

Kaiser Permanente for
Individuals and Families

2016 Enrollment Guide
Maryland





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 Maryland Health Connection.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • 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 17 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 get care at Kaiser Permanente facilities.

*Video advice with a doctor is only for members 18 years and older. Video appointments with primary care physicians are available only with Kaiser Permanente physicians. Both are available only when the 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 buykp.org/apply. • 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.
- You can buy one of our plans from us or through the Health Insurance Marketplaces.



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 buykp.org/apply. • 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 can do so either through Maryland Health Connection or through Kaiser Permanente.

To start coverage on:	Send your completed application and premium 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 15 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 13 for more information.



4. Complete your application

Complete an online application at buykp.org/apply or use a paper application.

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



5. Select your payment method

Payment for your first month's coverage is required with your application. You can pay by check, money order, debit card, or credit card.



6. Sign the application

If your application is missing any documentation, signatures, or other information, it may be canceled.



7. Submit the application with payment and all necessary documentation

- **Online:** For the fastest response, enroll online today at buykp.org/apply. Or if you're working with an agent or broker, use the personalized link he or she has provided.
- **Fax:** **301-388-1615** (if paying by debit or credit card)
- **Mail:** Membership Administration Dept./KPIF 5W

Kaiser Permanente
 2101 East Jefferson St., Suite 100
 Rockville, MD 20852-9995

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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 MD Gold 0/20/ Dental/PedDental (No deductible)	\$20	\$20	\$10
KP MD Silver 1500/30/ Dental/PedDental (\$1,500 deductible)	\$30	\$30	\$15
KP MD 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 buykp.org/apply. • 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 MD 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	30% after \$500 brand deductible per member up to \$150 maximum per script

 Offered through Kaiser Permanente
 Offered through the Marketplace, 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 \$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.

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

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KP Offered through Kaiser Permanente

M Offered through the Marketplace, Maryland Health Connection

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

	KP M KP MD Bronze 6000/20%/HSA/Dental/ PedDental	KP M KP MD Bronze 5000/50/HSA/Dental/ PedDental	KP M KP MD Bronze 4500/50/Dental/ PedDental	KP M KP MD Silver 2750/20%/HSA/Dental/ PedDental	KP M KP MD Silver 2500/30/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	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$6,450/\$12,900	\$6,450/\$12,900	\$6,850/\$13,700	\$5,000/\$10,000	\$6,850/\$13,700
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 (waived for children under age 5)	20% after deductible	\$30 (waived for children under age 5)
Specialty care office visit	20% after deductible	\$50 after deductible	\$60	20% after deductible	\$50
Most X-rays	20% after deductible	\$50 after deductible	20% after deductible	20% after deductible	\$30
Most lab tests	20% after deductible	\$50 after deductible	20% after deductible	20% after deductible	\$30
MRI, CT, PET	20% after deductible	\$500 after deductible	\$500 after deductible	20% after deductible	30% after deductible
Outpatient surgery	20% after deductible	30% after deductible	20% after deductible	20% after deductible	30% after deductible
Mental health visit	20% after deductible	\$50 after deductible (individual therapy)	\$50 (individual therapy)	20% after deductible	\$30 (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	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	20% after deductible	\$500 per day up to 4 days after deductible*	20% after deductible	20% after deductible	30% after deductible
Emergency and urgent care					
Emergency Department visit	20% after deductible	\$500 after deductible	20% after deductible	20% after deductible	30% after deductible
Urgent care visit	20% after deductible	\$50 after deductible	\$60	20% 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	\$20 after deductible [†]	\$20 after deductible [†]	\$25 [†]	\$15 after deductible [†]	\$15 [†]
Preferred brand	50% after deductible	\$50 after deductible [†]	50% after \$750 brand deductible per member	\$55 after deductible [†]	\$55 after \$500 brand deductible per member [†]
Non-preferred brand	50% after deductible	30% after deductible	50% after \$750 brand deductible per member	20% after deductible	30% after \$500 brand deductible per member
Specialty	50% after deductible up to \$150 maximum per script	30% after deductible up to \$150 maximum per script	50% after \$750 brand deductible per member up to \$150 maximum per script	30% after deductible up to \$150 maximum per script	30% after \$500 brand deductible per member up to \$150 maximum per script

*After 4 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. Office visits include primary or outpatient mental health care.

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 Offered through Kaiser Permanente

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	KP M KP MD Silver 1500/30/Dental/ PedDental	KP M KP MD Gold 1000/20/Dental/ PedDental	KP M KP MD Gold 0/20/Dental/ PedDental	KP M KP MD Platinum 0/20/Dental/ PedDental	KP M KP MD Catastrophic ^c 6850/0/Dental/ PedDental
Plan type	Deductible	Deductible	Copay/Coinsurance	Copay	Deductible
Features					
Annual medical deductible (individual/family)	\$1,500/\$3,000	\$1,000/\$2,000	None/None	None/None	\$6,850/\$13,700
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$6,350/\$12,700	\$6,350/\$12,700	\$5,000/\$10,000	\$6,850/\$13,700
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)	\$20 (waived for children under age 5)	\$20 (waived for children under age 5)	First 3 office visits no charge.** Additional visits no charge after deductible.
Specialty care office visit	\$50	\$40	\$40	\$30	No charge after deductible
Most X-rays	\$30	\$20	\$20	\$20	No charge after deductible
Most lab tests	\$30	\$20	\$20	\$20	No charge after deductible
MRI, CT, PET	30% after deductible	\$150	\$250	\$150	No charge after deductible
Outpatient surgery	30% after deductible	20% after deductible	30%	\$350	No charge after deductible
Mental health visit	\$30 (individual therapy)	\$20 (individual therapy)	\$20 (individual therapy)	\$20 (individual therapy)	First 3 office visits no charge.** Additional visits no charge after deductible.
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	\$500 per day up to 4 days*	\$350 per day up to 4 days*	No charge after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	\$500 per day up to 4 days*	\$350 per day up to 4 days*	No charge after deductible
Emergency and urgent care					
Emergency Department visit	30% after deductible	\$250	\$250	\$250	No charge after deductible
Urgent care visit	\$50	\$40	\$40	\$30	No charge after deductible
Ambulance services	No charge after deductible	No charge after deductible	No charge	No charge	No charge after deductible
Prescription drugs (up to a 30-day supply)					
Generic	\$15 [†]	\$10 [†]	\$10 [†]	\$10 [†]	No charge after deductible
Preferred brand	\$55 after \$500 brand deductible per member [†]	\$30 [†]	\$30 [†]	\$30 [†]	No charge after deductible
Non-preferred brand	30% after \$500 brand deductible per member	20%	\$50 [†]	\$50 [†]	No charge after deductible
Specialty	30% after \$500 brand deductible per member up to \$150 maximum per script	30% after deductible up to \$150 maximum per script	\$150 [†]	\$150 [†]	No charge after deductible

*After 4 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.

[‡]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 MD 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.

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Dental* and vision care

Kaiser Permanente health plans provide essential health benefits, including pediatric dental benefits for members under age 19, 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.

Enhanced adult dental benefits

For an additional premium of \$12.99 per month, adults 19 and older can choose to enroll in an enhanced dental plan (Enhanced Dental HMO Rider) that offers orthodontic coverage, a \$10 copay for most preventive care procedures, and even lower fees on more extensive care than the Preventive Dental Plan. To enroll, select the option on your application to enhance your dental coverage with the Enhanced Dental HMO Rider.

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'll need a referral to obtain care from an ophthalmologist. Many Kaiser Permanente medical centers have a vision center where you can have exams and purchase quality eyewear and contact lenses. To locate a medical center with vision care services, visit kp.org/facilities.

For information about coverage and limitations:

- Call Member Services at **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 marylandhealthconnection.gov 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 Maryland Health Connection.

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 Maryland Health Connection. 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).

Avoid being billed twice: If you are enrolled in a plan through Maryland Health Connection, cancel that plan through marylandhealthconnection.gov on or before the start date of your new plan.



If you don't qualify

Even if you can't get assistance from the federal government, you can buy a Kaiser Permanente plan from us or through Maryland Health Connection.

Have questions? Call us at **1-800-494-5314**. • Go to buykp.org/apply. • 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 kp.org/apply 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
- If you have or are adding the optional Enhanced Dental HMO Rider for family members age 19 and older, please add \$12.99 per adult to your monthly rate.
- 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.

The rates on page 16 apply to the ZIP codes below.

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

ZIP codes for Maryland

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

Have questions? Call us at **1-800-494-5314**. • Go to buykp.org/apply. • 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 buykp.org/apply, 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. If you are adding the optional Enhanced Dental HMO Rider for adults 19 and older, please add \$12.99 per adult to your monthly rates.
5. 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		\$	\$	\$
Optional Enhanced Dental HMO Rider (add \$12.99 per adult 19 and older)		_____ x \$12.99 = \$ _____	_____ x \$12.99 = \$ _____	_____ x \$12.99 = \$ _____
Total health plan monthly rate		\$	\$	\$

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

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 13 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 MD Bronze 6000/20%/HSA/Dental/PedDental	KP MD Bronze 5000/50%/HSA/Dental/PedDental	KP MD Bronze 4500/50%/Dental/PedDental	KP MD Silver 2750/20%/HSA/Dental/PedDental	KP MD Silver 2500/30%/Dental/PedDental	KP MD Silver 1500/30%/Dental/PedDental	KP MD Gold 1000/20%/Dental/PedDental	KP MD Gold 0/20%/Dental/PedDental	KP MD Platinum 0/20%/Dental/PedDental	KP MD Catastrophic 6850/0%/Dental/PedDental
<21	\$97.56	\$98.53	\$115.32	\$120.93	\$128.13	\$132.88	\$154.46	\$166.71	\$172.55	\$89.00
21	153.63	155.17	181.61	190.44	201.78	209.26	243.25	262.53	271.74	140.15
22	153.63	155.17	181.61	190.44	201.78	209.26	243.25	262.53	271.74	140.15
23	153.63	155.17	181.61	190.44	201.78	209.26	243.25	262.53	271.74	140.15
24	153.63	155.17	181.61	190.44	201.78	209.26	243.25	262.53	271.74	140.15
25	154.24	155.79	182.34	191.20	202.59	210.10	244.22	263.58	272.83	140.71
26	157.32	158.89	185.97	195.01	206.62	214.28	249.09	268.83	278.26	143.51
27	161.00	162.62	190.33	199.58	211.47	219.30	254.93	275.13	284.78	146.88
28	167.00	168.67	197.41	207.01	219.33	227.47	264.41	285.37	295.38	152.34
29	171.91	173.64	203.22	213.10	225.79	234.16	272.20	293.77	304.08	156.83
30	174.37	176.12	206.13	216.15	229.02	237.51	276.09	297.97	308.42	159.07
31	178.06	179.84	210.49	220.72	233.86	242.53	281.93	304.27	314.95	162.43
32	181.74	183.57	214.84	225.29	238.71	247.55	287.76	310.57	321.47	165.80
33	184.05	185.89	217.57	228.15	241.73	250.69	291.41	314.51	325.54	167.90
34	186.51	188.38	220.47	231.19	244.96	254.04	295.31	318.71	329.89	170.14
35	187.74	189.62	221.93	232.72	246.58	255.72	297.25	320.81	332.07	171.26
36	188.96	190.86	223.38	234.24	248.19	257.39	299.20	322.91	334.24	172.38
37	190.19	192.10	224.83	235.76	249.80	259.06	301.14	325.01	336.41	173.51
38	191.42	193.34	226.29	237.29	251.42	260.74	303.09	327.11	338.59	174.63
39	193.88	195.82	229.19	240.34	254.65	264.09	306.98	331.31	342.94	176.87
40	196.34	198.31	232.10	243.38	257.87	267.43	310.87	335.51	347.28	179.11
41	200.03	202.03	236.46	247.95	262.72	272.46	316.71	341.81	353.81	182.48
42	203.56	205.60	240.63	252.33	267.36	277.27	322.31	347.85	360.06	185.70
43	208.48	210.57	246.44	258.43	273.82	283.97	330.09	356.25	368.75	190.18
44	214.62	216.77	253.71	266.04	281.89	292.34	339.82	366.75	379.62	195.79
45	221.84	224.07	262.24	275.00	291.37	302.17	351.25	379.09	392.39	202.38
46	230.45	232.76	272.42	285.66	302.67	313.89	364.88	393.80	407.61	210.23
47	240.12	242.53	283.86	297.66	315.38	327.07	380.20	410.33	424.73	219.05
48	251.19	253.70	296.93	311.37	329.91	342.14	397.71	429.24	444.29	229.15
49	262.09	264.72	309.83	324.89	344.24	357.00	414.98	447.88	463.59	239.10
50	274.38	277.13	324.36	340.13	360.38	373.74	434.44	468.88	485.33	250.31
51	286.52	289.39	338.70	355.17	376.32	390.27	453.66	489.62	506.80	261.38
52	299.89	302.89	354.50	371.74	393.87	408.48	474.82	512.46	530.44	273.57
53	313.41	316.55	370.48	388.50	411.63	426.89	496.23	535.56	554.35	285.91
54	328.00	331.29	387.74	406.59	430.80	446.77	519.34	560.50	580.16	299.22
55	342.59	346.03	404.99	424.68	449.97	466.65	542.45	585.44	605.98	312.53
56	358.42	362.01	423.70	444.30	470.75	488.20	567.50	612.48	633.97	326.97
57	374.40	378.15	442.58	464.10	491.74	509.97	592.80	639.79	662.23	341.55
58	391.45	395.37	462.74	485.24	514.14	533.19	619.80	668.93	692.39	357.10
59	399.90	403.91	472.73	495.72	525.23	544.70	633.18	683.37	707.34	364.81
60	416.95	421.13	492.89	516.85	547.63	567.93	660.18	712.51	737.50	380.37
61	431.70	436.03	510.32	535.14	567.00	588.02	683.53	737.71	763.59	393.82
62	441.38	445.80	521.77	547.13	579.71	601.20	698.86	754.25	780.71	402.65
63	453.52	458.06	536.11	562.18	595.65	617.74	718.07	774.99	802.18	413.72
64+	460.89	465.51	544.83	571.32	605.34	627.78	729.75	787.59	815.22	420.45

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

Have questions? Call us at **1-800-494-5314**. • Go to buykp.org/apply. • 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 buykp.org/apply. • 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.

Exclusions:

The Services listed below are excluded from coverage. These exclusions apply to all Services that would otherwise be covered under your Agreement.

Additional exclusions that apply only to a particular Service are listed in the description of that Service under Section 3 of your Agreement. When a Service is excluded, all Services related to that excluded Service are also excluded, even if they would otherwise be covered under your Agreement.

- Services that are not medically necessary.
- Services performed or prescribed under the direction of a person who is not a Health Care Practitioner.
- Services that are beyond the scope of practice of the Health Care Practitioner performing the Service.
- 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.
- Services for which a Member is not legally, or as a customary practice, required to pay in the absence of a Health Benefit Plan.
- Except for the pediatric vision benefit provided in Section 3 - Benefits of your Agreement, 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.
- Personal Care Services and Domiciliary Care Services.
- Services rendered by a Health Care Practitioner who is a Member's spouse, mother, father, daughter, son, brother or sister.
- Experimental Services. This exclusion does not apply to Services covered under clinical trials in Section 3 of this Agreement.
- 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.
- Services to reverse a voluntary sterilization procedure or an adult or a Dependent minor.
- Services for sterilization for a Dependent minor, except FDA approved sterilization procedures for women with reproductive capacity.
- Medical or surgical treatment for reducing or controlling weight, unless otherwise specified in Section 3 - Benefits of your Agreement.
- Services incurred before the effective date of coverage for a Member.
- Services incurred after a Member's termination of coverage, except as provided in the Extension of Benefits provision in the Plan Renewal, Termination and Transfer of Membership section of your Agreement.
- Surgery or related 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.
- 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.
- 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.
- Personal hygiene and convenience items, including, but not limited to, air conditioners, humidifiers, or physical fitness equipment.
- Charges for telephone consultations, failure to keep a scheduled visit, or completion of any form.
- Inpatient admissions primarily for diagnostic studies, unless authorized by Health Plan.
- The purchase, examination, or fitting of hearing aids and supplies, and tinnitus maskers, unless otherwise specific under Section 3 - Benefits of your Agreement.
- Travel, whether or not recommended by a Health Care Practitioner, except for covered ambulance Services and air travel in connection with a covered transplant.
- Except for Emergency Services, Services received while the Member is outside the United States.

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Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

(continued)

- Unless otherwise specified Section 3 - Benefits of your Agreement, in the Adult Dental Plan Appendix, or in the Pediatric Dental Plan Appendix of this Agreement, dental work or treatment which 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 months of the accident; and
 - d. Dental implants.
- Except as covered under the Adult Dental Plan or in the Pediatric Dental Plan of this Agreement, accidents occurring while and as a result of chewing.
- Routine foot care, including the paring or removing of corns and calluses, or trimming of nails, unless these Services are determined to be medically necessary.
- 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.
- Inpatient admissions primarily for physical therapy, unless authorized by Health Plan.
- Treatment of sexual dysfunction not related to organic disease.
- Services that duplicate benefits provided under federal, state, or local laws, regulations, or programs.
- Nonhuman organs and their implantation.
- Non-replacement fees for blood and blood products.
- Lifestyle improvements, or physical fitness programs, unless included in Section 3 - Benefits of your Agreement.
- Wigs or cranial prosthesis, except for hair prosthesis for a Member whose hair loss was the result of chemotherapy or radiation treatment for cancer.
- Weekend admission charges, except for emergencies and maternity, unless authorized by Health Plan.
- Outpatient orthomolecular therapy, including nutrients, vitamins, and food supplements.

- Temporomandibular joint syndrome (TMJ) treatment and treatment for craniomandibular pain syndrome (CPS), except for surgical Services for TMJ and CPS, if medically necessary and if there is a clearly demonstrable radiographic evidence of joint abnormality due to disease or injury.
- 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.
- Services for conditions that State or local laws, regulations, ordinances, or similar provisions require to be provided in a public institution.
- 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 Health Plan and is undergoing a covered transplant; and,
 - b. Services are not payable by another carrier.
- Physical examinations required for obtaining or continuing employment, insurance, or government licensing.
- Non-medical ancillary Services such as vocational rehabilitation, employment counseling, or educational therapy.
- Private Hospital room unless authorized by Health Plan.
- Private duty nursing, unless authorized by Health Plan.
- 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.

Limitations:

We will use our best efforts to provide or arrange for Members' health care Services in the event of unusual circumstances that delay or render impractical the provision of Services under your Agreement, such as a major disaster, epidemic, war, riot, civil insurrection, disability of a large share of personnel of a Plan Hospital or Plan Medical Office, and complete or partial destruction of facilities. However, Health Plan, Kaiser Foundation Hospitals, Medical Group, and Medical Group 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 Insurance Commissioner of Maryland.

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Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

(continued)

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, Health Plan and Plan Providers have no further responsibility to provide or cover any alternative treatment you may request for that condition.

Mental Health and Substance Abuse Exclusions:

- Services by pastoral or marital counselors;
- Therapy for sexual problems;
- Treatment for learning disabilities and intellectual disabilities;
- Telephone therapy;
- Travel time to the member’s home to conduct therapy;
- Services rendered or billed by schools, or halfway houses or members of their staffs;
- Marriage counseling; and
- Services that are not medically necessary.

Cardiac Rehabilitation Limitations and Exclusions:

- Services must be provided at a facility approved by the Health Plan that is equipped to provide cardiac rehabilitation.
- Maintenance programs are not covered. Maintenance programs consist of activities that preserve the present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no additional progress is apparent or expected to occur.

Pulmonary Rehabilitation Limitations and Exclusions:

- Services must be provided at a facility approved by the Health Plan that is equipped to provide pulmonary rehabilitation.
- Maintenance programs are not covered. Maintenance programs consist of activities that preserve the present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved or when no additional progress is apparent or expected to occur.
- Coverage is limited to one pulmonary rehabilitation program per lifetime.

In vitro fertilization Limitation:

- Coverage is limited to three in vitro fertilization attempts per live birth.

Clinical trials Exclusions:

- The investigational Service.
- Services provided solely for data collection and analysis and that are not used in your direct clinical management.

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 as determined by the American Dental Association (ADA) guidelines.
 - 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.
 - Dispensing of drugs, except as may be otherwise covered in your medical plan that is described in the Agreement.
 - Replacement due to loss or theft of prosthetic appliance.
 - Procedures not listed as a Covered Dental Service.
 - Services provided by a non-Participating Dental Provider or not pre-authorized by Dental Administrator with the exception of out-of-area emergency or urgent care Covered Dental Services and services obtained pursuant to a referral to a non-participating specialist.

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Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

(continued)

- Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating Dental Provider, unless referred by your General Dentist to a Dental Specialist who will provide Covered Dental Services.
 - Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth which, in the opinion of the attending dentist, is not necessary for the patient's dental health.
 - The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.
 - Services which are provided without cost to Member by any federal, state, municipal, county, or other political subdivision (with the exception of Medicaid).
 - Services that cannot be performed because of the general health of the patient.
 - Implantation and related restorative procedures.
 - Procedures relating to the change and maintenance of vertical dimension or major restoration of occlusion, or to alter the occlusion (bite) through full mouth adjustment/grinding of the teeth. This does not exclude minor occlusal adjustments on individual teeth to remove high spots or smooth out rough or sharp areas.
 - Lab Fees for excisions and biopsies, except as may be otherwise covered in your medical plan that is described in the Agreement.
 - Treatment of cleft palate, anodontia, malignancies or neoplasms, except as may be otherwise covered in your medical plan as described in the Agreement.
 - Experimental procedures, implantations, or pharmacological regimens which in the opinion of the attending dentist, are not necessary for the patient's dental health.
 - Initial placement or replacement of fixed bridgework solely for the purpose of achieving periodontal stability.
 - Charges for second opinions, unless pre-authorized.
 - Procedures requiring fixed prosthodontic restoration, which are necessary for complete oral rehabilitation or reconstruction.
 - Occlusal guards, except for the purpose of controlling habitual grinding.
 - Dental services for children under age 19
 - Services related to the treatment of TMD (Temporomandibular disorder).
 - Services related to procedures that are of such a degree of complexity as to not be normally performed by a Participating Dental Provider, unless referred by your General Dentist to a specialist who will provide Covered Dental Services.
 - Hospitalization for any dental procedure.
 - Services related to the treatment of TMD (Temporomandibular disorder).
- Limitations:**
- Covered dental services are subject to the following limitations:
 - Two (2) evaluations are covered per calendar year including a maximum of one (1) comprehensive evaluation.
 - One (1) problem focused exam is covered per calendar year.
 - Coverage for periodic oral exams, prophylaxes (cleanings) and fluoride applications is limited to two times per calendar year. One additional cleaning is covered during pregnancy and for diabetic patients.
 - One (1) topical fluoride or fluoride varnish is covered per calendar year.
 - Two (2) bitewing x-rays are covered per calendar year.
 - One (1) set of full mouth x-rays or panoramic film is covered every three (3) years.
 - Replacement of a filling is covered if it is more than two (2) years from the original date of placement.
 - Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement.
 - Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%.
 - Relining and rebasing of dentures is limited to once every 24 months.
 - Retreatment of root canal is covered if it is more than two (2) years from the original treatment.
 - Root planing or scaling is covered once every 24 months per quadrant.

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Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

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- Full mouth debridement is limited to once per lifetime.
- Procedure code D4381 is limited to one (1) benefit per tooth for three (3) teeth per quadrant or a total of 12 teeth for all four (4) quadrants per 12 months. Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 36 months per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered twice per calendar year, within 24 months after definitive periodontal therapy.

Pediatric dental services

Exclusions:

- Services which are covered under worker's compensation or employer's liability laws.
- Services which are not necessary for the patient's dental health as determined by the Dental Administrator.
- Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by the Dental Administrator.
- Oral surgery requiring the setting of fractures or dislocations.
- Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of the Dental Administrator, such services should not be performed in a dental office.
- Dispensing of drugs.
- Hospitalization for any dental procedure.
- Replacement due to loss or theft of prosthetic appliance.
- Procedures not listed as covered benefits under this Plan.
- Services obtained outside of the dental office in which enrolled and that are not preauthorized by such office or the Health Plan or Dental Administrator under Section III.B above (except for dental emergencies as described in Section V. above; and Continuity of Care for new Members, as described in Section 2).
- Services performed by a Participating Specialist without a referral from a Participating General Dentist (with the exception of Orthodontics).

- A referral form is required. Participating dentists should refer to Specialty Care Referral Guidelines.
- Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by the Dental Administrator. The prophylactic removal of these teeth may be covered subject to review.
- Any bill, or demand for payment, for a dental service that the appropriate regulatory board determines was provided as a result of a prohibited referral. "Prohibited referral" means a referral prohibited by Section 1-302 of the Maryland Health Occupations Article.
- Non-medically necessary orthodontia and Phase I Treatment for Medically Necessary orthodontia are not covered benefits under this policy. The provider agreements create no liability for payment by the Plan, and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit. See limitation #21 concerning Medically Necessary.

Pediatric dental services

Limitations:

- One (1) evaluation (D0120, D0145, D0150, D0160) is covered two (2) times per calendar year, per patient.
- One (1) teeth cleaning (D1110 or D1120) is covered two (2) times per calendar year, per patient.
- One (1) topical fluoride application (D1203 or D1204) is covered two (2) times per calendar year, per patient; four (4) fluoride varnish treatments are covered per calendar year, per patient for children age three (3) and above; eight (8) topical fluoride varnishes are covered per calendar year, per patient up to age two (2).
- Two (2) bitewing x-rays are covered per calendar year, per patient.
- One (1) set of full mouth x-rays or panoramic film is covered every three (3) years. Panoramic x-rays are limited to ages six (6) and above. No more than one set of x-rays are covered per provider/location.
- One (1) sealant per tooth is covered per lifetime, per patient (limited to occlusal surfaces of posterior permanent teeth without restorations or decay).

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(continued)

- One (1) space maintainer (D1515 or D1525) is covered per 24 months, per patient, per arch (D1510, or D1520) is covered per 24 months, per patient, per quadrant.
- Replacement of a filling is covered if it is more than three (3) years from the date of original placement.
- Replacement of a crown or denture is covered if it is more than five (5) years from the date of original placement.
- Replacement of a prefabricated resin and stainless steel crown (D2930, D2932, D2933, D2934) is covered if it is more than three (3) years from the date of original placement, per tooth, per patient.
- Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan.
- Relining and rebasing of dentures is covered once per 24 months, per patient, only after six (6) months of initial placement.
- Root canal treatment and retreatment of previous root canal are covered once per lifetime, per tooth.
- Periodontal scaling and root planing (D4341 or D4342), osseous surgery (D4260 or D4261) and gingivectomy or gingivoplasty (D4210 or D4211) are limited to one (1) per 24 months, per patient, per quadrant.
- Full mouth debridement is covered once per 24 months, per patient.
- Procedure Code D4381 is limited to one (1) benefit per tooth for three teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per 12 months.
- Must have pocket depths of five (5) millimeters or greater.
- Periodontal surgery of any type, including any associated material, is covered once every 24 months, per quadrant or surgical site.
- Periodontal maintenance after active therapy is covered two (2) times per calendar year.
- Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of 60 minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation. General anesthesia is not covered with procedure codes D9230, D9241 or D9242. Intravenous conscious sedation is not covered with procedure codes D9220, D9221 or D9230. Non-intravenous conscious sedation is not covered with procedure codes D9220, D9221 or D9230. Analgesia (nitrous oxide) is not covered with procedure codes D9220, D9221, D9241 or D9242.
- Orthodontics is only covered if Medically Necessary as determined by the Dental Administrator. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility.

To request a full list of exclusions and limitations, please call Member Services at 301-468-6000 or 1-800-777-7902 (TTY 301-879-6380), from 7:30 a.m. to 9 p.m., Monday through Friday.

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