

You can also change your doctor at any time, for any reason.



Care under one roof

Save time and avoid driving all over town for care.

- You'll have many locations to choose from, and most of them offer multiple services under one roof.
- You can see your doctor, get a lab test or an X-ray, and pick up your medications—all without leaving the building.

Locations near you

To find the location closest to your home, school, or office, visit buykp.org/facilities or turn to page 20 for a map of our locations.

Getting care away from home

Travel freely knowing that we're committed to helping you take healthy trips away from home. At Kaiser Permanente, we're available to help you understand what your health plan covers and how to get care before, during, and after your trip. Learn more at kp.org/travel.



It's easy to stay connected

As a Kaiser Permanente member, kp.org is your online gateway to great health. When you register on kp.org, you can securely access many time-saving tools and beneficial resources to help you manage your health and keep you feeling great.

- View most lab results.
- Refill most prescriptions.
- No copay or coinsurance to video chat with a doctor.*
- Email your doctor's office with nonurgent questions.
- Schedule and cancel routine appointments.
- Print vaccination records for school, sports, and camp.
- Manage a family member's health.

These features are available when you receive care at Kaiser Permanente facilities.

*Video advice with a doctor is only for members 18 years and older. Video appointments with PCPs available only with Kaiser Permanente physicians. Both available only when member is physically present in Maryland, Virginia, or Washington, D.C.

For a guided tour of My Health Manager, visit kp.org/myhealthmanagertour.

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Good health begins with prevention

Kaiser Permanente gives you lots of healthy extras that can help you learn different ways to live healthier.



Preventive care at no cost

No matter which Kaiser Permanente plan you choose, there's no cost for preventive care services. These services can help you find health problems before they get serious, so you can treat them as soon as possible.

Here are some examples of preventive care services:

- Routine physical exams
- Well-child visits
- Well-woman visits
- Annual flu shots
- Routine lab tests
- Autism screenings
- Mammogram screenings
- Contraceptive care and counseling
- Breastfeeding support

For a complete list of our preventive care services, visit kp.org/prevention.



A website full of healthy ideas

Get informed and inspired on our website, kp.org.

- Take charge of your health with articles, wellness topics, health calculators, and preferred rates on complementary health and fitness programs.
- Sign up for online wellness programs that can help you lose weight, stay active, reduce stress, sleep better, stop smoking, and much more.
- Check out our music channels, podcasts, fitness videos, and recipes from world-class chefs.
- Visit kp.org/livehealthy to explore more new and inspiring ways to live well and thrive.



Learn something new

Fit wellness into your schedule, no matter how busy you are. With the many health classes offered, there's something for everyone. Try classes on yoga, eating well, baby care, ongoing health conditions, and much more (some may require a fee). Visit kp.org/classes for course listings in your area.

Learn more about the doctors available in your area at kp.org/searchdoctors.

Have questions? Call us at 1-800-494-5314. • Go to dhealthlink.com. • Or contact your agent or broker.

Why you need coverage

Health coverage is something you can't afford to be without. Kaiser Permanente makes it easy for you to get great care and coverage.



Health care reform – what you should know

It's now the law that most U.S. residents must have health coverage. If you go without it, you may have to pay a tax penalty to the federal government.

When you do your taxes for 2015, you'll have to submit a form to show proof you had health coverage to avoid the penalty (or show proof that you aren't required to have coverage because you qualify for an exemption).

Why choose Kaiser Permanente?

All the plans you'll see in this enrollment guide meet the standards of the new health care law, and offer the same basic services, such as doctor visits, hospital care, prescriptions, and preventive care at no cost.



Health coverage – why you need it

Almost everyone gets sick or hurt, or needs medical help at some point. To get better, you usually need care—like seeing a doctor, staying in a hospital, or taking medication.

On top of that, health care helps keep you healthy. Preventive care—like mammograms and cholesterol tests—can help catch health problems early, when they're easier to treat.

Health coverage helps you pay for all this care and protects you financially—much like the coverage people get to protect their car or home.

Without coverage, high medical bills can wipe out savings and even lead to personal bankruptcy.

Have questions? Call us at 1-800-494-5314. • Go to dhealthlink.com. • Or contact your agent or broker.

Important deadlines

There's a deadline to apply for health care coverage, whether you apply during open enrollment or during a special enrollment period.



To enroll during this open enrollment period, you must make sure we receive your completed Application for Health Coverage – along with your first month's premium – **no later than January 31, 2016.**

Enrolling during the 2016 open enrollment period

You may change or apply for 2016 coverage during the open enrollment period, which runs from **November 1, 2015, through January 31, 2016.** You must apply through DC Health Link.

To start coverage on:	Your completed application and premium must be received by:
January 1, 2016	December 15, 2015
February 1, 2016	January 15, 2016
March 1, 2016	January 31, 2016

Enrolling during a special enrollment period

Outside of open enrollment, you may enroll or change your coverage if you experience what's known as a triggering event. Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you and/or your dependents.

If you know you are going to have a triggering event, you may be able to apply for new coverage ahead of time.

For more information, please refer to the Enrolling During a Special Enrollment Period guide. If you didn't receive this guide, you can find it at buykp.org/apply, or you may call **1-800-494-5314** to request a copy.

Simple steps to enroll



1. Choose a plan

You can cover your entire family under the same plan or separate plans.



2. Calculate your rate

Use the rate calculator on page 17 to find out what your monthly rate would be for the plan you choose.



3. See if you're eligible for federal financial assistance

If you qualify, the federal government will pay any federal financial assistance to Kaiser Permanente on your behalf. Help may be available for monthly premiums or out-of-pocket costs, such as copays, coinsurance, or deductibles. See "You may qualify for federal financial assistance" on page 15 for more information.



4. Complete your application

Complete an online application at dchealthlink.com.

If you think you may qualify for federal financial assistance, we can help you apply through DC Health Link. Call us at **1-800-494-5314**.

Have questions? Call us at **1-800-494-5314**. • Go to dchealthlink.com. • Or contact your agent or broker.

Understanding health plans

We offer a variety of plans to fit your needs and budget. All of them offer the same quality care, but the way they split the costs between the member and the health plan is different. Learn more below.



Copay plans

Platinum, Gold

Copay plans are the simplest. You know in advance how much you will pay for things like doctor visits and prescriptions. Your monthly rate is higher, but you'll pay much less when you actually get care.



Deductible plans

Gold, Silver, Bronze

With a deductible plan, your monthly rate is lower, but you'll have to reach a deductible. This means you'll pay the full charges for certain covered services until you reach a set amount known as your deductible. Then you'll start paying less—just a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you meet your deductible.



HSA-qualified deductible plans

Silver, Bronze

HSA-qualified deductible plans are similar to deductible plans, with one added benefit. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account.

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses, adult dental care, or chiropractic services.* And if you have money left in your HSA at the end of the year, it will roll over for you to use the next year.









*For a complete list of services you can use your HSA to pay for, see Publication 502, *Medical and Dental Expenses*, at irs.gov.

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Choosing a plan based on your care needs

If you need a lot of care, you may want a plan with a higher monthly rate so that you pay less when you come in for care. If you don't go to the doctor much, you may want a plan with a lower monthly rate, keeping in mind you'll pay more if and when you do get care.

Monthly rate versus out-of-pocket costs

Metal name	What you pay for your monthly rate	What you pay when you get care (Emergency Department visit, lab test, etc.)
Platinum		
Gold		
Silver		
Bronze		

An example of costs when you get care

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

Plan name	Primary care office visit	X-ray	Generic drug
KP DC Gold 0/20/ Dental/PedDental (No deductible)	\$20	\$20	\$10
KP DC Silver 1500/30/ Dental/PedDental (\$1,500 deductible)	\$30	\$30	\$15
KP DC Bronze 5000/50/ HSA/Dental/PedDental (\$5,000 deductible)	\$86 before the deductible is met or \$50 after the deductible is met*	\$100 before the deductible is met or \$50 after the deductible is met*	\$24 before the deductible is met or \$20 after the deductible is met*

*The pre-deductible amounts are sample estimates only. Please call us for more detailed information on how much your service will cost.

Have questions? Call us at **1-800-494-5314**. • Go to **dhealthlink.com**. • Or contact your agent or broker.

Health plan 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

	KP DC Silver 1500/30/Dental/PedDental
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$1,500/\$3,000
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$30 (waived for children under age 5)
Specialty care office visit	\$50
Most X-rays	\$30
Most lab tests	\$30
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$30 (individual therapy)
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	30% after deductible
Urgent care visit	\$50
Ambulance services	No charge after deductible
Prescription drugs (up to a 30-day supply)	
Generic	\$15 ¹
Preferred brand	\$55 after \$500 brand deductible per member ¹
Non-preferred brand	30% after \$500 brand deductible per member
Specialty	40% after \$500 brand deductible per member up to \$150 maximum per script

¹Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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 \$1,500 for yourself or \$3,000 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 \$6,850 for yourself and no more than \$13,700 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no charge

Most preventive care services—including routine physical exams and mammograms—are covered at no 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 \$30 copay—even before you meet your deductible. With some of our 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 30% 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 \$50 copay for urgent care visits, whether or not you have met your deductible.

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Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on dchealthlink.com.

	KP DC Bronze 6000/20%/HSA/Dental/ PedDental	KP DC Bronze 5000/50/HSA/Dental/ PedDental	KP DC STD Bronze 4500/50/Dental/ PedDental	KP DC Silver 2750/20%/HSA/Dental/ PedDental	KP DC STD Silver 2000/25/Dental/ PedDental
Plan type	HSA-qualified	HSA-qualified	Deductible	HSA-qualified	Deductible
Features					
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$5,000 /\$10,000	\$4,500/\$9,000	\$2,750/\$5,500	\$2,000/\$4,000
Annual out-of-pocket maximum (individual/family)	\$6,450/\$12,900	\$6,450/\$12,900	\$6,850/\$13,700	\$5,000/\$10,000	\$6,250/\$12,500
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	20% after deductible	\$50 after deductible (waived for children under age 5)	\$50	20% after deductible	\$25
Specialty care office visit	20% after deductible	\$50 after deductible	\$50	20% after deductible	\$50
Most X-rays	20% after deductible	\$50 after deductible	\$50 after deductible	20% after deductible	\$65
Most lab tests	20% after deductible	\$50 after deductible	\$50 after deductible	20% after deductible	\$45
MRI, CT, PET	20% after deductible	\$500 after deductible	\$500 after deductible	20% after deductible	\$250
Outpatient surgery	20% after deductible	30% after deductible	20% after deductible	20% after deductible	20% after deductible
Mental health visit	20% after deductible	\$25 after deductible (individual therapy)	\$50 (individual therapy)	20% after deductible	\$25 (individual therapy)
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	\$500 per day up to 4 days after deductible*	20% after deductible	20% after deductible	20% after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	\$500 per day up to 4 days after deductible*	20% after deductible	20% after deductible	20% after deductible
Emergency and urgent care					
Emergency Department visit	20% after deductible	\$500 after deductible	20% after deductible	20% after deductible	\$250 after deductible
Urgent care visit	20% after deductible	\$50 after deductible	\$50	20% after deductible	\$90
Ambulance services	No charge after deductible	No charge after deductible	No charge	No charge after deductible	\$250 after deductible
Prescription drugs (up to a 30-day supply)					
Generic	\$20 after deductible [†]	\$20 after deductible [†]	\$25 [†]	\$15 after deductible [†]	\$15 [†]
Preferred brand	50% after deductible	\$50 after deductible [†]	50% after \$250 brand deductible per member	\$55 after deductible [†]	\$50 after \$250 brand deductible per member [†]
Non-preferred brand	50% after deductible	30% after deductible	50% after \$250 brand deductible per member	20% after deductible	\$70 after \$250 brand deductible per member
Specialty	50% after deductible up to \$150 maximum per script	40% after deductible up to \$150 maximum per script	50% after \$250 brand deductible per member	40% after deductible up to \$150 maximum per script	20% after \$250 brand deductible per member

*After the designated number of days, there is no charge for covered services related to the admission.

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

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please call us at **1-800-634-4579** or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

Have questions? Call us at 1-800-494-5314. • Go to dchealthlink.com. • Or contact your agent or broker.

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on dhealthlink.com.

	KP DC Silver 1500/30/ Dental/PedDental	KP DC Gold 1000/20/ Dental/PedDental	KP DC STD Gold 500/25 Dental/PedDental	KP DC Gold 0/20/ Dental/PedDental	KP DC STD Platinum 0/20/Dental/PedDental
Plan type	Deductible	Deductible	Deductible	Copayment	Copayment
Features					
Annual medical deductible (individual/family)	\$1,500/\$3,000	\$1,000/\$2,000	\$500/\$1,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$6,350/\$12,700	\$3,500/\$7,000	\$6,350/\$12,700	\$2,000/\$4,000
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	\$30 (waived for children under age 5)	\$20 (waived for children under age 5)	\$25	\$20 (waived for children under age 5)	\$20
Specialty care office visit	\$50	\$40	\$50	\$40	\$40
Most X-rays	\$30	\$20	\$50	\$20	\$40
Most lab tests	\$30	\$20	\$30	\$20	\$20
MRI, CT, PET	30% after deductible	\$150	\$250	\$250	\$150
Outpatient surgery	30% after deductible	20% after deductible	\$600	30%	\$250
Mental health visit	\$30 (individual therapy)	\$20 (individual therapy)	\$25 (individual therapy)	\$20 (individual therapy)	\$20 (individual therapy)
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	\$600 per day up to 5 days after deductible*	\$500 per day up to 4 days*	\$250 per day up to 5 days*
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	\$600 per day up to 5 days after deductible*	\$500 per day up to 4 days*	\$250 per day up to 5 days*
Emergency and urgent care					
Emergency Department visit	30% after deductible	\$250	\$250	\$250	\$150
Urgent care visit	\$50	\$40	\$60	\$40	\$40
Ambulance services	No charge after deductible	No charge after deductible	\$250	No charge	\$150
Prescription drugs (up to a 30-day supply)					
Generic	\$15 [†]	\$10 [†]	\$15 [†]	\$10 [†]	\$5 [†]
Preferred brand	\$55 after \$500 brand deductible per member [†]	\$30 [†]	\$50 [†]	\$30 [†]	\$15 [†]
Non-preferred brand	30% after \$500 brand deductible per member	20%	\$70 [†]	\$50 [†]	\$25 [†]
Specialty	40% after \$500 brand deductible per member up to \$150 maximum per script	30% up to \$150 maximum per script	20%	\$150 [†]	\$100 [†]

*After the designated number of days, there is no charge for covered services related to the admission.

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

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please call us at **1-800-634-4579** or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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	KP DC Catastrophic [†] 6850/0/Dental/ PedDental	KP DC Silver 2750/20%/ 73% CSR/HDHP/ Dental/PedDental**	KP DC Silver 2750/20%/ 87% CSR/HDHP/ Dental/PedDental**	KP DC Silver 2750/20%/ 94% CSR/HDHP/ Dental/PedDental**	KP DC Silver 1500/30/73% CSR/ Dental/PedDental
Plan type	Deductible	Deductible	Deductible	Deductible	Deductible
Features					
Annual medical deductible (individual/family)	\$6,850/\$13,700	\$1,400/\$2,800	\$500/\$1,000	\$100/\$200	\$1,300/\$2,600
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$5,000/\$10,000	\$2,250/\$4,500	\$2,250/\$4,500	\$5,450/\$10,900
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	First 3 office visits no charge. [‡] Additional visits no charge after deductible.	20% after deductible	10% after deductible	5% after deductible	\$30 (waived for children under age 5)
Specialty care office visit	No charge after deductible	20% after deductible	10% after deductible	5% after deductible	\$50
Most X-rays	No charge after deductible	20% after deductible	10% after deductible	No charge after deductible	\$30
Most lab tests	No charge after deductible	20% after deductible	10% after deductible	No charge after deductible	\$30
MRI, CT, PET	No charge after deductible	20% after deductible	10% after deductible	5% after deductible	30% after deductible
Outpatient surgery	No charge after deductible	20% after deductible	10% after deductible	5% after deductible	30% after deductible
Mental health visit	First 3 office visits no charge. [‡] Additional visits no charge after deductible.	20% after deductible	10% after deductible	5% after deductible	\$30 (individual therapy)
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	20% after deductible	10% after deductible	5% after deductible	30% after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	20% after deductible	10% after deductible	5% after deductible	30% after deductible
Emergency and urgent care					
Emergency Department visit	No charge after deductible	20% after deductible	10% after deductible	5% after deductible	30% after deductible
Urgent care visit	No charge after deductible	20% after deductible	10% after deductible	5% after deductible	\$50
Ambulance services	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible	No charge after deductible
Prescription drugs (up to a 30-day supply)					
Generic	No charge after deductible	\$15 after deductible*	\$10 after deductible*	\$5 after deductible*	\$15*
Preferred brand	No charge after deductible	\$55 after deductible*	\$35 after deductible*	\$10 after deductible*	\$45 after \$250 brand deductible per member*
Non-preferred brand	No charge after deductible	20% after deductible	10% after deductible	5% after deductible	30% after \$250 brand deductible per member
Specialty	No charge after deductible	40% after deductible up to \$150 maximum per script	40% after deductible up to \$150 maximum per script	20% after deductible up to \$150 maximum per script	40% after \$250 brand deductible per member up to \$150 maximum per script

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

[†]Only applicants under age 30, or applicants age 30 and older who provide a certificate from DC Health Link demonstrating hardship or lack of affordable coverage, may purchase a KP MD Catastrophic 6850/0/Dental/PedDental plan.

[‡]The KP DC Catastrophic 6850/0/Dental/PedDental plan includes 3 office visits at no charge before you reach your deductible.

Office visits include primary or outpatient mental health care.

**Not HSA-qualified

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please call us at **1-800-634-4579** or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

Have questions? Call us at 1-800-494-5314. • Go to dchealthlink.com. • Or contact your agent or broker.

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on dhealthlink.com.

	KP DC Silver 1500/30/87% CSR/ Dental/PedDental	KP DC Silver 1500/30/94% CSR/ Dental/PedDental	KP DC STD Silver 2000/25/73% CSR/ Dental/PedDental	KP DC STD Silver 2000/25/87% CSR/ Dental/PedDental	KP DC STD Silver 2000/25/94% CSR/ Dental/PedDental
Plan type	Copayment	Copayment	Deductible	Copayment	Deductible
Features					
Annual medical deductible (individual/family)	None/None	None/None	\$1,500/\$3,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$2,250/\$4,500	\$2,250/\$4,500	\$5,450/\$10,900	\$2,250/\$4,500	\$2,250/\$4,500
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	\$15 (waived for children under age 5)	\$5 (waived for children under age 5)	\$25	\$15	\$5
Specialty care office visit	\$35	\$10	\$50	\$25	\$10
Most X-rays	\$20	\$5	\$30	\$30	\$5
Most lab tests	\$20	\$5	\$30	\$15	\$5
MRI, CT, PET	20%	10%	\$250	\$150	\$50
Outpatient surgery	20%	10%	20% after deductible	20%	10%
Mental health visit	\$15 (individual therapy)	\$5 (individual therapy)	\$25 (individual therapy)	\$15 (individual therapy)	\$5 (individual therapy)
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20%	10%	20% after deductible	20%	10%
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20%	10%	20% after deductible	20%	10%
Emergency and urgent care					
Emergency Department visit	20%	10%	\$250 after deductible	\$250	\$250
Urgent care visit	\$35	\$10	\$50	\$25	\$10
Ambulance services	No charge	No charge	No charge after deductible	No charge	No charge
Prescription drugs (up to a 30-day supply)					
Generic	\$15*	\$5*	\$15*	\$15*	\$5*
Preferred brand	\$45*	\$10*	\$50 after \$250 brand deductible per member*	\$50*	\$10*
Non-preferred brand	20%	10%	\$70 after \$250 brand deductible per member*	\$70*	\$35*
Specialty	40% up to \$150 maximum per script	20% up to \$150 maximum per script	20% after \$250 brand deductible per member	20%	20%

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

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please call us at **1-800-634-4579** or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

Have questions? Call us at 1-800-494-5314. • Go to dhealthlink.com. • Or contact your agent or broker.

Dental* and vision care

Kaiser Permanente health plans provide essential health benefits, including pediatric dental benefits for those 18 and younger, in addition to a Preventive Dental Plan for adults 19 and older. Kaiser Permanente plans also include essential vision care.

Quality dental care

In the Preventive Dental Plan, adults pay a \$30 copay for preventive care procedures such as routine cleanings, oral examinations, and topical fluoride, plus bitewing X-rays.

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

Quality

With the Preventive Dental Plan, you can be confident that your dentist was carefully selected. All dentists go through a quality assurance program developed in accordance with National Committee for Quality Assurance (NCQA) guidelines. This process confirms that each dentist has the required credentials and has passed a thorough on-site office evaluation.

Convenience

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.

How to make appointments

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

Essential vision care

You may access optometry services such as routine eye exams, glaucoma screenings, and cataract screenings without a referral from your primary care physician.

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 eye wear 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 **1-800-777-7902 (TTY 711)**, Monday through Friday, 7:30 a.m. to 9 p.m. (except holidays).
- Refer to your *Membership Agreement and Evidence of Coverage*.
- Register at kp.org and read a summary of your benefits online through My Health Manager.

*Dental benefits are administered through Dominion Dental Services USA, Inc. (Dominion Dental).

You may qualify for federal financial assistance

Do you need help paying for health care? Under health care reform, the federal government will provide federal financial assistance for many people, depending on their income. Learn more below.

3 things to know:

- Financial assistance is available for premiums and out-of-pocket expenses.
- If you qualify for assistance, the federal government will pay us directly for it.
- Assistance is available on a sliding scale, based on income and family size.



Determine if you qualify

Call us at **1-800-494-5314** or go to **dchealthlink.com** to see if you qualify for assistance. (For TTY for the deaf, hard of hearing, or speech impaired, call **711**). Or contact your agent or broker.

Both your eligibility and the exact amount of your financial assistance will be determined by DC Health Link.

To quickly check if you may be eligible, use this chart, which shows the estimated family income levels that qualify people for help paying premiums.

Number of people in household	Annual family income level
1	\$47,080 or below
2	\$63,720 or below
3	\$80,360 or below
4	\$97,000 or below
5	\$113,640 or below
6	\$130,280 or below
7	\$146,920 or below
8	\$163,560 or below

You can also use our online calculator to find out if you may qualify. Just go to **buykp.org**.



If you do qualify

If you qualify, you'll need to buy your plan through DC Health Link. If you'd like, we can help you enroll in one of our plans there. Just call us at **1-800-494-5314** (TTY **711** for the deaf, hard of hearing, or speech impaired).



If you don't qualify

Even if you can't get assistance from the federal government, you can buy a Kaiser Permanente plan through DC Health Link.

Have questions? Call us at **1-800-494-5314**. • Go to **dchealthlink.com**. • Or contact your agent or broker.

Working out your rate

Use the rate calculator and monthly rates chart on the following pages to help you evaluate your plan options, or apply on dhealthlink.com to have your rate calculated automatically. Along with your monthly rate, consider what you will need to pay when you get care. See page 8 for more information.

What determines your rate?

Your rate is based on the following:

- The plan you select
- Where you live, based on your county and ZIP code
- Your age on your start date (effective date)

Rates are determined based on each person's age on the plan's start date, whether they apply individually or as a family. For example, if your 29th birthday is on February 14 and you submit your completed application on January 15, you'll have a start date of February 1 and the rate for a 28-year-old.

However, if you submit your application on January 16, your start date will be March 1. Since this is after your birthday, you'll have the rate for a 29-year-old.

Although family members can enroll in different plans, there are some advantages to enrolling family members in the same plan:

- Children can be covered under your plan until they reach age 26, whether or not they're in school or living at home.
- If you have more than 3 children under 21 on the same plan, you will only be charged for the 3 oldest. Other children under 21 are covered at no additional cost.
- If you have a child-only account and everyone on the account is under 21, you will only be charged for the subscriber and the 3 oldest children under 21.

ZIP codes for Washington, D.C.

20001-13	20210-24	20310	20451	20590-91
20015-20	20226-30	20314	20453	20593-94
20022	20232-33	20317-19	20456	20597
20024	20235	20330	20460	20599
20026-27	20237-42	20340	20463	56901-02
20029-30	20244-45	20350	20468-70	56904
20032-33	20250-52	20355	20472	56915
20035-45	20254	20370	20500-11	56920
20047	20260-62	20372-76	20515	56933
20049-50	20265-66	20380	20520-44	56935
20052-53	20268	20388-95	20546-49	56944-45
20055-71	20270	20398	20551-55	56950
20073-78	20277	20401-29	20557	56965
20080-82	20289	20431	20559-60	56967
20090-91	20299	20433-37	20565-66	56972
20097-98	20301	20439-42	20570-73	56998
20201-04	20303	20444	20575-81	56999
20206-08	20306-07	20447	20585-86	

Have questions? Call us at **1-800-494-5314**. • Go to dhealthlink.com. • Or contact your agent or broker.



Rate calculator

To figure out the total monthly rate for your health plan for you and your family, just follow these steps. Or, if you apply online through dhealthlink.com, your rate will be calculated automatically.

1. On the worksheet below, list everyone you want to cover:
 - Yourself
 - Your spouse or domestic partner
 - Each adult child 21 through 25
 - Your 3 oldest children under 21 (other children under 21 are covered at no charge)
2. Find the plan you're considering in the rate chart on the next page.
3. Find the rate for each family member, based on his or her age on the start date.
4. Add up the rates.

Your monthly rate worksheet				
Plan choice		A	B	C
Family member name	Family member age	Rate for plan A	Rate for plan B	Rate for plan C
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Subtotal for health plan monthly rate		\$	\$	\$
Total health plan monthly rate		\$	\$	\$

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2016 Monthly rates

Do you qualify for federal financial assistance?

If so, you may pay lower rates than those listed in this chart.
See page 15 for details.

Please note: If you change plans, your rate will be based on your and your family members' ages as of the effective date for your new plan.

Age on 2016 effective date	KP DC Bronze 6000/20%/HSA/Dental/PedDental	KP DC Bronze 5000/50%/HSA/Dental/PedDental	KP DC STD Bronze 4500/50%/Dental/PedDental	KP DC Silver 2750/20%/HSA/Dental/PedDental	KP DC Silver 2750/20%/73% CSR/HDHP/Dental/PedDental	KP DC Silver 2750/20%/87% CSR/HDHP/Dental/PedDental	KP DC Silver 2750/20%/94% CSR/HDHP/Dental/PedDental	KP DC STD Silver 2000/25%/Dental/PedDental	KP DC STD Silver 2000/25%/73% CSR/Dental/PedDental	KP DC STD Silver 2000/25%/87% CSR/Dental/PedDental
<21	\$134.23	\$136.27	\$145.65	\$163.20	\$163.20	\$163.20	\$163.20	\$188.60	\$188.60	\$188.60
21	149.21	151.48	161.91	181.42	181.42	181.42	181.42	209.66	209.66	209.66
22	149.21	151.48	161.91	181.42	181.42	181.42	181.42	209.66	209.66	209.66
23	149.21	151.48	161.91	181.42	181.42	181.42	181.42	209.66	209.66	209.66
24	149.21	151.48	161.91	181.42	181.42	181.42	181.42	209.66	209.66	209.66
25	149.21	151.48	161.91	181.42	181.42	181.42	181.42	209.66	209.66	209.66
26	149.21	151.48	161.91	181.42	181.42	181.42	181.42	209.66	209.66	209.66
27	149.21	151.48	161.91	181.42	181.42	181.42	181.42	209.66	209.66	209.66
28	152.70	155.02	165.69	185.66	185.66	185.66	185.66	214.56	214.56	214.56
29	155.98	158.35	169.26	189.65	189.65	189.65	189.65	219.17	219.17	219.17
30	159.88	162.31	173.49	194.39	194.39	194.39	194.39	224.65	224.65	224.65
31	163.99	166.48	177.94	199.38	199.38	199.38	199.38	230.42	230.42	230.42
32	167.68	170.23	181.95	203.87	203.87	203.87	203.87	235.61	235.61	235.61
33	171.58	174.19	186.18	208.62	208.62	208.62	208.62	241.09	241.09	241.09
34	175.69	178.36	190.64	213.61	213.61	213.61	213.61	246.86	246.86	246.86
35	179.79	182.52	195.09	218.60	218.60	218.60	218.60	252.63	252.63	252.63
36	183.90	186.69	199.54	223.59	223.59	223.59	223.59	258.39	258.39	258.39
37	188.00	190.86	204.00	228.58	228.58	228.58	228.58	264.16	264.16	264.16
38	190.26	193.15	206.45	231.32	231.32	231.32	231.32	267.33	267.33	267.33
39	192.52	195.44	208.90	234.07	234.07	234.07	234.07	270.51	270.51	270.51
40	200.11	203.15	217.14	243.30	243.30	243.30	243.30	281.18	281.18	281.18
41	207.91	211.07	225.60	252.78	252.78	252.78	252.78	292.13	292.13	292.13
42	216.12	219.40	234.51	262.77	262.77	262.77	262.77	303.67	303.67	303.67
43	224.53	227.95	243.64	273.00	273.00	273.00	273.00	315.49	315.49	315.49
44	233.36	236.91	253.22	283.73	283.73	283.73	283.73	327.89	327.89	327.89
45	242.39	246.07	263.02	294.71	294.71	294.71	294.71	340.58	340.58	340.58
46	251.83	255.66	273.26	306.19	306.19	306.19	306.19	353.85	353.85	353.85
47	261.68	265.66	283.95	318.16	318.16	318.16	318.16	367.69	367.69	367.69
48	271.95	276.08	295.08	330.64	330.64	330.64	330.64	382.11	382.11	382.11
49	282.62	286.91	306.67	343.62	343.62	343.62	343.62	397.11	397.11	397.11
50	293.70	298.16	318.69	357.09	357.09	357.09	357.09	412.68	412.68	412.68
51	305.20	309.83	331.16	371.07	371.07	371.07	371.07	428.83	428.83	428.83
52	317.10	321.92	344.08	385.54	385.54	385.54	385.54	445.56	445.56	445.56
53	329.41	334.42	357.44	400.51	400.51	400.51	400.51	462.86	462.86	462.86
54	342.34	347.55	371.47	416.23	416.23	416.23	416.23	481.03	481.03	481.03
55	355.68	361.09	385.95	432.45	432.45	432.45	432.45	499.77	499.77	499.77
56	369.64	375.26	401.09	449.42	449.42	449.42	449.42	519.38	519.38	519.38
57	384.01	389.84	416.68	466.89	466.89	466.89	466.89	539.57	539.57	539.57
58	398.99	405.05	432.94	485.11	485.11	485.11	485.11	560.62	560.62	560.62
59	414.59	420.89	449.87	504.07	504.07	504.07	504.07	582.54	582.54	582.54
60	430.80	437.35	467.46	523.79	523.79	523.79	523.79	605.32	605.32	605.32
61	447.63	454.43	485.72	544.25	544.25	544.25	544.25	628.97	628.97	628.97
62	447.63	454.43	485.72	544.25	544.25	544.25	544.25	628.97	628.97	628.97
63	447.63	454.43	485.72	544.25	544.25	544.25	544.25	628.97	628.97	628.97
64+	447.63	454.43	485.72	544.25	544.25	544.25	544.25	628.97	628.97	628.97

Rates are effective January 1, 2016, through December 31, 2016.

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2016 Monthly rates

Do you qualify for federal financial assistance?

If so, you may pay lower rates than those listed in this chart.
See page 15 for details.

Please note: If you change plans, your rate will be based on your and your family members' ages as of the effective date for your new plan.

Age on 2016 effective date	KP DC STD Silver 2000/25/94% CSR/Dental/PedDental	KP DC Silver 1500/30/Dental/PedDental	KP DC Silver 1500/30/73% CSR/Dental/PedDental	KP DC Silver 1500/30/87% CSR/Dental/PedDental	KP DC Silver 1500/30/94% CSR/Dental/PedDental	KP DC Gold 1000/20/Dental/PedDental	KP DC STD Gold 500/25/Dental/PedDental	KP DC Gold 0/20/Dental/PedDental	KP DC STD Platinum 0/20/Dental/PedDental	KP DC Catastrophic 6850/0/Dental/PedDental
<21	\$188.60	\$185.81	\$185.81	\$185.81	\$185.81	\$209.01	\$223.61	\$233.73	\$249.00	\$116.83
21	209.66	206.54	206.54	206.54	206.54	232.34	248.56	259.82	276.79	129.87
22	209.66	206.54	206.54	206.54	206.54	232.34	248.56	259.82	276.79	129.87
23	209.66	206.54	206.54	206.54	206.54	232.34	248.56	259.82	276.79	129.87
24	209.66	206.54	206.54	206.54	206.54	232.34	248.56	259.82	276.79	129.87
25	209.66	206.54	206.54	206.54	206.54	232.34	248.56	259.82	276.79	129.87
26	209.66	206.54	206.54	206.54	206.54	232.34	248.56	259.82	276.79	129.87
27	209.66	206.54	206.54	206.54	206.54	232.34	248.56	259.82	276.79	129.87
28	214.56	211.37	211.37	211.37	211.37	237.78	254.38	265.89	283.26	132.91
29	219.17	215.92	215.92	215.92	215.92	242.89	259.85	271.61	289.35	135.77
30	224.65	221.32	221.32	221.32	221.32	248.96	266.34	278.40	296.59	139.16
31	230.42	227.00	227.00	227.00	227.00	255.35	273.18	285.55	304.20	142.74
32	235.61	232.11	232.11	232.11	232.11	261.11	279.34	291.98	311.06	145.95
33	241.09	237.51	237.51	237.51	237.51	267.18	285.83	298.77	318.29	149.35
34	246.86	243.19	243.19	243.19	243.19	273.57	292.67	305.92	325.90	152.92
35	252.63	248.88	248.88	248.88	248.88	279.96	299.51	313.07	333.52	156.49
36	258.39	254.56	254.56	254.56	254.56	286.35	306.35	320.21	341.13	160.06
37	264.16	260.24	260.24	260.24	260.24	292.75	313.18	327.36	348.75	163.64
38	267.33	263.37	263.37	263.37	263.37	296.26	316.95	331.29	352.94	165.60
39	270.51	266.49	266.49	266.49	266.49	299.78	320.71	335.22	357.12	167.57
40	281.18	277.00	277.00	277.00	277.00	311.60	333.36	348.45	371.21	174.18
41	292.13	287.80	287.80	287.80	287.80	323.75	346.35	362.03	385.68	180.96
42	303.67	299.16	299.16	299.16	299.16	336.53	360.03	376.32	400.91	188.11
43	315.49	310.81	310.81	310.81	310.81	349.63	374.04	390.98	416.52	195.43
44	327.89	323.03	323.03	323.03	323.03	363.37	388.75	406.34	432.89	203.12
45	340.58	335.53	335.53	335.53	335.53	377.44	403.79	422.07	449.64	210.98
46	353.85	348.60	348.60	348.60	348.60	392.14	419.52	438.51	467.15	219.19
47	367.69	362.23	362.23	362.23	362.23	407.48	435.93	455.66	485.43	227.77
48	382.11	376.44	376.44	376.44	376.44	423.46	453.02	473.53	504.47	236.70
49	397.11	391.21	391.21	391.21	391.21	440.08	470.80	492.11	524.26	245.99
50	412.68	406.56	406.56	406.56	406.56	457.33	489.27	511.41	544.82	255.64
51	428.83	422.46	422.46	422.46	422.46	475.23	508.41	531.43	566.14	265.64
52	445.56	438.94	438.94	438.94	438.94	493.77	528.24	552.15	588.23	276.00
53	462.86	455.99	455.99	455.99	455.99	512.94	548.76	573.60	611.07	286.72
54	481.03	473.89	473.89	473.89	473.89	533.08	570.30	596.11	635.06	297.98
55	499.77	492.35	492.35	492.35	492.35	553.85	592.52	619.34	659.80	309.59
56	519.38	511.67	511.67	511.67	511.67	575.58	615.77	643.64	685.69	321.74
57	539.57	531.56	531.56	531.56	531.56	597.95	639.70	668.66	712.34	334.24
58	560.62	552.30	552.30	552.30	552.30	621.28	664.66	694.75	740.14	347.28
59	582.54	573.89	573.89	573.89	573.89	645.57	690.65	721.91	769.07	360.86
60	605.32	596.34	596.34	596.34	596.34	670.82	717.66	750.14	799.15	374.97
61	628.97	619.62	619.62	619.62	619.62	697.02	745.68	779.45	830.37	389.61
62	628.97	619.62	619.62	619.62	619.62	697.02	745.68	779.45	830.37	389.61
63	628.97	619.62	619.62	619.62	619.62	697.02	745.68	779.45	830.37	389.61
64+	628.97	619.62	619.62	619.62	619.62	697.02	745.68	779.45	830.37	389.61

Rates are effective January 1, 2016, through December 31, 2016.

Have questions? Call us at **1-800-494-5314**. • Go to **dhealthlink.com**. • Or contact your agent or broker.

Finding a facility near you

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 search for a facility by ZIP code or keywords at buykp.org/facilities to find the one nearest you.



*All City Plaza services and providers will be relocating to the Baltimore Harbor Medical Center in Fall 2015. Please check kp.org/facilities for the most up-to-date listing of the services located at Kaiser Permanente medical centers, or call Member Services.

†Not available for Medicare Plus enrollees

Have questions? Call us at **1-800-494-5314**. • Go to dchealthlink.com. • Or contact your agent or broker.

Exclusions and limitations

The following list contains exclusions and limitations associated with the benefits described in this booklet for copayment plans and deductible and HSA-qualified deductible plans sections.

Preventive health care services

Limitations:

While treatment may be provided in the following situations, the following services are not considered preventive care services. The applicable copayment or coinsurance will apply:

- Monitoring a chronic disease;
- Follow-up services after you have been diagnosed with a disease;
- Testing and diagnosis of a specific disease for which you have been determined to be at high risk for contracting based on factors determined by national standards;
- Services when you show signs or symptoms of a specific disease or disease process;
- Non-routine gynecological visits;
- Treatment of a medical condition or problem identified during the course of the preventive screening exam.
- Lab, imaging, and other ancillary Services not included in routine prenatal care.
- Non-preventive Services performed in conjunction with a sterilization.
- Lab, imaging, and other ancillary Services associated with sterilizations.
- Complications that arise after a sterilization procedure.
- Over-the-counter contraceptive pills, supplies, and devices
- Personal and convenience supplies associated with breastfeeding equipment such as pads, bottles, and carrier cases.
- Replacement or upgrades for breastfeeding equipment that is not rented Durable Medical Equipment.
- Prescription contraceptives that do not require clinical administration for certain group health plans that provide outpatient prescription drug coverage that includes FDA-approved contraception that is separate from Health Plan coverage and furnished through another prescription drug provider.

Emergency services

Notification:

If you receive care at a hospital emergency room and/or are admitted to a non-Plan hospital, you, or someone on your behalf, must notify us as soon as possible, not later than 48 hours after any emergency room visit or admission or on the first working day following the emergency room visit or admission, whichever is later, unless it was not reasonably possible to notify us. If admitted to a hospital, we will decide whether to make arrangements for necessary continued care where you are, or to transfer you to a facility we designate. If you do not notify us, as provided herein, we will not cover the emergency room visit, or hospital care you receive after transfer would have been possible.

Continuing or follow-up treatment:

We do not cover continuing or follow-up treatment after emergency services unless authorized by Health Plan. We cover only the non-Plan emergency services that are required before you could, without medically harmful results, have been moved to a facility we designate either inside or outside our service area or in another Kaiser Foundation Health Plan or allied Plan service area.

Hospital observation:

Transfer to an observation bed or observation status does not qualify as an admission to a hospital. Your emergency room visit copayment, if applicable, will not be waived.

Urgent care services

Exclusions:

Urgent care services within our service area that were not provided by a Plan provider or Plan facility.

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Limitations:

We do not cover services outside our service area for conditions that, before leaving the service area, you should have known might require services while outside our service area, such as dialysis for end-stage renal disease, post-operative care following surgery, and treatment for continuing infections, unless we determine that you were temporarily outside our service area because of extreme personal emergency.

Ambulance services

Exclusions:

- Transportation by car, taxi, bus, minivan, and any other type of transportation (other than a licensed ambulance), even if it is the only way to travel to a Plan provider
- Non-emergency transportation services that are not medically appropriate and that have not been ordered by a Plan provider

Vision services

Exclusions:*

- Any eye surgery solely for the purpose of correcting refractive defects of the eye, such as myopia, hyperopia, or astigmatism (for example, radial keratotomy, photo-refractive keratectomy, and similar procedures)
- Eye exercises
- Orthoptic (eye training) therapy
- Sunglasses without corrective lenses unless medically necessary
- Contact lens services other than the initial fitting and purchase of contact lenses as provided in this section
- Noncorrective contact lenses
- Replacement of lost or broken lenses or frames

HSA-qualified deductible (1750, 4500, 5000 deductible levels) and deductible (4500 deductible levels) plan exclusions:

- Exclusions noted above
- Eyeglass lenses and eyeglass frames
- All services related to contact lenses, including examinations, fitting and dispensing, and follow-up visits, except as otherwise noted

Prescription drugs

Exclusions:

- Drugs for which a prescription is not required by law, except when the drug is listed in our Preferred Drug List.
- Compounded preparations that do not contain at least one ingredient requiring a prescription and are not listed in our Preferred Drug List.
- Drugs obtained from a non-Plan Pharmacy, except when the drug is prescribed during an emergency or urgent care visit in which covered Services are rendered, or associated with a covered authorized referral outside the Service Area.
- Take home drugs received from a hospital, Skilled Nursing Facility, or other similar facility. Refer to "Hospital Inpatient Care" and "Skilled Nursing Facility Care" in Section 3 - Benefits of your Agreement.
- Drugs that are not listed in our Preferred Drug List, except as described in the Outpatient Prescription Drug Benefits Appendix.
- Drugs that are considered to be experimental or investigational. Refer to "Clinical Trials" in Section 3 - Benefits of your Agreement.
- Except as specifically covered under this Outpatient Prescription Drug Benefits Appendix, a drug (a) which can be obtained without a prescription, or (b) for which there is a non-prescription drug that is the identical chemical equivalent (i.e., same active ingredient and dosage) to a prescription drug.
- Drugs for which the Member is not legally obligated to pay, or for which no charge is made.
- Blood or blood products, except as covered in "Blood, Blood Products and their Administration" in Section 3 - Benefits of your Agreement.
- Drugs or dermatological preparations, ointments, lotions, and creams prescribed for cosmetic purposes; including, but not limited to, drugs used to retard or reverse the effects of skin aging or to treat nail fungus or hair loss.
- Medical foods, except as covered in "Medical Foods" in Section 3 - Benefits of your Agreement.
- Drugs for the palliation and management of terminal illness if they are provided by a licensed hospice agency to a Member participating in our hospice care program, except as covered in "Hospice Care" in Section 3 - Benefits of your Agreement.

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*Not applicable for children under 19. Eyeglasses, frames, and contact lenses are from a select group. Call **1-800-494-5314** for more information.

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- Prescribed drugs and accessories that are necessary for Services that are excluded under this Agreement.
- Special packaging (e.g., blister pack, unit dose, unit-of-use packaging) that is different from the Health Plan's standard packaging for prescription drugs.
- Alternative formulations or delivery methods that are: (1) different from the Health Plan's standard formulation or delivery method for prescription drugs; and (2) deemed not Medically Necessary.
- Drugs and devices provided during a covered stay in a hospital or Skilled Nursing Facility, or that require administration or observation by medical personnel and are provided to you in a medical office or during home visits. This includes the equipment and supplies associated with the administration of a drug. Refer to "Drugs, Supplies, and Supplements" and "Home Health Services" in Section 3 - Benefits of your Agreement.
- Bandages or dressings, except as covered in "Drugs, Supplies, and Supplements" and "Home Health Services" in Section 3 - Benefits of your Agreement.
- Diabetic equipment and supplies, except as covered in "Diabetic Equipment Supplies, and Self-Management" in Section 3" – Benefits of your Agreement.
- Growth hormone therapy (GHT) for treatment of adults age 18 or older, except when prescribed by a Plan Physician, pursuant to clinical guidelines for adults.
- Any prescription drug product that is therapeutically equivalent to an over-the-counter drug, upon a review and determination by the Pharmacy and Therapeutics Committee.
- Drugs for weight management.
- Drugs for treatment of sexual dysfunction disorder, such as erectile dysfunction.
- Drugs for treatment of infertility
- Replacement prescriptions necessitated by theft or loss.
- Durable medical equipment, prosthetic or orthotic devices, and their supplies, including: peak flow meters, nebulizers, and spacers; and ostomy and urological supplies. Refer to "Durable Medical Equipment" and "Prosthetic Devices" in Section 3 - Benefits of your Agreement.

Limitations:

Benefits are subject to the following limitations:

- For drugs prescribed by dentists, coverage is limited to antibiotics and pain relief drugs that are included on our Preferred Drug List and purchased at a Plan Pharmacy, unless the criteria for coverage of Non-Preferred Brand Drugs has been met. The Non-Preferred Brand Drugs coverage criteria is detailed in the subsection titled, "Preferred Brand vs. Non-Preferred Brand Drugs."
- In the event of a civil emergency or the shortage of one or more prescription drugs, we may limit availability in consultation with the Health Plan's emergency management department and/or our Pharmacy and Therapeutics Committee. If limited, the applicable Cost Share per prescription will apply. However, a Member may file a claim for the difference between the Cost Share for a full prescription and the pro-rata Cost Share for the actual amount received. Instructions for filing a claim can be found in Section 5 of your Agreement.

Adult dental services

Exclusions:

The following services are not covered under your dental plan Agreement:

- Services which are covered under worker's compensation or employer's liability laws.
- Services which, in the opinion of the attending dentist, are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth.
- Oral surgery requiring the setting of fractures or dislocations, except as may be otherwise covered in your medical plan which is described in Section 3 of the Agreement.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations, except as may be otherwise covered in your medical plan as described in Section 3 of the Agreement.

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- Dispensing of drugs, except as may be otherwise covered in your medical plan that is described in the Agreement.
- Hospitalization for any dental procedure.
- Treatment required for conditions resulting from major disaster, epidemic, war or acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as a Covered Dental Service.

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