

PSC Benefits Fair Vendor Guide and Resources

November 2019

Disclaimer: The vendors who participated in the PSC Benefits Fair and that are listed in this Vendor Guide and Resource document represent benefit options available to PSCs. Their inclusion in the Fair and in this subsequent Vendor Guide does not constitute endorsement of their company or the policies they offer.

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USAID Vendors

USAID Staff Care Center

The Staff Care Center has temporarily relocated to **SA-44, Suite 220**. SA-44 is located at 301 4th Street, SW and is accessible by USAID shuttle, or a short walk from either Federal Center SW or L'Enfant Plaza Metro stations. Staff Care services, including in-person counseling, are available to you and your family members at this new location starting Monday, July 22, 2019.

Please note that family members and staff who do not have a badge endorsed by the Federal Emergency Management Agency (FEMA) badge office should call Staff Care in advance and arrange a time to be met at the entrance and escorted past security to the Staff Care suite.

Hours: Monday, Wednesday, and Friday from 8:30 a.m. to 5:30 p.m. and Tuesday and Thursday from 10:00 a.m. to 6:00 p.m.

Phone

- Free Phone: (877) 988-7243
- Direct Dial: (919) 645-4960
- Reverse Charge: 44-208-987-6200

Email - support@usaidstaffcarecenter.net

Staff Care's email address is monitored 24 hours a day, 7 days a week. Please only provide a little bit of information of what kind of service you need. If you prefer that we called you, please share your contact information.

Website - https://www.advantageengagement.com/1196/login_company.php (Password: USAID)

The Staff Care website has a wealth of fact sheets and articles on a wide range of subjects we support.

“I would like to thank the entire Staff Care Center for the exceptional support provided to this Mission over the past year. Folks are unanimous in their appreciation of everything Staff Care has done.”

— USAID EMPLOYEE

ORGANIZATIONAL RESILIENCE

Cohesive teams and engaged employees are essential to effective performance. We can help your team to:

- identify organizational strengths and address stress points
- build leadership and team effectiveness
- strengthen team communication, collaboration, and engagement
- bridge cultural and work style differences
- manage stress and uncertainty during change and transition.

TRAINING

Customized learning programs on resilience-related topics include:

- learning and practicing skills to manage stress and build resilience
- strategies for coping in a crisis
- mindfulness techniques for the workplace and for personal or family well-being.

Confidentiality

Confidentiality is strictly maintained to ensure that personally identifiable information is protected from any unauthorized disclosure. However, if a client reveals any life-threatening situation, such as child or elder abuse, or threats of serious harm to self or others, Staff Care must report these disclosures as required by law. Use of Staff Care services does not need to be reported on security clearances.

Contact us

All USAID staff and family members have access to free, confidential assistance with any work, life, personal, or family issue. If you have a badge, you and your family have access to Staff Care services.

Email:

Support@usaidstaffcarecenter.net

Website:

[Staffcare.usaid.gov](https://staffcare.usaid.gov) - password: USAID

Free Phone:

1-877-988-7243

International Reverse Charge:

+44-0-208-987-6200

Staff Care Service Center:

Ronald Reagan Building

1300 Pennsylvania Ave NW, B3.06-L

Washington, DC 20004₂

Updated March 2019



USAID
FROM THE AMERICAN PEOPLE

STAFF CARE
Caring for the USAID Family



Global network available 24/7,
365 days a year

Connect with Staff Care
Phone | Email | Website
In Person | In Country

Staff Care is free and available 24/7 for you and your family members anywhere in the world. Call us to get started!

SUPPORT FOR NEW AND EXPECTING PARENTS

Regardless of location, parents can call to access:

- free Nursing Mother Support Pack
- parenting, adoption, and child care resources
- unlimited consultations with a certified lactation specialist available 24/7
- DC-based lactation rooms (register for access at lactation.program@usaid.gov).



WELLNESS

Free programs, tools, and resources for you and your family members to make healthy choices and live healthier lives, including:

- virtual individual and team challenges implementing holistic well-being practices
- wellness coaching on a variety of topics, from nutrition to exercise, sleep, and smoking cessation
- online global well-being questionnaire in 18 different languages
- personalized stress reduction program utilizing mindfulness based meditation skills, called AWARE.

Contact wellnessfitness@usaid.gov to learn more.

WORK LIFE

You and your family members have access to qualified consultants and specialists who can assist you through:

- researching local resources and referrals, from finding a new school to an auto repair business, to save you time at work
- an online library of practical resources to provide support for any work, personal, or everyday issues important to you and your family
- a free, 30-minute consultation with an attorney
- unlimited sessions with a financial counselor.



EMPLOYEE ASSISTANCE

Free counseling sessions are available for you and your family members as individuals or family units (children, couples, and dependents). Personal and professional issues can range from stress and trauma to conflict and relationship difficulties at home and in the workplace. Support includes:

- six free sessions, per issue per fiscal year
- referrals to find counselors in your country and in many languages
- counseling provided in person, by phone, or by video conferencing.

FOREIGN SERVICE OFFICER LIAISON SERVICES

Staff Care's Licensed Social Workers provide specialized support to Foreign Service Officers and their family members to maintain their highest level of functioning and well-being, including:

- long-term case management of ongoing issues
- consultation with the Assignment Committee and the Exceptions Committee
- personal and family support
- critical incident response and coordination and crisis intervention.

OFFICE OF HUMAN CAPITAL AND TALENT MANAGEMENT (HCTM) PROFESSIONAL DEVELOPMENT

Website: <https://pages.usaid.gov/HCTM/career-and-professional-development>

To schedule a confidential career counseling appointment with a Senior Career Counselor, please email CDRS@USAID.gov.

OFFICE OF HUMAN RESOURCES (OHR) WORKERS COMPENSATION

Website: <https://pages.usaid.gov/HCTM/supervisor-resources/workers-compensation>

Contact: Hattye Knight at hknight@usaid.gov

OFFICE OF CIVIL RIGHTS AND DIVERSITY (OCD)

Website: <https://pages.usaid.gov/OCD>

Any employee or applicant who believes he/she has been discriminated against on the basis of race, color, national origin, sex, age, disability, religion, sexual orientation, or reprisal for protected EEO activity should contact OCD's Intake and Resolution section at OCDmailbox@usaid.gov within 45 calendar days of the alleged discriminatory act.

FRONT OFFICE				
Kimberly A. Lewis (BIO)	Director	kewis@usaid.gov	202-712-1110	5.08-118
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Rahwa Fessehazion	Communications Specialist	rfessehazion@usaid.gov	202-712-4132	5.08-114

Janet Frazier (BIO)	AMS Officer	jfraizer@usaid.gov	202-712-5720	5.08-124
DISPUTE INTAKE AND RESOLUTION				
James Cerwinski (BIO)	Reasonable Accommodations Manager	jcerwinski@usaid.gov	202-712-1538	5.08-109
Steven Kelly (BIO)	EEO Compliance Officer	skelly@usaid.gov	202-712-5699	5.08-117
Stacy Merriwether (BIO)	Acting Manager of Complaints and Resolutions Division	smerriwether@usaid.gov	202-712-1569	5.08-121
Roseann Adams (BIO)	Anti-Harassment Program Manager	roadams@usaid.gov	202-712-5259	5.08-116
Liza Almo (BIO)	Formal Complaints Program Manager	lalmo@usaid.gov	202-712-1007	5.08-123
DIVERSITY MANAGEMENT AND OUTREACH				
Clifton Kenon (BIO)	Senior Analyst for Diversity and Inclusion Programs	ckenon@usaid.gov	202-712-5149	5.08-120

PSC ASSOCIATION

2019 PSC Association Committee Members

- Jessy Teickenson, President
- Andrew Hall, Vice President
- Maggie Moore, Executive Secretary
- Sonia Biswas
- Annie Chenaphun
- Bill Stafford
- Laura Shevchik

Email: psc-association-executive-committee@usaid.gov

Website: <https://uspsca.wixsite.com/uspscassociation>

PSC CONTRACTS TEAM: FFP

You can reach the FFP Contracts Team at FFP_PSCContracts@usaid.gov

You can reach the FFP Personnel and Operations Management Team at ffp_pom@usaid.gov

Website: <https://sites.google.com/a/usaid.gov/pom-website/what-we-do/uspsc-support>

PSC CONTRACTS TEAM: OFDA

You can reach the OFDA Contracts Team at PSC_Contracts@ofda.gov

PSC CONTRACTS TEAM: OTI

You can reach the OTI Contracts Team at dchaotirestrictedcontracts@usaid.gov

FINANCIAL PLANNING AND FINANCIAL SERVICES

Northwestern Mutual

Hoss Tabrizi, Financial Advisor

Virginia Address: 11790 Sunrise Valley Dr #200 Reston, VA 20191

DC Address: 1801 K St. NW #210 Washington, DC 20006

Email: hoss.tabrizi@nm.com

Office 202 403 2587

Cell 703 217 8987

Website: <http://HossTabrizi.nm.com>

LinkedIn: <https://www.linkedin.com/in/hosstabrizi/>

TIAA-CREF

Atu Samu, Financial Consultant

Address: 601 13th Street NW, Suite 700 North Washington, DC 20005

Phone: 703.460.7114

Email: Atu.Samu@tiaa.org

Website: www.tiaa.org

Fraser Financial Partners

Thomas T. Trela, MBA, Financial Advisor

Address: 1909 Thames Street, Suite 201 Baltimore, MD 21231

Office: 443.835.1523

Cell: 410.227.4987

Email: ttrela@fraserfinancialpartners.com

Website: <http://www.fraserfinancialpartners.com/>

The Factfinding Process

A Comprehensive Look at 25 Areas



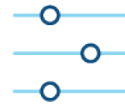
Action Plan
Goals & Dreams



Planning around
Three Generations



Employment /
Self-Employment



Savings & Investing
Philosophy



Savings &
Cash Reserve



Background &
Education



Children's
Education Goals



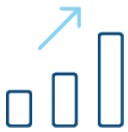
Planning for
Retirement



Personal Goals,
Assets, & Business
Investments



Lifestyle
Capital & Debt



Income as an
Asset



Inheritance Assets
& Liabilities



Disability Income
Insurance



Current and Future
Health Concerns



Life Insurance



Debt & Liquidity
Needed for Final
Expenses



Long-term Care



Estate Planning
Considerations



Fixed Expenses



Discovery and
Reallocation



Investments



Total Asset
Allocation



Personal Advisors
List



Keeping the
Process Moving



Introductions to
Key People

This is a conceptual summary of the 25 sections of our comprehensive factfinding process.
Not every section will apply to every client.

FRASER FINANCIAL PARTNERS

Managing Partner/Financial Advisor

Thomas Trela 1909 Thames St. Baltimore, MD 21231 410.227.4987 ttrela@fraserfinancialpartners.com

Who Are We:

Fraser Financial Partners (FFP) is an independent full-service financial planning firm providing clients with honest, ethical, and transparent financial services and products. We focus on comprehensive planning which includes investments, life/disability/personal insurance, retirement planning, and education planning.

Vision:

Fraser Financial Partners (FFP) aims to provide an unparalleled client experience becoming a trusted partner for individual and business clients from commencement to retirement.

Mission:

Fraser Financial Partners assists to improve the financial well being for people beyond just the current generation. Fraser Financial Partners will use responsible financial planning to identify client needs and improve their financial situations.

Client Products/Services/Costs:

Financial Planning: 500.00-3,500.00 annually per plan (depends on complexity). FFP uses Right Capital and e-money planning software. Clients will have unlimited access to advisor within reason and semi-annual reviews will be scheduled at the minimum. Information is tracked in real time and a user- friendly mobile app make staying on top of the plan easy.

Investments:

We focus on a disciplined investment approach and customize portfolios given specific client goals. Our strategies will include index funds/etf's when possible to reduce expenses and will have a portion of active management to help with market declines. Individual stock portfolios are available in certain situations.

Costs:

0-250,000	.90%
250,000 – 500,000	.75%
500,000 – 1,500,000	.60%
1,500,000+	.50%

Education Planning/529's: When possible, FFP will collect NO fees for education planning. The best option for 529 investing is usually state specific, so the plans would be held directly. FFP will assist with opening the accounts for clients.

Life and Disability Insurance/Annuity: Compensation paid by carrier. As an independent firm, FFP will only use top rated carriers, and will benchmark products to make sure clients are receiving the best products available in the market.

Property and Casualty: Compensation paid by carrier. FFP has an independent P&C arm that offers home, auto, umbrella, and all types of commercial business insurance and the same benchmarking criteria as above applies.

HEALTH INSURANCE

Bowman Gaskins

Dennis Donovan

Address: 75 W Lee Street Suite 102, Warrenton, VA 20186

Email: DDonovan@bowmangaskins.com

Phone: 540-428-2089

Website: <http://psc-healthplan.com>

Once you are enrolled through Bowman Gaskins, the next step is to complete an attached payroll deduction form (SF-1198) and submit it to USPSC@usaid.gov. This will allow them to begin taking post tax deductions from your payroll paying Bowman Gaskins directly.

After a few pay periods have passed and deductions are being taken out of your salary, you can submit a SF1034 voucher with a copy of your NFC Payroll distribution record showing the deduction as your receipt, and then you will receive the 72% reimbursement of your premiums deposited back into your account.

Offshore Health Benefits

Robert Tillotson, Offshore Health Benefits

Cell/ WhatsApp: 512-296-4976

Email: offshorehealthbenefits@gmail.com

Website: <https://offshorehealthbenefitsintlpscbenefits.com/2017/12/11/offshore-health-benefits-worldwide-medical-coverage-for-expatriates/>

Offshore Health Benefits is licensed, bonded and has been in business helping expats since 2002. They also offer VUMI, ALLIANZ, but quit offering the WEA plan due to problems with claims and overall communication. They are seeing super high renewals with Aetna International but still offering in Latin America & the Caribbean only.
Recommended plan: Cigna Global Health

Clements

Raj Kolluru, Account Executive

Office: 202 741 1564

Cell: 202 251 8816

Email: rkolluru@celments.com

Kaiser Permanente

Justin Atwater, Mid-Atlantic Region Sales & Marketing

Office: (703) 287-6473

Cell: (571) 489-1261

Email: Justin.Atwater@kp.org

Fed Advantage

Phone: 866 973-6605

Email: info@fedadvantage.com

Website: www.fedadvantage.com

NOTE: most materials for health insurance providers are at the end of this document.

BOWMAN GASKINS : PSC DOMESTIC HEALTHPLAN

The PSC Healthplan has been organized thanks to the volunteer efforts of administrators of OBO, INL, USAID and Bowman Gaskins Financial Group as a way for full time PSCs to be able to enroll in Group Health Insurance Coverage.

Who is eligible?

Full time Personal Service Contractors (PSCs) of Overseas Building Operations (OBO), Bureau of International Narcotics and Law Enforcement Affairs (INL), United States Agency for International Development (USAID), as well as United States Department of State employees


Open Season is January 1st through January 31st every year.

The monthly costs are as follows and are paid biweekly through payroll deductions. Please note, this is the price before any reimbursement via your contract.

	BlueChoice HMO (HSA)	BlueChoice POS	BluePreferred PPO	Dental
Employee	\$564.77	\$754.80	\$1,048.34	\$39.40
Employee and Spouse	\$1,299.23	\$1,736.19	\$2,411.66	\$90.62
Employee and Child(ren)	\$1,044.74	\$1,395.49	\$1,938.38	\$72.89
Family	\$1,580.61	\$2,112.79	\$2,935.06	\$110.32

Coverage is currently provided by CareFirst BlueCross BlueShield. There are currently 3 different plans from which members can choose from. Please note, the HMO and POS offer coverage in MD, DC and Northern VA. The PPO offers coverage nationwide. Dental coverage is available but is not reimbursed through your contract.

You can find detailed information on what the plans cover on our website listed below.

540-428-2089 

CHRISTINA ASHBY: CASHBY@BOWMANGASKINS.COM 

WWW.PSC-HEALTHPLAN.COM/DOMESTIC 



BOWMAN GASKINS : PSC INTERNATIONAL HEALTHPLAN

The PSC Healthplan has been organized thanks to the volunteer efforts of administrators of OBO, INL, USAID and Bowman Gaskins Financial Group as a way for full time PSCs to be able to enroll on Group Health Insurance Coverage.

Who is eligible?

Full time Personal Service Contractors (PSCs) of Overseas Building Operations (OBO), Bureau of International Narcotics and Law Enforcement Affairs (INL), United States Agency for International Development (USAID), United States Department of State and Full Time Third Country Nationals (TCNs) are eligible to enroll.


Open Season is September 1st through September 30th every year.


The monthly costs are as follows and are paid biweekly through payroll deductions. Please note, this is the price before any reimbursement via your contract.

Single	\$584.06
Employee & Spouse	\$1,493.12
Employee & Child(ren)	\$1,248.66
Family	\$2,292.21

This International plan provides coverage in both the USA and Overseas. Your family at home is covered by Aetna's National PPO while you are covered wherever you are stationed by Aetna International. The plan features low copay and out of pocket costs, along with integrated Dental coverage.

You can find detailed information on what the plan covers on our website listed below.

540-428-2089 

CHRISTINA ASHBY: CASHBY@BOWMANGASKINS.COM 

WWW.PSC-HEALTHPLAN.COM/INTERNATIONAL 

Included Value Services

Ability Assist®4

Ability Assist®4 Counseling Services provides access to Master's- and PhD-degreed clinicians for 24/7 assistance if you're enrolled in coverage and have a claim approved by The Hartford. This includes 3 face-to-face visits per occurrence per year for emotional concerns and unlimited phone consultations for financial, legal, and work-life concerns.

HealthChampion

HealthChampion offers unlimited access to benefit specialists and nurses for administrative and clinical support to address medical care and health insurance claims concerns if you're enrolled in coverage and have a claim approved by The Hartford.



Fed Advantage
FILLING THE GAPS IN YOUR BENEFITS

Voluntary Benefits to Complement Medical Insurance



866.973.6605

info@fedadvantage.com



Fed Advantage
FILLING THE GAPS IN YOUR BENEFITS



**THE
HARTFORD**

Underwritten by The Hartford

Accident Insurance

An accident can happen to anyone, and recovery can be costly. Your medical insurance may pick up most of the tab, but leave you with out-of-pocket expenses that add up quickly. Our accident insurance provides a cash benefit for covered accidental injuries, related services, and treatments.



Critical Illness Insurance

Our Critical Illness Insurance pays a lump-sum cash benefit upon diagnosis of a critical condition. This payment is separate from any coverage provided by your medical insurance and can be used as you like. We offer coverage amounts of \$10,000, \$20,000 or \$30,000.

Accident Highlights

While traveling to pick up his children after soccer practice, Robin is in a car accident. He's taken by ambulance to the hospital for a broken leg. While there, Robin receives various services.

Covered Benefit	Accident Plan Pays
Hospital Admission	\$500
Ground Ambulance	\$200
Emergency Room	\$100
X-Ray	\$50
Daily Hospital Confinement	\$200 (2 days)
Medical Appliance	\$50
Accident Follow-up (2 visits)	\$100 (\$50/visit x 2)
Physical Therapy (8 visits)	\$200 (\$25/visit x 8)
Initial Physician Office Visit Benefit	\$50
Total Accident Benefits Paid to Robin	\$1,450

You get the picture – medical expenses following an accident add up quickly. If the unexpected happens to you or an insured loved one, this Accident Insurance plan provides benefits to help with those expenses, regardless of any other insurance you have.

Coverage Tiers	Cost per Pay Period
Employee Only	\$5.00
Employee & Spouse	\$7.00
Employee & Children	\$7.00
Employee & Family	\$11.00

Our Accident Insurance costs the same for everybody, regardless of age or income!

Critical Illness Highlights

Below are some of the conditions covered under this valuable plan.

Covered illnesses	Benefit Amounts
Cancer Conditions	
Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount
Non-invasive Cancer	25% of coverage amount
Vascular Conditions	
Heart Attack*; Heart Transplant*; Stroke*	100% of coverage amount
Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage amount
Other Specified Conditions	
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant*; Paralysis	100% of coverage amount
Bone Marrow Transplant	25% of coverage amount
Neurological Conditions	
Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)	100% of coverage amount
Child Conditions	
Cerebral Palsy; Congenital Heart Disease; Cystic Fibrosis; Muscular Dystrophy; Spina Bifida	100% of coverage amount

Conditions denoted with an asterik (*) pay an additional benefit for subsequent diagnoses.

Sample Quote

Below is a sample quote for a person who is 40 years old with an income of \$50,000 per year and is not a tobacco user.

Coverage Amounts	Your Cost per Pay Period			
	Employee	Employee & Spouse	Employee & Children	Employee and Family
\$10,000	\$5.00	\$10.00	\$7.00	\$11.00
\$20,000	\$9.00	\$17.00	\$10.00	\$18.00
\$30,000	\$12.00	\$24.00	\$14.00	\$25.00

To get a full scope of covered accidents, illnesses and conditions, visit [FedAdvantage.com](https://www.fedadvantage.com)

DISABILITY, LIFE, ACCIDENT, AND PROPERTY INSURANCE

Starr Wright USA

Address: 405 Silverside Rd. Wilmington, DE 19809

Phone: 800 424-9801

Email: support@wrightusa.com

Website: wrightusa.com

Fed Advantage

Phone: 866 973-6605

Email: info@fedadvantage.com

Website: www.fedadvantage.com

Clements

Raj Kolluru, Account Executive

Office: 202 741 1564

Cell: 202 251 8816

Email: rkolluru@celments.com

Northwestern Mutual

Phone: 866 950-4644

Website: www.northwesternmutual.com/term-life-insurance/

"Starr Wright USA, led by Maurice "Hank" Greenberg and other military and federal government veterans, has been relied upon for more than 50 years to protect federal employees' careers and reputations."

DAVID COHEN
CIA, Deputy Director of Operations

COVERAGE YOU CAN TRUST

Our founder, Frank Wright, started the company in 1965 to provide insurance plans uniquely tailored to meet the needs of federal employees. He pioneered and originated the Federal Employee Professional Liability Insurance (FEPLI) program and many more insurance programs such as: Disability, Accident, Life, Dental, and Umbrella.

Over 50 years later, Starr Wright USA continues to set the standard for federal employee protection products and is the leading provider to tens of thousands of current and former federal employees. Starr Wright USA accomplished this by ensuring our customers have access to superior products with affordable premiums and receive quality service.

All these reasons and more make us the best choice. See for yourself online at WrightUSA.com where Open Season Never Ends!



STARR
WRIGHT
USA

ABOUT STARR WRIGHT USA

Starr Wright USA is operated by a team of veterans and former federal employees. Led by World War II and Korean War veteran Maurice "Hank" Greenberg, Starr Wright USA provides insurance solutions designed specifically for federal employees. In September 2016, Wright USA became Starr Wright USA, the newest member of the Starr Companies family.

STARR WRIGHT USA PROUDLY SUPPORTS FEDERAL ASSOCIATIONS



WRIGHTUSA.COM

800-424-9801 support@wrightusa.com
405 Silverside Rd. Wilmington, DE 19809



STARR
WRIGHT
USA

Insurance Products for Federal Employees

YOU SERVE OUR COUNTRY
WE SERVE AND PROTECT YOU

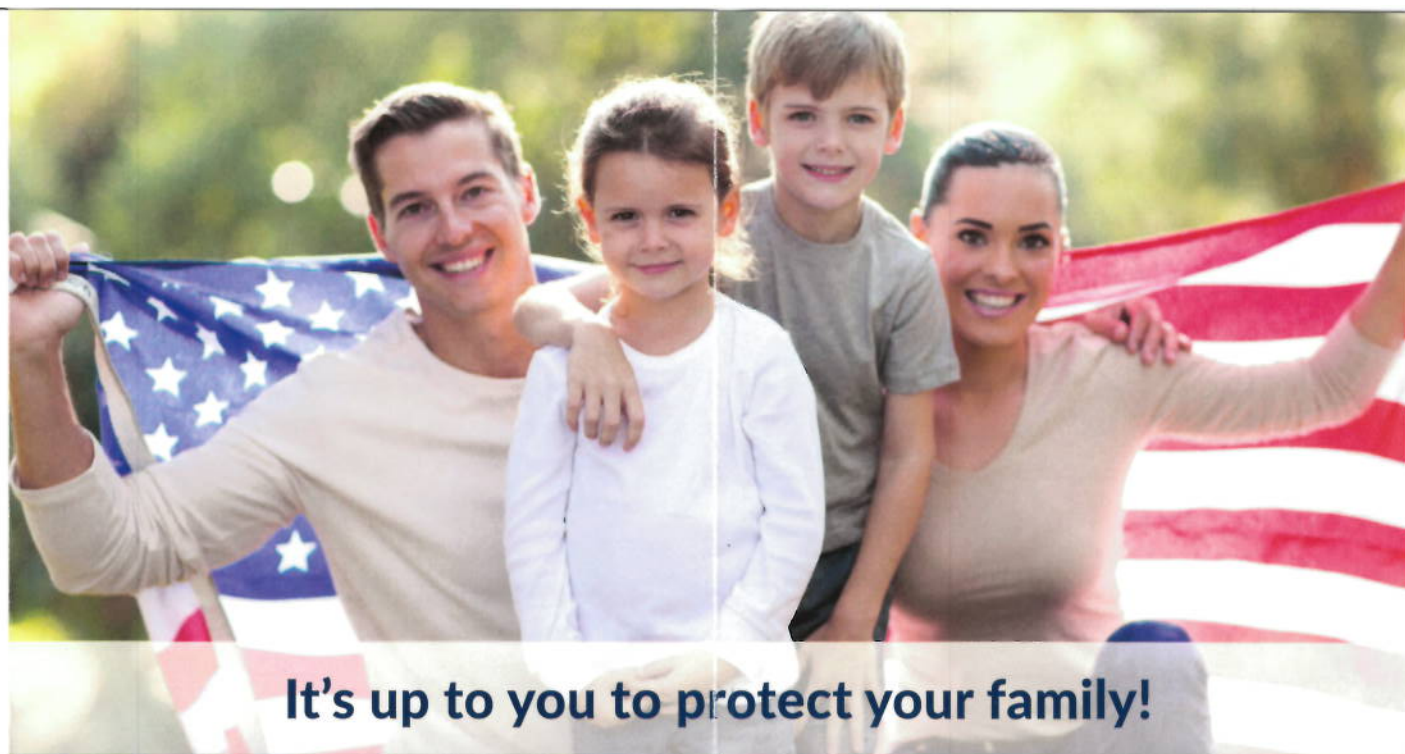
WHO CARES ABOUT FEDERAL EMPLOYEES? WE DO

What makes us the best choice?

Starr Wright USA is the premier provider of protection solutions specifically tailored to the unique needs of current and former federal employees and their families. There are a myriad of reasons that make us the the best choice for you. Here are just a few:

- **Stability** – Starr Wright USA was founded over a half-century ago.
- **Singular Customer Focus** – We have served federal employees and federal contractors exclusively since our inception.
- **Innovation** – We pioneer the redesign of enhanced protection packages to be specifically relevant to our audience.
- **Product Portfolio Breadth** – In addition to FEPLI, Starr Wright USA also offers federal employees Disability Insurance, Life Insurance, Accident Insurance, Travel Insurance, and Umbrella Insurance.
- **Service** – We have paid more professional liability claims than all our competitors combined.
- **Accessibility** – Starr Wright USA's website never closes; federal employees can enroll in any of our plans or access their existing account 24/7/365.

*All these reasons and more make us
The Best Choice. See for yourself online at
WrightUSA.com*



OUR PRODUCT PORTFOLIO

- **Federal Employee Professional Liability Insurance (FEPLI)** – Protects you against allegations of misconduct and wrongdoing (e.g., discrimination, harassment, or retaliation) when acting within the scope of your federal job. Federal agencies are required by law to reimburse qualified employees up to 50% or more of their annual premium.
- **Disability Insurance** – Our plan fills gaps in many federal disability plans to help ensure your financial obligations, goals, and dreams stay on track even if you are unable to work for an extended time due to disability.
- **Accident Insurance** – We offer coverage for accidental death and accidental dismemberment with an added benefit for covered exposure and covered disappearance.
- **Life Insurance** – We offer several different plans that allow you to choose the coverage that fits your needs at low, affordable group rates. Moreover, our plans are portable, so you can keep your coverage if you change jobs or leave federal service. And, our plans' death benefits are paid income tax-free to your beneficiaries.
- **Travel Insurance** – Protect your hard-earned vacation with travel insurance for federal employees from Starr Wright USA's sister company, Starr Assist Travel Insurance and Assistance.
- **Umbrella Insurance** – Protects above and beyond the liability limits of your auto/homeowners insurance, kicking in when those policies' liability limits are exhausted. Every member of your household is covered for situations such as serious injuries/property damages resulting from a car accident in which you are found liable.

The Financial Impact Federal Employees Can Face

A disability can impact you in three ways:

1. Your paid leave is limited and isn't enough. What happens if it runs out?
2. You'll have to live on a reduced fixed pension. Can you live on 40%?
3. Your employer doesn't offer any assistance in helping you get back to work. When you're done... you're done.

Request a Disability Financial Impact Analysis

See a detailed financial impact exhibit on how our program enhances your existing benefits.

Plan Highlights

- Low cost, payroll deducted.
- No medical evidence required.
- Benefits start as soon as 30 days.
- Benefits paid to age 65.
- 60% of income, tax free.
- Vocational and rehabilitative training.
- 24 hour coverage protects on and off the job.
- Covers illness and accidents.
- Maternity is covered.



**If you couldn't work, how
would you meet your
financial needs?**



*Your paycheck is the basis for meeting
your responsibilities today and reaching
your goals tomorrow.*

Want to Learn More?

Visit **FedAdvantage.com** for more information on this valuable benefit, which is not part of your current benefits package.

866.973.6605

info@fedadvantage.com



Underwritten by The Standard

If You Couldn't Work...

How would you pay for things like your mortgage, car payment and other living expenses?

Ask Yourself:

- How long before your lifestyle would be disrupted?
- Would you need to dip into retirement savings or other assets?
- What would you sacrifice to keep your personal life intact while you recover?

Supplemental Disability Can Help Protect Your Most Valuable Asset... Your Income

Through FedAdvantage, you now have access to supplemental disability insurance, which can help fill critical gaps in your benefits.

Four Ways Disability Insurance Can Help You

1. Help bridge your income from when your leave stops until you are approved for disability retirement.
2. Supplement your disability retirement income.
3. Get you up on your feet and back to work through the help of our rehabilitation and return-to-work services.
4. Reduce absence and disability through Workplace Possibilities.

Plan Comparison

FedAdvantage offers plans designed to fill the gaps in your benefits. We offer four disability plans, underwritten by The Standard, each uniquely designed to meet the various needs of federal employees. See below for our program comparison chart.

	FedAdvantage			
	Short-Term / Long-Term Disability Combination			Long-Term Only
	Basic	Premier	Premier Plus	Premier LT
General Plan Information				
Eligibility	All civilian federal employees working at least 20 hours per week			
24 Hour Coverage	Yes	Yes	Yes	Yes
Medical Underwriting	No	No	No	No
Elimination Period	30 Days	30 Days	30 Days	180 Days
Benefit Percentage	60%	60%	60%	60%
Monthly Benefit Maximum	\$15,000	\$15,000	\$15,000	\$15,000
Maximum Period of Payment	Age 65	Age 65	Age 65	Age 65
Minimum Monthly Benefit	\$100	\$100	\$100	\$100
Waiver of Premium	Yes	Yes	Yes	Yes
Conversion	Yes, see plan certificate for details	Yes, see plan certificate for details	Yes, see plan certificate for details	Yes, see plan certificate for details
Benefit Provisions				
Rehabilitative Incentive	Up to a 10% increase in Monthly Benefits	Up to a 10% increase in Monthly Benefits	Up to a 10% increase in Monthly Benefits	Up to a 10% increase in Monthly Benefits
FERS Disability Retirement Integration	Yes	Yes	Yes	Yes
Partial Disability	Yes	Yes	Yes	Yes
Survivor Benefit	Yes	Yes	Yes	Yes
Assisted Living Benefit	No	Additional 20%	Additional 40%	Additional 20%
Lifetime Security Benefit	No	Yes	Yes	Yes
Monthly Medical Benefit	No	No	24 months; \$200/ month	No
Limitations				
Pre-Existing Condition	Yes	Yes	Yes	Yes
Mental & Nervous Maximum	24 Months	24 Months	24 Months	24 Months
Substance Abuse Maximum	24 Months	24 Months	24 Months	24 Months
Sample Quote				
Age: 40; Annual Salary \$50,000; Base Rate	\$13 Per Pay Period	\$15 Per Pay Period	\$17 Per Pay Period	\$11 Per Pay Period

For a free, personalized online quote, visit: [FedAdvantage.com](https://www.fedadvantage.com)

DEDICATED INSURANCE HUB

Clements have created a dedicated Insurance Hub for USAID members.

Welcome to the Insurance Hub for USAID members.

At Clements Worldwide we pride ourselves on having over 70 years experience focusing on the insurance needs of foreign aid workers and international organizations. So no matter where you are in the world, let Clements provide the protection you need so you can focus on your core mission...

Insurance Solutions

WELCOME TO THE HUB FOR USAID MEMBERS

Comprehensive Life Program

Our Comprehensive Life Program provides life insurance coverage for USAID members and their families. The program is designed to provide the highest level of protection and financial security for your loved ones.

[Learn More](#) [Quote Now](#)

Travel

Our Travel Insurance Program provides comprehensive coverage for USAID members and their families. The program is designed to provide the highest level of protection and financial security for your loved ones.

[Learn More](#) [Quote Now](#)

Personal Property

Our Personal Property Insurance Program provides comprehensive coverage for USAID members and their families. The program is designed to provide the highest level of protection and financial security for your loved ones.

[Learn More](#) [Quote Now](#)

Automotive Insurance

Our Automotive Insurance Program provides comprehensive coverage for USAID members and their families. The program is designed to provide the highest level of protection and financial security for your loved ones.

[Learn More](#) [Quote Now](#)

Health Insurance

Our Health Insurance Program provides comprehensive coverage for USAID members and their families. The program is designed to provide the highest level of protection and financial security for your loved ones.

[Learn More](#)

General Insurance

Our General Insurance Program provides comprehensive coverage for USAID members and their families. The program is designed to provide the highest level of protection and financial security for your loved ones.

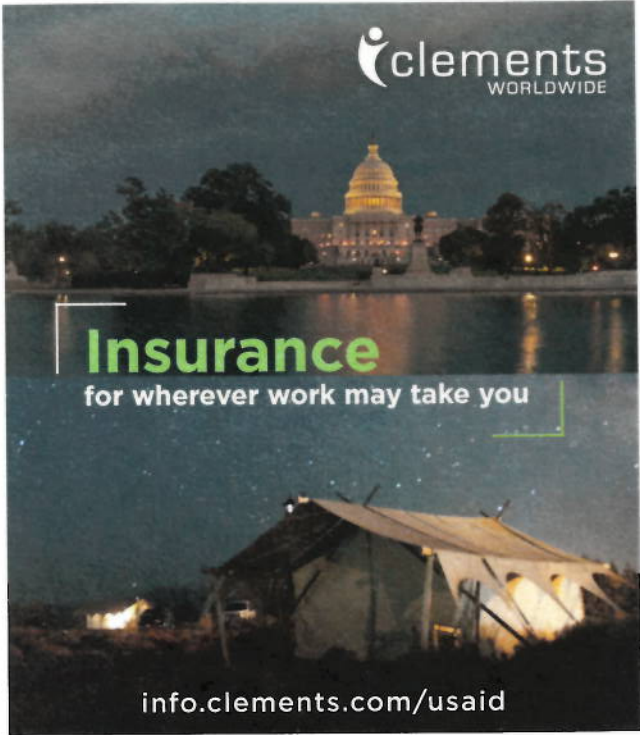
[Learn More](#)

info.clements.com/usaaid

browse products • learn about coverage
schedule a consultation • quote and purchase

NEVER LEAVE ANYTHING TO CHANCE
TAKE CLEMENTS WITH YOU

info.clements.com/usaaid



clements
WORLDWIDE

Insurance

for wherever work may take you

info.clements.com/usaaid

PERSONAL INSURANCE SOLUTIONS

At Clements Worldwide we pride ourselves on focusing on the insurance needs of foreign aid workers and international organisations. So no matter where you are in the world, let Clements provide the protection you need so you can focus on your core mission.



International Life

Clements offer multiple life insurance options for members of the USAID. From an international Life plan to an immediate issue Term Life insurance, Clements can help financially secure you and your family should the worst happen.



International Health

A uniquely designed insurance giving you and your family access to the best healthcare possible, wherever you may be in the world.



International Auto

International auto insurance providing Fully Comprehensive cover. Policies include Physical Damage protection and Excess Liability.



Personal Property

A vital insurance providing comprehensive worldwide protection for your personal belongings. The plan can provide coverage during transit as well as at your new destination.



Income Protection

Allows you and your family to maintain your standard of living should an injury or illness mean you are unable to work. Temporary and/or Permanent cover.

WHY CHOOSE CLEMENTS?

INNOVATIVE

Clements Worldwide created the first ever expatriate program way back in 1947 for the U.S. State Department.

EXPERIENCED

Over 70 years of experience creating specialised insurance solutions for the expatriate and international community.

INTERNATIONAL

Clements offer insurance in over 180 countries worldwide, giving us global reach with local knowledge.

RELIABLE

Our offices in Washington DC, London, Brussels, and Dubai offer exceptional service to our customers.

REASONS FOR OWNING LIFE INSURANCE



THERE ARE MANY REASONS

- When people think about life insurance, traditional reasons, such as income replacement and coverage for funeral expenses, may come to mind.
- However, life insurance can be so much more than that. Permanent life insurance also provides you with options while you are living, maybe to supplement your retirement or help pay for a college education.



WHAT ARE YOUR REASONS?

- ☐ Cover burial and other final expenses
- ☐ Help replace lost income
- ☐ Help pay off the mortgage
- ☐ Transfer wealth or leave an inheritance
- ☐ Pay for home care expenses
- ☐ Supplement retirement income
- ☐ Tax-advantaged way to accumulate Cash Value
- ☐ Provide funds for a college education
- ☐ Option to help pay for long term care expenses

YOU NEED LIFE INSURANCE, BUT WHAT KIND?



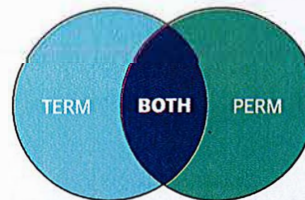
TERM INSURANCE

- Term life insurance is much like renting a house, because it provides your loved ones with financial protection for a specific term or period of time.
- Let's say that you purchase a term policy. If you die prior to the end of the term period, your loved ones will receive the death benefit. If you outlive your policy, it will expire and your coverage will end. You essentially "rented" your policy for the term period and were left with no "equity" when it expired.



BENEFITS

- Satisfy temporary needs
- Affordable
- Generally tax-free death benefit



PERMANENT INSURANCE

- Permanent life insurance provides you with lifelong coverage and is more like owning your home; you build equity and can access that equity via a loan or by selling your house.
- Permanent life insurance is very similar. The equity in your policy is the cash value. You can utilize the cash value by taking a loan from Northwestern Mutual (paying interest like on a home equity loan) or by surrendering (cashing in) your policy.

BENEFITS

- Coverage for life
- Builds cash value
- Generally tax-free death benefit



A COMBINATION OF BOTH, TERM & PERM

- A combination of both term and permanent life insurance allows you to enjoy the benefits of both.
- You can customize the amount of each type of insurance to fulfill your needs, within your budget.

PROFESSIONAL LIABILITY INSURANCE

FEDS Federal Employee Defense Services

Brenda Wilson, New Business Director

Address: 7945 MacArthur Blvd. Suite 201 Cabin John, MD 20818

Main: 866 955-3337

Office: 301 284-8891

Cell: 708 828-2909

Email: Brenda@fedsprotection.com

Website: www.fedsprotection.com

Starr Wright USA

Address: 405 Silverside Rd. Wilmington, DE 19809

Phone: 800 424-9801

Email: support@wrightusa.com

Website: wrightusa.com

WHY SHOULD YOU CHOOSE FEDS OVER OTHER PROFESSIONAL LIABILITY CARRIERS?

Most federal employee professional liability policies, like FEDS, are secured and underwritten by an A.M. Best 'A' rated insurance carrier; and the core liability protections offered are basically the same - \$1,000,000 or \$2,000,000 dollars of indemnity protection for civil suits, \$200,000 for administrative defense, and \$100,000 for criminal defense; a "tail" or "36 month extended reporting period" providing civil protection for up to three years after service; and worldwide protection important to those employees serving outside of CONUS or otherwise in international posts of duties.

HOW IS FEDS DIFFERENT?

- **FEDS is a veteran-owned, U.S. based company with benefits secured by a U.S. based insurance company.**
- **Legal Representation for Civil Matters is Not Capped by Sublimits.** Unlike some carriers, the full \$1,000,000 or \$2,000,000 liability limits for civil protection are separate and distinct and not subject to the defense limits of the administrative and criminal provisions.
- **Superior Legal Defense.** This is one of the most important differences between the FEDS program and others. The quality of legal representation and counsel that you can expect as a FEDS member is one of the main reasons the leading federal employee associations endorse us. Our panels of law firms have over 30 years of specific experience in representing federal employees. Shaw, Bransford & Roth leads our panel, providing representation on a wide range of employment law and federal personnel issues. For civil and criminal matters, as well as conflicts and other case specific circumstances, FEDS calls upon Schertler and Onorato, LLP, Mololamken LLP, and others whose experience and expertise is necessary to handle these matters.
- **Coverage is included for managers facing harassment, discrimination, retaliation & wrongful termination allegations.** Unlike similar policies, the FEDS policy does not charge additional premium or require you to purchase additional endorsements for Employment Practices Liability claims in order to defend you in the event you are accused of these allegations.
- **Coverage is included for employees serving outside of CONUS or in other international posts of duties.** At no additional cost.
- **Coverage Counsel.** Unlike some carriers, FEDS will appoint, in certain cases, coverage counsel prior to DOJ's determination of scope and interest. Having your own attorney advocating on your behalf is very important during this decision process.
- **No Delay of Reporting Denial.** Unlike some carriers, FEDS will not decline your claim if you choose to get advice or counseling from FLEOA or other association legal counsel and then need to invoke your policy benefits.
- **FEDS offers a payroll deduction payment option** in addition to standard payment methods.
- **Additional Consultations.** For precomplaint or other matters falling outside the scope of the policy's liability protections, all FEDS members are entitled to two half hour consultations with an attorney – at no additional cost. Attempts by other companies to mirror this valuable service are simply not comparable and will cost you more money.
- **Pro Rata Refund Available.** FEDS gives pro rata refunds for members who retire or otherwise leave federal service. Other providers do not give comparable refunds.
- **No Deductibles, Admin or Other Fees.** Other than a necessary fee associated with payroll deduction, there are no administrative or credit card payment fees associated with the FEDS insurance policy.
- **Commitment and Know-How.** FEDS President and Founder is a former federal attorney who has continually demonstrated his understanding of and commitment to the entire federal community.



Coverage is subject to the terms & conditions of the program insurance policies. Please refer to the terms & conditions of the FEDS Master Policy at www.fedsprotection.com.

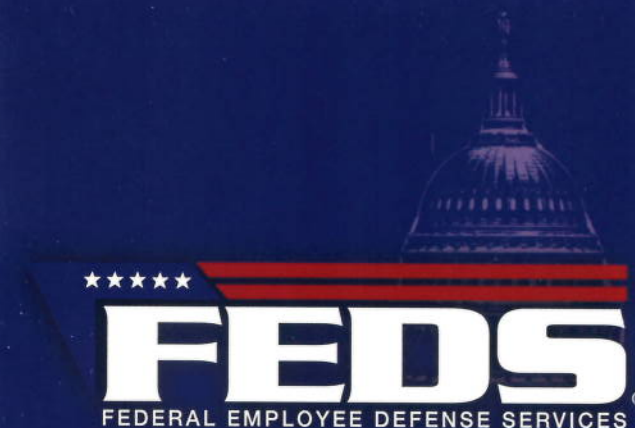
Federal Employee Defense Services, Inc.
P.O. Box 65282
Washington, DC 20035

866.955.FEDS
www.fedsprotection.com

FEDS PROTECTION

**You Simply Can't Afford
NOT to Have It,
Especially if You:**

- *Protect our nation's security and/or work in the intelligence community*
- *Provide law enforcement or federal security*
- *Manage or supervise federal employees*
- *Provide HR functions*
- *Work directly with the public*
- *Make decisions on public policy or in the interest of the public*
- *Provide medical, financial or other professional services*
- *Regulate products, entities or securities matters*
- *Obligate federal funds or award contracts*



**Professional
Liability
Insurance
for
Federal
Employees**

866-955-FEDS
www.fedsprotection.com

FEDS ALSO OFFERS:

**Federal Contractor
E&O Insurance**

**Federal Flight Deck Officer
Liability Insurance**

**LEOSA HR218 Liability
Insurance for Active & Retired
Federal LEOs**

This brochure is designed to explain the general protection benefits available to federal employees, but in no way changes the benefits under the group plans. Please refer to the terms and conditions of the FEDS master policy at www.fedsprotection.com.

For more information on your specific liability exposures, call 866.955.FEDS or visit www.fedsprotection.com



"With today's public scrutiny, political demands, new workplace rules and increased workloads affecting the exposures of federal employees to allegations, investigations, disciplinary actions, and lawsuits - federal employees simply can't afford NOT to have professional liability insurance."

*Anthony F. Vergnetti, Esq.
President, FEDS*

**FEDS is veteran
owned and U.S. based with
benefits secured by a U.S.
Based A+XV (Superior)
rated company.**



COVERAGE

- The FEDS policy pays up to \$1,000,000 or \$2,000,000 (depending on the policy limit you choose) of professional liability damages and the legal defense for personal capacity lawsuits arising out of the course and scope of employment.
- The FEDS policy pays for legal defense up to \$200,000 for administrative investigations and disciplinary proceedings resulting from alleged acts, errors or omissions while rendering a professional service.
- The FEDS policy pays for legal defense up to \$100,000 for a criminal investigation or proceeding resulting from an alleged act, error or omission.
- The FEDS policy has NO DEDUCTIBLES, includes free legal consultations for precomplaint and other matters, and a 3 year tail for civil suits after you leave federal service.

COST

When compared to other necessary protections such as your home or auto, FEDS professional liability is very affordable at less than \$1 a day - with payroll deduction options available!

Annual Premium

\$290 for FEDS \$1,000,000 policy
\$390 for FEDS \$2,000,000 policy

Agency Reimbursement

Federal law requires agencies to reimburse qualified employees up to 50% or more of the cost of this insurance.

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LEGAL REPRESENTATION

The quality of FEDS legal counsel sets FEDS apart from other liability programs. Shaw, Bransford & Roth leads our panel of attorneys, providing representation on a wide range of employment law and federal personnel issues.

For civil and criminal matters, as well as conflicts and other case specific circumstances, we access nationally recognized panels of attorneys including Schertler and Onorato, LLP, MoloLamken LLP, along with others whose experience and expertise is necessary to handle particular matters.

COMMITMENT

Complaints and allegations have simply become the cost of doing business for many federal employees. Whether true or false, and whether exacerbated by media sensation, negative public impact or political agendas, if you don't have liability insurance in place, hiring a lawyer to defend your decisions, actions, or inactions could be cost prohibitive - even if you are ultimately vindicated.

**FEDS is exclusively endorsed
by the leading federal
employee associations.**

FEDS has the reputation of doing right by federal employees. Cost, coverage, commitment, legal representation and service are the reasons FEDS is endorsed over all other federal employee professional liability providers! Call your association or us today at **866-955-FEDS** for a list of partnerships and endorsements. You can also visit our website at **www.fedsprotection.com**.



PSC Professional Liability Insurance

As a Personal Services Contractor (PSC) you are not a federal employee; however the unique liability exposures you have are similar to those of federal employees with budgetary, financial, contractual & oversight responsibilities. Federal employees have access to professional liability insurance that is uniquely designed to cover the specific civil liability, administrative, disciplinary and criminal exposures that put the assets of federal employees at risk. Since your PSC exposures are so similar to those of federal employees, PSCs are eligible for the same liability protections (and partial reimbursement of premium) under the FEDS Professional Liability Insurance policy covering all three areas of federal exposure.

Civil Liability Exposure

Just like federal employees, PSCs are vulnerable to federal lawsuits. You can be sued. You can be denied DOJ representation. You can be held liable for a judgment. FEDS Professional Liability Insurance provides you with both defense and indemnification (pays damages if you are held liable for a judgment) if you are sued resulting from your PSC professional services.

Administrative & Disciplinary Exposure

Just like federal employees, you are vulnerable to administrative investigations and disciplinary actions. If you are subject to allegations, investigations, and/or complaints made by the public, host country, agency management team, etc., FEDS Professional Liability Insurance provides you with an attorney to explain the nature of the allegation, prepare your defense, and attend and defend you in the administrative investigation and/or disciplinary proceeding.

Criminal Exposure

If you think you would never be investigated criminally - think again. Conflict of interest, abuse of authority, and misappropriation of federal funds are just a few of the allegations that could lead to a criminal investigation, regardless of where or why the allegation originates- in which case you absolutely need a criminal defense attorney if an allegation is made against you. FEDS Professional Liability Insurance provides you with experienced and tenacious criminal defense attorneys.

Your exposure to unique big budget liability allows you access to the same protections and pricing federal employees enjoy with FEDS Protection, anywhere in the world.

Annual Pricing for Federal Employees & PSCs:

\$1,000,000 policy for \$290

\$2,000,000 policy for \$390

*PSC's are also eligible for partial reimbursement of this premium.

Premium is subjected to taxes & fees.

Enrollment takes just 5 minutes.





7945 MacArthur Blvd. Ste. 201
Cabin John, MD 20818

Fax: 301.229.2482
www.fedsprotection.com
866.955.FEDS

FEDERAL EMPLOYEE POLICY PROFESSIONAL LIABILITY INSURANCE ENROLLMENT FORM

APPLICANT INFORMATION

Name:	New or Renewing Member? <input type="checkbox"/> New <input type="checkbox"/> Renewal
Agency:	Occupation:
Current Home Address:	
City:	State: ZIP Code:
Phone:	Check One: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
Email (required):	
Please tell us how you heard about FEDS:	

UNDERWRITING INFORMATION

Are you switching to FEDS from another company that provides PLI?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the month/year that you first purchased continuous PLI coverage:	_____ MM/YY
Have you made any Professional Liability claim(s), had any personal capacity civil suits filed against you, or been the subject of any criminal, administrative or adverse security investigation(s), including any disciplinary actions over the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	
Do you have any knowledge or information of any actual or alleged acts, errors, omissions, circumstances, claims or suits which might reasonably be expected to result in a claim or suit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	

POLICY OPTIONS

<input type="checkbox"/> \$1,000,000 Limit for \$290 Annual Cost (Plus \$15.80 Taxes & Fees)	Association Discount Code: _____ If applicable, discount will be applied upon application processing.
<input type="checkbox"/> \$2,000,000 Limit for \$390 Annual Cost (Plus \$17.80 Taxes & Fees)	

ADDITIONAL COVERAGE OPTIONS FOR FEDERAL LAW ENFORCEMENT OFFICERS ONLY

LEOSA/State CCW coverage is available only to federal employees who are certified as "qualified active law enforcement officers" of a government agency as defined by and in accordance with 18 USC 926 Band 18 USC 926C. This coverage option is not available to other federal employees. **By choosing one of these additional coverage options, I certify that I am a "qualified law enforcement officer" of a government agency as defined by and in accordance with 18 USC 926B and 18 USC 926C.**

☐ \$250,000/\$50,000/\$25,000 Protection for \$100 Annual Cost (Plus \$2.00 Surplus Lines Tax)

☐ \$500,000/\$50,000/\$25,000 Protection for \$150 Annual Cost (Plus \$3.00 Surplus Lines Tax)

PAYMENT OPTIONS

<input type="checkbox"/> PAYROLL DEDUCTION*	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> CHECK
Enrollment is not complete and your policy is not effective until the allotment through your payroll system is established. Instructions to establish your allotment will be sent to you via email within 24 hours of processing your application. <i>*Not available to USPS Employees, Contractors, Task Force or Military Police Officers.</i>	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex Card Number: _____ Expiration Date: _____ Security Code: _____ MM/YY	I have enclosed a check payable to FEDS for my annual payment & mailed it to FEDS, 7945 MacArthur Blvd., Ste. 201, Cabin John, MD 20818. (E-check payments can be made online at www.fedsprotection.com.)

REPRESENTATIONS

- I represent that the above statements are true and no material facts have been suppressed or misstated.
- I understand that any preexisting matter that has been disclosed or should have been disclosed in the application will be specifically excluded from coverage under the policy issued in response to this application.
- I understand the FEDS PLI policy is underwritten and issued on a group basis by Federal Employee Defense Services, Inc. through the Public Employees Purchasing Group (PEPG) domiciled in Washington, DC. As such, Insured Members become members of the PEPG, entitling them to group rates and subject to master policy aggregates, terms and conditions.
- If I am paying by credit card, I authorize you to charge the cost of FEDS membership to the chosen card above.
- I hereby wish to enroll/renew my FEDS PLI policy and certify that I am currently a full or part time federal employee, PSC, Task Force or Military Police Officer.

X _____
Signature

_____ Date

"Starr Wright USA, led by Maurice "Hank" Greenberg and other military and federal government veterans, has been relied upon for more than 50 years to protect federal employees' careers and reputations."

DAVID COHEN
CIA, Deputy Director of Operations

WHY STARR WRIGHT USA?

We didn't just pioneer federal employee professional liability insurance: We created it. Frank Wright invented professional liability insurance for feds in 1965. Since then, Starr Wright USA has asserted itself as America's leading provider of insurance solutions for federal employees. With our strong belief that everyone deserves an advocate, no one protects federal employees like Starr Wright USA.

UP TO 50% BACK

Congress believes FEPLI is so important, they required agencies to reimburse up to \$150 of your annual premium if you qualify. Some agencies reimburse even more. Check with your agency on their FEPLI reimbursement policy.



STARR
WRIGHT
USA

ABOUT STARR WRIGHT USA

Starr Wright USA is operated by a team of veterans and former federal employees. Led by World War II and Korean War veteran Maurice "Hank" Greenberg, Starr Wright USA provides insurance solutions designed specifically for federal employees. In September 2016, Wright USA became Starr Wright USA, the newest member of the Starr Companies family.

STARR WRIGHT USA PROUDLY SUPPORTS FEDERAL ASSOCIATIONS



WRIGHTUSA.COM

800-424-9801 support@wrightusa.com
405 Silverside Rd. Wilmington, DE 19809



STARR
WRIGHT
USA

Professional Liability Insurance for Federal Employees

800-424-9801

WRIGHTUSA.COM

STARR WRIGHT USA'S FEDERAL EMPLOYEE PROFESSIONAL LIABILITY INSURANCE

Anyone could face allegations of workplace misconduct
If you are facing allegations such as an EEO complaint, misuse of government funds, or lack of candor, you need an advocate.

The Government might not help

The Department of Justice can choose not to defend federal employees, leaving you to defend yourself. Attorney fees can total more than \$10,000. Can you afford all of the legal costs?

Starr Wright USA can protect you

Our professional liability insurance policies defend you against allegations of misconduct while on the job and cover the cost of expensive liabilities.

COVERED CLAIM EXAMPLES

<u>EEO</u>	<u>MISUSE</u>	<u>BASELESS</u>
Giving preferential treatment	Using work equipment for non-work use	Lack of candor
Hiring or promoting one person over another	Driving government vehicle to non-work locations	Conduct unbecoming
Firing or treating a person unjustly due to their race, age or gender	Using gov't card/funds for unintended purposes	Improper conduct



Choose the Best Plan for You

Basic FEDERAL EMPLOYEE	Worldwide LAW ENFORCEMENT/INTELLIGENCE	Career Protector MANAGERS/SUPERVISORS
\$ 277 /yr plus admin fee*	\$ 345 /yr plus admin fee*	\$ 395 /yr plus admin fee*
\$1,000,000 Liability Limit	\$2,000,000 Liability Limit	\$2,000,000 Liability Limit
Defense Coverage \$200,000 Administrative \$100,000 Criminal Included in Administrative Coverage	Defense Coverage \$200,000 Administrative \$200,000 Criminal Included in Administrative Coverage	Defense Coverage \$200,000 Administrative \$200,000 Criminal \$200,000 Additional Employment Practices
N/A	Security Clearance Coverage Included	Security Clearance Coverage Included
N/A	\$500,000 LEOSA Liability	\$500,000 LEOSA Liability
Add Loss Prevention Service for \$50	N/A	Loss Prevention Service Included

LET US PROTECT YOU

Visit wrightusa.com today for more information and to apply.

*Administrative Fee is \$15.

CHILDCARE

Bambini at Federal Triangle

Silvina Hopkins, Owner and Director

Address: RRB

Phone: 202 289-0984

Email: info@bambini.com

Website: www.bambinidc.com

The children in our program are divided in the following age groups:

- ♥ Infants (3 months to 12 months)
- ♥ Young Toddlers (12 months to 24 months)
- ♥ Toddlers (24 months to 36 months)
- ♥ Preschool Children (36 months to 60 months)

Sample of Daily Schedule for the Infant Room:

- ♥ 8:00-9:30- Children arrive/Breakfast
- ♥ 9:30-11:00- Diapering/Naps/Playtime related to our Curriculum
- ♥ 11:00-12:00- Outside time
- ♥ 12:00-1:30- Lunch/Diapering
- ♥ 1:30-3:00- Nap time/ Quiet time
- ♥ 3:00-3:30- Afternoon snack/Diapering
- ♥ 3:30-4:00- Fine and Gross Motor Play
- ♥ 4:00-5:00- Outside
- ♥ 5:00-6:00- Playtime/ Pick-Up

Sample of Daily Schedule for the Toddler Room:

- ♥ 8:00-9:30- Arrival/Breakfast
- ♥ 9:30-10:00- Clean-up breakfast/Diapering & Toileting
- ♥ 10:00-10:30- Circle time Activities related to Curriculum
- ♥ 10:30-12:00- Gross motor activities
- ♥ 12:00-12:45- Stories/ Lunch/Clean-up
- ♥ 12:45-1:30- Diapering & Toileting/Prep for Nap
- ♥ 1:30-3:30- Nap/ Quiet time
- ♥ 3:30-4:00- Afternoon snack/Diapering & Toileting
- ♥ 4:00-4:30- Creative Play and Activities related to our Curriculum
- ♥ 4:30-5:00- Arts & Crafts
- ♥ 5:00-6:00- Circle time/Choice time

Monthly Tuition

Infants (3 months-12 Months)
\$2,600

Toddlers (12-30 Months)
\$2,335

Young Children (30-60 Months)
\$1,990

Benefits of Spanish Immersion

Young children acquire languages with greater fluency than older children or even adults.

Some benefits of acquiring a second language at an early age are:

- ♥ Enhances academic and linguistic performance in both languages
- ♥ Cognitive advantages — physically enhances brain development
- ♥ Increases career and social opportunities
- ♥ Expands world view
- ♥ Scores statistically higher on SAT college entrance exams
- ♥ Increases attendance at colleges and universities
- ♥ Improves English language skills Enhances learning capacity for life.

www.bambinidc.com

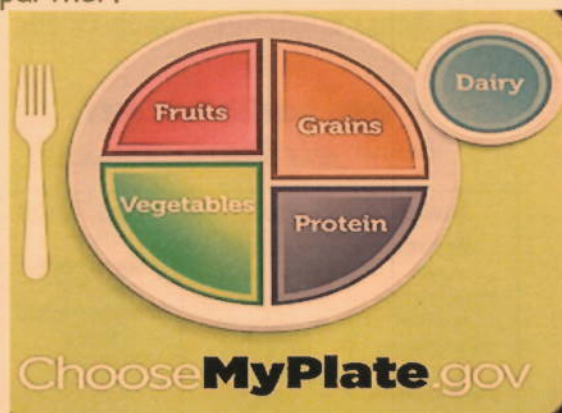
Email: info@bambinidc.com

Ronald Reagan	Golden Triangle	Mount Vernon
1300 Pennsylvania Ave NW Washington DC 20004 202-289-0984	2001 M St NW, Suite 200 Washington DC 20036 202-467-8149	900 Massachusetts Ave NW Washington DC 20001 202-737-5454

Our Nutrition Program



As part of the high quality of care we strive to provide to your children every day, we are partnering with a renowned non-profit organization, Nia Central, who created a unique and innovative program, the main purpose of which is to promote healthy diets for young children. In 2011, they were chosen by the First Lady of the United States to launch the "Let's Move! Child Care" program, so we feel honored to have been selected as a partner.



Our Curriculum

"Bambini" follows a developmentally appropriate philosophy, that is, the program will be guided by the needs of the children that it serves. Children are taught in a manner that matches the way they develop and learn. Children are challenged just beyond the level of their present ability and are given constant opportunities to practice newly acquired skills. Along with opportunities to learn through play and social interaction, children are also provided with the skills that will allow them to be ready for pre-school. Material is presented through a thematic approach in which a theme is chosen every four to five weeks. Themes provide variety to the curriculum and a context to embed language and practice skills. All of this is offered in the context of a community where children are valued and respected.



Our Mission

Our mission at Bambini is to, first and foremost, provide a safe, nurturing, loving, high quality, educational environment that maximizes intellectual, physical and emotional growth and development in our young students from three months of age up to five years of age. Our second most important mission, which distinguishes us from other high quality preschool and daycare centers, is to foster the acquisition and development of a foreign language as important as Spanish. We do this by immersing our students in Spanish throughout the entire time that they attend classes at the center. The qualified teachers assigned to your child's class are fluent in Spanish and this is their native tongue.

CIGNA CLOSE CARE

Individual Plan

Together, all the way. SM





**A HEALTH INSURANCE
PLAN SPECIFICALLY
DESIGNED WITH YOU
IN MIND**

CIGNA - THERE FOR YOU WHEN YOU NEED US MOST

At Cigna, we are always thinking about the needs of our customers. The Cigna Close Care Plan has been specifically designed to meet the needs of individuals who want the reassurance of a trusted global health insurer but don't require global coverage.

If you are planning on relocating to a new country and only need your health care covered in that country, as well as temporary trips home to visit family and friends – this is the plan for you.

Perhaps you are a student embarking on a new adventure away from home, or looking to enjoy your retirement in a new country, or; you are embarking on an expatriate work assignment. Rest assured, Cigna will cover you comprehensively when you need us most. What's more, you have the added comfort of our Out of Area Emergency care benefit which covers you for any unexpected medical needs when you are on a short trip outside your area of coverage.

You will also have access to our Global Health Assist Service. This is provided by our Clinical Team who offer you expert help and information through your treatment journey and time with Cigna, ensuring you have clinical guidance and support every step of the way.

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WHY CHOOSE THE CIGNA CLOSE CARE PLAN

Our mission

Our passion and our mission is to help the people we serve to improve their health, wellbeing, and sense of security.

Why choose the Cigna Close Care Plan:

- > You are looking for health insurance, but do not need worldwide coverage
- > You only require coverage in your country of residence and when you return home for visits
- > The quality of your local country's healthcare system does not meet your standards or needs
- > You want access to our network of trusted hospitals, physicians and other healthcare professionals, allowing you to visit any hospital, medical practitioner or clinic of your choice in many countries
- > You would like the flexibility to tailor a cost-effective plan to suit your individual needs
- > Our Customer Care Team is always available to speak with you day and night, 24/7 with multi-language capabilities
- > Our Global Health Assist Service which is provided by our expert Clinical team, will offer advice, help and guidance throughout your treatment journey and time with Cigna.



WHY WE ARE YOUR BEST CHOICE

Cigna's experience

We've provided global health insurance for many years. Today we have over 95 million customer relationships in over 200 countries and jurisdictions. Looking after them is an international workforce of 37,000 people, plus a medical network comprising of over 1 million partnerships, including 180,700 behavioral health care professionals, and 13,900 facilities and clinics.

Put your health in the right hands



Decision on your application within 24 hours



Flexibility to tailor a plan to suit your needs



Direct billing with a provider in many cases



Access to a hospital, medical practitioner or clinic of your choice (excluding the USA)



Secure online Customer Area where all of your Policy documents will be stored in a central location



“

CIGNA IS A GREAT OPTION FOR EXPATS AND STUDENTS ABROAD. THERE'S NOTHING BETTER THAN THE PEACE MIND WHICH COMES FROM KNOWING YOU'RE COVERED FOR EMERGENCIES AND WHEN YOU VISIT BACK HOME.

”

Customer Satisfaction Survey, May 2017.

OUR GLOBAL HEALTH ASSIST SERVICE

With the Cigna Close Care Plan, you will have access to our dedicated team of doctors and nurses who will work hand in hand with you to provide you with the full medical support you deserve. We are dedicated to helping you live a happier, healthier life with our expert level of clinical expertise. Through this service, our Clinical team will offer you:

- > Medical network/ preferred provider information
- > Help with arranging your hospital visits and navigating the healthcare system
- > Detailed coverage information of your Cigna Close Care Plan
- > Personalised support and Case Management throughout your time with Cigna



GUARANTEE OF PAYMENT

Our Clinical Team can make your treatment journey even easier by issuing a guarantee of payment prior to receiving treatment. This means that we will agree in advance to pay some or all of the cost of a particular treatment which you are due to receive. Where we have approved a guarantee of payment, we will pay the beneficiary, medical practitioner or clinic the agreed amount on receipt of an appropriate request and a copy of the relevant invoice after the treatment has been provided. This provides you with added security enabling you to gain easier access to treatment.



COMPLEX CASE MANAGEMENT

As you go through treatment, you can find confidence in the fact that if you require treatment which is more complex, our nurses can take over management of the case and provide you with clinical guidance and reassurance through our complex case management. In addition, you will have a dedicated nurse as your main point of contact throughout your entire treatment, allowing you to concentrate on getting better as we liaise directly with the hospitals, medical practitioners and providers for you.



CHRONIC CONDITION SUPPORT

What's more, our Global Health Assist Service works with a proactive and personalised approach to manage chronic health conditions. Our qualified nurses from the Clinical team will immediately contact customers suffering from pre-existing conditions or serious illnesses and confirm a personalised and dedicated point of contact for the customer. Even if you have a pre-existing condition which was evident prior to taking out your Cigna Close Care Plan which is excluded from your policy, we can still offer you guidance, support and information to help you control your condition and maintain a healthy lifestyle.

YOUR CIGNA CLOSE CARE PLAN EXPLAINED

Area of coverage

The Cigna Close Care Plan covers you in your country of habitual residence and your country of nationality. This means you only pay for coverage where you need it most, in the country you will be living in and when you return home for temporary visits.

Out of Area Emergency cover

For additional peace of mind, when you are visiting a location outwith your area of coverage, the Cigna Close Care Plan includes emergency medical coverage. This is covered on an inpatient or daypatient basis, or outpatient basis (if the Outpatient and Wellness Care option has been purchased under the policy) during temporary trips, even if those trips are outside the area of coverage. Coverage is limited to a maximum period of twenty one (21) days per trip and a maximum of forty five (45) days per period of cover for all trips combined.

Condition limit

Following the diagnosis of a medical condition, your Cigna Close Care Plan has a condition

limit of \$250,000/€200,000/£165,000 per beneficiary per policy year. This includes all claims paid in relation to the medical condition. For the avoidance of doubt, this excludes any pre-existing conditions. For full details please refer to the list of benefits on page 11.

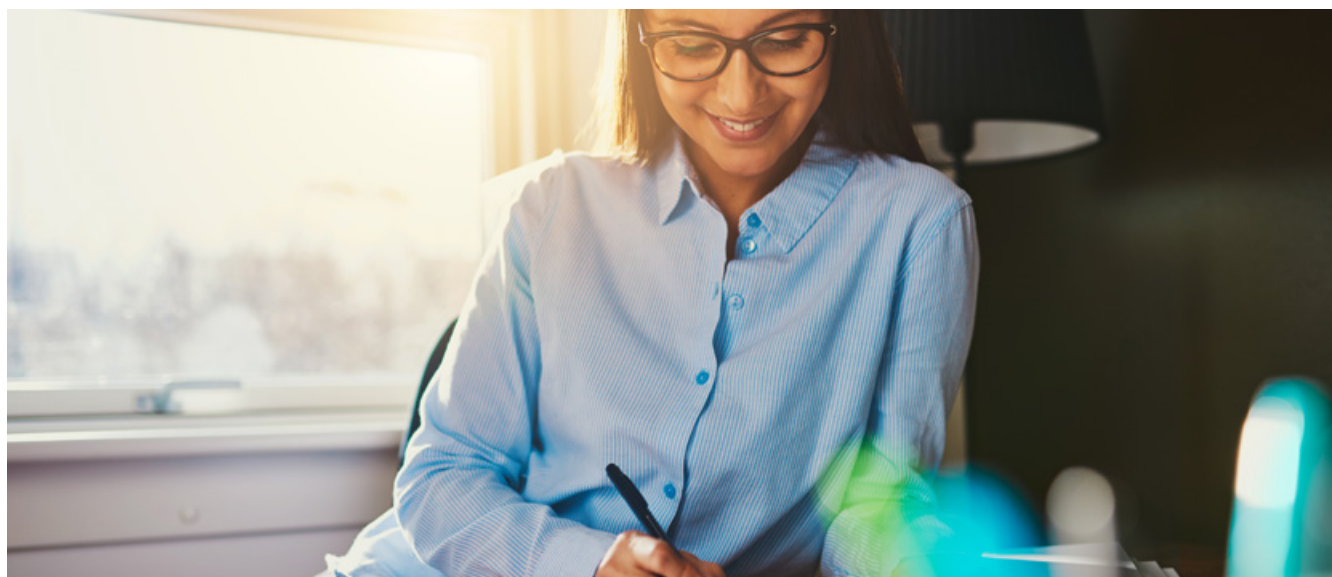
How to create your plan

Creating a comprehensive, tailored plan with Cigna is simple. Your Core cover will cover you comprehensively for inpatient and daypatient treatment.

In addition, you can select optional benefits, including Outpatient and Wellness Care and Dental Care and Treatment. This enables you the flexibility to create a health insurance plan that suits your unique needs.

As well as this, we offer a wide range of cost shares and deductible options on your Core cover and Outpatient and Wellness Care option, allowing you to tailor a plan to suit your budget.

The diagram on the next page shows you how the Cigna Close Care Plan works.



HOW TO CREATE YOUR PLAN

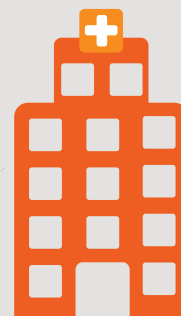
1 YOUR CORE COVER

Our core plan covers you for essential hospital stays and treatments, including but not limited to:

- > Surgeon & consultation fees
- > Hospital accommodation
- > Cancer treatment

Your area of cover:

- > Your country of habitual residence and country of nationality



Annual benefits

Up to the maximum amount per beneficiary per period of cover

\$500,000 / €400,000 / £325,000

2 ADD OPTIONAL MODULES

Outpatient and Wellness Care

Outpatient and Wellness Care covers you more comprehensively for outpatient care and medical emergencies that may arise where a hospital admission as a daypatient or inpatient is not required. As well as this, this option will cover you for consultations with specialists and medical practitioners, prescribed drugs and dressings, physiotherapy and osteopathic and chiropractic treatments. You will also be covered for pre-cancer screenings, and adult physical exams.



Dental Care and Treatment

Maintain your oral health with the Dental Care and Treatment option. This option covers you for a wide range of preventative, routine and major dental treatments.



3 MANAGE YOUR PREMIUM



Choose if you would like to add a deductible or cost share*.

Please see page 9 for a full description and example of how the deductible and cost share work.

*the voluntary amount you have chosen to pay that's not covered by your plan.

4 PAY FOR YOUR PLAN

You can choose to pay for your premiums on a monthly, quarterly, or annual basis. You can make payments by debit or credit card, or alternatively if you pay annually, you can pay by bank wire transfer.



HOW THE DEDUCTIBLE, COST SHARE AND OUT OF POCKET MAXIMUM WORK

Our wide range of deductible and cost share options allow you to tailor your plan to suit your needs.

You can choose to have a deductible and/or cost share on the Core cover and/or Outpatient and Wellness Care option.

You will be responsible for paying the amount of any deductible and cost share directly to the hospital, clinic or medical practitioner. We will

let you know what this amount is. If you select both a deductible and a cost share, the amount you will need to pay due to the deductible is calculated before the amount you will need to pay due to the cost share. The out of pocket maximum is the maximum amount of cost share any beneficiary must pay per period of cover.

The following examples show how the deductible, cost share and out of pocket maximum work.

EXAMPLE 1: DEDUCTIBLE

(also known as 'excess')

This is the amount of money you pay towards your medical expenses per period of cover.

Claim value:	\$1,200
Deductible:	\$500



YOU PAY..
Deductible of
\$500



WE PAY...
\$700

WHAT THIS MEANS FOR YOU...

You only pay the deductible amount and we pay the rest.

EXAMPLE 2: COST SHARE AND OUT OF POCKET MAXIMUM AFTER DEDUCTIBLE

(when **your cost share** after **deductible** amount is under the **out of pocket maximum**)

Cost share is the percentage of every claim you will pay. Out of pocket is the maximum amount you would have to pay in cost share per period of cover.

Claim value:	\$5,000
Deductible:	\$0
20% cost share:	\$1,000
Out of pocket maximum:	\$2,000



YOU PAY..
The 20% cost
share of **\$1,000**



WE PAY...
\$4,000

WHAT THIS MEANS FOR YOU...

Your cost share is 20% of \$5,000 (\$1,000). This is less than your out of pocket maximum, so you pay \$1,000 and we cover the rest.

Please note:

! The deductible, cost share after deductible, and out of pocket maximum is determined separately for each beneficiary and each period of cover.

EXAMPLE 3: COST SHARE AND OUT OF POCKET MAXIMUM AFTER DEDUCTIBLE

(when **your** cost share after **deductible** amount is over the **out of pocket maximum**)

Cost share is the percentage of every claim you will pay. Out of pocket is the maximum amount you would have to pay in cost share per period of cover.

Claim value:	\$20,000
Deductible:	\$0
20% cost share:	\$4,000
Out of pocket maximum:	\$2,000



YOU PAY..

The out of pocket maximum of
\$2,000



WE PAY...

\$18,000

WHAT THIS MEANS FOR YOU...

Your cost share is 20% of \$20,000 (\$4,000). This is more than your out of pocket maximum, so you only pay \$2,000 and we cover the rest.

EXAMPLE 4: DEDUCTIBLE, COST SHARE AND OUT OF POCKET MAXIMUM AFTER DEDUCTIBLE

(when **your** cost share after **deductible** amount is under the **out of pocket maximum**)

Cost share is the percentage of every claim you will pay. Out of pocket is the maximum amount you would have to pay in cost share per period of cover.

Claim value:	\$20,000
Deductible:	\$375
20% cost share:	\$3,925
Out of pocket maximum:	\$5,000



YOU PAY..

The deductible of
\$375 and the
cost share of
\$3,925



WE PAY...

\$15,700

WHAT THIS MEANS FOR YOU...

After you paid your deductible of \$375, your cost share is 20% of \$19,625 (\$3,925). This is not more than your out of pocket maximum, so you pay the \$3,925 towards satisfying the out of pocket maximum for the cost share (and the initial \$375 deductible that you paid at the outset) and we cover the rest.

! Please note:

The deductible, cost share after deductible, and out of pocket maximum is determined separately for each beneficiary and each period of cover.

YOUR CORE COVER

The Core cover is your essential cover inpatient, daypatient and accommodation costs, as well as cover for cancer, mental health care and much more.

All amounts apply per beneficiary and per period of cover (except where otherwise noted).

LIST OF BENEFITS

INPATIENT AND DAYPATIENT BENEFITS

Area of Coverage

- › The area of coverage is limited to your country of habitual residence and country of nationality.
- › USA coverage is included if the country of habitual residence is the USA.
- › USA nationals can choose to purchase USA coverage (if the policyholder does not elect to purchase USA coverage, then beneficiaries do not have coverage on visits home).
- › USA area of coverage is not permitted if either of the options above do not apply.

YOUR OVERALL LIMIT

Annual benefit - maximum per beneficiary per period of cover.

This includes claims paid across all sections of inpatient and daypatient benefits.

\$500,000
€400,000
£325,000

Condition limit

Up to the maximum amount per period of cover.

\$250,000
€200,000
£165,000

This is the annual amount we will pay towards all costs of treatment following the diagnosis of a condition. This includes all claims paid across inpatient, daypatient and outpatient in relation to the primary condition. This applies to each beneficiary per period of cover.

Important notes

- › We will only pay up to the maximum amount in aggregate per period of cover as detailed in the list of benefits.
- › The costs do not include any evacuation or repatriation services.
- › Any further costs directly related to the medical condition, that exceed the benefit limit, will not be covered by us.
- › In determining when this limit has been reached, our medical team will take into account and review all of the relevant medical treatment and care received.
- › We will only pay for outpatient costs if the Outpatient and Wellness Care option has been selected, with the exception of certain benefits which include outpatient treatment as part of your Core cover.

Out of area emergency cover

Up to the maximum amount per period of cover.

\$40,000
€29,600
£26,600

- › Emergency inpatient, daypatient and outpatient medical treatment during temporary trips outside your country of habitual residence or country of nationality.
- › This is limited to 21 days per trip and a maximum of 45 days per policy year.
- › Emergency outpatient treatment is included up to \$2,500/€1,850/£1,650. This is only available if you have selected the Outpatient and Wellness Care option. Please refer to Policy Rules clause 10.6 for terms relating to this overall benefit limit.

Hospital charges for:

Nursing and accommodation for inpatient and daypatient treatment and recovery room.

Paid in full for a semi-private room

- › We will pay for nursing care and accommodation whilst a beneficiary is receiving inpatient or daypatient treatment; or the cost of a treatment room while a beneficiary is undergoing outpatient surgery, if one is required.
- › We will only pay these costs if:
 - it is medically necessary for the beneficiary to be treated on an inpatient or daypatient basis;
 - they stay in hospital for a medically appropriate period of time;
 - the treatment which they receive is provided or managed by a specialist; and
 - they stay in a semi-private room with shared bathroom.
- › If a hospital's fees vary depending on the type of room which the beneficiary stays in, then the maximum amount which we will pay is the amount which would have been charged if the beneficiary had stayed in a standard semi-private room with shared bathroom or equivalent.
- › If the treating medical practitioner decides that the beneficiary needs to stay in hospital for a longer period than we have approved in advance, or decides that the treatment which the beneficiary needs is different to that which we have approved in advance, then that medical practitioner must provide us with a report, explaining: how long the beneficiary will need to stay in hospital; the diagnosis (if this has changed); and the treatment which the beneficiary has received, and needs to receive.

Hospital charges for:

- › operating theatre.
- › prescribed medicines, drugs and dressings for inpatient or daypatient treatment.
- › treatment room fees for outpatient surgery.

Paid in full

Operating theatre costs:

- › We will pay any costs and charges relating to the use of an operating theatre, if the treatment being given is covered under this policy.

Medicines, drugs and dressings:

- › We will pay for medicines, drugs and dressings which are prescribed for the beneficiary whilst he or she is receiving inpatient or daypatient treatment.
- › Medicines, drugs and dressings which are prescribed for use at home will be covered under the limits of the prescribed drugs and dressing limit in the Outpatient and Wellness Care benefits (unless they are prescribed as part of cancer treatment).

Intensive care:

- › intensive therapy.
- › coronary care.
- › high dependency unit.

Paid in full

- › We will pay for a beneficiary to be treated in an intensive care, intensive therapy, coronary care or high dependency facility if:
 - that facility is the most appropriate place for them to be treated;
 - the care provided by that facility is an essential part of their treatment; and
 - the care provided by that facility is routinely required by patients suffering from the same type of illness or injury, or receiving the same type of treatment.

Surgeons' and Anaesthetists' fees**Paid in full**

- › We will pay for inpatient, daypatient or outpatient costs for:
 - surgeons' and anaesthetists' surgery fees; and
 - surgeons' and anaesthetists' fees in respect of treatment which is needed immediately before or after surgery (i.e. on the same day as the surgery).
- › We will only pay for outpatient treatments received before or after surgery if the beneficiary has cover under the Outpatient and Wellness Care option (unless the treatment is given as part of cancer treatment).

Specialists' consultation fees	Paid in full
<ul style="list-style-type: none"> › We will pay for regular visits by a specialist during stays in hospital including intensive care by a specialist for as long as is required by medical necessity. › We will pay for consultations with a specialist during stays in a hospital where the beneficiary: <ul style="list-style-type: none"> • is being treated on an inpatient or daypatient basis; • is having surgery; or • where the consultation is a medical necessity. 	
Kidney Dialysis	\$5,000 €3,700 £3,325
<ul style="list-style-type: none"> › Treatment for kidney dialysis will be covered if such treatment is available in the beneficiary's country of habitual residence. We will pay for this on an inpatient, daypatient, or outpatient basis. › We will not pay for kidney dialysis treatment outside the beneficiary's area of coverage unless it is covered under the terms of the out of area emergency cover benefit. 	
Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging)	Paid in full
<ul style="list-style-type: none"> › Where investigations are provided on an inpatient or daypatient basis. › We will pay for: <ul style="list-style-type: none"> • blood and urine tests; • X-rays; • ultrasound scans; • electrocardiograms (ECG); and • other diagnostic tests; where they are medically necessary and are recommended by a specialist as part of a beneficiary's hospital stay for inpatient or daypatient treatment. 	
Advanced Medical Imaging (MRI, CT and PET scans) Up to the maximum amount shown per period of cover.	\$2,500 €1,850 £1,650
<ul style="list-style-type: none"> › We will pay for the following scans if they are recommended by a specialist as a part of a beneficiary's inpatient, daypatient or outpatient treatment: <ul style="list-style-type: none"> • magnetic resonance imaging (MRI); • computed tomography (CT); and/or • positron emission tomography (PET); › We may require a medical report in advance of a magnetic resonance imaging (MRI) scan. 	
Physiotherapy and complementary therapies Up to the maximum amount shown per period of cover.	\$2,000 €1,480 £1,330
<ul style="list-style-type: none"> › Where treatment is provided on an inpatient or daypatient basis. › We will pay for treatment provided by physiotherapist and complementary therapists; (acupuncturists, homeopaths, and practitioners of Chinese medicine) if these therapies are recommended by a specialist as part of the beneficiary's hospital stay for inpatient or daypatient treatment (but is not the primary treatment which they are in hospital to receive). 	

Rehabilitation

Up to 30 days and the maximum amount shown per period of cover.

\$2,000
€1,480
£1,330

- › We will pay for rehabilitation treatments (physical, occupational and speech therapies), which are recommended by a specialist and are medically necessary after a traumatic event such as a stroke or spinal injury.
- › If the rehabilitation treatment is required in a residential rehabilitation centre we will pay for accommodation and board for up to 30 days for each separate condition that requires rehabilitation treatment.
In determining when the 30 days limit has been reached:
 - we count each overnight stay during which a beneficiary receives inpatient treatment as 1 day; and
 - we count each day on which a beneficiary receives outpatient and daypatient treatment as 1 day.
- › Subject to prior approval being obtained, prior to the commencement of any treatment, we will pay for rehabilitation treatment for more than 30 days, if further treatment is medically necessary and is recommended by the treating specialist.

Important notes

- › We will only pay for rehabilitation treatment if it is needed after, or as a result of, treatment which is covered by this policy and it begins within 30 days of the end of that original treatment.
- › All rehabilitation treatment must be approved by us in advance. We will only approve rehabilitation treatment if the treating specialist provides us with a report, explaining:
 - i) how long the beneficiary will need to stay in hospital;
 - ii) the diagnosis; and
 - iii) the treatment which the beneficiary has received, or needs to receive.

Hospice and palliative care

Up to the maximum amount shown per lifetime.

\$2,500
€1,850
£1,650

- › If a beneficiary is given a terminal diagnosis, and there is no available treatment which will be effective in aiding recovery, we will pay for hospital or hospice care and accommodation, nursing care, prescribed medicines, and physical and psychological care.

Internal prosthetic devices/surgical and medical appliances

Up to the maximum amount shown per period of cover.

Paid in full

- › We will pay for internal prosthetic implants, devices or appliances which are put in place during surgery as part of a beneficiary's treatment.
- › A surgical appliance or a medical appliance can mean:
 - an artificial limb, prosthesis or device which is required for the purpose of or in connection with surgery;
 - an artificial device or prosthesis which is a necessary part of the treatment immediately following surgery for as long as required by medical necessity; or
 - a prosthesis or appliance which is medically necessary and is part of the recuperation process on a short-term basis.

External prosthetic devices/surgical and medical appliances

Up to the maximum amount shown per period of cover.

\$2,500

€1,850

£1,650

- We will pay for external prosthetics, devices or appliances which are necessary as part of a beneficiary's treatment (subject to the limitations explained below).
- We will pay for:
 - a prosthetic device or appliance which is a necessary part of the treatment immediately following surgery for as long as is required by medical necessity; or
 - a prosthetic device or appliance which is medical necessary and is part of the recuperation process on a short-term basis.
- We will pay for an initial external prosthetic device for beneficiaries aged 18 or over per period of cover. We do not pay for any replacement prosthetic devices for beneficiaries who are aged 18 and over.
- We will pay for an initial external prosthetic device and up to 2 replacements for beneficiaries aged 17 or younger per period of cover.
- By an external 'prosthetic device', we mean an external artificial body part, such as a prosthetic limb or prosthetic hand which is medically necessary as part of treatment immediately following the beneficiary's surgery or as part of the recuperation process on a short-term basis.

Local ambulance services

Paid in full

- Where it is medically necessary, we will pay for a local road ambulance to transport a beneficiary:
 - from the scene of an accident or injury to a hospital;
 - from one hospital to another; or
 - from their home to a hospital.
- We will only pay for a local road ambulance where its use relates to treatment which a beneficiary needs to receive in hospital. Where it is medically necessary.
- This policy does not provide cover for mountain rescue services.
- Cover for a medical evacuation or repatriation is not available.

Emergency inpatient dental treatment

\$2,500

€1,850

£1,650

- We will cover dental treatment in hospital after a serious accident, subject to the conditions set out below.
- We will pay for emergency dental treatment which is required by a beneficiary while they are in hospital as an inpatient, if that emergency inpatient dental treatment is recommended by the treating medical practitioner because of a dental emergency (but is not the primary treatment which the beneficiary is in hospital to receive).
- This benefit is paid instead of any other dental benefits the beneficiary may be entitled to in these circumstances.

Treatment for mental health conditions and disorders treatment

Up to the maximum amount shown per period of cover.

\$3,000
€2,200
£2,000

- Subject to the limits explained below we will pay for the treatment of mental health conditions and disorders on an inpatient, daypatient or outpatient basis.

Important notes

- We will not pay for the treatment and diagnosis of addictions (including alcoholism) or any facilities specialised in addictions treatments.
- For treatment of mental health conditions and disorders, we will only pay for evidence-based, medically necessary treatment and which is recommended by a medical practitioner.
- We will pay for up to a combined maximum total of 60 days of treatment for mental health conditions and disorders in any 1 period of cover, including a maximum of 30 days of inpatient treatment.
- We will pay for up to a combined maximum total of 90 days of treatment for mental health conditions and disorders in any 5 year period of cover. For example, if a beneficiary uses 30 days of mental health treatment in 1 period of cover and 60 days of mental health treatment in the following period of cover, we will not pay for any further mental health treatment for the next 3 consecutive years of cover.
- In determining when these 30, and 90 day limits have been reached:
 - we count each overnight stay during which a beneficiary received inpatient treatment as 1 day; and
 - we count each day on which a beneficiary received outpatient and daypatient treatment as 1 day.
- We will not pay for prescription drugs or medication prescribed on an outpatient basis for any of these conditions, unless you have purchased the Outpatient and Wellness Care option.

Cancer care

Paid in full

- Following a diagnosis of cancer, we will pay for costs for the treatment of cancer if the treatment is considered by us to be active treatment and evidence-based treatment. This includes chemotherapy, radiotherapy, oncology, diagnostic tests and drugs, whether the beneficiary is staying in a hospital overnight or receiving treatment as a daypatient or outpatient.
- We do not pay for genetic cancer screening.

Deductible (various)

A deductible is the amount which you must pay before any claims are covered by your plan.

\$0 / \$375 / \$750 / \$1,500 / \$3,000 / \$7,500 / \$10,000
€0 / €275 / €550 / €1,100 / €2,200 / €5,500 / €7,400
£0 / £250 / £500 / £1,000 / £2,000 / £5,000 / £6,650

Cost share after deductible and out of pocket maximum

Cost share is the percentage of each claim not covered by your plan.

The out of pocket maximum is the maximum amount of cost share you would have to pay in a period of cover.

The cost share amount is calculated after the deductible is taken into account. Only amounts you pay related to cost share contribute to the out of pocket maximum.

First, choose your **cost share** percentage:

0% / 10% / 20% / 30%

Next, choose your **out of pocket maximum**:

\$2,000 or \$5,000
€1,480 or €3,700
£1,330 or £3,325

THE FOLLOWING PAGES DETAIL THE
OPTIONAL BENEFITS AVAILABLE TO ADD
TO YOUR **CORE COVER**.

YOU CAN CHOOSE TO ADD ANY OF THE
OPTIONAL BENEFITS AS YOU WISH, TO
BUILD A PLAN THAT SUITS YOUR NEEDS.



OUTPATIENT AND WELLNESS CARE

Outpatient and Wellness Care covers you more comprehensively for outpatient care and medical emergencies that may arise where a hospital admission as a daypatient or inpatient is not required. As well as this, this benefit will cover you for consultations with specialists and medical practitioners, prescribed drugs and dressings, physiotherapy and osteopathic and chiropractic treatments. You will also be covered for pre-cancer screenings, and routine adult physical exams.

YOUR OVERALL LIMIT

Annual benefit - maximum per beneficiary per period of cover

This includes claims paid across all sections of Outpatient and Wellness Care.

\$5,000
€3,700
£3,325

YOUR STANDARD MEDICAL BENEFITS

Consultations with medical practitioners and specialists

Up to the maximum amount shown per period of cover.

\$100/€75/£65
per visit. Up to 8
visits per year.

- › We will pay for consultations or meetings with a medical practitioner which are necessary to diagnose an illness, or to arrange or receive treatment up to the maximum number of visits shown in the benefit table.
- › We will pay for non-surgical treatment on an outpatient basis, which is recommended by a specialist as being medically necessary.

Pathology, radiology and diagnostic tests (excluding Advanced Medical Imaging)

Up to the maximum amount shown per period of cover.

\$1,000
€740
£665

- › We will pay for the following tests where they are medically necessary and are recommended by a specialist as part of a beneficiary's outpatient treatment:
 - blood and urine tests;
 - X-rays;
 - ultrasound scans;
 - electrocardiograms (ECG); and
 - other diagnostic tests (excluding advanced medical imaging).

Physiotherapy

Up to the maximum amount shown per period of cover.

\$1,000
€740
£665

- › We will pay for physiotherapy treatment on an outpatient basis that is medically necessary and restorative in nature to help you to carry out your normal activities of daily living. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received. This excludes any sports medicine treatment.
- › We will require a medical report and treatment plan prior to approval.

Osteopathy and chiropractic treatment

Up to the maximum amount shown per period of cover.

**\$100/€75/£65
per visit. Up to 8
visits per year.**

- › We will pay up to a combined maximum total of 8 visits in any 1 period of cover for osteopathy and chiropractic treatment which is evidence-based treatment, medically necessary and recommended by a treating specialist, if a medical practitioner recommends the treatment and provides a referral. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received. This excludes any sports medicine treatment.
- › We will require a medical report and treatment plan prior to approval.

Acupuncture, Homeopathy and Chinese medicine

Up to a combined maximum of 15 visits per period of cover.

**\$100/€75/£65
per visit. Up to 15
visits per year.**

- › We will pay for a combined maximum total of 15 consultations with acupuncturist, homeopaths and practitioners of Chinese medicine for each beneficiary in any 1 period of cover, if those treatments are recommended by a medical practitioner. The treatment must be carried out by a properly qualified practitioner who holds the appropriate license to practice in the country where the treatment is received.
- › We will require a medical report and treatment plan prior to approval.

Prescribed drugs and dressings

Up to the maximum amount shown per period of cover.

**\$500
€370
£330**

- › We will pay for prescription drugs and dressings which are prescribed by a medical practitioner on an outpatient basis.

Rental of durable equipment

Up to the maximum of 45 days per period of cover.

**\$1,500
€1,100
£1,000**

- › We will pay for the rental of durable medical equipment for up to 45 days per period of cover, if the use of that equipment is recommended by a specialist in order to support the beneficiary's treatment.
- › We will only pay for the rental of durable medical equipment which:
 - is not disposable, and is capable of being used more than once;
 - serves a medical purpose;
 - is fit for use in the home; and
 - is of a type only normally used by a person who is suffering from the effect of a disease, illness or injury.

Adult vaccinations

Up to the maximum amount shown per period of cover.

**\$250
€185
£165**

- › We will pay for certain vaccinations and immunisations that are clinically appropriate, namely:
 - Influenza (flu);
 - Tetanus (once every 10 years);
 - Hepatitis A;
 - Hepatitis B;
 - Meningitis;
 - Rabies;
 - Cholera;
 - Yellow Fever;
 - Japanese Encephalitis;
 - Polio booster;
 - Typhoid; and
 - Malaria (in tablet form, either daily or weekly).

Dental accidents

Up to the maximum amount shown per period of cover.

\$500
€370
£330

- If a beneficiary needs dental treatment as a result of injuries which they have suffered in an accident, we will pay for outpatient dental treatment for any sound natural tooth/teeth damaged or affected by the accident, provided the treatment commences immediately after the accident and is completed within 30 days of the date of the accident.
- In order to approve this treatment, we will require confirmation from the beneficiary's treating dentist of:
 - the date of the accident; and
 - the fact that the tooth/teeth which are the subject of the proposed treatment are sound natural tooth/teeth.
- We will pay for this treatment instead of any other dental treatment the beneficiary may be entitled to under this policy, when they need treatment following accidental damage to a tooth or teeth.
- We will not pay for the repair or provision of dental implants, crowns or dentures under this part of this policy.

Well child tests

\$1,000
€740
£665

- Payable for children at appropriate age intervals up to the age of 6.
- We will pay for well child routine tests at any of the appropriate age intervals (birth, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 2 years, 3 years, 4 years, 5 years and 6 years) and for a medical practitioner to provide preventative care consisting of:
 - evaluating medical history;
 - physical examinations;
 - development assessment;
 - anticipatory guidance; and
 - appropriate immunisations and laboratory tests; for children aged 6 or younger.

We will pay for 1 visit to a medical practitioner at each of the appropriate age intervals (up to a total of 13 visits for each child) for the purposes of receiving preventative care services.

- In addition, we will pay for:
 - 1 school entry health check, to assess growth, hearing and vision, for each child aged 6 or younger; and
 - diabetic retinopathy screening for children over the age of 12 who have diabetes.

Child immunisations

\$1,000
€740
£665

- We will pay for the following vaccinations and immunisations as appropriate, for children aged 17 or younger:
 - DPT (Diphtheria, Pertussis and Tetanus);
 - MMR (Measles, Mumps and Rubella);
 - HiB (Haemophilus influenza type b);
 - Polio;
 - Influenza;
 - Hepatitis B;
 - Meningitis; and
 - Human Papilloma Virus (HPV).

Annual eye and hearing test for children aged 15 and younger

Paid in full

- We will pay for the following routine tests for children aged 15 or younger:
 - 1 eye test; and
 - 1 hearing test.

Routine adult physical examination Up to the maximum amount shown per period of cover.	\$100 €75 £65	
> We will pay for 1 routine adult physical examination (including but not limited to: height, weight, bloods, urinalysis, blood pressure, lung function etc.) for persons aged 18 or older.		
Pap smear Up to the combined maximum amount shown per period of cover.	Combined aggregate limit of \$400 €300 £260	
> We will pay for 1 papanicolaou test (pap smear) for female beneficiaries.		
Prostate cancer screening Up to the combined maximum amount shown per period of cover.		
> We will pay for 1 prostate examination (prostate specific antigen (PSA) test) for male beneficiaries aged 50 or over.		
Mammograms for breast cancer screening Up to the combined maximum amount shown per period of cover.		
> We will pay for: <ul style="list-style-type: none">Aged 35-39: 1 baseline mammogram for asymptomatic women.Aged 40-49: 1 mammogram for asymptomatic women every 2 years.Aged 50 or older: 1 mammogram each year.		
Bowel cancer screening Up to the combined maximum amount shown per period of cover.		
> We will pay for 1 bowel cancer screening for beneficiaries aged 55 or older.		
Bone densitometry Up to the combined maximum amount shown per period of cover.		
> We will pay for 1 scan to determine the density of the beneficiaries bones.		
Deductible (various) A deductible is the amount which you must pay before any claims are covered by your plan.	\$0 / \$150 / \$500 / \$1,000 / \$1,500 €0 / €110 / €370 / €700 / €1,100 £0 / £100 / £335 / £600 / £1,000	
Cost share after deductible and out of pocket maximum Cost share is the percentage of each claim not covered by your plan. The out of pocket maximum is the maximum amount of cost share you would have to pay in a period of cover. The cost share amount is calculated after the deductible is taken into account. Only amounts you pay related to cost share contribute to the out of pocket maximum.	First, choose your cost share percentage: 0% / 10% / 20% / 30% Next, choose your out of pocket maximum: \$3,000 €2,200 £2,000	

DENTAL CARE AND TREATMENT

Maintain your oral health with the Dental Care and Treatment option. This option covers you for a wide range of preventative, routine and major dental treatments.

YOUR OVERALL LIMIT

Annual benefit - maximum per beneficiary per period of cover.

**\$750
€550
£500**

YOUR STANDARD DENTAL BENEFITS

Preventative dental treatment

After the beneficiary has been covered on this option for 3 months.

Paid in full

- › We will pay for the following preventative dental treatment recommended by a dentist after a beneficiary has had Dental Care and Treatment cover for at least 3 months:
 - 2 dental check-ups per period of cover;
 - X-rays, including bitewing, single view, and or thopantomogram (OPG);
 - scaling and polishing including topical fluoride application when necessary (2 per period of cover);
 - 1 mouth guard per period of cover;
 - 1 night guard per period of cover; and
 - fissure sealant.

Routine dental treatment

After the beneficiary has been covered on this option for 3 months.

**80% refund per
period of cover**

- › We will pay treatment costs for the following routine dental treatment after the beneficiary has had Dental Care and Treatment cover for at least 3 months (if that treatment is necessary for continued oral health and is recommended by a dentist):
 - root canal treatment;
 - extractions;
 - surgical procedures;
 - occasional treatment;
 - anaesthetics; and
 - periodontal treatment.

Major restorative dental treatment

After the beneficiary has been covered on this option for 12 months.

**70% refund per
period of cover**

- › We will pay treatment costs for the following major restorative dental treatments after the beneficiary has had Dental Care and Treatment cover for at least 12 months:
 - dentures (acrylic/synthetic, metal and metal/acrylic);
 - crowns;
 - inlays; and
 - placement of dental implants.
- › If a beneficiary needs major restorative dental treatment before they have had the Dental Care and Treatment option for 12 months, we will pay 50% of the treatment costs.

SECURE ONLINE CUSTOMER AREA

As a Cigna customer you will have access to a wealth of information wherever you are in the world through your secure online Customer Area. Here you will be able to effectively manage your policy including;

- > View your policy documentation, including your Certificate of Insurance and Cigna ID cards for all the beneficiaries covered under your plan
- > Check the policy rules that apply to your policy
- > Check your coverage for you and your beneficiaries
- > Submit claims online
- > Search for healthcare facilities and professionals near your location
- > View our quarterly customer magazine



WHAT YOU CAN EXPECT FROM US

In addition to your Cigna Close Care Plan, there are a few more things you might like to know about us and the service you can expect as a customer of Cigna.

Comprehensive welcome pack

Once you have joined Cigna, we will send your policy documents electronically within twenty four (24) hours. Your policy documents are all available in your secure online Customer Area.

Please read through all your policy documents when you receive them and make sure you check the details of your policy on the certificate of insurance. You will need to show your Cigna ID card when you require treatment so your doctor knows who you are (it's not used for payment). It also has all the contact numbers you'll need. You can view and print your Cigna ID card in your secure online Customer Area.

Getting treatment

Prior approval should be obtained from us for all treatment. This will help ensure your claims are covered under the policy. Our Customer Care Team will help you find a high quality hospital or doctor near you. Wherever possible, we will pay them directly, saving you the inconvenience of paying for your treatment yourself and claiming a refund later.

On the rare occasion you do pay for treatment yourself, we'll aim to process your claim within five (5) working days after receiving all necessary documentation. The Customer Guide in your welcome pack will tell you everything you need to know about getting treatment and making a claim.

Your policy documents include the following:



Customer Guide

How your plan works and your guide to the benefits.



Policy Rules

The terms and conditions, general exclusions and definitions of your policy in one handy booklet.



Certificate of Insurance

A record of the plan you chose, the premium and what and who it covers.



ID Card

Proof of your identity and cover for when you need treatment.

NOTES

[illegible]

[illegible]

Together, all the way.SM



Important note: This document serves only as a reference and does not form part of a legal contract. The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains a partial and general description of benefits. We recommend that you examine your (product) policy in detail to be certain of precise terms, conditions and coverage. Coverage and benefits are available except where prohibited by applicable law.

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Healthy together

Care and coverage that fits your life

Welcome to care that fits your life

This Kaiser Permanente for Individuals and Families enrollment guide can help you choose the right health plan for your needs. Here's a look at what you'll get with all of our plans.



Right care, right time

Get the care you need when you need it with routine, specialty, urgent, and emergency care. If you're ever unsure where to go, call us for 24/7 care advice by phone.



Many services under one roof

Do more in less time. In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions – all in a single trip. Find a location near you at kp.org/facilities.



Your doctor, your choice

Choose your doctor based on what's important to you. Go to kp.org/searchdoctors for details about education, specialties, languages spoken, and more. You can also change doctors at any time.



More care options

How you get care is up to you. Choose a phone appointment or video visit,* email your doctor's office with nonurgent questions, or come see us in person.†



Discounts for members

Enjoy discounts on products and services that can help you stay healthy – like gym memberships, massage therapy, and more. Explore your options at kp.org/choosehealthy.

*When appropriate and available.

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

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

Choosing your health plan

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

Copay plans – platinum and gold

Copay plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

Deductible plans – silver, bronze, and minimum coverage

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you reach your deductible.

HSA-qualified high deductible health plans – silver and bronze

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

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

*For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://www.irs.gov).

Example of your costs for care

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

Plan name	Office visit	X-ray	Generic drug
KP DC Gold 0/20/Dental (no deductible)	\$20 (copay waived for children under age 5)	\$50	\$15*
KP DC Silver 2500/30/Dental (\$2,500 deductible)	\$30 (copay waived for children under age 5)	\$70	\$20*
KP DC Standard Bronze 6200/20%/HSA/Dental (\$6,200 deductible)	20% after deductible	20% after deductible	20% after deductible*

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

The cost estimates above are from kp.org/treatmentestimates. Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

Important open enrollment dates for 2020

- The open enrollment period for 2020 coverage runs from November 1, 2019, through January 31, 2020.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through DC Health Link.
- For coverage that starts on January 1, 2020, we must receive your Application for Health Coverage and first month's premium no later than January 31, 2020.

Enrolling during a special enrollment period

- Are you getting married, having a baby, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit kp.org/specialenrollment for a list of qualifying life events and instructions.

Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit dchealthlink.com for details.

Understanding the plans: benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

Here's a quick look at how to use the chart

	KP DC Silver 2500/30/Dental
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$7,750/\$15,500
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$30 (waived for children under 5)
Specialty care office visit	\$60
Most X-rays	\$70
Most lab tests	\$40
MRI, CT, PET	35% after deductible
Outpatient surgery	35% after deductible
Mental health visit	\$30 (individual therapy)
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	35% after deductible
Emergency and urgent care	
Emergency Department visit	35% after deductible
Urgent care visit	\$60
Prescription drugs (up to a 30-day supply)	
Generic	\$20*
Preferred brand	\$60 after \$750 pharmacy deductible per member*
Non-preferred brand	35% after \$750 pharmacy deductible per member
Specialty	35% after \$750 pharmacy deductible per member up to \$150 maximum per 30-day prescription and \$300 maximum per 90-day prescription
Whole health	
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$2,500 for yourself or \$5,000 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$7,750 for yourself and no more than \$15,500 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no charge

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

Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$30 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits are covered before you reach the deductible.

Coinurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 35% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd pay a \$60 copay for urgent care visits, whether or not you have met your deductible.

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

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

	KP DC Bronze 6500/60/Dental	KP DC Standard Bronze 6200/20%/ HSA/Dental	KP DC Standard Bronze 7250/55/Dental	KP DC Silver 3200/30%/ HSA/Dental	KP DC Standard Silver 4000/40/Dental	KP DC Silver 2500/30/Dental
Plan type	Deductible	HSA-qualified	Deductible	HSA-qualified	Deductible	Deductible
Features						
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$6,200/\$12,400	\$7,250/\$14,500	\$3,200/\$6,400	\$4,000/\$8,000	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$6,550/\$13,100	\$8,000/\$16,000	\$6,650/\$13,300	\$8,000/\$16,000	\$7,750/\$15,500
Benefits						
Preventive care						
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)						
Primary care office visit	\$60 (waived for children under 5)	20% after deductible	\$55	30% after deductible	\$40	\$30 (waived for children under 5)
Specialty care office visit	\$75 after deductible	20% after deductible	\$100	30% after deductible	\$80	\$60
Most X-rays	50% after deductible	20% after deductible	\$80 after deductible	30% after deductible	\$80	\$70
Most lab tests	50% after deductible	20% after deductible	\$55 after deductible	30% after deductible	\$60	\$40
MRI, CT, PET	50% after deductible	20% after deductible	\$500 after deductible	30% after deductible	\$300	35% after deductible
Outpatient surgery	50% after deductible	20% after deductible	40% after deductible	30% after deductible	20% after deductible	35% after deductible
Mental health visit	\$60 (individual therapy)	20% after deductible	\$55 (individual therapy)	30% after deductible	\$40 (individual therapy)	\$30 (individual therapy)
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	20% after deductible	40% after deductible	30% after deductible	20% after deductible	35% after deductible
Maternity						
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	50% after deductible	20% after deductible	40% after deductible	30% after deductible	20% after deductible	35% after deductible
Emergency and urgent care						
Emergency Department visit	50% after deductible	20% after deductible	40% after deductible	30% after deductible	\$350 after deductible (copay waived if admitted)	35% after deductible
Urgent care visit	\$75 after deductible	20% after deductible	\$100	30% after deductible	\$90	\$60
Prescription drugs (up to a 30-day supply)						
Generic	\$30 ¹	20% after deductible	\$25 ¹	\$20 after deductible ¹	\$15 ¹	\$20 ¹
Preferred brand	50% after \$1,000 pharmacy deductible per member	20% after deductible	\$75 after \$750 pharmacy deductible per member ¹	\$55 after deductible ¹	\$50 after \$250 pharmacy deductible per member ¹	\$60 after \$750 pharmacy deductible per member ¹
Non-preferred brand	50% after \$1,000 pharmacy deductible per member	20% after deductible	\$100 after \$750 pharmacy deductible per member ¹	20% after deductible	\$70 after \$250 pharmacy deductible per member ¹	35% after \$750 pharmacy deductible per member
Specialty	50% after \$1,000 pharmacy deductible per member up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	20% after deductible up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	\$150 after \$750 pharmacy deductible per member per 30-day prescription & \$300 maximum per 90-day prescription	30% after deductible up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	\$150 after \$250 pharmacy deductible per member per 30-day prescription & \$300 maximum per 90-day prescription	35% after \$750 pharmacy deductible per member up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription
Whole health						
Healthy Services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)					

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 301-468-6000, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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

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

	KP DC Gold 1500/25%/HSA/ Dental	KP DC Gold 1000/20/Dental	KP DC Standard Gold 500/25/Dental	KP DC Gold 0/20/Dental	KP DC Standard Platinum 0/20/Dental	KP DC Catastrophic [†] 8150/0/Dental
Plan type	HSA-qualified	Deductible	Deductible	Copayment	Copayment	Deductible
Features						
Annual medical deductible (individual/family)	\$1,500 (subscriber-only plan) \$3,000/\$3,000 (family plan) ^{††}	\$1,000/\$2,000	\$500/\$1,000	None/None	None/None	\$8,150/\$16,300
Annual out-of-pocket maximum (individual/family)	\$4,500/\$9,000	\$6,950/\$13,900	\$4,650/\$9,300	\$6,950/\$13,900	\$2,000/\$4,000	\$8,150/\$16,300
Benefits						
Preventive care						
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)						
Primary care office visit	\$20 after deductible (copay waived for children under 5)	\$20 (waived for children under 5)	\$25	\$20 (waived for children under 5)	\$20	First 3 office visits no charge.** Additional visits no charge after deductible.
Specialty care office visit	\$40 after deductible	\$40	\$50	\$40	\$40	No charge after deductible
Most X-rays	\$40 after deductible	\$65	\$50	\$50	\$40	No charge after deductible
Most lab tests	\$20 after deductible	\$20	\$30	\$30	\$20	No charge after deductible
MRI, CT, PET	25% after deductible	\$500	\$250	\$500	\$150	No charge after deductible
Outpatient surgery	25% after deductible	35% after deductible	\$600	35%	\$250	No charge after deductible
Mental health visit	\$20 after deductible (individual therapy)	\$20 (individual therapy)	\$25 (individual therapy)	\$20 (individual therapy)	\$20 (individual therapy)	First 3 office visits no charge.** Additional visits no charge after deductible.
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	25% after deductible	35% after deductible	\$600 per day up to 5 days after deductible*	35%	\$250 per day up to 5 days*	No charge after deductible
Maternity						
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	25% after deductible	35% after deductible	\$600 per day up to 5 days after deductible*	35%	\$250 per day up to 5 days*	No charge after deductible
Emergency and urgent care						
Emergency Department visit	\$500 after deductible (copay waived if admitted)	\$500 (waived if admitted)	\$300 (waived if admitted)	\$500 (waived if admitted)	\$150 (waived if admitted)	No charge after deductible
Urgent care visit	\$40 after deductible	\$40	\$60	\$40	\$40	No charge after deductible
Prescription drugs (up to a 30-day supply)						
Generic	\$10 after deductible [†]	\$10 [†]	\$15 [†]	\$15 [†]	\$5 [†]	No charge after deductible
Preferred brand	\$30 after deductible [†]	\$50 [†]	\$50 [†]	\$50 [†]	\$15 [†]	No charge after deductible
Non-preferred brand	25% after deductible	35%	\$70 [†]	35%	\$25 [†]	No charge after deductible
Specialty	25% after deductible up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	35% up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	\$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	35% up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	\$100 maximum per 30-day prescription & \$300 maximum per 90-day prescription	No charge after deductible
Whole health						
Healthy Services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)					Dental preventive services: \$30 for adults; \$0 plus office visit fee after deductible for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 301-468-6000, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

*After 5 days, there is no charge for covered services related to the admission.

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

^{††}Only applicants under age 30, or applicants age 30 and older who provide a certificate from the Health Insurance Marketplace in DC demonstrating hardship or lack of affordable coverage, may purchase a KP DC Catastrophic 8150/0/Dental plan.

**The KP DC Catastrophic 8150/0/Dental plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary or outpatient mental health visits combined.

^{††}For the KP DC Gold 1500/25%/HSA/Dental plan, in a subscriber-only plan, the individual deductible is \$1,500. In a family version of the KP DC Gold 1500/25%/HSA/Dental plan, there is no individual member deductible of \$1,500. Instead, there is only a family deductible of \$3,000 that can be met by one or more family members. Once the combined contribution of all covered family members has reached the applicable deductible of \$3,000, the deductible will be satisfied for all family members and they begin paying only the applicable copayments and coinsurance amounts for the remainder of the plan year.

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through dchealthlink.com.

	KP DC Silver 1900/20%/CSR/HDHP/Dental (3200)	KP DC Silver 500/10%/CSR/HDHP/Dental (3200)	KP DC Silver 100/5%/CSR/HDHP/Dental (3200)	KP DC Silver 2200/30/CSR/Dental (2500)	KP DC Silver 0/10/CSR/Dental (2500)
Plan type	Deductible	Deductible	Deductible	Deductible	Copayment
Features					
Annual medical deductible (individual/family)	\$1,900/\$3,800	\$500/\$1,000	\$100/\$200	\$2,200/\$4,400	None/None
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,500/\$5,000	\$2,300/\$4,600	\$6,425/\$12,850	\$2,600/\$5,200
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	20% after deductible	10% after deductible	5% after deductible	\$30 (waived for children under 5)	\$10 (waived for children under 5)
Specialty care office visit	20% after deductible	10% after deductible	5% after deductible	\$55	\$40
Most X-rays	20% after deductible	10% after deductible	5% after deductible	\$65	\$40
Most lab tests	20% after deductible	10% after deductible	5% after deductible	\$40	\$30
MRI, CT, PET	20% after deductible	10% after deductible	5% after deductible	35% after deductible	30%
Outpatient surgery	20% after deductible	10% after deductible	5% after deductible	35% after deductible	30%
Mental health visit	20% after deductible	10% after deductible	5% after deductible	\$30 (individual therapy)	\$10 (individual therapy)
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	10% after deductible	5% after deductible	35% after deductible	30%
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	10% after deductible	5% after deductible	35% after deductible	30%
Emergency and urgent care					
Emergency Department visit	20% after deductible	10% after deductible	5% after deductible	35% after deductible	30%
Urgent care visit	20% after deductible	10% after deductible	5% after deductible	\$55	\$40
Prescription drugs (up to a 30-day supply)					
Generic	\$20 after deductible [†]	\$15 after deductible [†]	\$10 after deductible [†]	\$20 [†]	\$10 [†]
Preferred brand	\$55 after deductible [†]	\$40 after deductible [†]	\$15 after deductible [†]	\$60 after \$750 pharmacy deductible per member [†]	\$50 [†]
Non-preferred brand	20% after deductible	10% after deductible	5% after deductible	35% after \$750 pharmacy deductible per member	30%
Specialty	30% after deductible up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	10% after deductible up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	5% after deductible up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	35% after \$750 pharmacy deductible per member up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	30% up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription
Whole health					
Healthy Services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)				

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 301-468-6000, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through dchealthlink.com.

	KP DC Silver 0/5/CSR/ Dental (2500)	KP DC Standard Silver 3500/40/CSR/ Dental (4000)	KP DC Standard Silver 100/20/CSR/ Dental (4000)	KP DC Standard Silver 0/5/CSR/ Dental (4000)
Plan type	Copayment	Deductible	Deductible	Copayment
Features				
Annual medical deductible (individual/family)	None/None	\$3,500/\$7,000	\$100/\$200	None/None
Annual out-of-pocket maximum (individual/family)	\$1,800/\$3,600	\$6,500/\$13,000	\$2,600/\$5,200	\$2,250/\$4,500
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$5 (waived for children under 5)	\$40	\$20	\$5
Specialty care office visit	\$15	\$65	\$30	\$10
Most X-rays	\$20	\$80	\$45	\$5
Most lab tests	\$5	\$60	\$30	\$5
MRI, CT, PET	10%	\$300	\$150	\$50
Outpatient surgery	10%	20% after deductible	20% after deductible	10%
Mental health visit	\$5 (individual therapy)	\$40 (individual therapy)	\$20 (individual therapy)	\$5 (individual therapy)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10%	20% after deductible	20% after deductible	10%
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	10%	20% after deductible	20% after deductible	10%
Emergency and urgent care				
Emergency Department visit	10%	\$350 after deductible (copay waived if admitted)	\$250 after deductible (copay waived if admitted)	\$250 (copay waived if admitted)
Urgent care visit	\$15	\$65	\$30	\$10
Prescription drugs (up to a 30-day supply)				
Generic	\$5 ¹	\$15 ¹	\$15 ¹	\$5 ¹
Preferred brand	\$10 ¹	\$50 after \$250 pharmacy deductible per member ¹	\$50 ¹	\$10 ¹
Non-preferred brand	10%	\$70 after \$250 pharmacy deductible per member ¹	\$70 ¹	\$35 ¹
Specialty	20% up to \$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	\$150 after \$250 pharmacy deductible per member per 30-day prescription & \$300 maximum per 90-day prescription	\$150 maximum per 30-day prescription & \$300 maximum per 90-day prescription	\$100 maximum per 30-day prescription & \$300 maximum per 90-day prescription
Whole health				
Healthy Services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)			

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 301-468-6000, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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

Find your rate

Use the monthly rates chart on the following pages or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- If you add an optional dental rider for family members 19 and older
- If you qualify for federal financial assistance. Visit buykp.org/apply or call us at **1-800-494-5314** to see if you may qualify.

Interested in a family plan?

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

Family members include:

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

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

The rates in the monthly rates chart apply to these ZIP codes. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

ZIP codes for Washington, D.C.

20001-13	20232-33	20330	20463	56901-02
20015-20	20235	20340	20468-70	56904
20022	20237-42	20350	20472	56908
20024	20244-45	20355	20500-11	56915
20026-27	20250-52	20370	20515	56920
20029-30	20254	20372-76	20520-31	56933
20032-33	20260-62	20380	20533-44	56935
20035-45	20265-66	20388-95	20546-49	56944-45
20047	20268	20398	20551-55	56950
20049-50	20270	20401-29	20557	56965
20052-53	20277	20431	20559-60	56966
20055-71	20289	20433-37	20565-66	56967
20073-78	20299	20439-42	20570-73	56968
20080-82	20301	20444	20575-81	56969
20090-91	20303	20447	20585-86	56970
20201-04	20306	20451	20590-91	56972
20206-08	20310	20453	20593-94	56998
20210-24	20314	20456	20597	56999
20226-30	20317-19	20460	20599	88888

2020 Monthly rates

Please note: These rates do not include the federal financial assistance you may be eligible to receive through dchealthlink.com.

Age on 2020 effective date	KP DC Bronze 6500/60/Dental	KP DC Standard Bronze 6200/20%/HSA/Dental	KP DC Standard Bronze 7250/55/Dental	KP DC Silver 3200/30%/HSA/Dental	KP DC Standard Silver 4000/40/Dental	KP DC Silver 2500/30/Dental	KP DC Gold 1500/25%/HSA/Dental	KP DC Gold 1000/20/Dental	KP DC Standard Gold 500/25/Dental
0-14	\$251.62	\$258.43	\$262.56	\$277.41	\$281.85	\$289.86	\$305.59	\$302.13	\$317.52
15	251.62	258.43	262.56	277.41	281.85	289.86	305.59	302.13	317.52
16	251.62	258.43	262.56	277.41	281.85	289.86	305.59	302.13	317.52
17	251.62	258.43	262.56	277.41	281.85	289.86	305.59	302.13	317.52
18	251.62	258.43	262.56	277.41	281.85	289.86	305.59	302.13	317.52
19	251.62	258.43	262.56	277.41	281.85	289.86	305.59	302.13	317.52
20	251.62	258.43	262.56	277.41	281.85	289.86	305.59	302.13	317.52
21	279.70	287.27	291.86	308.37	313.31	322.21	339.70	335.85	352.96
22	279.70	287.27	291.86	308.37	313.31	322.21	339.70	335.85	352.96
23	279.70	287.27	291.86	308.37	313.31	322.21	339.70	335.85	352.96
24	279.70	287.27	291.86	308.37	313.31	322.21	339.70	335.85	352.96
25	279.70	287.27	291.86	308.37	313.31	322.21	339.70	335.85	352.96
26	279.70	287.27	291.86	308.37	313.31	322.21	339.70	335.85	352.96
27	279.70	287.27	291.86	308.37	313.31	322.21	339.70	335.85	352.96
28	286.24	293.99	298.69	315.58	320.63	329.74	347.64	343.70	361.21
29	292.40	300.31	305.11	322.37	327.53	336.83	355.12	351.10	368.98
30	299.71	307.82	312.74	330.43	335.72	345.26	364.00	359.87	378.21
31	307.40	315.73	320.77	338.91	344.34	354.12	373.34	369.11	387.92
32	314.33	322.84	327.99	346.55	352.09	362.10	381.75	377.43	396.66
33	321.64	330.35	335.62	354.61	360.28	370.52	390.63	386.21	405.88
34	329.33	338.25	343.65	363.09	368.90	379.38	399.98	395.45	415.59
35	337.03	346.15	351.68	371.57	377.52	388.25	409.32	404.68	425.30
36	344.72	354.05	359.71	380.06	386.14	397.11	418.67	413.92	435.01
37	352.42	361.96	367.74	388.54	394.76	405.97	428.01	423.16	444.72
38	356.65	366.30	372.15	393.21	399.50	410.85	433.15	428.25	450.06
39	360.88	370.65	376.57	397.87	404.24	415.73	438.29	433.33	455.40
40	375.12	385.27	391.42	413.57	420.19	432.12	455.58	450.42	473.37
41	389.74	400.29	406.68	429.68	436.56	448.97	473.34	467.97	491.81
42	405.13	416.09	422.74	446.65	453.80	466.69	492.03	486.45	511.23
43	420.90	432.29	439.20	464.04	471.47	484.87	511.19	505.39	531.14
44	437.44	449.29	456.46	482.28	490.00	503.92	531.28	525.26	552.02
45	454.37	466.67	474.13	500.95	508.96	523.42	551.84	545.59	573.38
46	472.07	484.85	492.59	520.46	528.79	543.81	573.33	566.84	595.71
47	490.54	503.82	511.86	540.82	549.47	565.08	595.76	589.01	619.02
48	509.77	523.57	531.94	562.03	571.02	587.25	619.12	612.11	643.29
49	529.78	544.12	552.81	584.08	593.43	610.29	643.42	636.13	668.54
50	550.56	565.46	574.49	606.99	616.70	634.22	668.65	661.08	694.76
51	572.10	587.59	596.97	630.74	640.84	659.04	694.82	686.95	721.94
52	594.42	610.51	620.26	655.34	665.83	684.75	721.92	713.74	750.10
53	617.50	634.22	644.34	680.79	691.69	711.34	749.96	741.46	779.23
54	641.74	659.11	669.64	707.52	718.84	739.26	779.39	770.56	809.82
55	666.75	684.80	695.73	735.09	746.85	768.07	809.77	800.59	841.38
56	692.91	711.67	723.03	763.93	776.16	798.21	841.54	832.01	874.39
57	719.84	739.33	751.13	793.62	806.33	829.23	874.25	864.34	908.38
58	747.93	768.17	780.44	824.59	837.79	861.59	908.36	898.07	943.82
59	777.17	798.20	810.95	856.82	870.54	895.27	943.87	933.18	980.72
60	807.56	829.42	842.67	890.33	904.59	930.28	980.78	969.67	1,019.07
61	839.10	861.81	875.58	925.11	939.92	966.63	1,019.10	1,007.55	1,058.88
62	839.10	861.81	875.58	925.11	939.92	966.63	1,019.10	1,007.55	1,058.88
63	839.10	861.81	875.58	925.11	939.92	966.63	1,019.10	1,007.55	1,058.88
64+	839.10	861.81	875.58	925.11	939.92	966.63	1,019.10	1,007.55	1,058.88

Rates are effective January 1, 2020, through December 31, 2020.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through dchealthlink.com.

2020 Monthly rates

Age on 2020 effective date	KP DC Gold 0/20/ Dental	KP DC Standard Platinum 0/20/ Dental	KP DC Catastrophic 8150/0/Dental	KP DC Silver 1900/20%/CSR/HDHP/ Dental (3200) KP DC Silver 500/10%/CSR/HDHP/ Dental (3200) KP DC Silver 100/5%/CSR/HDHP/ Dental (3200)	KP DC Silver 2200/30/CSR/ Dental (2500) KP DC Silver 0/10/CSR/ Dental (2500) KP DC Silver 0/5/CSR/ Dental (2500)	KP DC Standard Silver 3500/40/ CSR/Dental (4000) KP DC Standard Silver 100/20/CSR/ Dental (4000) KP DC Standard Silver 0/5/CSR/ Dental (4000)
0-14	\$312.04	\$356.61	\$205.49	\$277.41	\$289.86	\$281.85
15	312.04	356.61	205.49	277.41	289.86	281.85
16	312.04	356.61	205.49	277.41	289.86	281.85
17	312.04	356.61	205.49	277.41	289.86	281.85
18	312.04	356.61	205.49	277.41	289.86	281.85
19	312.04	356.61	205.49	277.41	289.86	281.85
20	312.04	356.61	205.49	277.41	289.86	281.85
21	346.87	396.42	228.43	308.37	322.21	313.31
22	346.87	396.42	228.43	308.37	322.21	313.31
23	346.87	396.42	228.43	308.37	322.21	313.31
24	346.87	396.42	228.43	308.37	322.21	313.31
25	346.87	396.42	228.43	308.37	322.21	313.31
26	346.87	396.42	228.43	308.37	322.21	313.31
27	346.87	396.42	228.43	308.37	322.21	313.31
28	354.98	405.69	233.77	315.58	329.74	320.63
29	362.61	414.41	238.80	322.37	336.83	327.53
30	371.68	424.77	244.77	330.43	345.26	335.72
31	381.22	435.68	251.05	338.91	354.12	344.34
32	389.81	445.49	256.71	346.55	362.10	352.09
33	398.87	455.85	262.68	354.61	370.52	360.28
34	408.42	466.76	268.96	363.09	379.38	368.90
35	417.96	477.66	275.25	371.57	388.25	377.52
36	427.50	488.57	281.53	380.06	397.11	386.14
37	437.04	499.47	287.82	388.54	405.97	394.76
38	442.29	505.47	291.27	393.21	410.85	399.50
39	447.54	511.47	294.73	397.87	415.73	404.24
40	465.19	531.64	306.36	413.57	432.12	420.19
41	483.32	552.36	318.30	429.68	448.97	436.56
42	502.41	574.18	330.86	446.65	466.69	453.80
43	521.97	596.53	343.75	464.04	484.87	471.47
44	542.49	619.98	357.26	482.28	503.92	490.00
45	563.48	643.97	371.08	500.95	523.42	508.96
46	585.43	669.05	385.54	520.46	543.81	528.79
47	608.33	695.23	400.62	540.82	565.08	549.47
48	632.19	722.49	416.33	562.03	587.25	571.02
49	657.00	750.85	432.67	584.08	610.29	593.43
50	682.76	780.29	449.64	606.99	634.22	616.70
51	709.48	810.83	467.23	630.74	659.04	640.84
52	737.15	842.45	485.46	655.34	684.75	665.83
53	765.78	875.17	504.31	680.79	711.34	691.69
54	795.84	909.52	524.10	707.52	739.26	718.84
55	826.85	944.96	544.53	735.09	768.07	746.85
56	859.30	982.04	565.89	763.93	798.21	776.16
57	892.69	1020.21	587.89	793.62	829.23	806.33
58	927.52	1060.02	610.83	824.59	861.59	837.79
59	963.79	1101.46	634.71	856.82	895.27	870.54
60	1001.48	1144.53	659.53	890.33	930.28	904.59
61	1040.60	1189.25	685.29	925.11	966.63	939.92
62	1040.60	1189.25	685.29	925.11	966.63	939.92
63	1040.60	1189.25	685.29	925.11	966.63	939.92
64+	1040.60	1189.25	685.29	925.11	966.63	939.92

Learn about dental and vision coverage

With our Kaiser Permanente Individuals and Families dental plans and vision coverage, you get the benefits you need and the high-quality care you've come to expect. There's no waiting period – you can start receiving covered services the minute your coverage takes effect.

A reason to smile

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

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

Choosing a dentist

You may choose any general dentist from the list of participating dental providers. Specialty care is also available. To see a participating specialist, you'll need a referral from a participating general dentist. These dentists are conveniently located throughout the community.

To locate a participating provider, please visit dominiondental.com/kaiserdentists or call Dominion at **1-855-733-7524**.

Quality dental care

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

Enhanced adult dental benefits

For an additional premium of \$12.93 per month, adults 19 and older can choose to enroll in an enhanced dental plan that offers orthodontic coverage, a \$10 copay for most preventive care procedures, and even lower fees on more extensive care than the Preventive Dental Plan. To enroll, select the option on your application to enhance your dental coverage with the dental HMO rider.

Essential vision care

You can get optometry services like routine eye exams, glaucoma screenings, and cataract screenings without a referral from your personal physician. You'll need a referral to get care from an ophthalmologist. Many Kaiser Permanente medical centers have a vision center where you can have exams and purchase quality eyewear and contact lenses. To locate a medical center with a vision center, visit kp.org/facilities.

For information about vision coverage and limitations:

Call Member Services at **1-800-777-7902 (TTY 711)**, Monday through Friday, from 7:30 a.m. to 9 p.m. (except holidays).

Refer to your *Membership Agreement and Evidence of Coverage*.

Register at kp.org and read a summary of your benefits online.

Find a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or visit kp.org/facilities to find the one nearest you.

Maryland

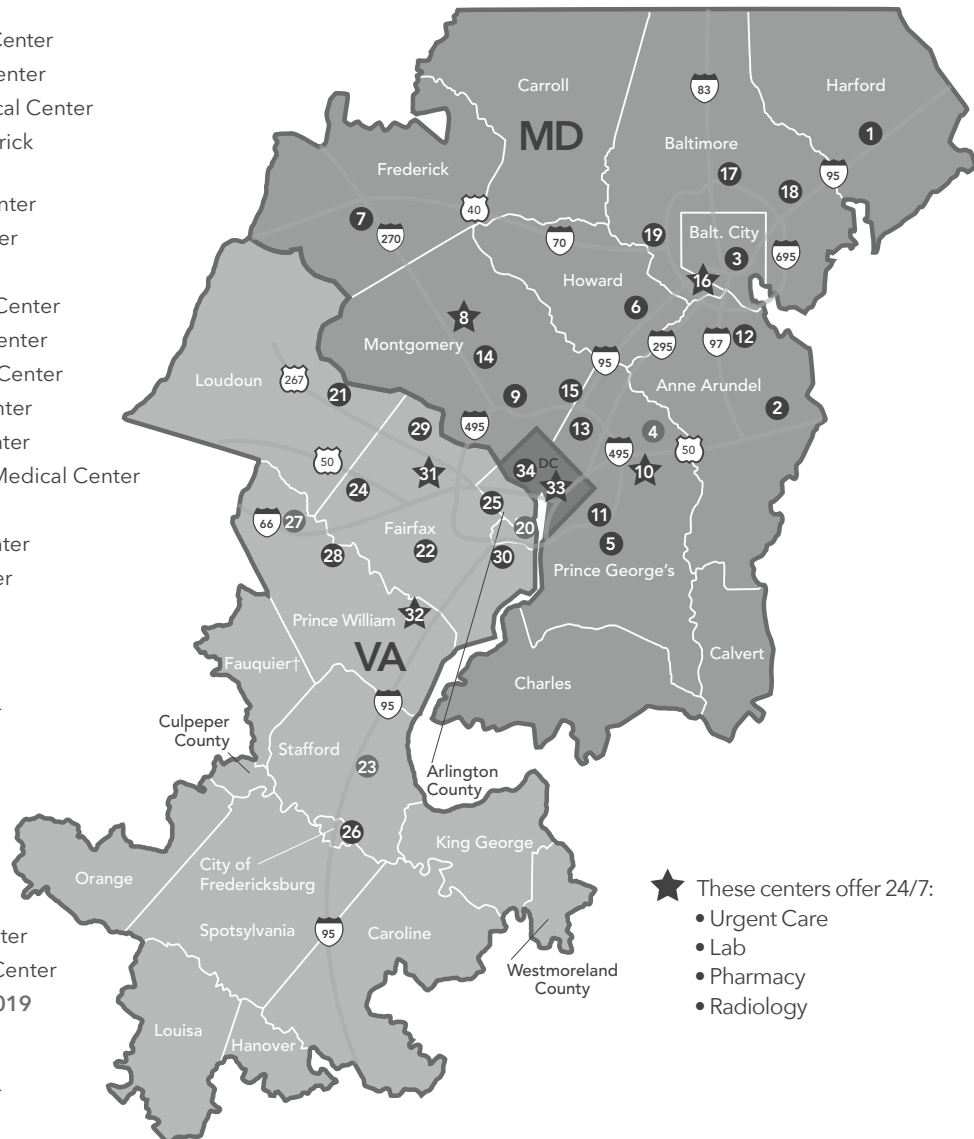
- 1 Abingdon Medical Center
- 2 Annapolis Medical Center
- 3 Kaiser Permanente Baltimore Harbor Medical Center
- 4 **OPENING LATE 2020**
Bowie Fairwood Medical Center
- 5 Camp Springs Medical Center
- 6 Columbia Gateway Medical Center
- 7 Kaiser Permanente Frederick Medical Center
- 8 Gaithersburg Medical Center
- 9 Kensington Medical Center
- 10 Largo Medical Center
- 11 Marlow Heights Medical Center
- 12 North Arundel Medical Center
- 13 Prince George's Medical Center
- 14 Shady Grove Medical Center
- 15 Silver Spring Medical Center
- 16 South Baltimore County Medical Center
- 17 Towson Medical Center
- 18 White Marsh Medical Center
- 19 Woodlawn Medical Center

Virginia

- 20 **NOW OPEN**
Alexandria Medical Center
- 21 Ashburn Medical Center
- 22 Burke Medical Center
- 23 **OPENING AUGUST 2019**
Colonial Forge Medical Center
- 24 Fair Oaks Medical Center
- 25 Falls Church Medical Center
- 26 Fredericksburg Medical Center
- 27 **OPENING SEPTEMBER 2019**
Haymarket Crossroads Medical Center
- 28 Manassas Medical Center
- 29 Reston Medical Center
- 30 Springfield Medical Center
- 31 Tysons Corner Medical Center
- 32 Woodbridge Medical Center

Washington, D.C.

- 33 Kaiser Permanente Capitol Hill Medical Center
- 34 Northwest DC Medical Office Building



Please check kp.org/facilities for the most up-to-date listing of the services located at Kaiser Permanente medical centers.

†Kaiser Permanente's service area in Fauquier County includes ZIP codes: 20119, 22720, 22728, 20181, 22406, and 22556; as of January 1, 2020, the service area will include: 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.

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

Benefits, Exclusions, and Limitations

Medical Exclusions

This provision provides information on what services we will not pay for regardless of whether or not the service is medically necessary.

When a service is not covered, all services, drugs, or supplies related to the non-covered service are excluded from coverage, except services we would otherwise cover to treat serious complications of the non-covered service.

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, licensing, or disability determinations; 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.
6. **Durable Medical Equipment**, except for equipment that we would specifically cover.
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**: 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 federal Food and 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.

We will consult our 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.

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 any health plans in connection with a surrogate/gestational carrier 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. Routine Foot Care Services.

13. 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.

14. Surrogacy Arrangements: A surrogacy arrangement is one in which you agree to become pregnant and to surrender the baby to another person or persons who intend to raise the child.

You must pay us charges for services you receive related to conception, pregnancy or delivery in connection with a surrogacy arrangement (Surrogacy Health Services). Your obligation to pay us for Surrogacy Health Services is limited to the compensation you are entitled to receive under the surrogacy arrangement.

By accepting Surrogacy Health Services, you automatically assign to us your right to receive payments that are payable to you or your chosen payee under the surrogacy arrangement, regardless of whether those payments are characterized as being for medical expenses. To secure our rights, we also have a lien on those payments. Those payments shall first be applied to satisfy our lien. The assignment and our lien will not exceed the total amount of your obligation to us under the preceding paragraph.

Within thirty (30) days of entering into a surrogacy arrangement, you must provide us written notice of the arrangement, including a copy of any agreement, the names and addresses of the other parties to the arrangement.

You must complete and send us all consents, releases, authorizations, lien forms, assignments and other documents that are reasonably necessary for us to determine the existence of any rights we may have under "Surrogacy Arrangements" and to satisfy those rights. You must not take any action that prejudices our rights.

If your estate, parent, guardian, spouse, domestic partner or legal partner, trustee, or conservator asserts a claim against a third party based on the surrogacy arrangement, your estate, parent, guardian, spouse, domestic partner or legal partner, or conservator shall be subject to our liens and other rights to the same extent as if you had asserted the claim against the third party. We may assign our rights to enforce our liens and other rights.

15. **Travel and Lodging Expenses**, except in some situations when a plan physician refers you to a provider outside of our service area, we may pay certain expenses that we pre-authorize in accord with our travel and lodging guidelines.

16. **Workers' Compensation or Employer Liability:** Financial responsibility for services for any illness,

injury or condition, to the extent a payment or any other benefit, including any amount received as a settlement (collectively referred to a “Financial Benefit”), is provided under any workers’ compensation or employer liability law. We will provide services even if it is unclear whether you are entitled to a Financial Benefit; but we may recover the value of any covered services from the following sources:

- a. Any source providing a Financial Benefit or from whom a Financial Benefit is due; or
- b. You, to the extent that a Financial Benefit is provided or payable or would have been required to be provided or payable if you had diligently sought to establish your rights to the Financial Benefit under any workers’ compensation or employers’ liability law.

Medical Limitations

We will make our best efforts to provide or arrange for your health care services in the event of unusual circumstances for reasons such as:

1. A major disaster;
2. An epidemic;
3. War;
4. Riot;
5. Civil insurrection;
6. Disability of a large share of personnel of a plan hospital or plan medical center; and/or
7. Complete or partial destruction of facilities.

In the event that we are unable to provide services, we, Kaiser Foundation Hospitals, Medical Group and Kaiser Permanente’s Medical Group Plan Physicians shall only be liable for reimbursement of the expenses necessarily incurred by a member in procuring the services through other providers, to the extent prescribed by the Commissioner of Insurance. For personal reasons, some members may refuse to accept services recommended by their plan physician for a particular condition. If you refuse to accept services recommended by your plan physician, he or she will advise you if there is no other professionally acceptable alternative. You may get a second opinion from another plan physician. If you still refuse to

accept the recommended services, we and plan providers have no further responsibility to provide or cover any alternative treatment you may request for that condition.

Pharmacy Exclusions

We do not cover:

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 Preferred Drug List;
2. Drugs 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;
3. Compounded preparations that do not contain at least one ingredient requiring a prescription and are not listed in our Preferred Drug List;
4. 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;
5. Take home drugs received from a hospital, skilled nursing facility, or other similar facility;
6. Drugs that are not listed in our Preferred Drug List;
7. Drugs that are considered to be experimental or investigational;
8. Drugs for which the member is not legally obligated to pay, or for which no charge is made;
9. Blood or blood products;
10. 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;
11. Medical foods;
12. 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;

13. Replacement prescriptions necessitated by theft or loss;
14. Prescribed drugs and accessories that are necessary for services we do not cover;
15. Special packaging (e.g., blister pack, unit dose, unit-of-use packaging) that is different from our standard packaging for prescription drugs;
16. Alternative formulations or delivery methods that are:
 - a. Different from our standard formulation or delivery method for prescription drugs; and
 - b. Deemed not medically necessary.
17. Durable medical equipment, prosthetic or orthotic devices, and their supplies, including: peak flow meters, nebulizers, and spacers; and ostomy and urological supplies;
18. 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;
19. Bandages or dressings;
20. Diabetic equipment and supplies;
21. Growth hormone therapy for treatment of adults age 18 or older, except when prescribed by a plan physician, pursuant to clinical guidelines for adults;
22. Immunizations and vaccinations solely for the purpose of travel;
23. 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;
24. Drugs for treatment of sexual dysfunction disorder, such as erectile dysfunction;
25. Drugs for the treatment of infertility.

The Health Plan Pharmacy and Therapeutics Committee sets dispensing limitations in accordance with therapeutic guidelines based on the Medical Literature and research. The Committee also meets periodically to consider adding and removing prescribed drugs on the Preferred Drug List. If you

would like information about whether a particular drug is included in our Preferred Drug List, please visit us online at:

https://healthy.kaiserpermanente.org/static/health/pdfs/formulary/mid/mid_exchange_formulary.pdf

You may also contact Member Services Monday through Friday between 7:30 a.m. and 9 p.m. at **1-800-777-7902** or **711** (TTY).

Pharmacy Limitations

For drugs prescribed by dentists, coverage is limited to antibiotics and pain relief drugs that are included on our Preferred Drug List and purchased at a plan pharmacy or a participating network pharmacy, unless the criteria for coverage of non-preferred brand drugs has been met.

In the event of a civil emergency or the shortage of one or more prescription drugs, we may limit availability in consultation with our 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.

Except for maintenance medications, members are limited to a thirty (30)-day supply for drugs other than contraceptive drugs and will be charged the applicable cost share based on:

- a. The prescribed dosage;
- b. Standard manufacturers package size; and
- c. Specified dispensing limits.

For maintenance medications, members may obtain up to a ninety (90)-day supply 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:

- a. The prescribed dosage;
- b. Standard manufacturers package size; and
- c. Specified dispensing limits.

Dental Exclusions

The following exclusions apply to covered dental services for adults age nineteen (19) years or older:

1. Services which are covered under worker's compensation or employer's liability laws;
2. Services which are not necessary for the patient's dental health as determined by us;
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by us;
4. Oral surgery requiring the setting of fractures or dislocations, except as may be otherwise covered under a medical benefit;
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the opinion of us, such services should not be performed in a dental office except as may be otherwise covered under a medical benefit;
6. Dispensing of drugs, except as may be otherwise covered under a medical benefit;
7. Hospitalization for any dental procedure;
8. Treatment required for conditions resulting from major disaster, epidemic, war or acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation;
9. Replacement due to loss or theft of prosthetic appliance;
10. Procedures not listed as a covered benefit;
11. Services provided by a non-participating dental provider that was pre-authorized by us, with the exception of out-of-area emergency dental services;
12. Services related to the treatment of Temporomandibular Disorder (TMD);
13. Services related to procedures that have such a degree of complexity as not to be performed by a general dentist, unless your participating general dentist refers you to a dental specialist who will provide covered dental services at the dental fee established by us for each procedure rendered;
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by us;
15. The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility;
16. Services which are provided without cost to member by any federal, state, municipal, county, or other political subdivision, with the exception of Medicaid;
17. Services that cannot be performed because of the general health of the patient;
18. Implantation and related restorative procedures;
19. Procedures relating to the change and maintenance of vertical dimension or major restoration of occlusion, or to alter the occlusion (bite) through full mouth adjustment/grinding of the teeth. This does not exclude minor occlusal adjustments on individual teeth to remove high spots or smooth out rough or sharp areas;
20. Dental expenses incurred in connection with any dental procedure that was started prior to your effective date of coverage and covered under the previous carrier's extension of benefits provision, less the course of treatment or ninety (90) days. Examples include orthodontic work in progress, teeth prepared for crowns, and root canal therapy in progress;
21. Lab fees for excisions and biopsies, except as may be otherwise covered under a medical benefit;
22. Experimental procedures, implantations, or pharmacological regimens;
23. Initial placement or replacement of fixed bridgework solely for the purpose of achieving periodontal stability;
24. Charges for second opinions, unless pre-authorized;
25. Procedures requiring fixed prosthodontic restoration, which are necessary for complete oral rehabilitation or reconstruction;

26. Occlusal guards, except for the purpose of controlling habitual grinding;
27. Dental services for children under age nineteen (19) years.

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

1. Services which are covered under worker's compensation or employer's liability laws;
2. Services which are not necessary for the patient's dental health as determined by us;
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by us;
4. Oral surgery requiring the setting of fractures or dislocations;
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of us, such services should not be performed in a dental office;
6. Dispensing of drugs;
7. Hospitalization for any dental procedure;
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation;
9. Replacement due to loss or theft of prosthetic appliance;
10. Procedures not listed as covered benefits;
11. Services obtained by a non-participating dental provider that was not preauthorized by us, with the exception of out-of-area emergencies dental services;
12. Services related to the treatment of Temporomandibular Disorder (TMD) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services;
13. Services performed by a participating specialist without a referral from a participating general dentist, with the exception of orthodontics;

14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by us. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review;
15. Non-medically necessary orthodontia and Phase I Treatment for medically necessary orthodontia are not covered benefits. A discount is provided to members through our agreements with our participating orthodontists. These provider agreements create no liability for payment by us and payments by the member for these services do not contribute to the Out-of-Pocket Maximum. The Invisalign system and similar specialized braces are not a covered benefit.

Dental Limitations

The following limitations apply to covered dental services for adults age nineteen (19) years or older:

1. Two (2) evaluations are covered per calendar year, per patient, including a maximum of one (1) comprehensive evaluation which is limited to once in twelve (12) months;
2. One (1) problem focused evaluation is covered per calendar year;
3. Two (2) teeth cleanings are covered per calendar year. One (1) additional cleaning is covered during pregnancy and for diabetic patients;
4. One (1) topical fluoride or fluoride varnish is covered per calendar year;
5. Two (2) set of bitewing X-rays are covered per calendar year, per patient;
6. One (1) set of full mouth X-rays or panoramic film is covered every three (3) years;
7. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime;
8. Replacement of a filling is covered if it is more than two (2) years from the original date of placement;

9. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement;
10. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%;
11. Relining and rebasing of dentures is limited to once every twenty-four (24) months;
12. Retreatment of root canal is covered if it is more than two (2) years from the original treatment;
13. Root planing or scaling is covered once every twenty-four (24) months per quadrant;
14. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, once per two (2) years;
15. Full mouth debridement is limited to once per lifetime;
16. Localized delivery of antimicrobial agents is limited to one (1) benefit per tooth for three (3) teeth per quadrant or a total of twelve (12) teeth for all four (4) quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater;
17. Periodontal surgery of any type, including any associated material, is covered once every thirty-six (36) months per quadrant or surgical site;
18. Periodontal maintenance after active therapy is covered twice per calendar year, within twenty-four (24) months after definitive periodontal therapy;
19. Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation and in lieu of a covered additional cleaning (excluding pregnant women and diabetics), limited to once per two (2) years;
20. Coronectomy – intentional partial tooth removal, once per lifetime;
21. Synchronous teledentistry or asynchronous teledentistry are limited to two (2) per calendar year.

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

1. One (1) evaluation is covered per six (6) months, per patient. Comprehensive oral evaluations are limited to once per twelve (12) months;
2. One (1) teeth cleaning is covered per six (6) months, per patient;
3. One (1) fluoride application is covered per (6) six months, per patient;
4. One (1) set of bitewing X-rays is covered per six (6) months, per patient starting at age two (2) years;
5. One (1) set of full mouth X-rays or panoramic film is covered every five (5) years, per patient, starting at age six (6) years. Panoramic X-rays are limited to ages 6-18 years. No more than one (1) set of X-rays are covered per visit;
6. One (1) sealant per tooth is covered per thirty-six (36) months, per patient up to age eighteen (18) years (limited to occlusal surfaces of posterior permanent teeth without restorations or decay);
7. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime;
8. One (1) space maintainer is covered per twenty-four (24) months per patient, per arch;
9. One (1) distal shoe space maintainer, fixed, unilateral per lifetime;
10. Replacement of a filling is covered if it is more than three (3) years from the date of original placement;
11. Replacement of a primary stainless steel crown (under age fifteen (15) years), crown, denture, or other prosthodontic appliance is covered if it is more than five (5) years from the date of original placement;
12. Crown and bridge copayments apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%;

13. Relining and rebasing of dentures is covered once per twenty-four (24) months, per patient;
14. Root canal treatment is covered once per tooth per lifetime;
15. Periodontal scaling and root planing, limited to one (1) per twenty-four (24) months, per patient, per quadrant;
16. Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation and in lieu of a covered cleaning, limited to once per two (2) years;
17. Osseous surgery, gingival flap procedure, and gingivectomy or gingivoplasty are limited to one (1) per thirty-six (36) months;
18. Full mouth debridement is covered once per lifetime, per patient;
19. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years;
20. Localized delivery of antimicrobial agents is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of twelve (12) teeth for all four quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater;
21. Periodontal surgery of any type, including any associated material, is covered once every twenty-four (24) months, per quadrant or surgical site;
22. Periodontal maintenance is covered twice per calendar year in addition to adult prophylaxis, within twenty-four (24) months after definitive periodontal therapy;
23. Coronectomy, intentional partial tooth removal, one (1) per lifetime;
24. Denture rebase and denture reline is limited to one (1) in a thirty-six (36) month period, six (6) months after initial placement;
25. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of sixty (60) minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation;
26. Occlusal guards are covered by report for patients thirteen (13) years of age or older when the purpose of the occlusal guard is for the treatment of bruxism or diagnoses other than Temporomandibular Dysfunction (TMD). Occlusal guards are limited to one (1) per twelve (12) consecutive month period;
27. Deep sedation/general anesthesia and intravenous conscious sedation are covered (by report) only when provided in connection with a covered procedure(s) when determined to be medically or dentally necessary for documented handicapped or uncontrollable patients or justifiable medical or dental conditions;
28. Fixed partial dentures, buildups, and posts and cores for members under sixteen (16) years of age are only covered if deemed necessary by us;
29. Onlays, crowns, and posts and cores for members twelve (12) years of age or younger are only covered if deemed necessary by us. Cast posts and cores are processed as an alternate benefit of a prefabricated post and core. Posts are eligible only when provided as part of a crown buildup or implant and are considered integral to the buildup or implant;
30. Orthodontics is only covered if medically necessary as determined by us. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility;
31. Synchronous teledentistry or asynchronous teledentistry are limited to two (2) per calendar year.

Women's Health Care Services

This page summarizes the coverage and cost-sharing information for women's health care services being provided by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., to Health Plan members in Washington, D.C.

- All Food & Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling for women with reproductive capacity are covered under Preventive Care at no charge.
- Coverage at no charge for contraceptive drugs, devices, products and services, including those obtained over-the-counter and those prescribed. Members may obtain up to a 12-month supply of prescription contraceptive drugs all at once or over the course of the 12 months at the patient's election.
- Coverage at no charge for the following Preventive Care services and products:
 - a) Breast cancer screening;
 - b) Adjuvant breast cancer screening, including magnetic resonance imaging, ultrasound screening or molecular breast imaging of the breast, if a:
 - Mammogram demonstrates a Class C or Class D breast density classification; or
 - Woman is believed to be at an increased risk for cancer due to family history or prior personal history of breast cancer, positive genetic testing or other indications of an increased risk for cancer as determined by a woman's physician or advanced practice registered nurse.
 - c) Breast feeding support, services and supplies;
 - d) Screening for cervical cancer, including HPV testing;
 - e) Screening for gestational diabetes;
 - f) Screening and counseling for HIV;
 - g) Screening and counseling for interpersonal and domestic violence;
 - h) Screening and counseling for sexually-transmitted diseases;
 - i) Screening and counseling for Hepatitis B and C;
 - j) Well-woman preventive visits, including visits to obtain necessary preventive care, preconception care and prenatal care;
 - k) Folic acid supplementation;
 - l) Breast cancer chemoprevention counseling and preventive medications;
 - m) Risk assessment and genetic counseling and testing using the Breast Cancer Risk Assessment tool approved by the National Cancer Institute; and
 - n) Rh incompatibility screening during pregnancy;
 - o) Evidence-based items, services, prescription-drug items that have in effect a rating of "A" or "B" in the recommendations of the United States Preventive Services Task Force as of September 19, 2017; and
 - p) Any additional health services, products, including contraceptive drugs, devices, products identified by rules issued pursuant to DC Code §31-3834.02 subsection (c).

"No charge" denotes that the services and products above will be provided to the member at no cost even if the plan deductible is not yet met. This results in no financial responsibility for the member. Out-of-network performed services may be subject to cost-sharing.

Exemptible Benefit Notice: An employer organized and operating as a nonprofit entity and referred to in section 6033(a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986, approved October 22, 1986 (100 Stat. 2740; 26 U.S.C. § 6033(a)(3)(A)(i) or (iii)), may be exempt from any requirement to cover contraceptive drugs, devices, products, and services under §§ 31-3834.01, 31-3834.02, and 31-3834.03.

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.

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) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት 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**)፡

Bàsɔ̀̀ Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̀ Bàsɔ̀̀-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béìn 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 bụrụ na i na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi.
Kpọọ **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, kojí' 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)**.

Notes

Dotted lines for notes.

Helpful websites and phone numbers

Have questions about enrolling or getting started with Kaiser Permanente? Want to learn more about our services? Use this information to explore the resources available to members, or to get answers to any questions you have.

Kaiser Permanente

Discover Kaiser Permanente..... [kp.org/thrive](https://www.kp.org/thrive)

Enrollment resources

Apply online [buykp.org/apply](https://www.buykp.org/apply)

Get started if you're a new member..... [kp.org/newmember](https://www.kp.org/newmember)

Enroll during a special enrollment period [kp.org/specialenrollment](https://www.kp.org/specialenrollment)

Member resources

Manage your care [kp.org](https://www.kp.org)

Find a location near you..... [kp.org/facilities](https://www.kp.org/facilities)

Choose your doctor [kp.org/searchdoctors](https://www.kp.org/searchdoctors)

Create your online account [kp.org/registernow](https://www.kp.org/registernow)

Get an idea of what your care will cost [kp.org/treatmentestimates](https://www.kp.org/treatmentestimates)

Get an estimate of what you'll pay for your care..... [kp.org/costestimates](https://www.kp.org/costestimates)

Get a copy of your *Evidence of Coverage*..... [kp.org/plandocuments](https://www.kp.org/plandocuments)

Additional resources

Find resources for healthier living [kp.org/healthyliving](https://www.kp.org/healthyliving)

Preventive Dental Plan [dominionnational.com/kaiserdentists](https://www.dominionnational.com/kaiserdentists)

Get in touch with us by phone

Get general information about Kaiser Permanente..... **1-800-494-5314**

Dominion National Dental **1-855-733-7524**

The right choice for a healthier you

Having a good health plan is important. So is getting quality care. With Kaiser Permanente, you get both.

Want to learn more?

Visit kp.org or call us at 1-800-494-5314 (TTY 711).

Stay connected to good health



facebook.com/kpthrive



youtube.com/kaiserpermanenteorg



@kpthrive, @aboutkp, @kptotalhealth,
@kpmidatlantic



**Kaiser Foundation Health Plan
of the Mid-Atlantic States, Inc.**
2101 E. Jefferson St.
Rockville, MD 20852



Healthy together

Care and coverage that fits your life

Welcome to care that fits your life

This Kaiser Permanente for Individuals and Families enrollment guide can help you choose the right health plan for your needs. Here's a look at what you'll get with all of our plans.



Right care, right time

Get the care you need when you need it with routine, specialty, urgent, and emergency care. If you're ever unsure where to go, call us for 24/7 care advice by phone.



Many services under one roof

Do more in less time. In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions – all in a single trip. Find a location near you at kp.org/facilities.



Your doctor, your choice

Choose your doctor based on what's important to you. Go to kp.org/searchdoctors for details about education, specialties, languages spoken, and more. You can also change doctors at any time.



More care options

How you get care is up to you. Choose a phone appointment or video visit,* email your doctor's office with nonurgent questions, or come see us in person.†



Discounts for members

Enjoy discounts on products and services that can help you stay healthy – like gym memberships, massage therapy, and more. Explore your options at kp.org/choosehealthy.

*When appropriate and available.

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

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

Choosing your health plan

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

Copay plans – platinum and gold

Copay plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

Deductible plans – silver, bronze, and minimum coverage

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you reach your deductible.

HSA-qualified high deductible health plans – silver and bronze

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

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

*For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://www.irs.gov).

Example of your costs for care

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

Plan name	Office visit	X-ray	Generic drug
KP VA Gold 0/20/Dental (no deductible)	\$20 (copay waived for children under age 5)	\$65	\$10*
KP VA Silver 2500/35/Dental (\$2,500 deductible)	\$35 (copay waived for children under age 5)	\$65	\$20*
KP VA Bronze 5500/50/Dental (\$5,500 deductible)	First 3 visits \$50, then \$50 after deductible ^{††} (copay waived for children under 5)	\$110	\$30*

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

^{††}Includes 3 primary care office visits at \$50 before your deductible applies.

The cost estimates above are from kp.org/treatmentestimates. Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

Important open enrollment dates for 2020

- The open enrollment period for 2020 coverage runs from November 1, 2019, through December 15, 2019.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through healthcare.gov.
- For coverage that starts on January 1, 2020, we must receive your Application for Health Coverage and first month's premium no later than December 15, 2019.

Enrolling during a special enrollment period

- Are you getting married, having a baby, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit kp.org/specialenrollment for a list of qualifying life events and instructions.

Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit healthcare.gov for details.

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

Understanding the plans: benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

Here's a quick look at how to use the chart

Plan type	Deductible
<div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; background-color: #2c3e50; color: white;">KP</div> <div style="border: 1px solid black; border-radius: 50%; padding: 2px 5px; background-color: #34495e; color: white;">M</div> </div> <p style="margin: 0;">KP VA Silver 2500/35/Dental</p>	
Features	
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$7,750/\$15,500
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$35 (waived for children under 5)
Specialty care office visit	\$55
Most X-rays	\$65
Most lab tests	\$40
MRI, CT, PET	35% after deductible
Outpatient surgery	35% after deductible
Mental health visit	\$35 (individual therapy)
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	35% after deductible
Emergency and urgent care	
Emergency Department visit	35% after deductible
Urgent care visit	\$55
Prescription drugs (up to a 30-day supply)	
Generic	\$20*
Preferred brand	\$60 after \$750 pharmacy deductible per member*
Non-preferred brand	35% after \$750 pharmacy deductible per member
Specialty	35% after \$750 pharmacy deductible per member up to \$250 maximum per 30-day prescription
Whole health	
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

KP

Offered through Kaiser Permanente

M

Offered through the Health Insurance Marketplace

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$2,500 for yourself or \$5,000 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$7,750 for yourself and no more than \$15,500 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no charge

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

Covered before you reach the deductible

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a \$35 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits are covered before you reach the deductible.

Coinurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 35% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd pay a \$55 copay for urgent care visits, whether or not you have met your deductible.

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

- KP** Offered through Kaiser Permanente
- M** Offered through the Health Insurance Marketplace

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on [healthcare.gov](https://www.healthcare.gov).

	KP M KP VA Bronze 5500/50/Dental	KP M KP VA Silver 6000/40/Dental	KP M KP VA Silver 3200/20%/HSA/ Dental	KP M KP VA Silver 2500/35/Dental
Plan type	Deductible	Deductible	HSA-qualified	Deductible
Features				
Annual medical deductible (individual/family)	\$5,500/\$11,000	\$6,000/\$12,000	\$3,200/\$6,400	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$8,150/\$16,300	\$6,650/\$13,300	\$7,750/\$15,500
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	First 3 visits, \$50 then \$50 after deductible ^{††} (waived for children under 5)	\$40 (waived for children under 5)	20% after deductible	\$35 (waived for children under 5)
Specialty care office visit	\$70 after deductible	\$60	20% after deductible	\$55
Most X-rays	\$110	\$55	20% after deductible	\$65
Most lab tests	\$50	\$40	20% after deductible	\$40
MRI, CT, PET	\$625 after deductible	35% after deductible	20% after deductible	35% after deductible
Outpatient surgery	35% after deductible	35% after deductible	20% after deductible	35% after deductible
Mental health visit	\$50 (individual therapy)	\$40 (individual therapy)	20% after deductible	\$35 (individual therapy)
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	35% after deductible	20% after deductible	35% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	35% after deductible	20% after deductible	35% after deductible
Emergency and urgent care				
Emergency Department visit	35% after deductible	35% after deductible	20% after deductible	35% after deductible
Urgent care visit	\$70 after deductible	\$60	20% after deductible	\$55
Prescription drugs (up to a 30-day supply)				
Generic	\$30 [†]	\$25 [†]	\$20 after deductible [†]	\$20 [†]
Preferred brand	\$100 after \$1,000 pharmacy deductible per member [†]	\$60 after \$750 pharmacy deductible per member [†]	\$55 after deductible [†]	\$60 after \$750 pharmacy deductible per member [†]
Non-preferred brand	50% after \$1,000 pharmacy deductible per member	35% after \$750 pharmacy deductible per member	20% after deductible	35% after \$750 pharmacy deductible per member
Specialty	50% after \$1,000 pharmacy deductible per member up to \$250 maximum per 30-day prescription	35% after \$750 pharmacy deductible per member up to \$250 maximum per 30-day prescription	30% after deductible up to \$250 maximum per 30-day prescription	35% after \$750 pharmacy deductible per member up to \$250 maximum per 30-day prescription
Whole health				
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-777-7902, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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

^{††}Includes 3 primary care office visits at \$50 before your deductible applies.

- KP** Offered through Kaiser Permanente
- M** Offered through the Health Insurance Marketplace

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

	KP M KP VA Gold 1500/20/Dental	KP M KP VA Gold 1000/20/Dental	KP M KP VA Gold 0/20/Dental	KP M KP VA Platinum 0/10/Dental	KP M KP VA Catastrophic [†] 8150/0/Dental
Plan type	Deductible	Deductible	Copayment	Copayment	Deductible
Features					
Annual medical deductible (individual/family)	\$1,500/\$3,000	\$1,000/\$2,000	None/None	None/None	\$8,150/\$16,300
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$6,950/\$13,900	\$6,850/\$13,700	\$4,000/\$8,000	\$8,150/\$16,300
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	\$20 (waived for children under 5)	\$20 (waived for children under 5)	\$20 (waived for children under 5)	\$10 (waived for children under 5)	First 3 office visits no charge.** Additional visits no charge after deductible.
Specialty care office visit	\$40	\$40	\$40	\$15	No charge after deductible
Most X-rays	\$65	\$65	\$65	\$10	No charge after deductible
Most lab tests	\$20	\$20	\$20	\$10	No charge after deductible
MRI, CT, PET	35% after deductible	\$500	\$500	\$150	No charge after deductible
Outpatient surgery	35% after deductible	35% after deductible	35%	\$350	No charge after deductible
Mental health visit	\$20 (individual therapy)	\$20 (individual therapy)	\$20 (individual therapy)	\$10 (individual therapy)	First 3 office visits no charge.** Additional visits no charge after deductible.
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	35% after deductible	35%	\$350 per day up to 4 days*	No charge after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	35% after deductible	35%	\$350 per day up to 4 days*	No charge after deductible
Emergency and urgent care					
Emergency Department visit	35% after deductible	\$500 (waived if admitted)	\$500 (waived if admitted)	\$300 (waived if admitted)	No charge after deductible
Urgent care visit	\$40	\$40	\$40	\$15	No charge after deductible
Prescription drugs (up to a 30-day supply)					
Generic	\$10 [†]	\$10 [†]	\$10 [†]	\$5 [†]	No charge after deductible
Preferred brand	\$50 after \$200 pharmacy deductible per member [†]	\$50 [†]	\$50 [†]	\$30 [†]	No charge after deductible
Non-preferred brand	35% after \$200 pharmacy deductible per member	35%	35%	\$50 [†]	No charge after deductible
Specialty	35% after \$200 pharmacy deductible per member up to \$250 maximum per 30-day prescription	35% up to \$250 maximum per 30-day prescription	35% up to \$250 maximum per 30-day prescription	\$150 [†]	No charge after deductible
Whole health					
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-777-7902, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

*After 4 days, there is no charge for covered services related to the admission.

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

[†]Only applicants under age 30, or applicants age 30 and older who provide a certificate from the Health Insurance Marketplace in Virginia demonstrating hardship or lack of affordable coverage, may purchase a KP VA Catastrophic 8150/0 Dental plan.

**The KP VA Catastrophic 8150/0 Dental plan includes 3 office visits at no charge before your deductible applies. Office visits include primary care or outpatient mental health office visit.

M Offered through the Health Insurance Marketplace

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through healthcare.gov.

	M KP VA Silver 3500/35/CSR/Dental (6000)	M KP VA Silver 0/15/CSR/Dental (6000)	M KP VA Silver 0/5/CSR/Dental (6000)
Plan type	Deductible	Copayment	Copayment
Features			
Annual medical deductible (individual/family)	\$3,500/\$7,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,600/\$5,200	\$2,000/\$4,000
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$35 (waived for children under 5)	\$15 (waived for children under 5)	\$5 (waived for children under 5)
Specialty care office visit	\$55	\$40	\$15
Most X-rays	\$55	\$30	\$15
Most lab tests	\$40	\$25	\$10
MRI, CT, PET	35% after deductible	30%	10%
Outpatient surgery	35% after deductible	30%	10%
Mental health visit	\$35 (individual therapy)	\$15 (individual therapy)	\$5 (individual therapy)
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30%	10%
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	30%	10%
Emergency and urgent care			
Emergency Department visit	35% after deductible	30%	10%
Urgent care visit	\$55	\$40	\$15
Prescription drugs (up to a 30-day supply)			
Generic	\$25 [†]	\$10 [†]	\$5 [†]
Preferred brand	\$60 after \$250 pharmacy deductible per member [†]	\$55 [†]	\$15 [†]
Non-preferred brand	35% after \$250 pharmacy deductible per member	30%	10%
Specialty	35% after \$250 pharmacy deductible per member up to \$250 maximum per 30-day prescription	30% up to \$250 maximum per 30-day prescription	10% up to \$250 maximum per 30-day prescription
Whole health			
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-777-7902, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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

M Offered through the Health Insurance Marketplace

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through healthcare.gov.

	M KP VA Silver 1900/20%/CSR/HDHP/Dental (3200)	M KP VA Silver 500/10%/CSR/HDHP/Dental (3200)	M KP VA Silver 100/5%/CSR/HDHP/Dental (3200)
Plan type	Deductible	Deductible	Deductible
Features			
Annual medical deductible (individual/family)	\$1,900/\$3,800	\$500/\$1,000	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,500/\$5,000	\$2,300/\$4,600
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	20% after deductible	10% after deductible	5% after deductible
Specialty care office visit	20% after deductible	10% after deductible	5% after deductible
Most X-rays	20% after deductible	10% after deductible	5% after deductible
Most lab tests	20% after deductible	10% after deductible	5% after deductible
MRI, CT, PET	20% after deductible	10% after deductible	5% after deductible
Outpatient surgery	20% after deductible	10% after deductible	5% after deductible
Mental health visit	20% after deductible	10% after deductible	5% after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	10% after deductible	5% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	10% after deductible	5% after deductible
Emergency and urgent care			
Emergency Department visit	20% after deductible	10% after deductible	5% after deductible
Urgent care visit	20% after deductible	10% after deductible	5% after deductible
Prescription drugs (up to a 30-day supply)			
Generic	\$20 after deductible [†]	\$15 after deductible [†]	\$10 after deductible [†]
Preferred brand	\$55 after deductible [†]	\$40 after deductible [†]	\$15 after deductible [†]
Non-preferred brand	20% after deductible	10% after deductible	5% after deductible
Specialty	30% after deductible up to \$250 maximum per 30-day prescription	10% after deductible up to \$250 maximum per 30-day prescription	5% after deductible up to \$250 maximum per 30-day prescription
Whole health			
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit kp.org/plandocuments, call us at 1-800-777-7902, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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

M Offered through the Health Insurance Marketplace

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through healthcare.gov.

	M KP VA Silver 2200/30/CSR/ Dental (2500)	M KP VA Silver 0/10/CSR/ Dental (2500)	M KP VA Silver 0/5/CSR/ Dental (2500)
Plan type	Deductible	Copayment	Copayment
Features			
Annual medical deductible (individual/family)	\$2,200/\$4,400	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$6,425/\$12,850	\$2,600/\$5,200	\$1,800/\$3,600
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$30 (waived for children under 5)	\$10 (waived for children under 5)	\$5 (waived for children under 5)
Specialty care office visit	\$55	\$40	\$15
Most X-rays	\$65	\$40	\$20
Most lab tests	\$40	\$30	\$5
MRI, CT, PET	35% after deductible	30%	10%
Outpatient surgery	35% after deductible	30%	10%
Mental health visit	\$30 (individual therapy)	\$10 (individual therapy)	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30%	10%
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	35% after deductible	30%	10%
Emergency and urgent care			
Emergency Department visit	35% after deductible	30%	10%
Urgent care visit	\$55	\$40	\$15
Prescription drugs (up to a 30-day supply)			
Generic	\$20 [†]	\$10 [†]	\$5 [†]
Preferred brand	\$60 after \$750 pharmacy deductible per member [†]	\$50 [†]	\$10 [†]
Non-preferred brand	35% after \$750 pharmacy deductible per member	30%	10%
Specialty	35% after \$750 pharmacy deductible per member up to \$250 maximum per 30-day prescription	30% up to \$250 maximum per 30-day prescription	20% up to \$250 maximum per 30-day prescription
Whole health			
Healthy services	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)	Dental preventive services: \$30 for adults; \$0 plus an office visit fee for children under 19 (includes cleaning, oral evaluation, and bitewing X-rays)

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement and Evidence of Coverage* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement and Evidence of Coverage*, please visit [kp.org/plandocuments](https://www.kp.org/plandocuments), call us at 1-800-777-7902, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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

Find your rate

Use the monthly rates chart on the following pages or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- If you add an optional dental rider for family members 19 and older
- If you qualify for federal financial assistance. Visit buykp.org/apply or call us at **1-800-494-5314** to see if you may qualify.

Interested in a family plan?

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

Family members include:

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

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

The rates in the monthly rates chart apply to these ZIP codes. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

ZIP codes for Virginia				
20101-05	20187	22118-19	22320	22551
20108-13	20189-92	22121-22	22331-34	22553-56
20115	20194-97	22124-25	22350	22565
20117-22	20198	22134-35	22401-08	22567
20124	20598	22150-53	22412	22580
20129	22003	22156	22430	22639
20131-32	22009	22158-61	22443	22642
20134-37 [†]	22015	22172	22446	22643
20141-43	22025-27	22180-83	22448	22720
20144	22030-44	22185	22451	22728
20146-49	22046	22191-95	22463	22736
20151-53	22060	22199	22471	22960 [†]
20155-56	22066-67	22201-07	22481	23015
20158-60	22079	22209-17	22485	23024
20163-72	22081-82	22219	22508	23117 [†]
20175-78	22095-96	22225-27	22526	23170
20180-82	22101-03	22230	22534-35	
20184	22106-09	22240-46	22538	
20186	22116	22301-15	22544-47	

[†]Portions of ZIP code not in service area: 20135, 22960, and 23117.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through [healthcare.gov](https://www.healthcare.gov).

2020 Monthly rates

Age on 2020 effective date	KP VA Bronze 5500/50/Dental	KP VA Silver 2500/35/Dental	KP VA Silver 3200/20%/HSA/Dental	KP VA Silver 6000/40/Dental	KP VA Gold 0/20/Dental	KP VA Gold 1000/20/Dental	KP VA Gold 1500/20/Dental	KP VA Platinum 0/10/Dental	KP VA Catastrophic 8150/0/Dental
0-14	\$295.99	\$327.88	\$306.76	\$308.30	\$365.53	\$358.52	\$349.36	\$424.84	\$215.06
15	322.30	357.02	334.03	335.70	398.02	390.39	380.42	462.60	234.17
16	332.36	368.17	344.46	346.18	410.44	402.58	392.29	477.04	241.48
17	342.42	379.31	354.88	356.66	422.87	414.76	404.16	491.48	248.79
18	353.26	391.31	366.11	367.94	436.25	427.89	416.95	507.03	256.66
19	364.09	403.31	377.34	379.23	449.63	441.01	429.74	522.58	264.54
20	375.31	415.74	388.97	390.91	463.48	454.60	442.98	538.68	272.69
21	386.92	428.60	401.00	403.00	477.82	468.66	456.68	555.34	281.12
22	386.92	428.60	401.00	403.00	477.82	468.66	456.68	555.34	281.12
23	386.92	428.60	401.00	403.00	477.82	468.66	456.68	555.34	281.12
24	386.92	428.60	401.00	403.00	477.82	468.66	456.68	555.34	281.12
25	388.47	430.31	402.60	404.62	479.73	470.53	458.51	557.57	282.25
26	396.21	438.88	410.62	412.68	489.28	479.91	467.64	568.67	287.87
27	405.49	449.17	420.24	422.35	500.75	491.16	478.60	582.00	294.62
28	420.58	465.89	435.88	438.07	519.39	509.43	496.41	603.66	305.58
29	432.96	479.60	448.71	450.96	534.68	524.43	511.03	621.43	314.58
30	439.15	486.46	455.13	457.41	542.32	531.93	518.33	630.32	319.07
31	448.44	496.75	464.75	467.08	553.79	543.18	529.29	643.64	325.82
32	457.73	507.03	474.38	476.75	565.26	554.42	540.25	656.97	332.57
33	463.53	513.46	480.39	482.80	572.42	561.45	547.10	665.30	336.78
34	469.72	520.32	486.81	489.25	580.07	568.95	554.41	674.19	341.28
35	472.82	523.75	490.02	492.47	583.89	572.70	558.06	678.63	343.53
36	475.91	527.18	493.23	495.70	587.71	576.45	561.72	683.07	345.78
37	479.01	530.60	496.43	498.92	591.54	580.20	565.37	687.52	348.03
38	482.10	534.03	499.64	502.14	595.36	583.95	569.02	691.96	350.28
39	488.29	540.89	506.06	508.59	603.00	591.45	576.33	700.84	354.78
40	494.48	547.75	512.47	515.04	610.65	598.95	583.64	709.73	359.27
41	503.77	558.03	522.10	524.71	622.12	610.20	594.60	723.06	366.02
42	512.67	567.89	531.32	533.98	633.11	620.97	605.10	735.83	372.49
43	525.05	581.61	544.15	546.88	648.40	635.97	619.72	753.60	381.48
44	540.53	598.75	560.19	563.00	667.51	654.72	637.98	775.82	392.73
45	558.71	618.90	579.04	581.94	689.97	676.74	659.45	801.92	405.94
46	580.38	642.90	601.49	604.51	716.73	702.99	685.02	833.02	421.68
47	604.76	669.90	626.76	629.90	746.83	732.52	713.79	868.00	439.39
48	632.61	700.76	655.63	658.91	781.23	766.26	746.67	907.99	459.63
49	660.09	731.19	684.10	687.53	815.16	799.53	779.10	947.42	479.59
50	691.04	765.48	716.18	719.77	853.38	837.03	815.63	991.84	502.08
51	721.61	799.34	747.86	751.60	891.13	874.05	851.71	1,035.72	524.29
52	755.27	836.62	782.74	786.67	932.70	914.82	891.44	1,084.03	548.75
53	789.32	874.34	818.03	822.13	974.75	956.07	931.63	1,132.90	573.49
54	826.08	915.06	856.13	860.42	1,020.14	1,000.59	975.01	1,185.66	600.20
55	862.83	955.77	894.22	898.70	1,065.53	1,045.11	1,018.40	1,238.42	626.90
56	902.69	999.92	935.52	940.21	1,114.75	1,093.38	1,065.44	1,295.62	655.86
57	942.93	1,044.49	977.23	982.12	1,164.44	1,142.12	1,112.93	1,353.37	685.09
58	985.87	1,092.07	1,021.74	1,026.86	1,217.48	1,194.15	1,163.62	1,415.02	716.30
59	1,007.15	1,115.64	1,043.79	1,049.02	1,243.76	1,219.92	1,188.74	1,445.56	731.76
60	1,050.10	1,163.22	1,088.30	1,093.75	1,296.79	1,271.94	1,239.43	1,507.20	762.97
61	1,087.25	1,204.36	1,126.80	1,132.44	1,342.67	1,316.93	1,283.27	1,560.52	789.95
62	1,111.62	1,231.36	1,152.06	1,157.83	1,372.77	1,346.46	1,312.04	1,595.50	807.66
63	1,142.19	1,265.22	1,183.74	1,189.67	1,410.52	1,383.48	1,348.12	1,639.38	829.87
64+	1,160.76	1,285.79	1,202.99	1,209.01	1,433.45	1,405.98	1,370.04	1,666.03	843.37

Rates are effective January 1, 2020, through December 31, 2020.

Please note: These rates do not include the federal financial assistance you may be eligible to receive through [healthcare.gov](https://www.healthcare.gov).

2020 Monthly rates

Age on 2020 effective date	KP VA Silver 0/5/CSR/Dental (2500)	KP VA Silver 0/5/CSR/Dental (6000)	KP VA Silver 100/5%/CSR/HDHP/Dental (3200)
	KP VA Silver 0/10/CSR/Dental (2500) KP VA Silver 2200/30/CSR/Dental (2500)	KP VA Silver 0/15/CSR/Dental (6000) KP VA Silver 3500/35/CSR/Dental (6000)	KP VA Silver 500/10%/CSR/HDHP/Dental (3200) KP VA Silver 1900/20%/CSR/HDHP/Dental (3200)
0-14	\$378.63	\$356.02	\$354.25
15	412.29	387.67	385.74
16	425.16	399.77	397.78
17	438.03	411.87	409.82
18	451.89	424.90	422.78
19	465.74	437.93	435.75
20	480.10	451.43	449.18
21	494.95	465.39	463.07
22	494.95	465.39	463.07
23	494.95	465.39	463.07
24	494.95	465.39	463.07
25	496.93	467.25	464.92
26	506.82	476.56	474.18
27	518.70	487.73	485.30
28	538.01	505.88	503.36
29	553.84	520.77	518.18
30	561.76	528.22	525.59
31	573.64	539.39	536.70
32	585.52	550.56	547.81
33	592.94	557.54	554.76
34	600.86	564.98	562.17
35	604.82	568.71	565.87
36	608.78	572.43	569.58
37	612.74	576.15	573.28
38	616.70	579.88	576.99
39	624.62	587.32	584.40
40	632.54	594.77	591.80
41	644.42	605.94	602.92
42	655.80	616.64	613.57
43	671.64	631.53	628.39
44	691.44	650.15	646.91
45	714.70	672.02	668.67
46	742.42	698.08	694.61
47	773.60	727.40	723.78
48	809.24	760.91	757.12
49	844.38	793.96	790.00
50	883.97	831.19	827.04
51	923.07	867.95	863.63
52	966.13	908.44	903.91
53	1,009.69	949.40	944.66
54	1,056.71	993.61	988.66
55	1,103.73	1,037.82	1,032.65
56	1,154.71	1,085.75	1,080.34
57	1,206.18	1,134.16	1,128.50
58	1,261.12	1,185.81	1,179.90
59	1,288.34	1,211.41	1,205.37
60	1,343.28	1,263.07	1,256.77
61	1,390.80	1,307.75	1,301.23
62	1,421.98	1,337.07	1,330.40
63	1,461.08	1,373.83	1,366.98
64+	1,484.84	1,396.17	1,389.21

Rates are effective January 1, 2020, through December 31, 2020.

Learn about dental and vision coverage

With our Kaiser Permanente Individuals and Families dental plans and vision coverage, you get the benefits you need and the high-quality care you've come to expect. There's no waiting period – you can start receiving covered services the minute your coverage takes effect.

A reason to smile

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

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

Choosing a dentist

You may choose any general dentist from the list of participating dental providers. Specialty care is also available. To see a participating specialist, you'll need a referral from a participating general dentist. These dentists are conveniently located throughout the community.

To locate a participating provider, please visit dominiondental.com/kaiserdentists or call Dominion at **1-855-733-7524**.

Quality dental care

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

Enhanced adult dental benefits

For an additional premium of \$12.93 per month, adults 19 and older can choose to enroll in an enhanced dental plan that offers orthodontic coverage, a \$10 copay for most preventive care procedures, and even lower fees on more extensive care than the Preventive Dental Plan. To enroll, select the option on your application to enhance your dental coverage with the dental HMO rider.

Essential vision care

You can get optometry services like routine eye exams, glaucoma screenings, and cataract screenings without a referral from your personal physician. You'll need a referral to get care from an ophthalmologist. Many Kaiser Permanente medical centers have a vision center where you can have exams and purchase quality eyewear and contact lenses. To locate a medical center with a vision center, visit kp.org/facilities.

For information about vision coverage and limitations:

Call Member Services at **1-800-777-7902 (TTY 711)**, Monday through Friday, from 7:30 a.m. to 9 p.m. (except holidays).

Refer to your *Membership Agreement and Evidence of Coverage*.

Register at kp.org and read a summary of your benefits online.

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or visit [kp.org/facilities](https://www.kp.org/facilities) to find the one nearest you.

Washington, D.C.

- 33 Kaiser Permanente Capitol Hill Medical Center
34 Northwest DC Medical Office Building

★ These centers offer 24/7:

- Urgent Care
- Lab
- Pharmacy
- Radiology

★ These centers offer 24/7:

- Urgent Care
- Lab
- Pharmacy
- Radiology

¹Kaiser Permanente's service area in Fauquier County includes ZIP codes: 20119, 22720, 22728, 20181, 22406, and 22556; as of January 1, 2020, the service area will include: 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.

Important details and notices

Notice of insurance information practices – abbreviated version

Virginia

Please be advised that Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (hereinafter Kaiser Permanente), has not received any personal information regarding your application from any person other than the applicant. Personal information necessary to determine eligibility for coverage may be collected from the application.

Please also be assured that it is Kaiser Permanente's policy to protect the confidentiality of your private medical information to the full extent of the law.

Kaiser Permanente will not disclose any personal or privileged information about an individual that is collected or received unless the disclosure is:

- Authorized in writing by the individual; or
- Made to a medical care institution or medical professional for the purpose of:
 - ♦ Verifying insurance coverage or benefits, or
 - ♦ Informing an individual of a medical problem of which the individual may not be aware, or
 - ♦ Conducting an operations or services audit, provided that information is disclosed only as is reasonably necessary to accomplish the foregoing purposes; or
- Made to an insurance regulatory authority; or
- Made to a law enforcement or other government authority to protect Kaiser Permanente interests in preventing or prosecuting the perpetration of fraud upon it; or
- As permitted by applicable law.

You have the right to see and obtain copies of the recorded personal information pertaining to you by submitting a written request. If you ask us to correct, amend, or delete any information about you in our files and if we refuse to do so, you have the right to give us a concise statement of what you believe is the correct information and we will put your statement in our file so that anyone reviewing it will see it.

Information obtained from a report prepared by an insurance-support organization may be retained by an insurance-support organization and disclosed to other persons.

This is an abbreviated version of the notice of information collection and disclosure practices. Kaiser Permanente's complete *Notice of Insurance Information Practices* form is available to you upon request.

Benefits, Exclusions, and Limitations

Medical Exclusions

This provision provides information on what services we will not pay for regardless of whether or not the service is medically necessary.

When a service is not covered, all services, drugs, or supplies related to the non-covered service are excluded from coverage, except services we would otherwise cover to treat direct complications of the non-covered service.

The following services are excluded from coverage:

1. Alternative Medical Services

- a. Acupuncture
- b. Holistic medicine
- c. Homeopathic medicine
- d. Hypnosis
- e. Aroma therapy
- f. Massage and massage therapy
- g. Reiki therapy
- h. Herbal, vitamin or dietary products or therapies
- i. Naturopathy
- j. Thermography
- k. Orthomolecular therapy
- l. Contact reflex analysis
- m. Bioenergetic synchronization technique (BEST)
- n. Iridology-study of the iris
- o. Auditory integration therapy (AIT)
- p. Colonic irrigation
- q. Magnetic innervation therapy
- r. Electromagnetic therapy
- s. Neurofeedback/biofeedback.

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, licensing, or disability determination; or

- c. On court-order or required for parole or probation.

3. Cosmetic Services

Cosmetic services, including surgery or related services for cosmetic purposes to improve appearance, but not to restore bodily function or correct deformity resulting from disease, trauma, or congenital or developmental anomalies. Examples of cosmetic services include but are not limited to cosmetic dermatology, cosmetic surgical services and cosmetic dental services.

4. Court-Ordered Testing

Court-ordered testing or care unless medically necessary.

5. Custodial Care

Custodial care means assistance with activities of daily living, such as 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. This exclusion does not apply to custodial care received while under hospice care.

6. Dental Care

Dental care and dental X-rays, including dental appliances, dental implants, shortening of the mandible or maxillae for cosmetic purposes, and correction of malocclusion, dental services resulting from medical treatment such as surgery on the jawbone and radiation treatment, and any non-removable dental appliance involved in temporomandibular joint (TMJ) pain dysfunction syndrome. This exclusion does not apply to medically necessary dental care.

7. Disposable Supplies

Disposable supplies for home use such as bandages, gauze, tape, antiseptics, dressings, ace-type bandages.

8. Durable Medical Equipment, except for equipment that we would specifically cover.

9. Employer or Government Responsibility

Financial responsibility for services that an employer or government agency is required by law to provide.

10. Experimental or Investigational Services

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 Food and 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.

We will consult with our Medical Group and then use the criteria described above to decide if a particular service is experimental or investigational.

11. Family Members

Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.

12. Health Club Memberships and Fitness Services

Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even when ordered by a plan provider. This exclusion also applies to health spas.

13. Prosthetic and Orthotic Devices

Prosthetics for sports or cosmetic purposes. Services and supplies for external prosthetic and orthotic devices.

14. Routine Foot Care Services, except for patients with diabetes or vascular disease.**15. Travel and Lodging Expenses**, except that in some situations if a plan physician refers you to a non-plan provider outside our service area, we may pay certain expenses that we pre-authorize in accord with our travel and lodging guidelines; or if travel and lodging expenses are incurred as part of transplant services.**16. Vein Treatment**

Treatment of varicose veins or telangiectatic dermal veins, also known as spider veins, by any method including sclerotherapy or other surgeries for cosmetic purposes.

17. Workers' Compensation or Employer's Liability

Financial responsibility for services for any illness, injury, or condition, to the extent a payment or any other benefit, including any amount received as a settlement (collectively referred to as "Financial Benefit"), is provided under any workers' compensation or employer's liability law. We will provide services even if it is unclear whether you are entitled to a Financial Benefit; but we may recover the value of any covered services from the following sources:

- a. Any source providing a Financial Benefit or from whom a Financial Benefit is due; or
- b. You, to the extent that a Financial Benefit is provided or payable or would have been required to be provided or payable if you had diligently sought to establish your rights to the Financial Benefit under any workers' compensation or employer's liability law.

Medical Limitations

We will make our best efforts to provide or arrange for your health care services in the event of unusual circumstances for reasons such as:

1. A major disaster;
2. An epidemic;
3. War;
4. Riot;
5. Civil insurrection;
6. Disability of a large share of personnel of a plan hospital or plan medical office; and/or
7. Complete or partial destruction of facilities.

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

For personal reasons, some members may refuse to accept services recommended by their plan

physician for a particular condition. If you refuse to accept services recommended by your plan physician, he or she will advise you if there is no other professionally acceptable alternative. You may get a second opinion from another plan physician.

Pharmacy Exclusions

We do not cover:

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 preferred drug list;
2. Compounded preparations that do not contain at least one (1) ingredient requiring a prescription and are not listed in our preferred drug list;
3. Take home drugs received from a hospital, skilled nursing facility or other similar facility;
4. Drugs that are considered to be experimental or investigational;
5. Drugs that can be obtained without a prescription or for which there is a non-prescription drug that is the identical chemical equivalent (i.e., the same active ingredient and dosage) to a prescription drug, unless otherwise prohibited by state or federal laws governing Essential Health Benefits;
6. Drugs for which the member is not legally obligated to pay or for which no charge is made;
7. 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;
8. Medical foods;
9. 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;
10. Prescribed drugs and accessories that are necessary for services that we do not cover;

11. Special packaging (e.g., blister pack, unit dose, unit-of-use packaging) that is different from our standard packaging for prescription drugs;
12. Alternative formulations or delivery methods that are different from our standard formulation or delivery method for prescription drugs and deemed not medically necessary;
13. 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;
14. Bandages or dressings;
15. Diabetic equipment and supplies;
16. Growth hormone therapy (GHT) for treatment of adults age 18 or older, except when prescribed by a plan physician, pursuant to clinical guidelines for adults;
17. Immunizations and vaccinations solely for the purpose of travel;
18. 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. The determination by the Pharmacy and Therapeutics Committee is subject to appeal if the prescribing physician believes the over-the-counter therapeutically equivalent drug is inappropriate therapy for treatment of the patient's condition;
19. Drugs for weight management;
20. Drugs for treatment of sexual dysfunction disorder, such as erectile dysfunction.

Pharmacy Limitations

For drugs prescribed by dentists, coverage is limited to antibiotics and pain relief drugs that are included on our preferred drug list and purchased at a plan pharmacy, unless the criteria for coverage of non-preferred brand drugs has been met.

In the event of a civil emergency or the shortage of one or more prescription drugs, we may limit availability in consultation with our 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.

Except for maintenance medications and contraceptive drugs, members may obtain up to a thirty (30)-day supply and will be charged the applicable cost share based on the:

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

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

Members may obtain a partial supply of a prescription drug and will be charged a prorated daily copayment or coinsurance, if the following conditions are met:

1. The prescribing physician or pharmacist determines dispensing a partial supply of a prescription drug to be in the best interest of the member; and
2. The member requests or agrees to a partial supply for the purpose of synchronizing the dispensing of the member's prescription drugs.

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

For maintenance medications, members may obtain up to a ninety (90)-day supply of 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 the:

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

For contraceptives, members may obtain up to a twelve (12)-month supply of prescription contraceptives in a single prescription, when authorized by the prescribing plan provider or a referral physician.

Dental Exclusions

The following exclusions apply to covered dental services for adults age nineteen (19) years or older:

1. Services which are covered under workers' compensation or employer's liability laws;
2. Services which are not necessary for the patient's dental health as determined by us
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by us;
4. Oral surgery requiring the setting of fractures or dislocations, except as may be otherwise covered under a medical benefit;
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, anodontic, mandibular prognathism or development malformations where, in the opinion of us, such services should not be performed in a dental office except as may be otherwise covered under a medical benefit;
6. Dispensing of drugs, except as may be otherwise covered under a medical benefit;
7. Hospitalization for any dental procedure;
8. Treatment required for conditions resulting from major disaster, epidemic, war or acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation;
9. Replacement due to loss or theft of prosthetic appliance;
10. Procedures not listed as a covered benefit;

11. Services provided by a non-participating dental provider or not pre-authorized by us, with the exception of out-of-area emergency dental services;
12. Services related to the treatment of Temporomandibular Disorder (TMD);
13. Services related to procedures that have such a degree of complexity as not to be performed by a general dentist, unless your participating general dentist refers you to a dental specialist who will provide covered dental services at the dental fee established by us for each procedure rendered;
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by us;
15. The Invisalign system and similar specialized braces are not a covered benefit. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility;
16. Services which are provided without cost to member by any federal, state, municipal, county, or other political subdivision, with the exception of Medicaid;
17. Services that cannot be performed because of the general health of the patient;
18. Implantation and related restorative procedures;
19. Procedures relating to the change and maintenance of vertical dimension or major restoration of occlusion, or to alter the occlusion (bite) through full mouth adjustment/grinding of the teeth. This does not exclude minor occlusal adjustments on individual teeth to remove high spots or smooth out rough or sharp areas;
20. Dental expenses incurred in connection with any dental procedure that was started prior to your effective date of coverage. Examples include orthodontic work in progress, teeth prepared for crowns, and root canal therapy in progress;

21. Lab fees for excisions and biopsies, except as may be otherwise covered under a medical benefit;
22. Experimental procedures, implantations, or pharmacological regimens;
23. Initial placement or replacement of fixed bridgework solely for the purpose of achieving periodontal stability;
24. Charges for second opinions, unless pre-authorized;
25. Procedures requiring fixed prosthodontic restoration, which are necessary for complete oral rehabilitation or reconstruction;
26. Occlusal guards, except for the purpose of controlling habitual grinding;
27. Dental services for children under age 19.

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

1. Services which are covered under workers' compensation or employer's liability laws;
2. Services which are not necessary for the patient's dental health as determined by us;
3. Cosmetic, elective or aesthetic dentistry except as required due to accidental bodily injury to sound natural teeth as determined by us;
4. Oral surgery requiring the setting of fractures or dislocations;
5. Services with respect to malignancies, cysts or neoplasms, hereditary, congenital, mandibular prognathism or development malformations where, in the opinion of us, such services should not be performed in a dental office;
6. Dispensing of drugs;
7. Hospitalization for any dental procedure;
8. Treatment required for conditions resulting from major disaster, epidemic, war, acts of war, whether declared or undeclared, or while on active duty as a member of the armed forces of any nation;
9. Replacement due to loss or theft of prosthetic appliance;
10. Procedures not listed as covered benefits;
11. Services obtained outside of the dental office that are not preauthorized, with the exception of out-of-area emergencies;
12. Services related to the treatment of Temporomandibular Disorder (TMD) except if TMD is caused by severe, dysfunctional, handicapping malocclusion that requires medically necessary orthodontia services;
13. Services performed by a participating specialist without a referral from a participating general dentist, with the exception of Orthodontics;
14. Elective surgery including, but not limited to, extraction of non-pathologic, asymptomatic impacted teeth as determined by us. The prophylactic removal of these teeth for medically necessary orthodontia services may be covered subject to review;
15. Non-medically necessary orthodontia and Phase I Treatment for medically necessary orthodontia are not covered benefits. Discounts are provided to members through our agreements with our participating orthodontists. These provider agreements create no liability for payment by us and payments by the member for these services do not contribute to the out-of-pocket maximum. The Invisalign system and similar specialized braces are not a covered benefit.

The following limitations apply to covered dental services for adults age nineteen (19) years or older:

1. Two (2) evaluations are covered per calendar year, per patient, including a maximum of one (1) comprehensive evaluation which is limited to once in 12 months;
2. One (1) problem focused evaluation is covered per year;
3. Two (2) teeth cleanings are covered per calendar year. One (1) additional cleaning is covered during pregnancy and for diabetic patients;
4. One (1) topical fluoride or fluoride varnish is covered per calendar year;

5. Two (2) sets of bitewing X-rays are covered per calendar year;
 6. One (1) set of full mouth X-rays or panoramic film is covered every three (3) years;
 7. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime.
 8. Replacement of a filling is covered if it is more than two (2) years from the original date of placement;
 9. Replacement of a bridge, crown or denture is covered if it is more than seven (7) years from the date of original placement;
 10. Crown and bridge fees apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%;
 11. Relining and rebasing of dentures is limited to once every twenty-four (24) months;
 12. Retreatment of root canal is covered if it is more than two (2) years from the original treatment;
 13. Root planing or scaling is covered once every twenty-four (24) months per quadrant;
 14. Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, once per two (2) years;
 15. Full mouth debridement is limited to once per lifetime;
 16. Localized delivery of antimicrobial agents is limited to one (1) benefit per tooth for three (3) teeth per quadrant or a total of twelve (12) teeth for all four (4) quadrants per twelve (12) months. Must have pocket depths of five (5) millimeters or greater;
 17. Periodontal surgery of any type, including any associated material, is covered once every thirty-six (36) months per quadrant or surgical site;
 18. Periodontal maintenance after active therapy is covered twice per calendar year, within twenty-four (24) months after definitive periodontal therapy;
 19. Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation and in lieu of a covered cleaning, limited to once per two (2) years;
 20. Coronectomy – intentional partial tooth removal, once per lifetime;
 21. Synchronous teledentistry or asynchronous teledentistry are limited to two (2) per calendar year.
- The following limitations apply to covered dental services for children under age nineteen (19) years:
1. One (1) evaluation per six (6) months, per patient;
 2. One (1) teeth cleaning is covered per six (6) months, per patient;
 3. One (1) fluoride treatment is covered per six (6) months, per patient;
 4. One (1) sealant per tooth, per lifetime, per patient, limited to occlusal surfaces of posterior permanent teeth without restorations or decay;
 5. One (1) interim caries arresting medicament application per primary tooth is covered per lifetime;
 6. One (1) space maintainer is covered per twelve (12) months, per quadrant (unilateral) or per arch (bilateral), per patient;
 7. One (1) distal shoe space maintainer, fixed, unilateral per lifetime;
 8. Replacement of a filling is covered if it is more than twelve (12) months from the date of original placement;
 9. Replacement of a crown, denture or labial veneer is covered if it is more than five (5) years from the date of original placement;
 10. Replacement of a primary stainless-steel crown is covered if it is more than three (3) years from the date of original placement, per tooth, per patient;

11. Crown and bridge copayments apply to treatment involving five (5) or fewer units when presented in a single treatment plan. Additional crown or bridge units, beginning with the sixth unit, are available at the provider's Usual, Customary, and Reasonable (UCR) fee, minus 25%;
12. Relining and rebasing of dentures is covered once per twenty-four (24) months, per patient, only after six (6) months of initial placement;
13. Root canal treatment is covered once per tooth, per lifetime, per patient. Retreatment of root canal is covered once per tooth, per lifetime, per patient, not within twenty-four (24) months, when done by the same provider/location;
14. Periodontal scaling and root planing, osseous surgery, and gingivectomy or gingivoplasty are limited to one (1) per twenty-four (24) months, per quadrant, per patient;
15. Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation and in lieu of a covered cleaning, limited to once per two (2) years;
16. Full mouth debridement is covered once per twelve (12) months, per patient;
17. One (1) scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure, per two (2) years;
18. Localized delivery of antimicrobial agents is limited to one (1) benefit per tooth for three (3) teeth per quadrant; or a total of 12 teeth for all four (4) quadrants per twelve (12) months, per patient. Must have pocket depths of five (5) millimeters or greater;
19. Periodontal surgery of any type, including any associated material, is covered once every twenty-four (24) months, per quadrant or surgical site, per patient;
20. Periodontal maintenance after active therapy is covered four (4) times per twelve (12) months, per patient;
21. Coronectomy, intentional partial tooth removal, one (1) per lifetime;
22. All dental services that are to be rendered in a hospital setting require coordination and approval from both the dental insurer and the medical insurer before services can be rendered. Services delivered to the patient on the date of service are documented separately using applicable procedure codes;
23. Anesthesia requires a narrative of medical necessity be maintained in patient records. A maximum of sixty (60) minutes of services are allowed for general anesthesia and intravenous or non-intravenous conscious sedation;
24. Occlusal guard, by report, for grinding and clenching of teeth;
25. Apexification, apicoectomy and clinical crown lengthening are each covered once per patient, per lifetime;
26. Orthodontics is only covered if medically necessary as determined by us. Orthodontics is covered for members up until the attainment of age nineteen (19) years. Patient copayments will apply to the routine orthodontic appliance portion of services only. Additional costs incurred will become the patient's responsibility;
27. Synchronous teledentistry or asynchronous teledentistry are limited to two (2) per calendar year.

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 bụrụ na i na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **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, kojí' 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).

Helpful websites and phone numbers

Have questions about enrolling or getting started with Kaiser Permanente? Want to learn more about our services? Use this information to explore the resources available to members, or to get answers to any questions you have.

Kaiser Permanente

Discover Kaiser Permanente..... kp.org/thrive

Enrollment resources

Apply online buykp.org/apply

Get started if you're a new member kp.org/newmember

Enroll during a special enrollment period kp.org/specialenrollment

Member resources

Manage your care kp.org

Find a location near you..... kp.org/facilities

Choose your doctor kp.org/searchdoctors

Create your online account kp.org/registernow

Get an idea of what your care will cost kp.org/treatmentestimates

Get an estimate of what you'll pay for your care..... kp.org/costestimates

Get a copy of your *Evidence of Coverage*..... kp.org/plandocuments

Additional resources

Find resources for healthier living kp.org/healthyliving

Preventive Dental Plan dominionnational.com/kaiserdentists

Get in touch with us by phone

Get general information about Kaiser Permanente..... **1-800-494-5314**

Dominion National Dental **1-855-733-7524**

The right choice for a healthier you

Having a good health plan is important. So is getting quality care. With Kaiser Permanente, you get both.

Want to learn more?

Visit kp.org or call us at 1-800-494-5314 (TTY 711).

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