

Members of Congress and designated staff
2025 rates and benefits

Care for all that is you



Go where you feel your best

We can help you get to your healthy place—no matter where it is. Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for the whole you.

Welcome to care that fits your life.

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Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions—like where to get care or what extra perks are included.

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



Choose leading care for a healthier you

No matter which option 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.¹



Care that's best in class

- Top-rated health plan in the region²
- Top-rated health insurance company in the nation³



Care that's personalized

- You and your doctor work together to make health decisions
- 60+ specialties and subspecialties to address your unique needs



Care that's convenient

- \$0 virtual care anytime, as often as you need it⁴
- **NEW:** After Hours Care at 5 facilities

Experience health care designed with you in mind

You deserve high-quality care for your total health, whatever you need—from routine checkups to complex treatments to mental wellness support.

No matter what your priority is, ours is providing excellent care—for the you who's feeling great, the you who needs support, and every you in between.

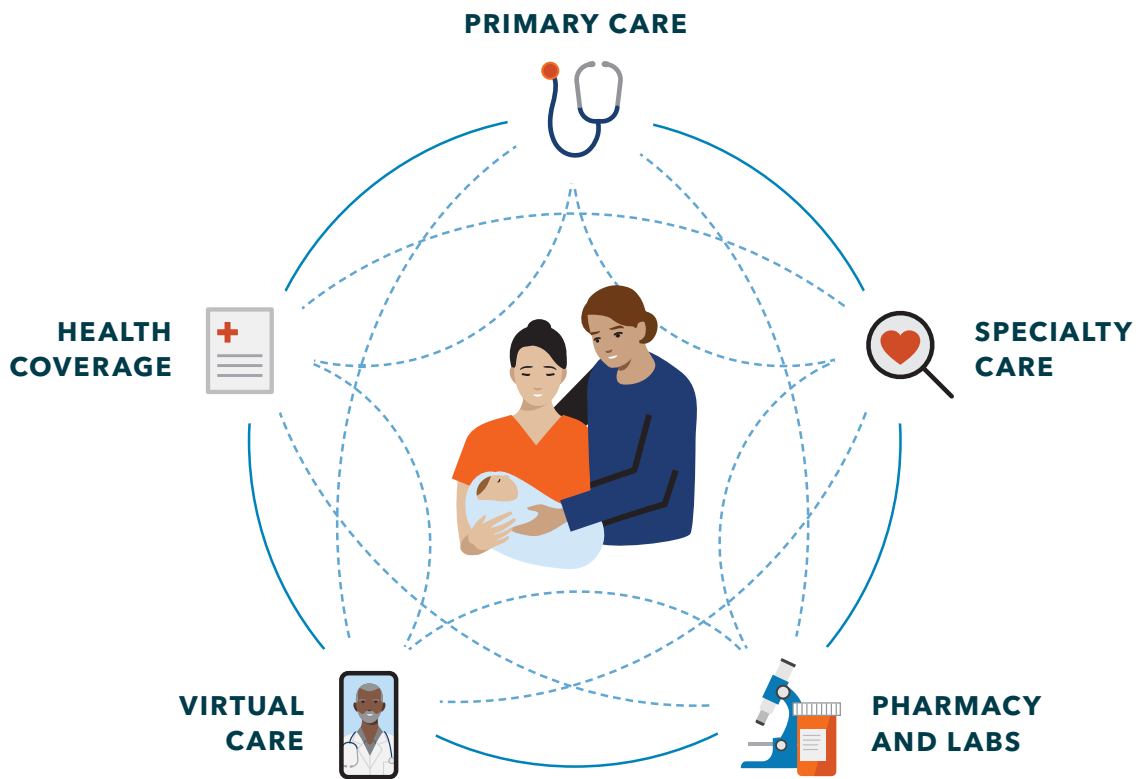


Discover how we can help you stay healthy and doing what you love at kp.org/congress.



A different kind of care

Health care should make your life easier. Our doctors, medical facilities, and health plan benefits are all connected and focused on providing you with convenient, quality care.



With Kaiser Permanente, you get:

Personalized care from top specialists

24/7 access to care wherever you are

Predictable costs and less paperwork

Members stay with Kaiser Permanente nearly 3 times as long as other health plans.⁵

Care that's **personalized**

For the you who deserves to be seen and heard

You need a doctor who understands you. Someone who'll learn your lifestyle, health risks, and goals. At Kaiser Permanente, you don't have to repeat yourself every time you visit the doctor. Your care team has access to your entire medical history through your digital health record, so they know you and your story.

You can also change your doctor anytime and choose from many clinicians who speak more than one language, so it's easy to find the perfect match for you.

“ From seeing the doctor to getting lab work, I knew exactly where to go and the flow was seamless. ”

– Kaiser Permanente member

We guide you through every step of your care



Your health history lives in your digital health record.



Your doctor guides you through appointments and referrals.



Your health record is available to you and your care team 24/7.



Your care team lets you know when to schedule checkups and tests.

Care that's world class

For the you who expects the best

No matter your needs—mental health, maternity, cancer care, heart health, and beyond—you have access to expert doctors, cutting-edge technology, and the latest evidence-based care.



Explore high-quality care options for every health need at kp.org/specialtycare.

We're a national leader in outcomes

We lead the nation in outcomes for conditions like cancer and heart disease, and we're the top-rated health plan in every state we serve.²



Kaiser Permanente members are

33% more likely to **survive heart disease**⁶

52% more likely to **survive colorectal cancer**⁷

20% **less likely to die early** of cancer⁶

Recognized excellence in stroke and heart disease care⁸

The American Heart Association and American Stroke Association's Get With The Guidelines® program has recognized **38 of our medical centers** for commitment to excellence in the treatment of stroke or heart disease.



Recognized excellence in cancer care. 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.

Care that's convenient

For the you with a busy schedule

Visit kp.org or use our app to make a routine same-day or next-day appointment, or talk to a clinician 24/7 by phone or video.⁴ No matter how you connect, you'll always speak with a medical professional who can see your health history and pick up where you left off.

Your health at your fingertips

- Get 24/7 virtual care
- Email your care team
- View most lab results and doctor's notes
- Refill most prescriptions
- Check in for appointments
- Pay bills and view statements



Care under one roof, in one trip

We have 35+ medical centers throughout the region, each offering many services under one roof to save you time and trips. Explore our available facilities and services at kp.org/facilities.



More than half of members **avoided a trip to the ER** or urgent care by meeting a clinician for a video visit.⁹



Premier hospitals

We team with carefully selected premier hospitals that 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.¹⁰

Care you can count on

For the you who wants dependable service

You should always have the right care—when and where you need it. Choose the Kaiser Permanente doctors and locations that work best for you, and know your care team is connected to a national network of specialists and services.

At Kaiser Permanente, most members say they get primary care appointments as soon as they expect—or sooner.¹¹

You can get timely, convenient service with:

- ✓ More primary care appointments
- ✓ Quick lab results
- ✓ 24/7 virtual care
- ✓ A large provider network



See how to get care that meets you where you are at kp.org/getcare.



Mail Order Pharmacy¹²

- Easy refills online, in person, and over the phone
- Same-day pickup
- Most prescriptions delivered to your home at no additional cost
- Same-day and next-day home delivery available for an additional fee



Care while traveling

- Help with vaccinations, prescription refills, and more
- Urgent and emergency care worldwide—not just at Kaiser Permanente facilities

Text to refill your prescriptions



We'll text you reminders to refill your prescriptions, and you can respond directly to place your order. Learn more at kp.org/pharmacyservices.

Care that's all encompassing

For the you who wants to explore all your health options

Kaiser Permanente members can get help with depression, anxiety, addiction, and mental or emotional health—without a referral for mental health care within Kaiser Permanente. Share your concerns with anyone on your care team at any time, and they can connect you to the support you need.

- Individual or group therapy
- Health classes¹³
- Medication
- Self-care resources
- Mental wellness apps¹³

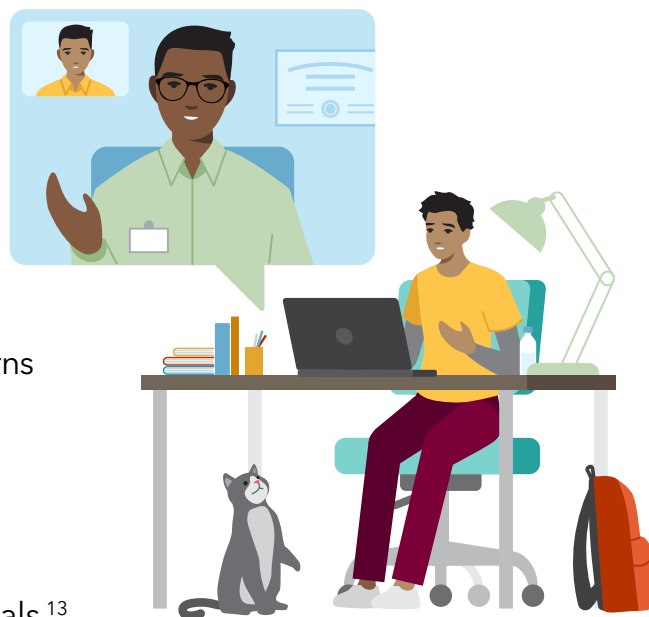
Not sure where to start?

Talk to your personal doctor about your concerns or call us to talk with our mental health team.

Resources for your everyday wellness

Take advantage of classes, services, and programs to help you achieve your health goals.¹³

- Healthy lifestyle programs
- Wellness coaching



Specialty care

You're covered for any health concern with 60+ specialties and subspecialties at our facilities throughout the region. Learn more at kp.org/specialtycare.



Support to quit smoking

Members pay nothing for Kaiser Permanente classes, telephone coaching, online programs, and prescriptions, including prescribed over-the-counter tobacco-cessation drugs. Ask your doctor about your treatment options.

Care for urgent matters

For the you who needs treatment right away

Getting help for urgent health concerns is easier than ever at Kaiser Permanente.

Urgent Care and Advanced Urgent Care

When you need prompt medical attention, but it's not an emergency, visit our 3 Urgent Care facilities and 7 Advanced Urgent Care facilities throughout the region.

After Hours Care

You may also choose our new After Hours Care, which is appropriate for more minor health concerns like ear pain, rash, urinary tract infection, and minor injuries (sprain, laceration). Or cold, sinus, and flu-like symptoms. After Hours Care is offered by appointment only and at 5 locations:

Annapolis Medical Center
kp.org/annapolis

White Marsh Medical Center
kp.org/whitemarsh

Ashburn Medical Center
kp.org/ashburn

Woodlawn Medical Center
kp.org/woodlawn

Fredericksburg Medical Center
kp.org/fredericksburg

Premier hospitals

If you need inpatient or outpatient hospital treatment, we've chosen award-winning hospitals to team with in coordinating your care. These hospitals are located throughout Maryland, Virginia, and Washington, DC. Find out more at kp.org/premierhospitals.¹⁰

For our most up-to-date listing of doctors, specialists, affiliated or network care providers, and facilities and services available, please check kp.org/facilities.



Visit kp.org/urgentcare/mas for the most current information about locations and hours for our After Hours Care, Urgent Care, and Advanced Urgent Care services.

Kaiser Permanente medical facilities (with premier hospitals)

Maryland

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

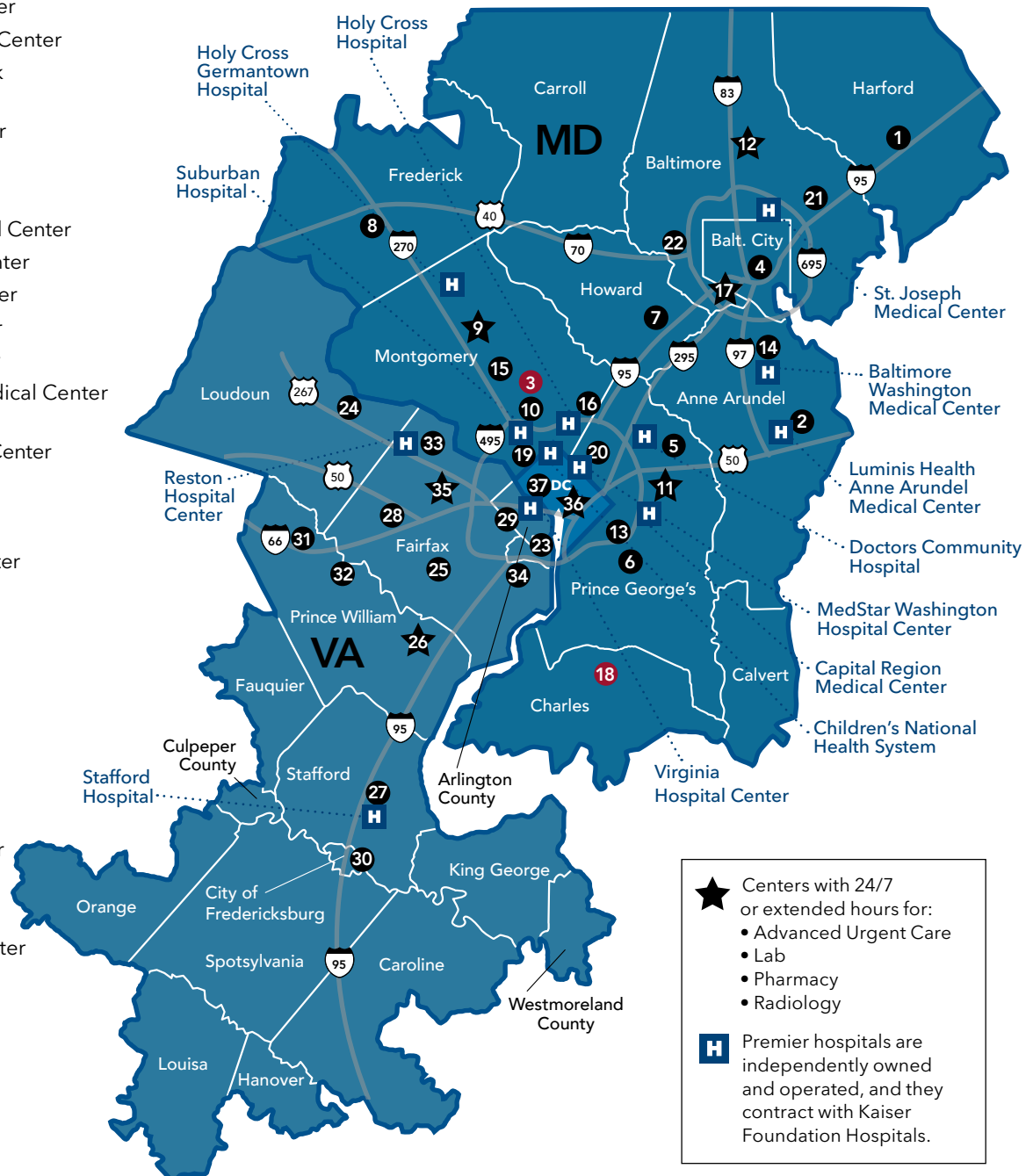
Virginia

- 23 Alexandria Medical Center
- 24 Ashburn Medical Center
- 25 Burke Medical Center
- 26 Caton Hill Medical Center
- 27 Colonial Forge Medical Center
- 28 Fair Oaks Medical Center
- 29 Falls Church Medical Center
- 30 Fredericksburg Medical Center
- 31 Haymarket Crossroads Medical Center
- 32 Manassas Medical Center

- 33 Reston Medical Center
- 34 Springfield Medical Center
- 35 Tysons Corner Medical Center

Washington, DC

- 36 Kaiser Permanente Capitol Hill Medical Center
- 37 Northwest DC Medical Office Building



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

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

Health plan highlights

The plans offered in this guide can be purchased only through [DCHealthLink.com](https://www.dchealthlink.com). If you live or work in Kaiser Permanente's Mid-Atlantic States region, you may select from all 15 options featured below. If you live in another Kaiser Permanente service area, you may only choose from the 8 plans listed in the table below.

Your benefits summary for 2025

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 Ded/ Vision	KP DC Gold 0 Ded/Vision/ Adl Dental	KP DC Gold 500 Ded/ Vision	KP DC Essential Gold 500 Ded/Vision	KP DC Gold 1,000 Ded/300 RxDed /Vision	KP DC Gold 1,500 Ded/300 RxDed/Vision	KP DC Gold 1,700 Ded/ HSA/Vision	KP DC Gold Virtual Complete 2,000 Ded
Product type		HMO	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	PMG/ Signature
Annual deductible (subscriber only)		\$0	\$0	\$500	\$500	\$1,000	\$1,500	\$1,700	\$2,000
Annual deductible (individual/family)		\$0	\$0	\$500/\$1,000	\$500/\$1,000	\$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	\$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	\$50	\$55	No charge after deductible	\$50 after deductible
Inpatient hospital		\$500 per admission	\$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 per admission after deductible	Coinsurance is not waived. Only copays are waived if admitted
Emergency room per visit (waived if admitted)		\$300	\$300	\$300	\$300	\$400 after deductible	\$350 after deductible	\$200 after deductible	20% after deductible
Outpatient facility fee		\$250	\$250	\$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	\$10	\$15	\$10	\$10	\$10 after deductible	\$10
	Community participating pharmacy	\$20	\$20	\$20	Not covered	\$20	\$20	\$20 after deductible	\$20
Preferred brand prescription drugs (30-day supply)	Plan pharmacy	\$60	\$60	\$60	\$50	\$60 after Rx deductible	\$60 after Rx deductible	\$45 after deductible	20% after deductible
	Community participating pharmacy	\$70	\$70	\$70	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)	\$125 discount off retail price combined—once per year (365 days)	\$90 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)		\$8,600/ \$17,200	\$8,600/ \$17,200	\$6,750/ \$13,500	\$6,050/ \$12,100	\$6,750/ \$13,500	\$7,100/ \$14,200	\$5,000/ \$10,000	\$5,500/ \$11,000

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](https://www.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 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 Ded/ Vision	KP DC Gold 0 Ded/Vision/ Adl Dental	KP DC Gold 500 Ded/ Vision	KP DC Gold 1,000 Ded/300 RxDed/Vision	KP DC Gold 1,500 Ded/300 RxDed/Vision	KP DC Gold 1,700 Ded/ HSA/Vision	KP DC Gold Added Choice 1,000 Ded/300 RxDed	
Product type		HMO	HMO	Deductible HMO	Deductible HMO	Deductible HMO	HSA-qualified deductible HMO	POS	
Provider network*		Kaiser Permanente Select	Kaiser Permanente Select	Kaiser Permanente Select	Kaiser Permanente Select	Kaiser Permanente Select	Kaiser Permanente Select	MAPMG/ Signature	Non-network
Annual deductible (subscriber only)		\$0	\$0	\$500	\$1,000	\$1,500	\$1,700	\$1,000	\$2,000
Annual deductible (individual/family)		\$0	\$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
Primary care office visit (waived for children up to age 5)		\$20	\$20	\$20	\$20	\$20	No charge after deductible	\$20	\$45 after deductible
Specialty care office visit		\$50	\$50	\$50	\$50	\$55	No charge after deductible	\$50	\$55 after deductible
Inpatient hospital		\$500 per admission	\$500 per admission	\$500 per admission after deductible	\$500 per admission after deductible	\$500 per admission after deductible	\$100 per admission after deductible	\$500 per admission after deductible	\$600 per admission after deductible
Emergency room per visit (waived if admitted)		\$300	\$300	\$300	\$400 after deductible	\$350 after deductible	\$200 after deductible	\$400 after deductible	\$400 after deductible
Outpatient facility fee		\$250	\$250	\$250 after deductible	\$250 after deductible	\$250 after deductible	\$100 after deductible	\$250 after deductible	\$350 after deductible
Generic prescription drugs (30-day supply)	Plan pharmacy	\$10	\$10	\$10	\$10	\$10	\$10 after deductible	\$10	\$20 after deductible
	Community participating pharmacy	\$20	\$20	\$20	\$20	\$20	\$20 after deductible	\$20	\$30 after deductible
Preferred brand prescription drugs (30-day supply)	Plan pharmacy	\$60	\$60	\$60	\$60 after Rx deductible	\$60 after Rx deductible	\$45 after deductible	\$60 after deductible	\$70 after deductible
	Community participating pharmacy	\$70	\$70	\$70	\$70 after Rx deductible	\$70 after Rx deductible	\$55 after deductible	\$70 after Rx deductible	\$80 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)	\$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
Out-of-pocket max (individual/family)		\$8,600/ \$17,200	\$8,600/ \$17,200	\$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 care¹ innate to Kaiser Permanente's integrated delivery system.

Your benefits summary for 2025

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 Plus 0 Ded/Vision		KP DC Gold Plus 1,500 Ded/300 RxDed/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 (subscriber only)		\$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)		\$300	\$300	\$350 after deductible	\$350 after deductible
Outpatient facility fee		\$250	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)		\$8,600/\$17,200	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).
¹See 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.

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 24,000+ 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*

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.

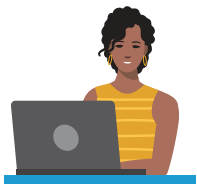
If you live or work in the Mid-Atlantic region, your child must receive his/her dental care from participating LIBERTY Dental Plan providers.

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.

It's easy to join

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



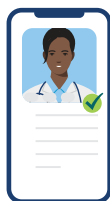
Create your online account

Just visit kp.org/registernow from a computer or mobile device and follow the sign-in instructions. Or download the **Kaiser Permanente app** at 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 to enroll. Follow these simple steps to see your choices:

1

Select
Kaiser Permanente.

2

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 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 ¹⁴ 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 . 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.

Ready to enroll?

After you decide on the Kaiser Permanente plan for you and your family, go to DCHealthLink.com to enroll. Contact your employing office if you have questions about enrollment.

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.

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. Except for artificial insemination or in vitro fertilization, Services for any other types of artificial or surgical means of conception including any drugs administered in connection with these procedures.
- b. Any Services or supplies, after an embryo transfer, provided to a person not covered under your Health Plan in connection with a surrogate/ gestational carrier pregnancy (including, but not limited to, the bearing of a child by another person for an infertile couple).

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. Worker's 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.

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

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.

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.

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-Formulary Drugs has been met. The Non-Formulary Drug coverage criteria is detailed in this Outpatient Prescription Drug Benefit in the subsection titled, "**Preferred vs. Non-Formulary 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
Dental General Exclusions

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 **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.
3. Dental procedures or services performed solely for Cosmetic purposes or that is not Dentally Necessary and/or medically necessary; unless the member has 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.

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.

Endnotes

- 1** In the survey *Best Health Insurance Companies of 2024* by **Insure.com**, Kaiser Permanente as a national enterprise is rated #1 overall among 70+ competitors—for the fourth year in a row. In the NCQA Commercial Health Plan Ratings 2024, 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* (2024), *Northern Virginia Magazine* (2024), *Baltimore* magazine (2023), *Bethesda* magazine (2023), and *Washingtonian* magazine (2023). In the HEDIS® 2024 report, we're the top performer in 44 care measures—more than any other health care organization in the nation.
- 2** NCQA Commercial Health Plan Ratings 2024.
- 3** In the survey *Best Health Insurance Companies of 2024* by **Insure.com**, Kaiser Permanente as a national enterprise is rated #1 overall among 70+ competitors—for the fourth year in a row.
- 4** 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.
- 5** Kaiser Permanente internal data, 2020; Hanming Fang, PhD, et al., "Trends in Disenrollment and Reenrollment Within US Commercial Health Insurance Plans, 2006-2018," *JAMA Network*, February 24, 2022.
- 6** Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," Kaiser Permanente, July 20, 2022.
- 7** 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.
- 8** American Heart Association and American Stroke Association, July 6, 2023.
- 9** Kaiser Permanente GCN Post-Visit Survey of 60,945 members, 2023.
- 10** Premier hospitals are independently owned and operated hospitals, and they contract with Kaiser Foundation Hospitals. The continued availability and/or participation of any facility cannot be guaranteed. For the most current information, visit kp.org/premierhospitals.
- 11** Kaiser Permanente National Market Research, November 2023.
- 12** Some medications are not eligible for Mail Order Pharmacy. Mail Order Pharmacy can deliver to addresses in MD, VA, DC, and certain locations outside the service area.
- 13** These benefits are neither offered nor guaranteed under contract with the FEHB Program, but are made available to enrollees and family members who become members of Kaiser Permanente.
- 14** 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.

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente 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 Member Services at **1-888-777-5536** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente 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 with our Civil Rights Coordinator by writing to 2101 East Jefferson Street, Rockville, MD 20852 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. 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>.

Multi-language Interpreter Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-888-777-5536** (TTY: 711).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-777-5536** (TTY: 711).

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 **1-888-777-5536** (TTY: 711)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-888-777-5536** (TTY: 711).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-777-5536** (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-888-777-5536 (TTY: 711)번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-777-5536** (телетайп: 711).

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。

1-888-777-5536 (TTY:711) まで、お電話にてご連絡ください。

Thai

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-888-777-5536** (TTY: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-888-777-5536 (TTY: 711) पर कॉल करें।

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-888-777-5536** (መስማት ለተሳናቸው: 711)።

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (711) TTY: 1-888-777-5536 تماس بگیرید

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-777-5536 (رقم هاتف الصم والبكم: 711).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-777-5536 (TTY: 711).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-777-5536 (ATS : 711).

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-888-777-5536 (TTY: 711).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-888-777-5536 (TTY: 711).

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-888-777-5536 (TTY: 711).

Bengali

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-888-777-5536 (TTY: 711)।

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-888-777-5536 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-888-777-5536 (TTY: 711).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-888-777-5536 (TTY: 711).

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Have questions about your plan options?



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Already a member?

Manage your care online anytime at kp.org. If you haven't already, go to kp.org/register to email your doctor's office with nonurgent questions, schedule routine appointments, order most prescription refills, and more.

Not a member yet?

For more information, visit kp.org/congress or call **855-251-3209**, Monday through Friday, 10 a.m. to 9 p.m. During Open Season, hours are Monday through Friday, 9 a.m. to 9 p.m.

Ready to get started?

Visit kp.org/newmember to get started. It's easy to register at kp.org, choose your doctor, transfer your prescriptions, and schedule your first routine appointment. If you need help, give us a call.

