

# Built for **BETTER HEALTH**

Choose a better way with Kaiser Permanente

2024 RATES AND BENEFITS | MEMBERS OF CONGRESS AND DESIGNATED STAFF

[kp.org/congress](https://kp.org/congress)

 **KAISER PERMANENTE**<sup>®</sup>

# Kaiser Permanente is with you every step of the way



Kaiser Permanente is built for better care. Our unique care model enables all your caregivers to think and work as one, coordinating your care seamlessly for you. Your personal doctor, specialists, pharmacists, and urgent care providers all know you and your health history, so you always get personalized care—including through our many virtual care options.

We combine your health care and health plan into one seamless integrated system. You and your care team make health decisions together—and you know your care is covered.

Our care is built around you and your lifestyle, rather than the other way around.

# Plan highlights for 2024

No matter which plan you choose, you can count on care that's best in class, personalized, and convenient. That's what makes us the region's leading health system.<sup>1</sup>



## Care that's best in class

- Top-rated health plan in the region<sup>2</sup>
- Top-rated health insurance company in the nation<sup>3</sup>



## Care that's personalized

- Tailored to your unique health needs, because you and your doctor make health decisions together
- **NEW:** Veterans health care specialty with doctors trained to meet the unique health and wellness needs of veterans and their families



## Care that's convenient

- \$0 virtual care anytime, anywhere, as often as you need it<sup>4</sup>
- **NEW:** myStrength Complete teletherapy with a licensed therapist for a \$0 copay<sup>5</sup>

### Questions before you decide?

Call **855-251-3209** (TTY **711**), Monday through Friday, 10 a.m. to 8 p.m.  
During Open Season, hours are Monday through Friday, 9 a.m. to 10 p.m.  
Visit [kp.org/congress](https://kp.org/congress) anytime.





# Care personalized for you



Great health care starts with great doctors. Your personal doctor and specialists are members of the Mid-Atlantic Permanente Medical Group (MAPMG), who exclusively treat our members. Year after year, many are recognized as Top Doctors.<sup>6</sup>

## Choose a doctor to champion your health

You choose your own personal doctor, and you can change anytime, for any reason. Your doctor works with you to make the right decisions for your care, with your health and wellness as their top priority. They can fill prescriptions, order lab tests, refer you to specialists, and more.

Some of our specialties—like mental health, optometry, and ob-gyn—don't even require a referral.

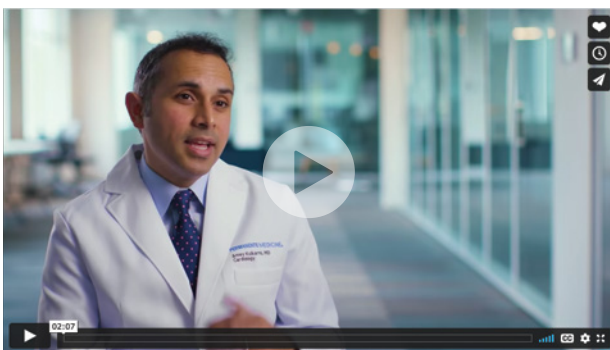
## Get support from a connected care team

In our integrated system, when you speak to any doctor or specialist, your entire care team listens. They share access to your digital health record and collaborate on your care without requiring you to carry the conversation.

## 50+ Specialties and subspecialties

- Allergy
- Bariatric surgery
- Cancer care
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- High-risk pregnancy
- LGBTQ+ care
- Mental health
- Neurology
- Pain management
- Pediatric specialties
- Plastic surgery
- Rheumatology
- Urology
- **NEW:** Veterans care

For a complete list of specialties, visit [kp.org/doctor](https://kp.org/doctor).



Hear from Dr. Kulkarni on why the brightest physicians work for Kaiser Permanente: [bit.ly/3rkCQeE](https://bit.ly/3rkCQeE)



## Serving those who've served

We're committed to improving the health of veterans and their families. See why 93,000+ veterans across the Mid-Atlantic trust us with their unique health needs. Learn more at [kp.org/mas/veterans-health](https://kp.org/mas/veterans-health).

# Care that's best in class— for the you who expects the best



We're committed to care excellence, and we continue to raise the standard. You get better health outcomes because we're constantly innovating our care and treatment methods.

## Top-rated health care and plan

We're the only commercial health plan in the region to receive the highest rating of 5 out of 5 stars from the NCQA.<sup>2</sup> And **Insure.com** rated Kaiser Permanente #1 overall among 60+ insurance carriers.<sup>3</sup>

## Nationally accredited cancer care

Our cancer care program received 3-year accreditation with commendation from the 2022 Commission on Cancer, a program of the American College of Surgeons. Our integrated health care system allows for true multidisciplinary care from diagnosis to survivorship.

## We're a national leader in treating heart disease and cancer

Kaiser Permanente members are:

**43%**

more likely to survive heart disease<sup>7</sup>

**52%**

more likely to survive colorectal cancer<sup>8</sup>

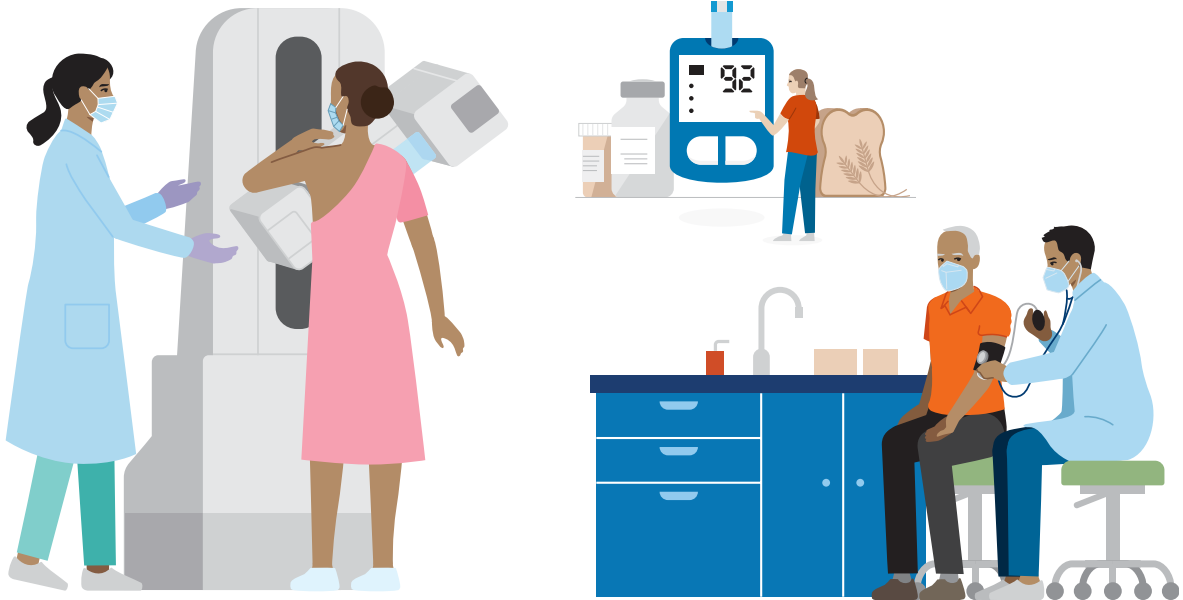
**33%**

less likely to experience premature death due to cancer<sup>9</sup>

**CELEBRATE  
SIX MORE  
BIRTHDAYS**

Lead a longer, healthier life thanks to our nationally recognized care. Research shows that Kaiser Permanente members live six years longer than the national average.<sup>10</sup>

# You're part of a community of care



## The right care even before you need it

Preventive care is key to how we practice medicine. When you're in good health, we work to keep you that way. Your personal doctor will schedule routine appointments to monitor your care. They'll also consider your risk factors and order preventive screenings for blood pressure, certain cancers, and more—all for \$0 copays.

### Support for your mental health

We offer a variety of self-care resources to help you live your healthiest life. This includes one-on-one wellness coaching by phone or video, and a library of self-care apps like myStrength, Calm, and Headspace Care (formerly known as Ginger).<sup>5</sup>

### Care for your chronic conditions

If you have a persistent condition like diabetes or heart disease, you're automatically enrolled in a disease management program for personal coaching and support—at no additional cost. Your personal doctor and care team will help you build your care into your schedule—not the other way around—so you can focus on living life to the fullest.



Get tips for managing chronic diseases from Dr. Sos Mboijana: [bit.ly/3yQmrjo](https://bit.ly/3yQmrjo)

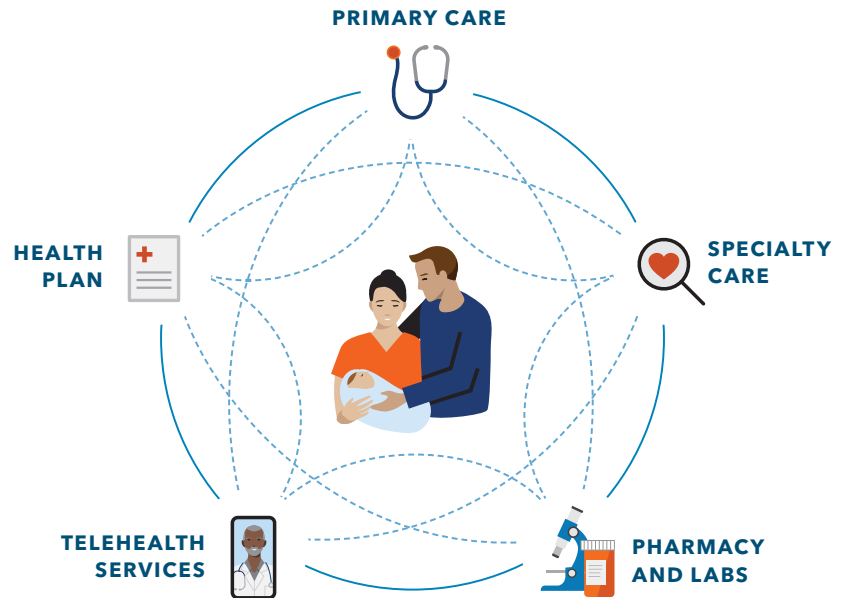
# For you and your family

You and your family are at the center of everything we do

If you're preparing to welcome a new member of your family, our expert doctors and responsive care teams are here for you—from conception to delivery, and beyond.

## Maternity care that delivers great beginnings

- Prenatal care
- Postpartum visit
- Video visits with your personal doctor, ob-gyn, and emergency medicine doctors<sup>4</sup>
- Prenatal classes
- Genetic screening
- Lactation consultants
- Industry-leading digital tools to make it easier for moms to manage their care



## Bringing your baby into the world and beyond

From infancy to adulthood, you can trust your child's care team to guide them through a happy, healthy life. Our pediatricians work throughout our service area for convenient access, and many of them specialize in fields like cardiology, oncology, and more.

## Award-winning labor and delivery premier hospitals<sup>11</sup>

It's important to decide where you'll deliver your baby. Our moms deliver at our premier hospitals, which are carefully selected for strong records of quality, safety, and service. Learn more at [kp.org/premierhospitals](https://kp.org/premierhospitals).





# Convenient care for your lifestyle



You have many care options to stay healthy on your schedule. With flexible appointment options, telehealth services, coverage for out-of-network services, and more, you can always get care on your terms.

## Manage your care online and on the go

On **kp.org**, your online hub for health care, you can view your health information, schedule appointments, fill prescriptions, check test results, and manage all other aspects of your care.

Plus, you can access many **kp.org** services on your smartphone with the **Kaiser Permanente app**.<sup>12</sup> (Download at **kp.org/mobile**.)

See how convenient it is to manage your care at **kp.org/connectedtocare**.

## Care under one roof, in one trip

We have 35+ medical centers throughout the region, each offering many services to save you trips, time, and hassle.<sup>13</sup> For the most current listing of available facilities and services, visit **kp.org/facilities**.

- Primary care
- Specialty care
- Pharmacy
- Lab
- Advanced Urgent Care



We team with carefully selected premier hospitals who we know will take great care of you. If you require rehabilitative therapy, we also team with skilled nursing facilities that meet our nationally recognized standards of care. Learn more at **kp.org/premierhospitals**.<sup>7</sup>



## NEW: myStrength Complete with teletherapy

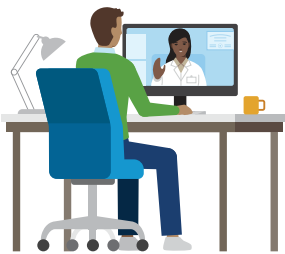
myStrength Complete is an integrated, virtual solution to mental health care, providing teletherapy from the comfort of home and a variety of other resources. It's the latest digital tool in our library of mental health resources, which includes Calm and Headspace Care.<sup>5</sup>

# Care when and where you need it

Health care should be hassle-free, even when you travel. If you're traveling across the country, you can get urgent and emergency care for the same cost share you pay at home. And you're covered for emergency care anywhere in the world.<sup>14</sup>

Just call our 24/7 Away from Home Travel Line at **951-268-3900** or visit **kp.org/travel**.<sup>15</sup>

## \$0 virtual care options



Video and telephone visits<sup>4</sup>



E-visits



Secure email exchanges



Chat with a clinician



Online physical therapy



Remote patient monitoring

For more information, visit [kp.org/getcare](https://kp.org/getcare)

# Health plan highlights

The plans offered in this guide can be purchased only through **DCHealthLink.com**. If you live or work in Kaiser Permanente’s Mid-Atlantic States region, you may select from all 13 options featured below. If you live in another Kaiser Permanente service area, you may only choose from the 7 plans listed in the table below.

## Your benefits summary for 2024

### Plans available in the Mid-Atlantic States and other Kaiser Permanente regions

These plans are available if you live or work in the Kaiser Permanente service areas located in Northern California, Southern California, Colorado, Georgia, Hawaii, Mid-Atlantic States (District of Columbia, Maryland, and Virginia), and Northwest (Oregon and Washington).

		KP DC Gold 0/20/Vision	KP DC Gold 500/20/Vision	KP DC Standard Gold 500/25/20% Vision	KP DC Gold 1,000/300 RxDed/20/Vision	KP DC Gold 1,500/300 RxDed/20/Vision	KP DC Gold 1,700/0%/HSA/Vision	KP DC Gold Virtual Complete 2,000
Product type		HMO	Deductible HMO	Deductible HMO	Deductible HMO	Deductible HMO	HSA-qualified deductible HMO	Deductible HMO
Provider network*		PMG/Signature	PMG/Signature	PMG/Signature	PMG/Signature	PMG/Signature	PMG/Signature	PMG/Signature
Annual deductible (subscriber only)		\$0	\$500	\$500	\$1,000	\$1,500	\$1,700	\$2,000
Annual deductible (individual/family)		\$0	\$500/ \$1,000	\$500/ \$1000	\$1,000/ \$2,000	\$1,500/ \$3,000	Not applicable/ \$3,400 (family deductible only)	\$4,000
Primary care office visit (waived for children up to age 5)		\$20	\$20	\$25 (not waived for children under age 5)	\$20	\$20	No charge after deductible	\$20 for first three visits, then \$20 after deductible
Specialty care office visit		\$50	\$50	\$50	\$50	\$55	No charge after deductible	\$50 after deductible
Inpatient hospital		\$500 per admission	\$500 per admission (after deductible)	\$600 per day, up to 5 days per admission after deductible	\$500 per admission (after deductible)	\$500 per admission (after deductible)	\$100 after deductible	20% after deductible
Emergency room per visit (waived if admitted)		\$250	\$300	\$300 (waived if admitted)	\$400 after deductible	\$350 after deductible	\$200 after deductible	20% after deductible
Outpatient facility fee		\$200	\$250 after deductible	\$500	\$250 after deductible	\$250 after deductible	\$100 after deductible	20% after deductible
Generic prescription drugs (30-day supply)	Plan pharmacy	\$10	\$10	\$15	\$10	\$10	\$10 after deductible	\$10
	Community participating pharmacy	\$20	\$20	Not covered	\$20	\$20	\$20 after deductible	\$20
Preferred brand prescription drugs (30-day supply)	Plan pharmacy	\$60	\$50	\$50	\$60 after Rx deductible	\$60 after Rx deductible	\$45 after deductible	20% after deductible
	Community participating pharmacy	\$70	\$60	Not covered	\$70 after Rx deductible	\$70 after Rx deductible	\$55 after deductible	20% after deductible
Adult vision hardware (frames and lenses)		\$125 discount off retail price combined—once per year (365 days)	\$125 discount off retail price combined—once per year (365 days)	\$90 off discount off retail price combined—once per year (365 days)	\$125 discount off retail price combined—once per year (365 days)	\$125 discount off retail price combined—once per year (365 days)	Not covered	\$125 discount off retail price
Out-of-pocket max (individual/family)		\$8,250/ \$16,500	\$6,750/ \$13,500	\$5,800/ \$11,600	\$6,750/ \$13,500	\$7,100/ \$14,200	\$5,000/ \$10,000	\$5,850/ \$11,700

Regardless of the region in which you will receive care, you will be enrolled in Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. This is a brief description of some features of the plans available to you. All health plan coverage is subject to the exclusions and limitations set forth in the applicable Evidence of Coverage. Locate your Evidence of Coverage at [kp.org/congress](http://kp.org/congress).

\*See provider network descriptions on page 15.

To join Kaiser Permanente, you must live or work in one of our regional service areas located in Northern California, Southern California, Colorado, Georgia, Hawaii, Mid-Atlantic States (District of Columbia, Maryland, and Virginia), and Northwest (Oregon and Washington). Visit [kp.org/locations](https://kp.org/locations) and select your region at the top.

### Additional options available in the Mid-Atlantic States Region only

These additional options are available only if you live or work in the Mid-Atlantic States service area (District of Columbia, Maryland, and Virginia).

KP DC Gold 0/20/Vision*	KP DC Gold 500/20/Vision*	KP DC Gold 1,000/300 RxDed/20/Vision	KP DC Gold 1,500/20/Vision*	KP DC Gold 1,700/0%/HSA/Vision*	KP DC Gold Added Choice 1,000/20/POS/Vision	
HMO	Deductible HMO	Deductible HMO	Deductible HMO	HSA-qualified deductible HMO	POS	
Kaiser Permanente Select	Kaiser Permanente Select	Kaiser Permanente Select	Kaiser Permanente Select	Kaiser Permanente Select	MAPMG/Signature	Non-network
\$0	\$500	\$1,000	\$1,500	\$1,700	\$1,000	\$2,000
\$0	\$500/ \$1,000	\$1,000/ \$2,000	\$1,500/ \$3,000	Not applicable/\$3,400 (family deductible only)	\$1,000/ \$2,000	\$2,000/ \$4,000
\$20	\$20	\$20	\$20	No charge after deductible	\$20	\$45 after deductible
\$50	\$50	\$50	\$55	No charge after deductible	\$50	\$55 after deductible
\$500 per admission	\$500 per admission (after deductible)	\$500 per admission (after deductible)	\$500 per admission (after deductible)	\$100 after deductible	\$500 per admission (after deductible)	20% after deductible
\$250	\$300	\$400 after deductible	\$350 after deductible	\$200 after deductible	\$400 after deductible	\$400 after deductible
\$200	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$100 after deductible	\$250 after deductible	20% after deductible
\$10	\$10	\$10	\$10	\$10 after deductible	\$10	20% after deductible
\$20	\$20	\$20	\$20	\$20 after deductible	\$20	20% after deductible
\$60	\$50	\$60 after Rx deductible	\$60 after Rx deductible	\$45 after deductible	\$60 after Rx deductible	20% after deductible
\$70	\$60	\$70 after Rx deductible	\$70 after Rx deductible	\$55 after deductible	\$70 after Rx deductible	20% after deductible
\$125 discount off retail price combined—once per year (365 days)	\$125 discount off retail price combined—once per year (365 days)	\$125 discount off retail price combined—once per year (365 days)	\$125 discount off retail price combined—once per year (365 days)	Not covered	\$125 discount off retail price combined—once per year (365 days)	10% discount off retail price
\$8,250/\$16,500	\$6,750/\$13,500	\$6,750/13,500	\$7,100/\$14,200	\$5,000/\$10,000	\$6,750/\$13,500	\$13,500/\$27,000

The benefit details for these plans are identical to those offered in all Kaiser Permanente regions, with the exception of the provider network.

# HMO Plus plan highlights

Kaiser Permanente HMO Plus provides limited nationwide coverage with any licensed provider, balanced by the high-quality<sup>2</sup> care innate to Kaiser Permanente's integrated delivery system.

## Your benefits summary for 2024

### HMO Plus plans available in the Mid-Atlantic States and other Kaiser Permanente regions

These plans are available if you live or work in the Kaiser Permanente service areas located in Northern California, Southern California, Colorado, Georgia, Hawaii, Mid-Atlantic States (District of Columbia, Maryland, and Virginia), and Northwest (Oregon and Washington).

		KP DC Gold HMO Plus 0/20/Vision		KP DC Gold 1,500/300 RxDed/20/Vision	
Product type		Kaiser Permanente providers	Out-of-network providers	Kaiser Permanente providers	Out-of-network providers
Provider network*		Signature	Non-network	Signature	Non-network
Annual deductible (individual/family)		\$0	Not applicable	\$1,500/\$3,000	Not applicable
Primary care office visit (waived for children up to age 5)		\$20	\$40 (applies to 10-visit limit)	\$20	\$40 (applies to 10-visit limit)
Specialty care office visit		\$50	\$70 (applies to 10-visit limit)	\$55	\$75 (applies to 10-visit limit)
Inpatient hospital		\$500 per admission	Not covered	\$500 per admission (after deductible)	Not covered
Emergency room per visit (waived if admitted)		\$250	\$250	\$350 after deductible	\$350 after deductible
Outpatient facility fee		\$200	Not covered	\$250 after deductible	Not covered
Generic prescription drugs (30-day supply)	Plan pharmacy	\$10	\$30 (each fill/refill applies to the 5-prescription limit)	\$10	\$30 (each fill/refill applies to the 5-prescription limit)
	Community participating pharmacy	\$20	Not applicable	\$20	Not applicable
Preferred brand prescription drugs (30-day supply)	Plan pharmacy	\$60	\$80 (each fill/refill applies to the 5-prescription limit)	\$60 after Rx deductible	\$80 (each fill/refill applies to the 5-prescription limit)
	Community participating pharmacy	\$70	Not applicable	\$70 after Rx deductible	Not applicable
Adult vision hardware (frames and lenses)		\$125 discount off retail price combined—once per year (365 days)	Not applicable	\$125 discount off retail price combined—once per year (365 days)	Not applicable
Out-of-pocket max (individual/family)		\$8,250/\$16,500	Not applicable	\$7,100/\$14,200	Not applicable

For HMO Plus, services covered in out-of-network providers are subject to a 10-visit limit per member, per contract year (each service counts toward the visit limit). Prescriptions are subject to a 5-fill/refill limit per member, per contract year (each fill/refill counts).

\*See provider network descriptions on page 15.



# Our provider networks

For the most up-to-date information on Permanente physicians and facilities in all regions, visit [kp.org/facilities](https://kp.org/facilities).

## **Permanente Medical Group, P.C., physicians (available in all Kaiser Permanente regions)**

In most Kaiser Permanente regions, you will receive care from Permanente Medical Group, P.C. (PMG), physicians who practice in Kaiser Permanente medical facilities and care exclusively for Kaiser Permanente members.

The Permanente Medical Group, P.C., consists of 23,000+ physicians across all regions. In the Mid-Atlantic States Region, this group is called the Mid-Atlantic Permanente Medical Group, P.C. (MAPMG).

## **Kaiser Permanente Signature delivery system (available in the Mid-Atlantic States Region only)**

The Kaiser Permanente Signature delivery system consists of MAPMG physicians, as well as a network of affiliated physicians who do not practice in Kaiser Permanente medical centers, but are available in areas where a medical center may not be convenient.

## **Kaiser Permanente Select delivery system (available in the Mid-Atlantic States Region only)**

If you live or work in the Mid-Atlantic region, you may also receive care from an additional network of contracted community physicians in private practice, depending on the plan option you choose. This network is also called the Select delivery system in the Mid-Atlantic region. Members may choose a MAPMG physician or community physician and have access to contracted hospitals located throughout the area.

Once you become a Kaiser Permanente member, you'll receive additional information about your provider network in the new-member materials that will be mailed to you after enrollment.

## **PEDIATRIC DENTAL BENEFIT<sup>17</sup>**

With an emphasis on prevention and early detection of dental problems, the included pediatric dental benefit can help your child (age 18 and under) maintain good oral health and avoid costly procedures in the future. The KP Smile Kids Embedded Dental PPO is included with Kaiser Permanente's Flexible Choice and Added Choice POS medical plans. The KP Smile Kids Embedded Dental EPO is included with all other Kaiser Permanente medical plans. Both plans include preventive care procedures every 6 months, such as oral evaluations, routine cleanings, bitewing X-rays, and topical fluoride treatments at no additional cost. Other nonpreventive services are available at an additional cost.

If you live or work in the Mid-Atlantic region, your child must receive his/her dental care from participating LIBERTY Dental Plan providers.

If you live or work in another Kaiser Permanente region, your child may receive dental care from any licensed dentist. You may be expected to pay the provider the full amount at the time of service, and then file a claim for reimbursement, following the guidelines outlined in your *Evidence of Coverage*.

For more information on available LIBERTY Dental Plan providers in the Mid-Atlantic region, visit [kp.org/dental/mas](https://kp.org/dental/mas).

# It's easy to join

We'll guide you through each step, so you get the care you need without missing a beat.



## Create your online account

Just visit [kp.org/registernow](https://kp.org/registernow) from a computer or mobile device and follow the sign-in instructions. Or download the **Kaiser Permanente app** at [kp.org/mobile](https://kp.org/mobile). You'll need your medical record number, found on your member ID card, which you'll receive in the mail.



## Transfer your prescriptions

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. From day one, you'll have the support you need to help reach your health goals.



## Choose your doctor

Find a doctor who's right for you. Start by selecting a convenient facility, then browse our online doctor profiles. You can search by gender, languages spoken, education, and more. Each covered family member can choose their own personal doctor. You can also change your doctor at any time.

# It's easy to enroll

After you decide on the Kaiser Permanente plan for you and your family, go to [DCHealthLink.com](https://DCHealthLink.com) to enroll. Follow these simple steps to see your choices of plans to select:

- 1 Select **Kaiser Permanente**.
- 2 Then, select **Gold**.
- 3 Contact your employing office if you have questions about enrollment.

# Estimate your premium and Enroll in a Kaiser Permanente Plan

Before you purchase insurance through DC Health Link, you can estimate the amount you'll pay for coverage. Follow the steps below, and go to the OPM Premium Calculator Contribution Tool at [opm.gov/MOCcalculator](https://opm.gov/MOCcalculator) to calculate the estimated monthly premium amount that your employer will cover, and the amount you will be responsible for paying for coverage for yourself and any eligible dependents.

- 1 List everyone you want to cover**

List everyone you want to cover, along with their ages. This includes you, your spouse, children, and/or other eligible dependents. (Note: If you have more than three children and/or other eligible dependents under age 21, you need to include only the three oldest in your estimate. Other children under 21 are covered at no additional cost).
- 2 Find your rate**

Find your premium rate at [DCHealthLink.com](https://DCHealthLink.com)<sup>18</sup> for you and for each member of your family, based on each person's age.
- 3 Estimate the total monthly premium**

Add up the rates to get an estimate of the total monthly premium.
- 4 Estimate the amount you'll pay**

Go to the OPM Premium Contribution Calculator tool at [opm.gov/MOCcalculator](https://opm.gov/MOCcalculator). Enter the total monthly premium estimate you calculated in Step 3 and the year for which you are purchasing coverage. If you're purchasing coverage for yourself only, select "Self Plus One"; if you're purchasing coverage for yourself and any eligible dependents, select "Self+." Next, press "Calculate." The tool will estimate the amount your employer will contribute (approximately 75% of the monthly premium) and the amount you will be responsible for paying for coverage for you and your eligible dependents each month.

## Let us help you make the right choice

We can answer your questions and help you decide which Kaiser Permanente plan is best for you before you enroll on DC Health Link. Call us at **855-251-3209 (TTY 711)**. You may also visit [kp.org/congress](https://kp.org/congress).

## Ready to enroll?

After you decide on the Kaiser Permanente plan for you and your family, go to [DCHealthLink.com](https://DCHealthLink.com) to enroll. Contact your employing office if you have questions about enrollment.

## 2024 BENEFITS - EXCLUSIONS AND LIMITATIONS

### MEDICAL EXCLUSIONS

This provision provides information on what Services the Health Plan will not pay for regardless of whether or not the Service is Medically Necessary.

These exclusions apply to all Services that would otherwise be covered under this Agreement. Benefit-specific exclusions that apply only to a particular Service are noted in the List of Benefits in this section. When a Service is not covered, all Services, drugs, or supplies related to the non-covered Service are excluded from coverage, except Services we would otherwise cover to treat direct complications of the non-covered Service.

For example, if you have a non-covered cosmetic surgery, we will not cover Services you receive in preparation for the surgery or for follow-up care. If you later suffer a life-threatening complication, such as a serious infection, this exclusion would not apply and we will cover any Services that we would otherwise cover to treat that complication.

The following Services are excluded from coverage:

1. **Certain Alternative Medical Services**, except when used for anesthesia: acupuncture Services and any other Services of an Acupuncturist, Naturopath, and Massage Therapist.
2. **Certain Exams and Services**: Physical examinations and other Services:
  - a. Required for obtaining or maintaining employment or participation in employee programs;
  - b. Required for insurance, or licensing; or
  - c. On court-order or required for parole or probation.
3. **Cosmetic Services**, including surgery or related Services and other Services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or developmental anomalies. Examples of Cosmetic Services include but are not limited to cosmetic dermatology, cosmetic surgical Services and cosmetic dental Services.
4. **Custodial Care**, meaning assistance with activities of daily living (for example: walking, getting in and out of bed, bathing, dressing, feeding, toileting and taking medicine), or care that can be performed safely and effectively by people who, in order to provide the care, do not require medical licenses or certificates or the presence of a supervising licensed nurse.
5. **Disposable Supplies** for home use such as bandages, gauze, tape, antiseptics, dressings, ace-type bandages, and any other supplies, dressings, appliances, or devices not specifically listed as covered in this Section.
6. **Durable Medical Equipment**, except for Services covered under **Durable Medical Equipment** in the **List of Benefits** in this Section.
7. **Employer or Government Responsibility**: Financial responsibility for Services that an employer or government agency is required by law to provide.
8. **Experimental or Investigational Services**: Except as covered under Clinical Trials in this section, a Service is experimental or investigational for your condition if any of the following statements apply to it at the time the Service is or will be provided to you:
  - a. It cannot be legally marketed in the United States without the approval of the United States Food & Drug Administration (FDA) and such approval has not been granted; or
  - b. It is the subject of a current new drug or new device application on file with the FDA and FDA approval has not been granted; or
  - c. It is subject to the approval or review of an Institutional Review Board (IRB) of the treating facility that approves or reviews research concerning the safety, toxicity, or efficacy of Services; or
  - d. It is the subject of a written protocol used by the treating facility for research, clinical trials, or other tests or studies to evaluate its safety, effectiveness, toxicity or efficacy, as evidenced in the protocol itself or in the written consent form used by the facility.

## 2024 BENEFITS - EXCLUSIONS AND LIMITATIONS (continued)

In determining whether a Service is experimental or investigational, the following sources of information will be relied upon exclusively:

- a. your medical records;
- b. the written protocols or other documents pursuant to which the Service has been or will be provided;
- c. any consent documents you or your representative has executed or will be asked to execute, to receive the Service;
- d. the files and records of the IRB or similar body that approves or reviews research at the institution where the Service has been or will be provided, and other information concerning the authority or actions of the IRB or similar body;
- e. the published authoritative medical or scientific literature regarding the Service, as applied to your illness or injury; and
- f. regulations, records, applications, and any other documents or actions issued by, filed with, or taken by, the FDA, the Office of Technology Assessment or other agencies within the United States Department of Health and Human Services, or any state agency performing similar functions.

The Health Plan consults Medical Group and then uses the criteria described above to decide if a particular Service is experimental or investigational.

9. **External Prosthetic and Orthotic Devices:** Services and supplies for external prosthetic and orthotic devices, except as specifically covered under this section of this Agreement.
10. **Infertility Services:**
  - a. Services for artificial insemination or in vitro fertilization or any other types of artificial or surgical means of conception including any drugs administered in connection with these procedures.
  - b. Any Services or supplies provided to a person not covered under your Health Plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).
  - c. Drugs used to treat infertility.
11. **Prohibited Referrals:** Payment of any claim, bill, or other demand or request for payment for covered Services determined to be furnished as the result of a referral prohibited by law.
12. **Services for Members in the Custody of Law Enforcement Officers:** Non-Plan Provider Services provided or arranged by criminal justice institutions for Members in the custody of law enforcement officers, unless the Services are covered as Emergency Services.
13. **Travel and Lodging Expenses**
14. **Workers' Compensation or Employer Liability:** Any illness or injury related to employment or self-employment including any illness or injury that arises out of (or in the course of) any work for pay or profit, unless no other source of coverage or reimbursement is available to you for the Services or supplies. Sources of coverage or reimbursement may include your employer, workers' compensation, or an occupational illness or similar program under local, state or federal law. A source of coverage or reimbursement will be considered available to you even if you waived your right to payment from that source. If you are also covered under a workers' compensation law or similar law, and submit proof that you are not covered for a particular illness or injury under such law, that illness or injury will be considered "non-occupational" regardless of cause.



## 2024 BENEFITS - EXCLUSIONS AND LIMITATIONS (continued)

### MEDICAL LIMITATIONS

We will make our best efforts to provide or arrange for your health care Services in the event of unusual circumstances that delay or render impractical the provision of Services under this Agreement, for reasons such as:

1. A major disaster;
2. An epidemic;
3. War;
4. Riot: means a public disturbance involving an assemblage of five (5) or more persons which by tumultuous and violent conduct or the threat thereof creates grave danger of damage or injury to property or persons. An exclusion or limitation for riot shall apply only when a person willfully engages in a riot or willfully incites or urges other persons to engage in a riot;
5. Civil insurrection;
6. Disability of a large share of personnel of a Plan Hospital or Plan Medical Center; and/or
7. Complete or partial destruction of facilities.

In the event that we are unable to provide the Services covered under this Agreement, the Health Plan, Kaiser Foundation Hospitals, Medical Group and Kaiser Permanente's Medical Group Plan Physicians shall only be liable for reimbursement of the expenses necessarily incurred by a Member in procuring the Services through other providers, to the extent prescribed by the Commissioner of Insurance.

For personal reasons, some Members may refuse to accept Services recommended by their Plan Physician for a particular condition. If you refuse to accept Services recommended by your Plan Physician, they will advise you if there is no other professionally acceptable alternative. You may get a second opinion from another Plan Physician, as described under **Getting a Second Opinion in Section 2: How to Get the Care You Need**. If you still refuse to accept the recommended Services, the Health Plan and Plan Providers have no further responsibility to provide or cover any alternative treatment you may request for that condition.

### PHARMACY EXCLUSIONS

Except as specifically covered under this Outpatient Prescription Drug Benefit, the Health Plan does not cover a drug:

1. Weight management drugs;
2. Sexual dysfunction drugs;
3. A drug that can be obtained without a prescription, except for over-the-counter contraceptive drugs; or
4. A drug for which there is a non-prescription drug that is the identical chemical equivalent (i.e., same active ingredient and dosage) to the prescription drug, unless otherwise prohibited by federal or state laws governing essential health benefits.

## **2024 BENEFITS - EXCLUSIONS AND LIMITATIONS (continued)**

### **DISPENSING LIMITATIONS**

Except for Maintenance Medications as described below, Members may obtain up to a thirty (30)-day supply for drugs other than contraceptive drugs and will be charged the applicable Copayment or Coinsurance based on:

1. The prescribed dosage;
2. Standard Manufacturers Package Size; and
3. Specified dispensing limits.

For contraceptive drugs, Members may obtain up to a twelve (12)-month supply at one time at no charge.

Drugs that have a short shelf life may require dispensing in smaller quantities to assure that the quality is maintained. Such drugs will be limited to a thirty (30)-day supply. If a drug is dispensed in several smaller quantities (for example, three (3) ten (10)-day supplies), you will be charged only one Cost Share at the initial dispensing for each thirty (30)-day supply.

Except for Maintenance Medications and contraceptive drugs as described below, injectable drugs that are self-administered and dispensed from the pharmacy are limited to a thirty (30)-day supply.

### **MAINTENANCE MEDICATION DISPENSING LIMITATIONS**

Members may obtain up to a ninety (90)-day supply of Maintenance Medications in a single prescription, when authorized by the prescribing Plan Provider or by a dentist or a referral physician. This does not apply to the first prescription or change in a prescription. The day supply is based on:

1. The prescribed dosage;
2. Standard Manufacturer's Package Size; and
3. Specified dispensing limits.

## 2024 BENEFITS - EXCLUSIONS AND LIMITATIONS (continued)

### LIMITATIONS AND EXCLUSIONS

#### LIMITATIONS

Benefits are subject to the following limitations:

1. For drugs prescribed by dentists, coverage is limited to antibiotics and pain relief drugs that are included on our Formulary and purchased at a Plan Pharmacy or a Participating Network Pharmacy, unless the criteria for coverage of Non-Preferred Drugs has been met. The Non-Preferred Drug coverage criteria is detailed in this Outpatient Prescription Drug Benefit in the subsection titled, ***"Preferred vs. Non-Preferred Drugs."***
2. 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 - Filing Claims, Appeals and Grievances***. Claims should be submitted to:

Kaiser Permanente National Claims Administration- Mid Atlantic States  
P.O. Box 371860  
Denver, CO 80237-9998

#### EXCLUSIONS

The following are not covered under the Outpatient Prescription Drug Benefit. Please note that certain Services excluded below may be covered under other benefits in ***Section 3 - Benefits, Exclusions and Limitations***. Please refer to the applicable benefit to determine if drugs are covered:

1. Drugs for which a prescription is not required by law, except for non-prescription drugs that are prescribed by a Plan Provider and are listed in our Formulary.
2. Compounded preparations that do not contain at least one ingredient requiring a prescription and are not listed in our Formulary.
3. 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.
4. 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, Exclusions and Limitations*** of your Group Evidence of Coverage.
5. Drugs that are not listed in our Formulary, except as described in this Prescription Drug Benefit.
6. Drugs that are considered to be experimental or investigational. Refer to ***"Clinical Trials"*** in ***Section 3 - Benefits, Exclusions and Limitations*** of your Group Evidence of Coverage.
7. Covered Services of your Group Evidence of Coverage.
8. Except as specifically covered under this Outpatient Prescription Drug Benefit, a drug which can be obtained without a prescription, or 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.
9. Drugs for which the Member is not legally obligated to pay, or for which no charge is made.
10. Blood or blood products. Refer to ***"Blood, Blood Products and their Administration"*** in

## 2024 BENEFITS - EXCLUSIONS AND LIMITATIONS (continued)

**Section 3 - Benefits, Exclusions and Limitations** of your Group *Evidence of Coverage*.

11. 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.
12. Medical foods. Refer to **"Medical Foods"** in **Section 3 - Benefits, Exclusions and Limitations** of your Group *Evidence of Coverage*.
13. 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. Refer to **"Hospice Care"** in **Section 3 - Benefits, Exclusions and Limitations** of your Group *Evidence of Coverage*.
14. Replacement prescriptions necessitated by theft or loss.
15. Prescribed drugs and accessories that are necessary for Services that are excluded under this Group *Evidence of Coverage*.
16. 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.
17. Alternative formulations or delivery methods that are different from the Health Plan's standard formulation or delivery method for prescription drugs and deemed not Medically Necessary.
18. 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, Exclusions and Limitations** of your Group *Evidence of Coverage*.
19. Drugs and devices that are 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, Exclusions and Limitations** of your Group *Evidence of Coverage*.
20. Bandages or dressings. Refer to **"Drugs, Supplies, and Supplements"** and **"Home Health Services"** in **Section 3 - Benefits, Exclusions and Limitations** of your Group *Evidence of Coverage*.
21. Diabetic equipment and supplies. Refer to **"Diabetic Equipment Supplies, and Self-Management"** in **Section 3 - Benefits, Exclusions and Limitations** of this Group *Evidence of Coverage*.
22. Growth hormone therapy for treatment of adults age 18 or older, except when prescribed by a Plan Physician, pursuant to clinical guidelines for adults.
23. Immunizations and vaccinations solely for the purpose of travel. Refer to **"Outpatient Care"** in **Section 3 - Benefits, Exclusions and Limitations** of your Group *Evidence of Coverage*.
24. 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.
25. Drugs for treatment of sexual dysfunction disorder, such as erectile dysfunction.
26. Drugs for the treatment of infertility.

## **2024 BENEFITS - EXCLUSIONS AND LIMITATIONS (continued)**

### **DENTAL GENERAL EXCLUSIONS**

The following exclusions apply to covered dental services for children under age nineteen (19) years:

1. Any procedures not listed on this Plan
2. Services which, in the opinion of the attending dentist, are not necessary to the member's dental health.
3. Dental procedures or services performed solely for Cosmetic purposes or that is not Dentally Necessary and/or medically necessary; unless the member has purchased the additional Cosmetic Ortho Plus Plan and services are within the benefit guidelines listed in the Cosmetic Ortho Plus Plan.
4. Any dental services, or appliances, which are determined to be not reasonable and/ or necessary for maintaining or improving You or Your Dependent's dental health, as determined by the Plan based on generally accepted dental standards of care.
5. For elective procedures, including prophylactic extraction of third molars.
6. Replacement of Dentures, Crowns, appliances or Bridgework that have been lost, stolen or damaged.
7. Dental services provided for or paid by a federal or state government agency or authority, political subdivision, or other public program other than Medicaid or Medicare.
8. Treatment required due to an accident from an external force or are intentionally self-inflicted, unless otherwise listed as Covered Service.
9. Services that restore tooth structure due to attrition, erosion or abrasion are not covered.
10. Experimental procedures or investigational services, including any treatment, therapy, procedure or drug or drug usage, facility or facility usage, equipment or equipment usage, device or device usage, or supply which is not recognized as being in accordance with generally accepted professional standards or for which the safety and efficiency have not been determined for use in the treatment for which the item in service in question is recommended or prescribed.
11. Procedures, appliances, or restoration to correct congenital or developmental malformations are not covered benefits unless specifically listed in the Benefits section above.
12. Dental expenses incurred in connection with any dental procedures started after termination of coverage or prior to the date the Member became eligible for such services.
13. Dental Services that are received in an Emergency Care setting for conditions that are not emergencies if the subscriber reasonable should have known that an Emergency Care situation did not exist.
14. Composite or ceramic brackets, lingual adaptation of Orthodontic bands and other specialized or Cosmetic alternatives to standard fixed and removable Orthodontic appliances. Invisalign services are excluded from Orthodontic benefits.
15. Broken appointments unless specifically covered.





## Endnotes

<sup>1</sup> In the survey *Best Health Insurance Companies of 2023* by **Insure.com**, Kaiser Permanente as a national enterprise is rated #1 overall among 60+ insurance carriers. In the NCQA Commercial Health Plan Ratings 2023, our commercial plan is rated 5 out of 5, the highest rating in the region. The 2022 Commission on Cancer, a program of the American College of Surgeons, granted Three-Year Accreditation with Commendation to the Kaiser Permanente cancer care program. The Mid-Atlantic Permanente Medical Group is the largest multispecialty medical group in the Washington, DC, and Baltimore areas and exclusively treats Kaiser Permanente members. Permanente doctors are recognized as Top Doctors in *Arlington Magazine* (2023), *Bethesda* magazine (2023), *Northern Virginia Magazine* (2023), *Washingtonian* magazine (2022), and *Baltimore* magazine (2022). According to NCQA's Quality Compass<sup>®</sup> 2022, we're rated 5 out of 5 in 29 measures, including: controlling blood pressure (heart disease), blood pressure control (140/90) (diabetes), glucose control, colorectal cancer screening, breast cancer screening, cervical cancer screening, childhood immunizations, prenatal check-ups, and postpartum care. Quality Compass is a registered trademark of the NCQA.

<sup>2</sup> In the NCQA Commercial Health Plan Ratings 2023, our commercial plan is rated 5 out of 5, the highest rating in the region.

<sup>3</sup> In the survey *Best Health Insurance Companies of 2023* by **Insure.com**, Kaiser Permanente as a national enterprise is rated #1 overall among 60+ competitors.

<sup>4</sup> When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.

<sup>5</sup> App services may not be covered under your health plan benefits and may not be subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. Psychiatry is not included in the myStrength Complete membership. Telecoaching is not available to members age 13 to 17. myStrength<sup>®</sup> is a wholly owned subsidiary of Livongo Health, Inc.

<sup>6</sup> The physicians who practice at Kaiser Permanente are recognized as Top Doctors in *Arlington Magazine* (2023), *Bethesda* magazine (2023), *Northern Virginia Magazine* (2022), *Washingtonian* magazine (2022), and *Baltimore* magazine (2022).

<sup>7</sup> Robert Pearl and Brian Wayling, "The Telehealth Era Is Just Beginning," *Harvard Business Review*, May-June 2022.

<sup>8</sup> Theodore R. Levin, MD, et al., "Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large, Community-Based Population," *Gastroenterology*, November 2018.

<sup>9</sup> Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," July 20, 2022.

<sup>10</sup> Anthony Finch, MS, M Cabell Jonas, PhD, Kevin Rubenstein, Eric Watson, BA, Sundeep Basra, MPH, Jose Martinez, BS, & Michael Horberg, MD, MAS, FACP (2021). Life Expectancy Trends Among Integrated Health Care System Enrollees, 2014-2017. *The Permanente Journal*, 25(4), 10-17. [thepermanentejournal.org/doi/10.7812/TPP/20.286](https://thepermanentejournal.org/doi/10.7812/TPP/20.286)

<sup>11</sup> Kaiser Permanente premier hospitals are independently owned and operated hospitals and are not affiliated entities of Kaiser Permanente. The continued availability and/or participation of any hospital cannot be guaranteed. Hospital addresses, telephone numbers, and hours of operation are subject to change. Please see [kp.org/premierhospitals](https://kp.org/premierhospitals) for details.

<sup>12</sup> To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on [kp.org](https://kp.org).

<sup>13</sup> The continued availability and location of physicians and services cannot be guaranteed. Visit [kp.org/facilities](https://kp.org/facilities) for the most current information.

<sup>14</sup> If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents.

<sup>15</sup> This number can be dialed from both inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

<sup>16</sup> The products and services described are provided by entities other than Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and are neither offered nor guaranteed under your Kaiser Permanente contract. Kaiser Permanente does not endorse or make any representations regarding the quality or medical effectiveness of such products and services, nor the financial integrity of these entities. Kaiser Permanente disclaims any liability for these products and services. Some Kaiser Permanente members may have coverage through their health plan for some of the same services available through ChooseHealthy<sup>®</sup>. The value-added services available under the ChooseHealthy program are separate and apart from any chiropractic, acupuncture, or massage services available under your contract. Please see your *Evidence of Coverage* for information regarding those services covered under your Kaiser Permanente contract. The ChooseHealthy program is administered by American Specialty Health Administrators, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ChooseHealthy is a federally registered trademark of ASH and used with permission herein.

<sup>17</sup> Dental benefits are underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and administered by Liberty Dental.

<sup>18</sup> Due to rounding differences, there may be slight discrepancies between the premium amounts on the OPM Premium Contribution Calculator Tool and DC Health Link. If this happens, you should defer to the amount on DC Health Link.

## NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

In the event of dispute, the provisions of the approved English version of the form will control.

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## HELP IN YOUR LANGUAGE

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

**አማርኛ (Amharic) ማሳሰቢያ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**).

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**).

**Bàsòò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo:** ɔ jũ ké m̀ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò d̀ò po-poò b̀éìn m̀ gbo kpáa. Đá **1-800-777-7902** (TTY: **711**)

**বাংলা (Bengali) লক্ষ্য করুন:** যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-777-7902** (TTY: **711**)。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-777-7902** (TTY: 711) تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902** (TTY: 711).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-800-777-7902** (TTY: 711).

**ગુજરાતી (Gujarati) સુચના:** જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902** (TTY: 711).

**Kreyòl Ayisyen (Haitian Creole) ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902** (TTY: 711).

**हिन्दी (Hindi) ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902** (TTY: 711) पर कॉल करें।

**Igbo (Igbo) NRUBAMA:** O buru na i na asu Igbo, oru enyemaka asusu, n'efu, dijiri gi. Kpoo **1-800-777-7902** (TTY: 711).

**Italiano (Italian) ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902** (TTY: 711).

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-777-7902** (TTY: 711) まで、お電話にてご連絡ください。

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-777-7902** (TTY: 711) 번으로 전화해 주십시오.

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih **1-800-777-7902** (TTY: 711).

**Português (Portuguese) ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902** (TTY: 711).

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902** (TTY: 711).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902** (TTY: 711).

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  
Tumawag sa **1-800-777-7902** (TTY: 711).

**ไทย (Thai) เรียน:** ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902** (TTY: 711).

**اردو (Urdu) خبردار:** اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902** (TTY: 711)۔

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902** (TTY: 711).

**Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902** (TTY: 711).

## A website just for you

You'll find your Kaiser Permanente 2024 enrollment materials at [kp.org/congress](https://kp.org/congress). You can also connect to our facility and physician directories to learn more about our services at [kp.org/facilities](https://kp.org/facilities).

## For more information

Call **855-251-3209** (TTY **711**), Monday through Friday, 10 a.m. to 8 p.m. During Open Season, hours are Monday through Friday, 9 a.m. to 10 p.m. Visit [kp.org/congress](https://kp.org/congress), anytime.

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