

Member Handbook



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- provider directory updates
- personal health information
- most lab results
- prescription refills
- managing appointments
- health and wellness
- online tools
- and more

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This member handbook contains a list of medical centers affiliated with Kaiser Permanente Medicare Plus (Cost) as of the date of publication. The continued availability of medical centers cannot be guaranteed. For a listing of Kaiser Permanente Medicare Plus physicians, please refer to your Provider Directory or visit kp.org/doctor.

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Quick reference guide

Your membership identification card	Your member identification (ID) card should arrive shortly after you become a member. Keep your ID card with you at all times. You will need it to make appointments, fill prescriptions, and receive medical services. If you do not receive an ID card, call Member Services. You may use a valid state or federal ID until your card arrives.
Choose your physicians	Select a primary care physician when you enroll. For help choosing, visit kp.org/doctor or call Member Services. Ask for your primary care physician every time you schedule an appointment. This doctor will provide or coordinate all your health care, including making referrals. Women should also choose a personal obstetrician/gynecologist (Ob/Gyn). Changing your physician: Change your primary care or Ob/Gyn physician anytime at kp.org/doctor or by calling Member Services.
Where to go for care	There are Kaiser Permanente medical centers in Washington, DC, Maryland, and Virginia. Choose the medical center or affiliated primary care physician's office most convenient for you.
Make a medical appointment	If your primary care physician or Ob/Gyn practices at a Kaiser Permanente medical center: Call our appointment line Monday through Friday, 7:30 a.m. to 8 p.m. and Saturday, Sunday and holidays from 7:30 a.m. to 11:30 a.m. <ul style="list-style-type: none">• Within the Washington, DC metro area: call 703-359-7878 (TTY 711)• Outside the Washington, DC metro area: call toll free 1-800-777-7904 (TTY 711) You may request non-urgent appointments anytime at kp.org. If your primary care physician does not practice at one of our medical centers: Call your physician's office directly to schedule an appointment.
Make a behavioral health appointment	You may seek behavioral or mental health services without a referral from your primary care physician. To request services, call the Behavioral Health Access Unit toll free Monday through Friday, 8:30 a.m. to 5 p.m. at 1-866-530-8778 (TTY 711).
24-hour medical advice	Receive medical advice for urgent and routine questions 24 hours a day, seven days a week. Within the Washington, DC metro area, call 703-359-7878 (TTY 711). Outside the Washington, DC metro area, call toll free 1-800-777-7904 (TTY 711).

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Quick reference guide *continued*

<p>Fill a prescription (Not all Kaiser Permanente Medicare Plus plans include coverage for outpatient prescription drugs. Check your <i>Evidence of Coverage</i>.)</p>	<p>Fill covered prescriptions from our physicians, specialists, and dentists at any Kaiser Permanente medical center pharmacy. Most Kaiser Permanente Medicare Plus plans also include coverage for outpatient prescriptions filled at affiliated network pharmacies.</p> <p>EZ Refill line: Request mail delivery of your refill or pick it up at a Kaiser Permanente medical center pharmacy. Call 1-866-299-9415, 24 hours a day, seven days a week (TTY 703-466-4805, Monday through Friday, 8 a.m. to 7 p.m.)</p> <p>Online: Order your prescriptions at kp.org using My Health Manager.</p>
<p>Urgent care and after-hours care locations</p>	<p>If you need urgent care, please call our 24-hour medical advice line.</p>
<p>Emergency care</p>	<p>If you think you are experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility. Report your emergency room visit to us as soon as possible by calling our medical advice line. If you are unsure if you are experiencing an emergency and want immediate medical advice, call 1-800-677-1112, 24 hours a day, seven days a week (TTY 711).</p>
<p>Member Services</p>	<p>Contact Member Services with questions about your health plan, authorization issues, specific benefits, or if you require other assistance. You can contact Member Services anytime at kp.org, or call toll free 1-888-777-5536 (TTY 711) seven days a week, 8 a.m. to 8 p.m.</p>
<p>Centers for Medicare & Medicaid services</p>	<p>1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048) medicare.gov Available 24 hours a day, seven days a week.</p>
<p>Social Security</p>	<p>1-800-772-1213 toll free (TTY 1-800-325-0778) Monday through Friday, 7 a.m. to 7 p.m.</p>

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Quick reference guide *continued*

State Medicaid offices	<p>Washington, DC DC Department of Health Medical Assistance Administration 202-442-5955 (TTY 202-855-1234) Monday through Friday, 8:15 a.m. to 4:45 p.m., except District holidays</p> <p>Maryland Maryland Medical Assistance Program/HealthChoice 410-767-5800 or 1-800-492-5231 toll free (TTY 1-800-735-2258) Monday through Friday, 8 a.m. to 5 p.m.</p> <p>Virginia Virginia Department of Medical Assistance Services 804-786-6145 or 1-800-552-8627 toll free (TTY 1-800-828-1120) Monday through Friday, 8 a.m. to 5 p.m.</p>
Maryland senior prescription drug assistance program (SPAP)	<p>The state of Maryland provides assistance through the SPAP to Medicare beneficiaries with income below certain levels who enroll in a Part D prescription drug plan. Subsidies from the Maryland SPAP can reduce out-of-pocket Part D premiums for eligible individuals. Interested individuals can apply by calling 1-800-215-8038 (toll free), (TTY 1-800-877-5156), Monday through Friday, 9 a.m. to 6 p.m.</p>

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

The Kaiser Permanente advantage

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Welcome to Kaiser Permanente Medicare Plus

At Kaiser Permanente, we aspire to a single goal: We want our members to thrive. To us, this means that, no matter what your health status or your stage of life, you should be as healthy as possible. We help you support your total health through quality care.

Your experience begins with your selection of a primary care physician from among those listed in the Provider Directory. Women between the ages of 18 and 65 are also required to select an obstetrician/gynecologist (Ob/Gyn). Your choice of physicians is important. As you search the physician listings, keep this in mind: Our physicians have met strict standards and are concerned with caring for your total health—mind and body. You may choose a physician from the Mid-Atlantic Permanente Medical Group Professional Corporation (MAPMG) who practice exclusively at our medical centers. In addition to MAPMG physicians, in certain areas of Maryland, you may choose from among affiliated physicians for primary care and obstetrics/gynecology. Affiliated physicians are in private practice in the community, located in areas more distant from Kaiser Permanente medical centers. Please refer to your Provider Directory for more information about available primary care physicians.

If you have not yet selected your primary care physician, visit kp.org/doctor or call Member Services for assistance. If you do not choose a primary care physician and Ob/Gyn (if appropriate) within the first month of enrollment, we will choose one for you. You may change your physician any time.

Some of the services available at many of our medical centers include:

- Family and internal medicine
- Obstetrics and gynecology
- Pharmacy
- Laboratory
- Radiology
- Vision care
- After-hours urgent care
- Ambulatory surgery
- Flu and pneumonia vaccines
- Health education

You can feel confident that medical advice is available anytime you need it, 24 hours a day, seven days a week, when you call our medical advice line.

The Mid-Atlantic Permanente Medical Group Professional Corporation (MAPMG)

The Mid-Atlantic Permanente Medical Group, P.C. (MAPMG) is a quality group of nearly 1,000 physicians who provide skilled medical care with a personal touch for nearly 500,000 members of Kaiser Permanente in Washington, DC, Maryland, and Virginia. MAPMG includes physicians of all major specialties and most subspecialties, including complementary and alternative medicine.

Because many physicians practice in the same locations, specialty consultations are easily arranged. Patients of MAPMG physicians have the benefit of not only their own physician's experience, but the experience of 10,000 physicians in all Kaiser Permanente regions who communicate with each other about best practices and latest developments in care, research, and technology. Still, physicians respect their patients' opinions. In every case, a patient and his or her physician work collaboratively to decide on a treatment plan.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Permanente physicians promote a healthy lifestyle, disease prevention, health risk assessments, education, and open communication. Improving patient health through these approaches, and careful management of chronic diseases, is the cornerstone of Permanente medicine. MAPMG physicians respect diverse cultures and lifestyles.

Before any doctor begins practicing with MAPMG he or she must first undergo a rigorous screening process. We conduct extensive interviews and do a thorough review of their credentials, verifying all records, internships, residency programs, and employment experiences. We check national databases for any problems. Once hired, our physicians go through a comprehensive orientation and mentoring program. All of our physicians are board certified or become board certified within five years of hire. This means they have completed additional training in their specialty and have successfully completed a medical specialty exam. In addition, all physicians and surgeons go through a review process every two or three years to verify that their credentials, including license and board certification, are up-to-date.

Staying connected through kp.org

We want to help you lead a healthier, more productive life, so we've put secure access to your important health-related information right at your fingertips. At My Health Manager, on **kp.org**, you have our Kaiser Permanente health care team right at your fingertips, 24 hours a day, seven days a week.* We can be your total health resource from anywhere in the world.

Not only is your information readily available—it's safe. The ability to view your medical record online is a great way for you and your Permanente physician to become true partners in your good health, because you can be an active, informed participant in your own care. Here are just some of the many things you can do through My Health Manager when you receive care in a Kaiser Permanente medical center:

- View most lab results, allergies, and immunization records
- E-mail your Permanente doctor's office
- Schedule and view future appointments with your Permanente physician or for services offered in our medical centers
- View the most up-to-date provider listing
- Select or change your primary care physician
- Contact Member Services
- Submit a change of address or request a new ID card
- Check your benefits and eligibility
- Request changes to your medical record
- Receive health care reminders
- Use our interactive health tools

Some features contain links to our online health encyclopedia, giving you immediate access to information about health conditions, medical tests, and procedures. To get started, have your member ID ready, then follow these steps for registering online:

- Go to **kp.org/register**.
- Select Register now.
- Enter your information and continue to follow the onscreen instructions.

**When you receive care at a Kaiser Permanente Medical Center.*

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

On the cutting edge of technology

Kaiser Permanente has been investing in information technology for years and is in the forefront of the movement to increase use of technology in health care and in patient-physician communication. The Kaiser Permanente electronic medical record system links patient records, test results, appointments, referrals, registration, and billing into one secure clinical information system. With electronic medical records, patient information is current, secure, and available for physicians and other health professionals.

Physicians and clinical staff at Kaiser Permanente medical centers use computers in the exam rooms to record details of the visit, to send orders to the lab or radiology, and to send prescriptions directly to the pharmacy. Electronic prescriptions ordered by Permanente physicians at Kaiser Permanente medical centers are an important safeguard against possible drug interactions and contraindications; they also eliminate the potential for handwriting legibility problems.

Permanente physicians are sought after to participate in research projects of all kinds, often in partnership with the National Institutes of Health, major universities, pharmaceutical companies, and Kaiser Permanente's Division of Research in Northern California.

The data systems we have in place give us a noteworthy advantage in research. We have collected information on millions of our patients over a significant period of time. This data is used to examine trends and clinical outcomes among our membership.

You will often see research supported and conducted by Kaiser Permanente in leading medical journals, and our physicians routinely present at medical conferences around the globe.

Member Services

You can contact Member Services online at **kp.org** anytime, or by phone toll free at 1-888-777-5536 (TTY 711), seven days a week from 8 a.m. to 8 p.m.

You can also e-mail Member Services if you register on My Health Manager at **kp.org**. Once on the site, you can take advantage of a number of tools, including: reviewing your eligibility and benefits, changing your physician, updating your contact information, or requesting a replacement ID card. If you receive your medical care from a Permanente physician, you have the added benefit of being able to check certain lab results, to e-mail your doctor's office, and to schedule appointments.

No matter how you contact them, Member Services representatives can answer questions about your benefits, available services, and where you can receive care. They can also help you file a claim for emergency or urgent care services, or initiate a grievance for any unresolved problem. Additionally, you may call anytime—day or night—to hear taped information about our medical centers, hours of operation, and directions.

You can also meet with a Member Services representative in person at many of our medical centers. Just go to the administration office and ask to speak with a Member Services representative.

Quality program information

At Kaiser Permanente, we are committed to providing quality, cost effective health care. Our physicians and managers work together to improve care, service, and the overall performance of our organization.

We participate in a number of independent reports on quality of care and service so that you have reliable information about the quality of care we deliver, as well as a method for comparing our performance to other health plans in the region.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

The quality reporting organizations we participate with are

- The National Committee for Quality Assurance (NCQA) for health plan accreditation status.
- Health Plan Employer Data and Information Set (HEDIS) for clinical effectiveness of care measures of performance.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey to measure health plan member satisfaction.

The National Committee for Quality Assurance (NCQA) has awarded its highest Accreditation status of "Excellent," to Kaiser Permanente of the Mid-Atlantic States, Inc. for service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement.

For the most current Kaiser Foundation Health Plan, Mid-Atlantic States, Inc., NCQA Health Plan Accreditation information, go to <http://reportcard.ncqa.org/plan/external/plansearch.aspx>. To see the complete report, visit the NCQA website at ncqa.org. NCQA is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans, managed behavioral healthcare organizations, preferred provider organizations, new health plans, physician organizations, credentials verification organizations, disease management programs and other health-related programs. To find out more about the quality program, request a copy of the quality program or information including a report of our progress toward quality improvement goals, call Member Services.

Shared practices for better outcomes

An integrated approach to health care allows our doctors to draw on best practices developed by Permanente physicians across the country. We share information in ways that support innovation and quality improvement in all areas. We draw on the most successful practices developed by more than 10,000

of our physicians nationwide and then work collectively toward implementing those approaches in the Mid-Atlantic States region.

Through such innovative national programs as care management, our physicians have access to the medical information and tools to support them in managing and preventing the complications of chronic illnesses, such as diabetes and congestive heart failure.

One such national program, the Elder Care program, was created to meet the unique needs of our older adult members. Through the Elder Care program, we develop evidence-based health prevention, health promotion, and best practice care. We continually expand our Elder Care programs and add new ones.

The programs are specialized to meet members' changing health care needs as they age. Activities include preventive care classes, screening for common geriatric conditions, and advance care planning. Programs targeted to reduce risk include drug safety, bone health, dementia and depression.

Case management services

There are multiple case management opportunities available to you. If your expected need is short term, speak to your doctor about a referral to case management. If you are experiencing severe health problems or a newly diagnosed illness that might require extensive intervention over time, your doctor or other caregiver may suggest that you enroll in our Complex Case Management Program. Enrollment in the program is voluntary, and you can discontinue at any time.

If your needs are appropriate for complex case management and you give consent to participate, a case manager will work with you and/or your caregiver. With your help and input, the case manager will complete an assessment that includes your priorities and preferences.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

In collaboration with the appropriate providers, the case manager will work with you and a caregiver to establish prioritized goals for a self-management plan or action plan. The case manager will work with you to establish a communication schedule based on your needs. If you're at risk for a new medical concern, your health is not improving, or your health condition changes suddenly, then the goals will be modified. If new or different tests are required to gauge your condition, your case manager will help coordinate them.

Depending on the need, case managers provide the following types of assistance:

- Initial assessment, including medication review
- Coordination of care across providers—for example, scheduling appointments, telephone consultations, reminders for screening, tests, etc.
- Care planning based on your needs, priorities, and preferences
- Coaching and monitoring of your health status
- Support and education
- Assistance with access to Kaiser Permanente and community resources

If you would like more information or help, you may call the self-referral phone line at 301-321-5126 or 1-866-223-2347 (toll free). You will be prompted to state your name, phone number, and medical record number, along with your reason for requesting a case manager. You will be called back within two business days to begin the assessment process.

Self-refer to our disease management program

Do you have diabetes, asthma, depression, high blood pressure, Chronic Obstructive Pulmonary Disease (COPD), or coronary artery disease and want information to help manage your condition? If so, you can self-refer to our disease

management program. Leave a message anytime at 703-536-1465 in the Washington, D.C. metropolitan calling area or 410-933-7739 in the Baltimore area. Please leave your name, medical record number, address confirmation, and the condition for which you are requesting information.

Language services

As part of the Kaiser Permanente mission, we are committed to providing access to quality care and culturally competent service to all of our valued members—regardless of language preference, ability to hear, or cultural background. You have the right to no-cost language services for your health care needs, so you can be confident you will be understood whenever you call or visit a Kaiser Permanente medical center. Language services include the following:

- **24-hour access to an interpreter.** We will connect you to someone who speaks your language when you call us to make an appointment or talk with a medical advice nurse or Member Services representative.
- **Translation services.** Some member material may be available in your preferred language. To request for member materials in your preferred language, call Member Services.
- **Bilingual physicians and staff.** In some medical centers we have bilingual physicians and staff to assist you with your health care needs. You can call Member Services or search online in the medical staff directory at kp.org.
- **TTY access.** If you are hearing or speech impaired, we have TTY access numbers that you can use to make an appointment or communicate with an advice nurse or Member Services representative.
- **Braille or large print.** If you are blind or vision impaired, you can request for documents in Braille or Large Print by calling Member Services.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

- **Sign language interpreter services.** These services are available for appointments. In general, advance notice of two or three business days is required to arrange for a sign language interpreter; however, availability cannot be guaranteed without proper notification.
- **Educational resources.** Selected health promotion materials are available in foreign languages upon request. To access Spanish language information and many educational resources go to kp.org/espanol or kp.org to access *La Guía en Español* (the Guide in Spanish). You can also look for the ñ symbol on the English language Web page. The ñ points to relevant Spanish content in *La Guía en Español*.
- **Medicine labels.** Upon request, your pharmacist can provide prescription labels in Spanish for most medications filled at your Kaiser Permanente pharmacy.

At Kaiser Permanente, we are committed to providing health care to all our members regardless of their race, ethnic background, or language preference. It will be entirely your choice whether to provide us with your demographic information. The information is confidential and will be used only to improve the quality of care for you and other health plan members. The information also enables us to respond to required reporting regulations that ensure nondiscrimination in the delivery of health care.

We believe that by understanding your cultural and language preferences, we can more easily customize our care delivery and services to meet your specific needs.

If you would like additional information, please call Member Services.

Collection of race, ethnicity, and language information

To meet our members' linguistic needs and provide culturally appropriate services, we need information to help us create additional programs and resources. As part of our electronic medical record system, we will make efforts to collect our members' demographic and language preference data in a systematic manner. When visiting your medical center, you will be asked to provide your demographic information such as race, ethnicity, and language preference.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Enrollment in Kaiser Permanente Medicare Plus

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Enrolling in Kaiser Permanente Medicare Plus

Kaiser Permanente Medicare Plus health plans are for people with Medicare Parts A and B, or Part B only (depending on which plan you choose) including some people under the age of 65 with disabilities. Members must reside in the Kaiser Permanente Medicare Plus service area in which they enroll (see map on page 79 and ZIP code list on pages 18–19).

Kaiser Permanente Medicare Plus is a product of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., a nonprofit, health maintenance organization (HMO) contracted with the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare, as a Medicare health plan with an §1876 Medicare Cost contract.

Kaiser Permanente Medicare Plus combines your Medicare coverage and health care provided by the Mid-Atlantic Permanente Medical Group, P.C. into one health plan. With most Kaiser Permanente Medicare Plus plans, you get more benefits than with Medicare alone. All Kaiser Permanente Medicare Plus plans include coverage for Medicare Part B prescription drugs and some cover Medicare Part D prescription drugs.

By enrolling in Kaiser Permanente Medicare Plus, you agree to receive in-network covered services from Kaiser Permanente Medicare Plus

providers and facilities. Your primary care physician will provide and coordinate your health care services—from preventive and routine examinations to complicated tests and surgical procedures. We care about the people who get their health care from us. And we work hard to make sure you get quality service along with the quality health care you expect from an organization that's been a part of setting the standard for health care in America for nearly 65 years.

As explained in the next section, you must also follow all plan member rules, such as getting referrals and approval for services in advance (called "Prior Authorization") when required.

If you get services from any doctor, hospital, or other health care provider without getting an authorized referral in advance (except for emergency care or urgently needed care received outside the service area), you may have to pay for these services yourself, even if you get the services from a plan provider. If you go to a non-plan provider who participates in Medicare, your coverage will be the same as Original Medicare. Original Medicare deductibles and coinsurance will apply and will be your responsibility to pay.

After you enroll, you will receive a document describing your health benefits in detail, called the *Evidence of Coverage* (EOC). All members receive the EOC, the Provider Directory, and Member Handbook each year.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Service area ZIP code list

To enroll, you must live in our service area, which includes the following ZIP codes. (Note: ZIP codes may change. If you think you live

within the service area but your ZIP code does not appear on this list, please speak to your personnel office or call Member Services.)

00303	20047	20107	20169	20224	20336	20422	20521	20573	20704
00323	20049	20108	20170	20226	20337	20423	20522	20575	20705
00353	20050	20109	20171	20227	20338	20424	20523	20576	20706
20001	20051	20110	20172	20228	20340	20425	20524	20577	20707
20002	20052	20111	20175	20229	20350	20426	20525	20578	20708
20003	20053	20112	20176	20230	20355	20427	20526	20579	20709
20004	20055	20113	20177	20231	20370	20428	20527	20580	20710
20005	20056	20117	20178	20232	20372	20429	20528	20581	20711
20006	20057	20118	20180	20233	20373	20431	20529	20585	20712
20007	20058	20119	20181	20235	20374	20433	20530	20586	20714
20008	20059	20120	20182	20237	20375	20434	20531	20588	20715
20009	20060	20121	20184	20238	20376	20435	20532	20590	20716
20010	20061	20122	20189	20239	20380	20436	20533	20591	20717
20011	20062	20124	20190	20240	20388	20437	20534	20593	20718
20012	20063	20129	20191	20241	20389	20439	20535	20594	20719
20013	20064	20130	20192	20242	20390	20440	20536	20597	20720
20015	20065	20131	20193	20244	20391	20441	20537	20598	20721
20016	20066	20132	20194	20245	20392	20442	20538	20599	20722
20017	20067	20134	20195	20250	20393	20444	20539	20601	20723
20018	20068	20135	20196	20251	20394	20447	20540	20602	20724
20019	20069	20136	20197	20254	20395	20451	20541	20603	20725
20020	20070	20137	20199	20260	20398	20453	20542	20604	20726
20022	20071	20141	20201	20261	20401	20456	20543	20607	20731
20023	20073	20142	20202	20262	20402	20460	20544	20608	20732
20024	20074	20143	20203	20265	20403	20463	20546	20612	20733
20026	20075	20146	20204	20266	20404	20468	20547	20613	20735
20027	20076	20147	20206	20268	20405	20469	20548	20616	20736
20029	20077	20148	20207	20270	20406	20470	20549	20617	20737
20030	20078	20149	20208	20277	20407	20472	20550	20623	20738
20032	20080	20151	20210	20289	20408	20500	20551	20637	20740
20033	20081	20152	20211	20299	20409	20501	20552	20639	20741
20035	20082	20153	20212	20301	20410	20502	20553	20640	20742
20036	20088	20155	20213	20303	20411	20503	20554	20643	20743
20037	20090	20156	20214	20306	20412	20504	20555	20646	20744
20038	20091	20158	20215	20307	20413	20505	20557	20658	20745
20039	20097	20159	20216	20310	20414	20506	20558	20675	20746
20040	20098	20160	20217	20314	20415	20507	20559	20677	20747
20041	20099	20163	20218	20315	20416	20508	20560	20678	20748
20042	20101	20164	20219	20317	20417	20509	20565	20689	20749
20043	20102	20165	20220	20318	20418	20510	20566	20695	20750
20044	20103	20166	20221	20319	20419	20511	20570	20697	20751
20045	20104	20167	20222	20330	20420	20515	20571	20701	20752
20046	20105	20168	20223	20332	20421	20520	20572	20703	20753

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

20754	20833	20904	21051	21144	21235	21709	22040	22185	22309
20755	20837	20905	21052	21146	21236	21710	22041	22191	22310
20757	20838	20906	21053	21150	21237	21714	22042	22192	22311
20758	20839	20907	21054	21152	21239	21716	22043	22193	22312
20759	20841	20908	21055	21153	21240	21717	22044	22194	22313
20762	20842	20910	21056	21154	21241	21718	22046	22195	22314
20763	20847	20911	21057	21155	21244	21723	22047	22199	22315
20764	20848	20912	21060	21156	21250	21737	22060	22201	22320
20765	20849	20913	21061	21157	21251	21738	22066	22202	22321
20768	20850	20914	21062	21158	21252	21754	22067	22203	22331
20769	20851	20915	21065	21160	21260	21755	22079	22204	22332
20770	20852	20916	21071	21161	21261	21757	22081	22205	22333
20771	20853	20918	21074	21162	21263	21758	22082	22206	22334
20772	20854	20993	21075	21163	21264	21759	22092	22207	22336
20773	20855	20997	21076	21200	21265	21762	22093	22209	22350
20774	20857	21001	21077	21201	21268	21764	22095	22210	56901
20775	20859	21005	21078	21202	21270	21765	22096	22211	56902
20776	20860	21009	21080	21203	21273	21769	22101	22212	56904
20777	20861	21010	21082	21204	21274	21770	22102	22213	56915
20778	20862	21012	21084	21205	21275	21771	22103	22214	56920
20779	20866	21013	21085	21206	21278	21774	22106	22215	56933
20781	20868	21014	21087	21207	21279	21775	22107	22216	56944
20782	20871	21015	21088	21208	21280	21776	22108	22217	56945
20783	20872	21017	21090	21209	21281	21777	22109	22218	56950
20784	20874	21018	21092	21210	21282	21784	22116	22219	56965
20785	20875	21020	21093	21211	21283	21787	22118	22222	56967
20787	20876	21022	21094	21212	21284	21790	22119	22223	56972
20788	20877	21023	21098	21213	21285	21791	22120	22225	56999
20790	20878	21027	21102	21214	21286	21792	22121	22226	
20791	20879	21028	21104	21215	21287	21793	22122	22227	
20792	20880	21029	21105	21216	21288	21794	22124	22229	
20794	20882	21030	21106	21217	21289	21797	22125	22230	
20797	20883	21031	21108	21218	21290	22003	22134	22234	
20799	20884	21032	21111	21219	21297	22009	22150	22240	
20810	20885	21034	21113	21220	21298	22015	22151	22241	
20811	20886	21035	21114	21221	21401	22025	22152	22242	
20812	20889	21036	21117	21222	21402	22026	22153	22243	
20813	20891	21037	21120	21223	21403	22027	22156	22244	
20814	20892	21040	21122	21224	21404	22030	22158	22245	
20815	20894	21041	21123	21225	21405	22031	22159	22246	
20816	20895	21042	21128	21226	21409	22032	22160	22301	
20817	20896	21043	21130	21227	21411	22033	22161	22302	
20818	20897	21044	21131	21228	21412	22034	22172	22303	
20824	20898	21045	21132	21229	21701	22035	22180	22304	
20825	20899	21046	21133	21230	21702	22036	22181	22305	
20827	20901	21047	21136	21231	21703	22037	22182	22306	
20830	20902	21048	21139	21233	21704	22038	22183	22307	
20832	20903	21050	21140	21234	21705	22039	22184	22308	

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Member identification (ID) card

Shortly after your enrollment in Kaiser Permanente Medicare Plus is confirmed, you will receive your member identification (ID) card in the mail. When you receive your card, check to be sure all of the information on it is correct. If you receive a card with inaccurate information, call Member Services.

Your member ID card is issued to you, and only you may use it. Keep your ID card with you at all times. You will need it to make appointments, fill prescriptions, and receive other medical services. Your card contains important information, including your medical record number and valuable telephone numbers for you to use for scheduling appointments, receiving urgent care, calling Member Services, and for medical advice.

You will be asked to show a valid photo ID in addition to your member ID when you check in for your appointment at a Kaiser Permanente facility. The photo ID can be a driver's license, other department of motor vehicles-related card, or military identification card. This safety measure helps us ensure we are giving the right care to the right person. If you do not have a valid photo ID, you will not be denied care or treatment. Instead, we will ask you a set of questions to confirm your identity.

If you have not yet received your ID card, your photo ID will serve as a temporary Kaiser Permanente ID card.

If your ID card has been lost or stolen, go to My Health Manager at kp.org to request a replacement, or contact Member Services.

Check-in and copayments

When you check-in for your appointment at one of our medical centers, please let us know if you've had any address or phone number changes since your last visit.

Copayments and coinsurance are due at the time of your visit. If you are unsure whether your plan requires copayments or coinsurance, please refer to your current *Evidence of Coverage* or call Member Services before your visit.

Copayments and/or coinsurance apply to each visit, even if you have multiple visits or appointments on the same day. For your convenience, Kaiser Permanente medical centers accept cash, personal checks, and VISA®, MasterCard®, American Express®, or Discover®.

Premium payment options for individual members not enrolled through an employer group

Monthly invoice payments

Your monthly invoice will be mailed automatically to you unless you elect to use the automatic payment method described below.

Note: If you are a direct pay plan member (not covered through an employer or trust fund), you can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail each month. You can also choose to pay your premium by automatic deduction from your Social Security benefit check or Railroad Retirement Board (RRB) benefit check each month.

If you don't select a payment option, you will receive a bill each month.

If you are assessed a Part-D Income Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security or RRB benefit check or be billed directly by Medicare. Do NOT pay Kaiser Permanente the Part D-IRMAA.

If you qualify for extra help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Automatic payment

Automatic payment is a service offered by Kaiser Permanente. With automatic payment, you don't have to remember to mail a check every month to pay your premium. Your bank, credit union, credit card company, or other participating financial institution does the work for you by automatically deducting the amount of your premium payment from your account each month.

1. How long does it take to establish an automatic payment?

After you sign up, you will receive a letter telling you when your first premium payment will be automatically deducted from your account. In general, with checking or savings accounts, the first premium payment will be deducted about two months after you sign up for automatic payment. With credit cards, the first payment will be deducted about one month after you sign up.

2. When will the first automatic payment be deducted from my account?

When we receive your Authorization for Automatic Premium Payment form, we will send a zero-dollar transaction to your financial institution during our next monthly billing to verify the account information. Once your information is verified, the following month's premium payment will be deducted from your account. Depending on when during the monthly billing cycle we receive your application, it will take between 1-1/2 and 3 months for your first automatic payment to be deducted from your account. Once deductions begin, your payment will be charged against your account in the first week of each coverage month.

3. How will I have proof of payment?

Review your bank or credit card statement every month to ensure that your account has been debited or charged. It is your responsibility to ensure the monthly premium payments are deducted from your account each month. Contact Kaiser Permanente immediately with any discrepancies toll free at 1-888-777-5536 (TTY 711), between the hours of 8 a.m. to 8 p.m., seven days a week.

4. How do I sign up?

Complete and sign the Authorization for Automatic Premium Payment form on page 23. Be sure the form is signed and dated and return it by mail or fax (see form for address/fax number).

- If you choose to have your premium payments deducted from your checking account, attach a blank check on which you have written the word "VOID." The voided check tells us where you bank and from which account you want to deduct your payments.
- If you want to have your premium payments deducted from your savings account, either send a savings deposit slip with your name and address pre-printed on it or supply the ABA# and account number on the Authorization for Automatic Premium Payment form on page 23.
- If you wish to charge your monthly payments to your credit card, supply your credit card number and expiration date on the Authorization for Automatic Premium Payment form.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

5. What type of credit card may I use?

You may use any type of bank, credit union, or other financial institution credit card, with a VISA, MasterCard, American Express, or Discover logo. You can also use VISA check/debit cards connected to your checking or savings account.

6. What will happen if there is a change in the premium amount I owe?

If the amount of your monthly premium changes for any reason, we will automatically deduct the new premium amount as soon as the new premium takes effect. If the amount changes because of a rate adjustment made by Kaiser Permanente, you will be notified in advance by letter.

7. How do I cancel the automatic payment service or change my account information?

To cancel automatic payment or change your account information, notify us in writing at least four weeks before the first day of the month you want the change to take effect. This is required to give us sufficient time to notify your financial institution or credit card company of the change. For your convenience, you may fax us the request at 301-388-1615.

8. What happens if I need to change my account or ABA routing numbers?

If one of these numbers changes, you must complete a new Authorization for Automatic Premium Payment form and include the new information. Allow 30 days for the change to take effect. During this time, you are responsible for ensuring that any payments due are made. To make a payment before your new account information is effective, mail a check directly to:

Kaiser Permanente/Membership Administration
P.O. Box 6306
Rockville, MD 20849-6306

9. What happens if an entry to my account is made erroneously by Kaiser Permanente?

If a charge is made in error by Kaiser Permanente that results in an overcharge to your account, you have the right to have the incorrect amount credited to your account by Kaiser Permanente. You must mail or fax to Kaiser Permanente a written notice identifying the entry within 30 calendar days following the date on which the financial institution sent, or made the statement available to you. The notice must state the entry was in error and request that Kaiser Permanente credit your account or issue a refund check for the incorrect amount.

10. What happens if Kaiser Permanente has difficulty obtaining my automatic payment?

If Kaiser Permanente is unable to retrieve your monthly premium payment from your checking, savings, or credit card account for two consecutive months, we will immediately transfer you to our monthly invoice billing system.

Please note:

- Do not stop making payments by check until you receive a letter from Kaiser Permanente telling you when your automatic deduction will become effective.
- If you change your account number or ABA routing number, allow 30 days for the change to take effect. (For details, refer to question 8.)

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Automatic payment agreement

I hereby authorize Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Permanente) to initiate debit entries to my checking or savings account indicated on this form and the financial institution or credit card company named to debit or charge the same to such account. This authority is to remain in full force and effect until Kaiser Permanente has received written notification from me of its termination in such time and in such manner as to afford Kaiser Permanente reasonable opportunity to act on it.

If an entry made by Kaiser Permanente to my account results in an overcharge, I have the right to have the amount charged in error credited to my account by Kaiser Permanente. Within thirty (30) calendar days following the date on which the financial institution sent or made available to me a statement of account or notification pertaining to the erroneous entry, I must mail or fax to Kaiser Permanente a written notice identifying the entry, stating that the entry was in error and requesting that Kaiser Permanente credit my account or issue a refund check for the amount charged in error.

Please read the automatic payment agreement above and complete, sign, and return the form below. Don't forget to attach a voided check or pre-printed savings deposit slip, if necessary. (For instructions, refer to question 4 on page 21.)

Mail to:

Automatic Payment/Membership Administration
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
P.O. Box 6306
Rockville, MD 20849-6306 or
Fax to: 301-388-1615

AUTHORIZATION FOR AUTOMATIC PREMIUM PAYMENT

Please print: Name _____
Last First Middle

Kaiser Permanente ID # _____ Telephone number () _____

Please debit my checking account # _____

Please debit my savings account # _____

Name of financial institution _____

Address of financial institution _____

Street and/or P.O. box

For credit card payment: VISA MasterCard American Express DISCOVER

Credit card account # _____ Expiration date _____

Applicant's signature _____

This is a: New automatic payment service request Change to existing service

For office use only

Account # _____

ABA # _____ Bank account # _____

Account Type: Checking Savings Bank change Credit card

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Letting us know when you move

If you change your home address, please let us know as quickly as possible. If you do not notify us and we confirm you have moved outside the Kaiser Permanente Medicare Plus service area, or are temporarily away from the service area for a period longer than 90 consecutive days, we may disenroll you and return you to Original Medicare coverage. We are required to send you a written notice informing you of our intent to disenroll you, and explaining your right to file a grievance against this action. Once you are disenrolled, you may be limited as to when you can re-enroll or enroll in another plan.

Please see your current *Evidence of Coverage* for more information on a temporary absence or a permanent move outside the Kaiser Permanente Medicare Plus service area. A map of the Kaiser Permanente Medicare Plus service area is on page 79.

Voluntary disenrollment

You may choose to end your membership in Kaiser Permanente Medicare Plus for any reason. There are some limits on when and how often you may change the way you get Medicare and what choices you can make when you change.

If you wish to disenroll, write a letter, sign it, and send it to:

Kaiser Permanente Medicare Plus
Medicare Membership Administration
Department
P.O. Box 6306
Rockville, MD 20849-6306

We will send you confirmation we have received your written request to disenroll, and let you know the effective date of your disenrollment. In general, requests to disenroll will be effective the first day of the month after the disenrollment request is received by Membership Administration.

You may also disenroll by calling Medicare toll free at 1-800-MEDICARE (TTY 1-877-486-2048),

24 hours a day, seven days a week. Even though you request disenrollment, you must continue to receive in-network covered services from Kaiser Permanente Medicare Plus providers until the effective date of your disenrollment.

Involuntary disenrollment

Kaiser Permanente Medicare Plus may involuntarily disenroll you for the following reasons only:

- You move permanently out of the Kaiser Permanente Medicare Plus service area and do not voluntarily disenroll;
- You intentionally supply fraudulent information or misrepresentation on the membership application form that materially affects your eligibility to enroll in Kaiser Permanente Medicare Plus;
- You are disruptive, unruly, abusive, or uncooperative to the extent that the ability of Kaiser Permanente Medicare Plus to provide services is impaired (involuntary disenrollment on this basis is subject to approval by the Centers for Medicare & Medicaid Services);
- You knowingly commit fraud or permit misuse of your membership card;
- You fail to make any required plan payment to cover your premium or Medicare deductibles and coinsurance or other required payments. Kaiser Permanente Medicare Plus will give you a 90-day grace period to pay the past due amount and all premiums that become due during the grace period before it submits a disenrollment request to CMS. If you pay all amounts due before the 90-day grace period ends, your membership in Kaiser Permanente Medicare Plus will remain in full force and effect;
- The contract between Kaiser Permanente Medicare Plus and CMS is terminated, or the Kaiser Permanente Medicare Plus service area is reduced;
- You do not have Medicare Parts A and B or Part B only.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Until you are notified in writing of a disenrollment, you are a member of Kaiser Permanente Medicare Plus and you must continue to receive in-network covered services from Kaiser Permanente Medicare Plus providers, except for emergency or urgently needed care outside the service area.

If you have been disenrolled from any Kaiser Permanente plan due to non-payment, you may only enroll in Kaiser Permanente Medicare Plus after you have paid all amounts due and you meet eligibility criteria. If the Kaiser Permanente Medicare Plus plan you are disenrolled from includes coverage of Medicare Part D prescription drugs, you may only re-enroll during a valid election period. Non-payment of premiums does not qualify as a Special Election Period. Your next opportunity to enroll would be from October 15 through December 7, for a January 1 effective date.

Services for members visiting other Kaiser Permanente regions or Group Health Cooperative service areas

Note: Not all Kaiser Permanente Medicare Plus plans include coverage for services received in other Kaiser Permanente regions or Group Health Cooperative (GHC) service areas. Please refer to your current *Evidence of Coverage*.

If you need care while you're traveling temporarily (90 days or less) within a Kaiser Permanente region other than the region in which you are enrolled, you can have access to certain medically necessary health care services, including routine and specialty care. It is also possible for you to get ongoing care for a chronic condition while traveling in those regions. In parts of Washington and Northern Idaho you can also access medically necessary health care and ongoing care for a chronic condition through

Kaiser Permanente medical center locations nationwide



Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

our collaboration with GHC. Covered services and cost shares may differ from those in your home service area, and are governed by the Kaiser Permanente program for visiting members. Except for emergency services, your right to receive covered services in the visited service area ends after 90 days, unless you receive prior written authorization from Kaiser Permanente to continue receiving covered services in the visited service area.

The service areas and facilities where you may obtain visiting member care may change at anytime without notice. For more information about coverage while traveling within Kaiser Permanente and GHC service areas, ask Member Services for a copy of the "On the Go" brochure.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

How to get care

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Your primary care physician (PCP)

It's our goal to help you create the healthiest life possible for you and your family. That begins by establishing a relationship with a primary care physician and seeing him or her regularly so you get consistent and personalized care. Your PCP is your personal physician who will care for your total well-being—helping you stay healthy, as well as treating you if you get sick. This doctor is responsible for coordinating all of your health care needs, including hospital and specialty care, if needed.

Each family member may select his or her own PCP. Adults should select a doctor who specializes in internal medicine or family practice. For members under age 18, physicians in pediatrics are available. You may also choose a family practitioner who cares for your entire family.

Your obstetrician/gynecologist (Ob/Gyn)

Just as important as having a trusted PCP, your relationship with your Ob/Gyn is a special one that's important throughout your life. That's why women choose a personal Ob/Gyn in addition to their PCP. Your Ob/Gyn is your personal physician and will coordinate your Ob/Gyn-related health care needs while communicating with your PCP, providing you with consistent, personalized care. You may make appointments directly with your Ob/Gyn.

The Kaiser Permanente team advantage

Your physician is part of a team that includes other physicians, nurses, and medical assistants all working together to provide you with care and added convenience. This team approach helps maintain the continuity of your care and when your doctor is unavailable, provides you with a doctor on the same team to see.

As necessary, your PCP or Ob/Gyn also consults with any number of physician specialists or other health care professionals, such as nutritionists

or physical therapists, who practice at the same medical center or at other Kaiser Permanente locations. This allows your PCP to collaborate easily, giving you quick answers to your questions.

Choose your physician

Each Permanente PCP and Ob/Gyn has a panel (roster) of patients composed of members who have either selected or been assigned to that physician. Occasionally, it is necessary to temporarily close a physician's panel because of high demand by patients to see that particular physician. If you are told the physician you have selected is not accepting new patients, we will try to offer you another physician who is a member of your originally requested physician's health care team.

1. Learn about the doctors

- Browse individual physician Web pages at kp.org/doctor.
- Review a list of physicians in the printed *Provider Directory*.
- Contact Kaiser Permanente Member Services for assistance.

2. Choose your PCP

If you don't choose a PCP when you enroll, we'll send you a letter asking you to make a selection. If you still do not choose one, we'll make a selection for you, based on where you live, and notify you in writing. Of course, you can change your primary care physician any time you like.

3. Choose your obstetrician/gynecologist (Ob/Gyn)

Women choose an Ob/Gyn *in addition* to their PCP (your Ob/Gyn cannot be your PCP). We recommend that you make your selection when you enroll. If you do not make your selection within the first month of becoming a member, we will select one for you. Of course, you can change your Ob/Gyn any time you like.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

4. Tell us your choices. You can:

- Choose your PCP and Ob/Gyn physician by registering at **kp.org** and visiting **kp.org/doctor**
- Call Kaiser Permanente Member Services
- Indicate your PCP selection on the enrollment form and call Member Services or go to **kp.org/doctor** to make your Ob/Gyn choice

kp.org/doctor

Read about Permanente physicians on their personal Web pages. You'll find information about their education and credentials and a link to email the doctor's office. Some physicians include details about their special professional interests, personal hobbies, and provide general medical information for their patients.

How to choose a different PCP or Ob/Gyn

You may choose a different physician at any time, for any reason. Simply:

- Visit **kp.org/doctor**, or
- Call Kaiser Permanente Member Services.

You'll receive a letter acknowledging the change. If you have the option to change from a Permanente physician who practices in one of our medical centers to an affiliated physician who does not practice at a medical center (or vice versa) because you live or previously lived in the outer reaches of our service area, you will need to request that your medical records be sent to your new doctor's location.

If you choose an affiliated physician

If you select an affiliated primary care physician or Ob/Gyn who practices in the community, you may use the services (such as the pharmacy and lab) in Kaiser Permanente medical centers. Keep in mind that when you use an affiliated physician, you will not have the benefit of:

1. The connectivity between Permanente physicians and other caregivers made possible by our electronic medical record system,
2. The convenience of having many services in one building, and
3. Functions available to registered users of My Health Manager at **kp.org/myhealthmanager** such as:
 - emailing your doctor's office,
 - managing appointments online,
 - requesting prescription refills,
 - viewing most lab results, and more

We will notify you about physician changes

If your PCP or Ob/Gyn leaves Kaiser Permanente (or changes office location), we will mail you a letter explaining the change and when the change is effective. If a new physician is not named to take your doctor's patients, you will be asked to select another physician. If a replacement is named, you will receive a letter about the new physician. Of course, if your physician is changing to another Kaiser Permanente medical center location and you would like to continue seeing him or her at the new location, you may.

Appointments with your doctor

When you have selected a PCP or Ob/Gyn who practices at a Kaiser Permanente medical center, scheduling routine appointments is as easy and convenient as visiting **kp.org/myhealthmanager** or picking up the phone. To schedule a routine appointment:

- Register at **kp.org**, then make, change, or cancel appointments at your convenience through My Health Manager.
- Call the Kaiser Permanente appointment line. The number is listed in the quick reference guide in this handbook and on the back of your member ID card.
- Verify or cancel your appointment by calling the appointment line.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit **kp.org**.

When you call to schedule an appointment, be sure to have your member ID number ready. If your PCP or Ob/Gyn is not available at the time or date you request, you can request an open appointment with another doctor on your PCP or Ob/Gyn's team. *Note:* If your doctor does not practice in one of our medical centers but is an affiliated provider in a private office, call that office directly to make an appointment.

Why making appointments online is a great idea

If your PCP or Ob/Gyn practices within a Kaiser Permanente medical center, you can:

- Make, cancel, and change routine appointments.
- Get appointment reminders via email.
- Review future appointments.
- Read about past office visits, including your doctor's instructions.

Canceling an appointment

Please help us provide timely service for all our members. If you cannot keep a scheduled appointment with a Permanente physician, visit **kp.org** or call an appointment representative 24 hours a day, seven days a week at 703-359-7878 or toll free at 1-800-777-7904 and press option 1 to cancel. For TTY, call 711. If your appointment is with an affiliated physician who does not practice in one of our medical centers, call your physician directly to cancel.

Getting a second opinion

If you need a second opinion, Kaiser Permanente Medicare Plus will cover it—as long as you receive it from another Kaiser Permanente Medicare Plus provider with an authorized referral. Your primary care physician or attending specialist physician will help coordinate this for you.

If you get services from any doctor, hospital, or other health care provider without getting an authorized referral in advance (except for emergency care or urgently needed care received outside the service area), you may have to pay for these services yourself, even if you get the services from a plan provider. If you go to a provider who participates in Medicare, your coverage will be the same as Original Medicare. Original Medicare deductibles and coinsurance will apply and will be your responsibility to pay.

Your doctor's office

The offices of Permanente physicians (primary care physicians, obstetricians/gynecologists, and specialists) are located in Kaiser Permanente medical centers in the District of Columbia, Maryland, and Virginia.

Kaiser Permanente medical centers

You'll save time receiving care in multi-specialty medical centers where your doctor's office is located. You'll often be able to complete several tasks in one trip and avoid repeat visits. Most of our medical centers offer, among other services:

- Adult primary care
- Pediatrics
- Obstetrics and gynecology
- Pharmacy services
- X-ray
- Laboratory

Some medical centers also offer:

- Specialty care
- Urgent care
- Clinical Decision Unit
- Behavioral health services
- Vision care
- And other services

Check **kp.org/facilities** for services offered at specific locations and hours of operation.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit **kp.org**.

Referrals to specialists

Because many physicians practice together in our medical centers, specialty consultations are easily arranged. In many cases, your physician may be able to use a new electronic scheduling tool called eConsult to book a specialty or radiology appointment for you while you are both in the exam room. Sometimes it's possible to get an appointment for the same day in the same building.

Permanente physicians and other plan providers offer primary care, pediatric services, obstetric/gynecological services, and specialty care such as orthopedics, general surgery, dermatology, neurology, cardiology, and gastroenterology. If your PCP decides, in consultation with you, that you require medically necessary and appropriate services, you may be referred to a Kaiser Permanente physician or other plan provider for that service. The referral that has been entered by your PCP or attending specialist must be authorized before you receive nonemergency specialty care services. Referrals are viewed and authorized by the Utilization Management team, which consists of referral nurses, physical therapists, physicians, and support staff. Your PCP or attending specialist may refer you to a non-plan provider. Services by non-plan providers will only be authorized if not available from plan providers. You must have an authorized referral to the non-plan provider in order for us to cover the services and/or supplies. If the referral to a non-plan provider is appropriately authorized, you pay only the copayments you would have paid if a plan provider had provided the service and/or supplies.

Your authorized referral will be for specific services, a specified period of time, and for a specific number of visits. If you are authorized to see a non-plan provider, you pay the same amount you would have paid if a plan provider had provided the service and/or supplies.

Examples of services requiring authorization or notification include, but are not limited to:

- Inpatient admissions including those for childbirth, behavioral health, and chemical dependency. (Inpatient admissions are those hospital visits for which members are admitted to a facility for 24 hours or more.)
- Specialized services, such as home health, medical equipment and associated supplies, and hospice care.
- Skilled nursing and acute rehabilitation facilities.
- Non-emergency medical transportation.
- Plastic and oral surgery.
- Care received from a practitioner or facility that does not have a contract with Kaiser Permanente.
- Non-emergency care received outside the Kaiser Permanente service area.

Refer to your *Evidence of Coverage* for more information regarding benefits, copayments, and authorization requirements.

If you have any questions regarding the status of your referral or denied services or would like to request a copy of any guidelines or other criteria (provided free of charge) used in any decision regarding your care, please contact Member Services.

There are some services that do not require a referral from a primary care physician and members are not required to obtain care from a plan provider. They are:

- Emergency services (inside and outside our service area).
- Urgent care services provided outside our service area.

If you think you are experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility. To understand your benefits for emergency service, please refer to your *Evidence of Coverage*.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Self-referrals

You may access certain specialties and services without obtaining a referral from your primary care physician. Members who have a dental benefit may self-refer for those services, as well. Refer to your *Evidence of Coverage* for more information.

Behavioral health services

Behavioral health care consists of both mental health and chemical dependency treatment services. You can seek outpatient treatment for mental illness, emotional disorders, drug abuse, and alcohol abuse from a plan provider without a referral from your primary care physician. To request services, call the Behavioral Health Access Unit toll free at 1-866-530-8778 (TTY dial 711 for telecommunications relay service) Monday through Friday 8:30 a.m. to 5 p.m.

For continued treatment, you or your plan provider must contact the Behavioral Health Access Unit for scheduling of covered services. Licensed behavioral health professionals (social workers and nurses) and scheduling representatives will assist you in arranging for these services. Care is provided at locations throughout the Kaiser Permanente service area.

Inpatient behavioral health care

Preauthorization is required prior to obtaining inpatient behavioral health hospital care. The process starts when you call the Behavioral Health Access Unit or when you arrive at an emergency room needing behavioral health services. In either case, if it is determined that you need to be admitted immediately to a hospital for inpatient care, a call will be made to obtain preauthorization on your behalf.

If you think you are experiencing a medical emergency, immediately call 911 or go to the nearest emergency facility.

Vision care services through Vision Essentials

Note: Not all Kaiser Permanente Medicare Plus plans include optometry benefits. Check your current *Evidence of Coverage*.

You may access optometry services such as routine eye exams, glaucoma screenings, and cataract screenings without a referral from your primary care physician. Many Kaiser Permanente medical centers have Vision Essentials eye care centers where optometrists perform vision exams and fittings for contact lenses and eyeglasses. Vision centers offer a full range of contact lenses and glasses you can purchase at discounted prices. To locate a medical center with vision care services, visit kp.org/facilities or call Member Services.

To make a vision care appointment at one of our medical centers:

- Call the Kaiser Permanente appointment line, or
- Make a routine optometry appointment online at kp.org/myhealthmanager.

You will need a referral from your PCP to obtain care from a physician ophthalmologist.

Dental

Note: Not all Kaiser Permanente Medicare Plus plans include coverage for dental care. Check your *Evidence of Coverage*.

Most Kaiser Permanente Medicare Plus members have a discounted dental plan benefit. This means you pay discounted fees directly to a participating dentist for the services you receive. Participating dentists are affiliated with Dominion Dental Services USA, Inc. (DOMINION). You may choose your primary care dentist from the list of providers at DominionDental.com/kaiserdentists or from the Medicare Plus Provider Directory included in your new member kit.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

If you have dental coverage through Kaiser Permanente, call the participating primary care dentist of your choice directly to make an appointment. Be sure to let the dentist know you are a Kaiser Permanente Medicare Plus member.

If you have any questions about your dental plan benefits, or participating dental providers, contact DOMINION at dominiondental.com/kaiser or call Monday through Friday, 7:30 a.m. to 6 p.m.

- **Within the Washington, DC metro area:**
call 703-518-5338 (TTY State Relay 711)
- **Outside the Washington, DC metro area:**
call toll free 1-888-518-5338
(TTY toll free State Relay 711)

Dental accidents

Note: Not all Kaiser Permanente Medicare Plus plans include dental accident benefits. Check your *Evidence of Coverage*.

Most Kaiser Permanente members have accidental dental coverage, even if they don't have additional preventive dental coverage. For coverage details, please refer to your current *Evidence of Coverage* or call Member Services.

Hospital care

In the event you require hospitalization, your Kaiser Permanente PCP or specialist will obtain preauthorization for your admission and coordinate your care at a hospital where he or she has staff privileges. Your PCP or specialist will discuss all of the details with you in advance of your inpatient hospital care.

We believe that coordinating your hospital care with your personal physician leads to better health results for you. To ensure the highest levels of coordination, Kaiser Permanente works with a core group of hospitals throughout the greater Washington, D.C., and Baltimore areas to create a seamless transition between your outpatient and inpatient care.

In these hospitals, you can have peace of mind knowing you are being cared for by Kaiser Permanente physicians you can trust, who have your medical history immediately at hand. They care for you and coordinate that care with hospital staff 24 hours a day, seven days a week.

Not all hospitals can be part of the Kaiser Permanente core group. Each has been carefully evaluated—and is regularly reassessed—for the quality of care, comfort, and services it provides.

Staff at Kaiser Permanente core hospitals share our commitment to your health and well-being. We work together to try to provide the best possible outcome. If you become a patient at one of these core hospitals, your care will be guided around the clock by hospitalists from the Mid-Atlantic Permanente Medical Group. Hospitalists are physicians who exclusively care for Kaiser Permanente members in hospitals. From the time you arrive at the hospital until you are discharged, our hospitalists will provide the same quality, coordinated care that you receive from your Permanente primary care physician. The hospitalist communicates directly with your primary care physician to help assure that there is no gap between the care you receive in the hospital and your follow-up outpatient care.

In addition to your Kaiser Permanente physicians at the hospital, a Kaiser Permanente patient care coordinator will assist with your hospital stay and discharge. Once you are discharged, you can concentrate on your recovery while your Permanente hospitalist and other members of the Kaiser Permanente team facilitate your transition to follow-up care.

Our goal is to make your transition out of the hospital as smooth as possible. Only at our core hospitals can you receive this special Kaiser Permanente hospital-to-home care.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Your medical history is in the hospital with you

At core hospitals, Permanente hospitalists and specialty physicians have your Kaiser Permanente electronic health history securely at their fingertips, including your medication history, lab results, allergies, doctors' notes, and X-rays. They also update your medical record with the details of your hospital stay, so you won't have to worry about transferring any records to other Permanente physicians after you leave the hospital.

For the most current listing of hospitals and facilities, go to kp.org/medicalstaff, or contact Member Services.

If you are admitted to a hospital where Mid-Atlantic Permanente Medical Group physicians are not on duty.

Except for an emergency, if you are admitted to a hospital where Mid-Atlantic Permanente Medical Group physicians are not on duty, you or your representative must report your hospital admission to Kaiser Permanente within 48 hours by calling Member Services or the medical advice line (evenings and weekends). If you do not obtain authorization within this time frame, we may deny coverage for the hospital services.

In certain cases, we may move you to a hospital where our physicians are on duty 24 hours a day, seven days a week, once your condition is stable. By doing so, we can provide you seamless and integrated care both during your hospitalization and in your transition out of the hospital. Upon obtaining prior approval from Kaiser Permanente, your transportation costs will be covered. To understand your benefits for hospital care, refer to your *Evidence of Coverage*.

Emergency care

If you think you are experiencing an emergency, immediately call 911 or go to the nearest emergency facility. If you are unsure whether or not your medical problem requires an emergency room visit, call 1-800-677-1112 (toll free).

Specially trained nurses are available 24 hours a day, seven days a week, and will direct you to the most appropriate place to receive care. If your primary care physician (PCP) is one of our affiliated doctors, call your physician's office directly.

Reporting emergency care

Report your emergency room visit to Kaiser Permanente by calling the medical advice line.

When is it an "emergency"?

A "medical emergency" is when you, or any other prudent layperson with an average knowledge of health and medicine, believe that you have medical symptoms that require immediate medical attention to prevent loss of life, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.

If you are unsure whether or not your medical problem requires an emergency room visit, call our emergency line at 1-800-677-1112, 24 hours a day, seven days a week, (TTY 711). For more information about emergency services refer to your *Evidence of Coverage*.

If you are admitted to a hospital following an emergency

Notify us if you are admitted to a hospital following an emergency. You, your doctor, or another responsible person must call the Kaiser Permanente medical advice line to notify us of your admission within 48 hours, or as soon as reasonably possible. By notifying us of your hospitalization, you allow us to consult with the physician providing your care and coordinate further medical care, if necessary. If you or your authorized representative does not notify Kaiser Permanente as soon as reasonably possible, we may deny coverage for the hospital services.

The emergency care copayment will be waived if you are directly admitted to a hospital as a result of any emergency.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Urgent care

Sometimes, even when it's not an emergency, you may still need care right away. Urgent care services can be found in many Kaiser Permanente medical centers and are also available through affiliated urgent care centers. They give you a convenient destination for care when you need it right away, such as when you have a high fever or a sudden onset of unusual symptoms.

Kaiser Permanente knows you

The physicians who treat you at our urgent care centers are Kaiser Permanente doctors with access to your electronic medical record, the same one used by your PCP, your specialists, and your pharmacist. They can view information about your medical conditions, surgeries and treatments, allergies, the medications you are taking, and more! Your PCP will even be able to view the care you received in urgent care after your visit.

It's better medicine

All Kaiser Permanente urgent care centers offer general radiology (X-ray), lab, and pharmacy services, plus the ability to administer IV treatments on site. That adds up to better medicine for you when you need urgent care.

Urgent care during the day, night and weekend

Our Urgent Care Plus locations are open 24/7 for your convenience and have extended treatment and observation capabilities, including advanced imaging (such as CT) and cardiac monitoring. It's more than your average exam room.

Urgent care is also available through affiliated urgent care centers. Check your Provider Directory, go to **kp.org**, or call Member Services for urgent care locations.

To find an urgent care center near you, visit **kp.org/facilities**.

Urgently needed care out-of-area

When you are temporarily outside of the Kaiser Permanente Medicare Plus service area, urgently needed services are covered when they are medically necessary and immediately required:

1. As a result of an unforeseen illness, injury, or condition; and,
2. It was not reasonable, given the circumstances, to obtain the services through the plan.

These services may also be covered under unusual and extraordinary circumstances, such as when you are in the service area but the plan's provider network is temporarily unavailable or inaccessible.

You may be covered for emergency and urgently needed care when you are temporarily traveling outside of the Kaiser Permanente Medicare Plus Medicare-approved service area. For more information about emergency services and urgently needed services, refer to your current *Evidence of Coverage*.

24-Hour medical advice

Whenever you need medical advice, specially trained local Kaiser Permanente nurses are on call 24 hours a day, seven days a week, on our medical advice line. No matter where your primary care physician practices, the advice nurses can help you.

If your PCP practices at a Kaiser Permanente medical center, the advice nurses will be able to access your personal medical information when you call. That means they know your medical conditions, see what medications you're taking, and know when you last visited the doctor. Whether you have a routine question or an urgent matter to discuss, our nurses will know you best.

If your PCP is an affiliated physician, you may choose to call your physician's office first. If no one is available to assist you, call our advice line.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Lab tests and results

Labs are located within every Kaiser Permanente medical center. For most routine lab tests, your doctor will send the order electronically to the lab and you can just walk in without an appointment.

Your results from tests and services performed in Kaiser Permanente medical centers will be shared with your PCP. For most lab tests performed in a Kaiser Permanente medical center, you can read the results online soon after the lab completes your tests. You need to be registered on My Health Manager to view your lab results online. You can sign up at kp.org/register.

If you are not registered for My Health Manager, or if your lab results are not posted, you will likely receive a call from your PCP to discuss the results with you. If your lab tests are not performed in a Kaiser Permanente medical center, follow your doctor's instructions about how to receive your test results.

X-rays and other imaging services

For outpatient radiology, most Kaiser Permanente medical centers offer services onsite.

You do not need a referral to have a routine mammogram—simply call the appointment line (your PCP or Ob/Gyn will discuss if and how often you should be screened). All other imaging services will require a referral from your doctor.

Submitting medical claims

If you receive services from a non-plan provider, you must submit itemized bills for consideration of payment or reimbursement. You are responsible for payment to the non-plan provider. To request payment or reimbursement for medical claims, write your member ID number on each page of the bill or supporting documentation. If you have paid for the services, be sure to include proof of payment. Mail claims requests to:

Kaiser Permanente Claims Administration
P.O. Box 6233
Rockville, MD 20849-6233.

You may need to fill out a claim form in some situations when requesting reimbursement for emergency/urgent care, or for care you received without a referral. You can obtain claim forms at your medical center or by calling Member Services.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Prescription drugs

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

How Kaiser Permanente Medicare Plus physicians and health care professionals decide what to prescribe

When writing prescriptions for patients, most physicians and health care providers refer to a drug formulary, or list of covered drugs. The formulary is selected by our plan in consultation with a team of health care providers and represents prescription therapies believed to be a necessary part of a quality treatment program. Our formulary must meet requirements set by Medicare and is approved by Medicare.

The presence of a drug on our formulary does not necessarily mean that your plan physician will prescribe it for a particular medical condition. Our drug formulary guidelines allow you to obtain Medicare Part D prescription drugs if a plan physician determines that they are medically necessary for your condition. If you disagree with your plan physician's determination, you have the right to file an appeal with Kaiser Permanente. For information about the Kaiser Permanente Medicare Plus appeals procedure, contact Member Services or refer to your *Evidence of Coverage*.

Our Medicare Part D formulary changes on January 1 of each year. Generally, we will not discontinue or reduce coverage of a drug during the year unless a new, less expensive generic drug becomes available or if adverse information about the safety or effectiveness of a drug is released. In these cases, we will give you 60 days advance notice, unless the drug has been deemed unsafe by the FDA or removed from the marketplace by the manufacturer. Other types of formulary changes during the year will not affect a drug you are taking until January 1 of the next year. It will remain available at the same cost sharing for the remainder of the coverage year.

The cost sharing you pay for your drugs depends on your coverage stage and your drug's cost-sharing tier on our formulary. The six drug cost-sharing tiers include preferred generic, preferred brand name, nonpreferred generic or nonpreferred brand name, specialty, and injectable Part D vaccines. Generic drugs have lower cost sharing than brand name or specialty drugs. Drugs in the preferred generic and preferred brand name tiers have lower cost sharing than drugs in the nonpreferred generic and brand name tiers. Please refer to our Part D formulary for information about the cost-sharing tier for the drugs you take.

Note: If we approve your request for a tiering exception of a generic or nonpreferred brand name drug, you will pay the cost sharing applicable to the generic or preferred brand name drugs. Generally we will not approve your request for a tiering exception if a generic or preferred brand name drug on our formulary would be just as effective as the generic or nonpreferred brand name drug. Cost-sharing (tiering) exceptions cannot be made for specialty drugs. For information regarding the Kaiser Permanente Medicare Plus appeals procedure, contact Member Services or refer to your *Evidence of Coverage*.

To learn more about the formulary, including how to request an exception, please refer to the Abridged Formulary or visit kp.org/seniorrx.

Kaiser Permanente Medicare Plus drug benefits vary based upon the health benefit plan under which you are enrolled. Some, but not all Kaiser Permanente Medicare Plus plans include coverage for Medicare Part D prescription drugs. Drug benefits may change from contract year to contract year. Please refer to your current *Evidence of Coverage* for your plan's prescription drug benefit.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Medical center and affiliated community pharmacies

Note: Not all Kaiser Permanente Medicare Plus plans include coverage for outpatient prescription drugs. Check your current *Evidence of Coverage*.

Kaiser Permanente Medicare Plus plans offer a prescription drug benefit for covered outpatient prescription drugs when filled at a Kaiser Permanente medical center pharmacy or by our Kaiser Permanente mail order service. Most Kaiser Permanente Medicare Plus plans also include coverage for outpatient prescriptions filled at affiliated network pharmacies.

When you have outpatient prescription drug coverage with Kaiser Permanente Medicare Plus, you have the right to get your prescriptions filled within a reasonable period of time and to get information about your drug coverage and costs.

Pharmacies are located in most Kaiser Permanente medical centers. For safety and convenience, all medical center pharmacies are linked via computer so members can pick up their prescriptions at any convenient location. When you use any Kaiser Permanente medical center pharmacy, we maintain a record of your medications. Our pharmacists may recognize the potential for harmful side effects and drug interactions with any other medications you may be taking that were filled at one of our medical center pharmacies.

If your benefit plan gives you access to affiliated network pharmacies, you may have your prescriptions filled at chain pharmacies such as Giant, Safeway, Rite Aid, Target, Wal-Mart, and KMart. Many independent pharmacies also participate with our plan. For most Kaiser Permanente member plans, copays are lower if you use a Kaiser Permanente pharmacy located at one of our medical centers or our mail delivery service.

For a list of Kaiser Permanente Medicare Plus network pharmacies, visit kp.org, or call Member Services.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Note: The continued availability of specific network pharmacies cannot be guaranteed. In general, you must use one of our network pharmacies to access your prescription drug benefit, except in non-routine circumstances. Quantity limitations and restrictions may apply.

Ordering prescription refills

You may save time and money on prescription refills through our EZ Refill line or through the prescription refill feature at kp.org.

- **EZ Refills.** Ideal for maintenance medications, you may call, fax, or mail in your prescription order. The EZ Refill Line allows you to request prescription refills and find out when they are ready. Call toll free 1-866-299-9415, 24 hours a day, seven days a week (TTY 703-466-4805, Monday through Friday, 8 a.m. to 7 p.m.), and follow the prompts. Select the EZ Refill by Mail option to have your refillable prescription mailed anywhere in the United States for no additional charge. Generally, you'll receive your prescription within 3 to 5 business days. You also may be eligible to receive additional savings when you use the EZ Refill by Mail option.

Certain drugs requiring special handling are not provided through the mail delivery service. This may include drugs that are time or temperature sensitive, drugs that cannot legally be sent by U.S. mail, certain high-cost drugs, and drugs requiring professional administration or observation. Please refer to your current *Evidence of Coverage* for complete details about the benefits and services available to you.

- **kp.org.** Once you are a registered user, you can take advantage of our convenient online prescription refill service. With this feature, you can order one or more prescription refills any time, from anywhere you can get online. To make your life even easier, most refills can be mailed to you or, if you prefer, you can pick them up from any local Kaiser Permanente pharmacy. When you complete your order, you'll receive a confirmation with specific pick-up or delivery information. You can also check on the status of your order online.

Transferring a prescription

If you want to transfer a prescription to one of our pharmacies, call your Kaiser Permanente medical center pharmacy with the following information:

- Your name and medical record number
- Your current pharmacy's name and phone number
- Your prescription number
- The name of the prescribed medication
- The name and phone number of the prescribing physician

Submitting prescription drug claims

Submission of a paper claim is restricted to those situations when online Part D claims processing is not available to you at the point of sale. When you go to a network pharmacy, your claim is automatically submitted to us by the pharmacy. Therefore, we will not accept paper claims for Part D drugs purchased at network pharmacies.

If you go to an out-of-network pharmacy, the pharmacy may not be able to submit the claim directly to us. When that happens, you will have to pay the full cost of your prescription and then ask us to reimburse you for our portion of a covered drug. You must submit your claim within 36 months of the date of service, but we recommend you send it to us as soon as possible. We will only cover paper claims for Part D drugs purchased at out-of-network pharmacies under the following conditions:

- If you are traveling within the US, but are outside our service area and become ill, we will cover prescriptions for covered drugs filled at an out-of-network pharmacy if the prescription is related to care for a medical emergency or urgently needed care; or
- If you are unable to obtain a covered drug in a timely manner within our service area because there is no network pharmacy that provides 24-hour service within a reasonable driving distance; or

- If you are trying to fill a prescription for a covered drug that is not regularly stocked at an accessible network pharmacy or mail delivery service (these drugs include orphan drugs or other specialty pharmaceuticals).

You will need to include the following information with your paper claim:

- Member name, address, and phone number
- Medical record number
- The prescription number
- The name, strength, and quantity of the drug prescribed
- NDC number (a national drug code)
- Name, address, and phone number of the prescribing physician
- Name, address, and phone number of the pharmacy where the drug was purchased
- If an injection, whether or not the drug was self-administered or administered by a doctor, hospital, or other medical personnel. If not self-administered, provide a copy of the doctor's authorization for the injection.
- Receipt showing you paid for the drug.

Be sure to write your medical record number (on your ID card) on each document and send your claim to us at:

Kaiser Foundation Health Plan of the
Mid-Atlantic States, Inc.
Attention: Claims Department
2101 East Jefferson Street
Rockville, MD 20852

We will reimburse you for the covered amount minus any copayments or coinsurance that are your responsibility to pay.

If your claim for payment is denied, you have the right to appeal. Please refer to your current *Evidence of Coverage* for specific details, including levels of review and your right to appeal.

For more information about claims, call Member Services.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Extra help for Medicare Part D prescription drug plan costs

People with limited incomes may qualify for extra help to pay for their prescription drug costs. If you qualify, Medicare could pay for up to seventy-five (75) percent or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty.

Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, seven days per week. TTY users should call 1-877- 486-2048.

If you qualify for extra help for your Medicare Part D prescription drug plan costs, the amount of your monthly premium may be lower. Your cost at the pharmacy will be lower. Once you have enrolled in a Kaiser Permanente Medicare

Plus plan with Medicare Part D prescription drug coverage, Medicare will tell us how much extra help you are receiving, and we will let you know the amount you will pay. If you are not receiving extra help and you think you may qualify, contact Medicare toll free at 1-800-MEDICARE (TTY 1-877-486-2048) 24 hours a day, seven days a week, your state Medicaid office, or local Social Security office toll free at 1-800-772-1213 (TTY 1-800-325-0778), Monday through Friday, 7 a.m. to 7 p.m.

The State of Maryland also provides assistance through the Senior Prescription Drug Assistance Program (SPAP) to Medicare beneficiaries with income below certain levels who enroll in a Part D prescription drug plan. Subsidies from the Maryland SPAP can reduce out-of-pocket Part D premiums for eligible individuals. Interested individuals can apply by calling 1-800-551-5995 toll free, Monday through Friday, 8 a.m. to 5 p.m. (TTY 1-800-877-5156).

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Preventive care

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Getting started with healthy living: Take charge of your health

We understand that healthy living is more than getting regular checkups—more than just not being sick. It is having the wonderful feeling that you are living well, no matter what your stage of life.

As your partner in health, we want to help you live a healthier, happier, and more fulfilling life. To do this, we offer a variety of programs and resources to help you learn more about healthy lifestyles and how you can live well.

Healthier Living workshops

Healthier Living workshops are for adults living with one or more ongoing health conditions, such as diabetes, high blood pressure, arthritis, kidney, lung, and heart disease. The workshops meet for six consecutive weeks and are led by others who also have chronic health conditions.

Workshops are offered at several Kaiser Permanente medical centers for no additional charge. Registration is required. For the latest scheduling information, call the Health Education automated phone line at 301-816-6565 or 1-800-444-6696 (toll free), or search our online class listing at kp.org/classes. Workshops are also offered at various community agencies in Maryland listed below:

- Baltimore County Department of Aging (410-887-3423)
- Howard County (410-313-5980)
- Prince George's County Area on Aging (301-265-8997)
- Montgomery County (301-255-4205)
- Worcester County (410-742-0505 Ext 136)
- Talbot, Caroline, and Kent Counties (410-827-5810)

Go online for more

Designed to make it fast and easy for you to take control of your health, kp.org offers a number of tools, including:

- **Online health encyclopedia.** This organized guide has over 4,000 health articles that cover A to Z topics. You can also search for information based on your health symptom.
- **Online drug encyclopedia.** Use our online drug encyclopedia at kp.org to learn about your prescription and over-the-counter medicines. Look up how your medicines work and learn the side effects. The drug encyclopedia is not intended to take the place of the care and advice that you receive from your primary care physician and pharmacist.
- **Featured health topics.** Learn more about the health conditions that interest you with featured health topics on allergies, cold and flu, heart health, nutrition, and many others. Each topic includes a wide variety of online resources and information, including details about medicines and treatment options and practical steps for managing your conditions, as well as links to appointment requests and prescription refills.
- **Health calculators.** Our health calculators will help you keep track of your health. Use them to determine your ideal weight, find out if you are at a healthy weight, to see if you are getting enough calcium, and more.
- **Video programs and podcasts.** This interactive approach to health care lets you listen to guided imagery programs that will help you relax and tune into videos to help improve your health.

The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Medicare Plus grievance process.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Preventive care and health assessments

Do you know at what age you should start colorectal cancer screenings, or how often you should have a Pap test? Screening tests and immunizations are an important part of getting and staying healthy. Your health care team is committed to helping you make the right lifestyle choices at the right times. Age, gender, health habits, and personal health history help determine your preventive care needs. We developed evidence-based guidelines for adults, starting at age 18, which

align with health screening recommendations from organizations such as the Centers for Disease Control and Prevention. To find out what screenings you need at every stage of life, view the preventive care schedule on our website at [kp.org/prevention](https://www.kp.org/prevention). We also encourage you to complete an online total health assessment for a personal prevention plan that meets your needs and priorities. Visit [kp.org/tha](https://www.kp.org/tha) to complete. You can also find classes and other tools and resources to help your needs.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit [kp.org](https://www.kp.org).

Preventive care guidelines for adults

Topics you may want to discuss with your doctor or health care provider: Cancer prevention and warning signs, advance directives/advance care planning, mental health concerns, nutrition, pain management, physical activity and exercise, safety issues, sexual practices, stress reduction, and substance abuse.

In addition, Kaiser Permanente doctors have established this preventive care schedule of older adult health visits, immunizations, and screening tests, based on recommendations from the American College of Physicians, the Centers for Disease Control and Prevention, and the U.S. Preventive Services Task Force.

Your doctor may adjust this schedule to meet your individual health care needs.

18-25 30 35 40 45 50 55 60 65 70 75+

LIFESTYLE PRACTICES

Alcohol and drugs	If drinking alcohol or using drugs is causing problems for you or others, we can help.
Diet and nutrition	Eat a balanced diet with at least five servings of fruits and vegetables everyday. Eat foods high in calcium. Limit foods high in salt, fat, and sugar. Eat more fiber and whole-grain foods.
Emotional health	If you feel sad for more than two weeks, are thinking of suicide, or are being hurt by someone, talk to your doctor.
Exercise	Try to get 150 minutes of physical activity each week.
Injury prevention	Wear your seatbelt every time and buckle up children. Don't drink and drive. Wear a helmet when you are on a bike, motorcycle, skateboard, or skates.
Sexual practices	Use birth control to avoid unplanned pregnancy. Practice safer sex to avoid sexually transmitted infections.
Smoking	Don't smoke tobacco. If you do, we can help you quit.
Violence	If you are being abused, hurt, or threatened, talk with your doctor.
Urine leakage	Many people experience problems with the leakage of urine and help is available. Talk with your doctor if urine leakage is a problem for you.
Falls	A fall is when your body goes to the ground without being pushed. Talk with your doctor if you have felt off balance or felt like you may fall.

SCREENING TESTS

Abdominal aortic aneurysm (AAA) (For men)	From age 65 to 75, have a screening one time to look for abnormal size or swollen blood vessels in your abdomen. Talk to your doctor about your need for screening if you have an immediate family member (mother, brother) who had an aortic aneurysm or if you have ever smoked.
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SCREENING TESTS (cont'd)

Chlamydia (For women)	Have yearly from ages 18 to 25 if you are sexually active.
Cholesterol screening	Get screened at age 20 or at first Kaiser Permanente visit. Then, every 5 years starting at age 35 in men and 45 in women, or more often if you have high cholesterol, diabetes, or heart disease.
Colorectal	Once every year between the ages of 50 and 75.
Diabetes	Screening every 5 years starting at age 45.
High blood pressure (Hypertension)	Have your blood pressure checked at every visit or at least every two years. Normal is 119/79 or lower.
HIV	Between the ages 18 and 64, talk to your doctor about routine screening. Age 65 and older, talk to your doctor about your personal level of risk.
Mammogram (For women)	From ages 50-74, have a screening mammogram every one to two years. Talk to your doctor about your need for a mammogram if you are younger than 50 or older than 74.
Osteoporosis	To help prevent osteoporosis, take calcium and vitamin D, exercise regularly, and avoid tobacco. If an immediate family (mother, brother) has osteoporosis, or you are a woman over age 65, check with your doctor about having a bone mineral density (BMD) test or taking medicine.
Overweight and obesity	Have your body mass index (BMI) calculated at every visit. Talk with your doctor about healthy eating and physical activity.
Pap test (For women)	Between ages 21 and 65, have a Pap Smear every 3 years. You may also be screened for HPV along with your Pap.
Prostate Cancer (For men)	From ages 50 to 74, talk to your doctor about prostate cancer screening to see if it's right for you. <ul style="list-style-type: none"> • If you are of African-American descent or have a family history of prostate cancer, talk to your doctor about screening starting at age 40. • Prostate cancer screening is not recommended for men age 75 and older.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

IMMUNIZATIONS**Immunizations**

- Have a seasonal flu shot every year.
- Get a Pneumococcal pneumonia shot if you are at high risk for problems from pneumonia. If you get the shot before age 65, consider getting a booster dose at age 65.
- Over the age of 18, have one tetanus, diphtheria, and acellular pertusis (tDap) vaccine.
- Get a tetanus shot every 10 years.
- Talk to your doctor about other immunizations to help protect against zoster, measles, mumps, and rubella, hepatitis B, and chicken pox (Varicella).

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Being an informed Kaiser Permanente member

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Advance directives: What you should know

Everyone has the right to make personal decisions about health care. But what if you can no longer make your own decisions? An advance directive allows you to designate a health care agent, someone you trust to make health care decisions for you if you are unable to do so yourself. An advance directive can also document your wishes concerning medical treatments at the end of life. While no one is required to have an advance directive, it is advisable to think ahead and make a plan.

You do not need a lawyer to fill out an advance directive. Your advance directive becomes legally valid as soon as you sign it in front of the required witnesses. The laws governing advance directives vary from state to state, so it is important to complete and sign advance directives that comply with your state's law. One state's advance directives do not always work in another state. If you spend a significant amount of time in more than one state, you should complete the advance directive for all the states in which you spend a significant amount of time.

Before an advance directive can guide medical decision-making, two physicians must certify that you are unable to make medical decisions on your own. Advance directives do not expire. An advance directive remains in effect until you change it. If you complete a new advance directive, it invalidates the previous one.

You should review your advance directive periodically to ensure that it still reflects your wishes. If you want to change anything in an advance directive once you have completed it, you should complete a whole new document. You need to share your advance directive with your loved ones and your health care providers to ensure that your wishes are known.

Make several photocopies of your advance directive. Keep the original document in a safe but easily accessible place, and tell others where you put it. Give photocopies to your health care agent, your doctor, and anyone else who might be involved with your health care.

For more information about advance directives or to get your state's form, contact:

- Caring Connections, or 1-800-658-8898, caringinfo.org
- Aging with Dignity, 1-888-594-7437, or agingwithdignity.org

You can also request a free packet of information about advance directives from Kaiser Permanente Member Services.

Patient safety

We recognize and advocate that every member of the health care team is responsible to keep you safe and free from harm due to medical error.

We also believe that you are the most important member of this team and that safety efforts can be greatly enhanced when you, the member, partner with us.

We need you to actively participate in your plan of care. Here are some ways that you can promote your own safety:

1. Speak up when you have questions or concerns.

Three simple questions that you should always have answers for when you leave an appointment are:

- What is my main problem?
- What do I need to do?
- Why is it important for me to do it?¹

¹ Created by a coalition at the National Patient Safety Foundation <http://www.npsf.org/askme3>
Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

2. Always ask questions and expect answers that you can understand before agreeing to any medical test, medication, or treatment.
3. Make sure you understand what will happen if you need surgery or some other special test or treatment. Make sure that you, your primary care physician, and your surgeon all understand and agree on exactly what will be done. By discussing the plan ahead of time, you can help prevent potential misunderstandings that may lead to an unexpected outcome.
4. Bring your Kaiser Permanente member identification card to each visit as well as another form of photo identification (Photo ID). In order to be seen, it is important that we can verify that the person using your card is actually you. This will enable us to make sure that we are caring for the right person. For your safety, it is expected that all staff ask your name and date of birth prior to any assessment or treatment to assure that the right care is safely administered to the right patient.
5. Make sure that all medical professionals involved in your care have important health information about you. Several health care professionals may ask you the same questions (for example, "Do you have any allergies?") That is all part of the plan to make sure that you receive safe care. Be sure to tell your health care team about all medications you take, including any over-the-counter medications or nutritional/herbal supplements.
6. Compare expectations. Tell your primary care physician what you expect from the treatment and ask if that is realistic. Discuss potential side effects, pain, expected recovery time, and any long term limitations.
7. Consider writing an advance directive. This will explain to your primary physician who you want to have speak on your behalf regarding future treatment, if you can no longer speak for yourself. An advance directive also gives you a way to give specific instructions about what future medical care you wish to receive.
8. Make sure you know who is taking care of you. Their photo identification badge should be always visible. Please ask them to identify what their name is and what their job is, if they have not introduced themselves to you.
9. When you pick up a prescription or medication, look at it closely and make sure you understand what it is being taken for. If it does not look like what you usually take or the label is confusing, ask about it. Discuss any questions you have about a new medication with the pharmacist. Make sure the pharmacist is aware of all medications—prescription and nonprescription—that you take in order to prevent possible interactions between medications.
10. It is a good idea to keep a list of all medications that you take (including nonprescription and herbal supplements) with you at all times. This allows the physician to assess your medications, and make sure there is not a conflict with what you are currently taking with what they may want to prescribe. This is important during a doctor visit or during an admission to a hospital.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

11. When your appointment is coming to a close, make sure your practitioner has explained what you should do at home. You will receive instructions in writing. Be sure you can understand the instructions and ask any questions you may have before you leave the office. You can also ask for a call-back number for your primary physician in case further questions arise, in addition to what type of follow-up is needed, if any.
12. If you have difficulty reading, remembering things, or are just anxious about your condition, it is a good idea to bring a friend or family member with you to your appointment. They can act as your advocate and help you remember the information you received from your clinician or physician.
13. Wash your hands often. Studies have shown that simple hand washing (after using the bathroom, before preparing foods or meals) can reduce infection. We also want you to feel comfortable in reminding the healthcare staff to also wash their hands. Sometimes this can be forgotten in the hectic schedule of the medical office setting, but is really important in order to keep you safe.

Achieving better health through care management

Through such services as our care management program, we are continuing to build on the idea that the best way for you to achieve better health is to approach your care through early detection and effective management of health conditions. As part of a national health care organization, our care management program gathers the most successful clinical methods developed by our

physicians and combines them with the latest in medical research. The care management program then works with each Kaiser Permanente region in the country to apply that knowledge to patient care.

The care management program also offers information on evidence-based modern medical treatments to support our physicians in managing and preventing the complications of such chronic illnesses as diabetes, asthma, high blood pressure, and coronary artery disease. Most importantly, through care management, you not only benefit from better health, but also gain the confidence and the ability to participate actively in your own care.

How your physician is paid

Our compensation to physicians who offer health care services to our members or enrollees may be based on a variety of payment mechanisms such as fee-for-service payment, salary, or capitation. Bonuses may be used with these various types of payment methods.

If you desire additional information about our methods of paying physicians, or if you want to know which method(s) applies to your physician, please contact Member Services or write us at Kaiser Permanente, Member Services, 2101 East Jefferson Street, Rockville, MD 20852.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

How Kaiser Permanente Medicare Plus Physicians are Paid

Definitions of how health plans may pay physicians for your health care services, with a simple example of **how each payment mechanism works**.

Terms	The example shows how Dr. Jones, an obstetrician/gynecologist, would be compensated under each method of payment.
Salary 0%*	<p>A physician is an employee of the HMO and is paid compensation (monetary wages) for providing specific health care services.</p> <p>Since Dr. Jones is an employee of an HMO, she receives her usual bi-weekly salary regardless of how many patients she sees or the number of services she provides. During the months of providing pre-natal care to Mrs. Smith, who is a member of the HMO, Dr. Jones' salary is unchanged. Although Mrs. Smith's baby is delivered by Cesarean section, a more complicated procedure than a vaginal delivery, the method of delivery will not have any effect upon Dr. Jones' salary.</p>
Capitation 5.8%*	<p>A physician (or group of physicians) is paid a fixed amount of money per month by an HMO for each patient who chooses the physician(s) to be his or her doctor. Payment is fixed without regard to the volume of services that an individual patient requires.</p> <p>Under this type of contractual arrangement, Dr. Jones participates in an HMO network. She is not employed by the HMO. Her contract with the HMO stipulates that she is paid a certain amount each month for patients who select her as their doctor. Since Mrs. Smith is a member of the HMO, Dr. Jones' monthly payment does not change as a result of her providing ongoing care to Mrs. Smith. The capitation amount paid to Dr. Jones is the same whether or not Mrs. Smith requires obstetric services.</p>
Fee-for-Service 0%*	<p>A physician charges a fee for each patient visit, medical procedure, or medical service provided. An HMO pays the entire fee for physicians it has under contract and an insurer pays all or part of that fee, depending on the type of coverage. The patient is expected to pay the remainder.</p> <p>Dr. Jones' contract with the insurer or HMO states that Dr. Jones will be paid a fee for each patient visit and each service she provides. The amount of payment Dr. Jones receives will depend upon the number, types, and complexity of services, and the time she spends providing services to Mrs. Smith. Because Cesarean deliveries are more complicated than vaginal deliveries, Dr. Jones is paid more to deliver Mrs. Smith's baby than she would be paid for a vaginal delivery. Mrs. Smith may be responsible for paying some portion of Dr. Jones' bill.</p>

*Health Plan contracts exclusively with Mid-Atlantic Permanente Medical Group, P.C. (MAPMG), which employs nearly 1,000 full- and part-time physicians. MAPMG provided more than 93%¹ of physician services to Kaiser Permanente enrollees in 2012. MAPMG receives budgeted prepayment calculated according to expected membership and utilization; this method of compensation is not capitation as defined by Maryland insurance regulation. This arrangement may not be adequately represented in categories available here.

¹ Derived from internal data.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Discounted Fee-for-Service 94.2%*	<p>Payment is less than the rate usually received by the physician for each patient visit, medical procedure, or service. This arrangement is the result of an agreement between the payer, who gets lower costs and the physician, who usually gets an increased volume of patients.</p> <p>Like fee-for-service, this type of contractual arrangement involves the insurer or HMO paying Dr. Jones for each patient visit and each delivery; but, under this arrangement, the rate, agreed upon in advance, is less than Dr. Jones' usual fee. Dr. Jones expects that in exchange for agreeing to accept a reduced rate, she will serve a certain number of patients. For each procedure that she performs, Dr. Jones will be paid a discounted rate by the insurer or HMO.</p>
Bonus 0%*	<p>A physician is paid an additional amount over what he or she is paid under salary, capitation, fee-for-service, or other type of payment arrangement. Bonuses may be based on many factors, including member satisfaction, quality of care, control of costs, and use of services.</p> <p>An HMO rewards its physician staff or contracted physicians who have demonstrated higher than average quality and productivity. Because Dr. Jones has delivered so many babies and she has been rated highly by her patients and fellow physicians, Dr. Jones will receive a monetary award in addition to her usual payment.</p>
Case Rate 0%*	<p>The HMO or insurer and the physician agree in advance that payment will cover a combination of services provided by both the physician and hospital for an episode of care.</p> <p>This type of arrangement stipulates how much an insurer or HMO will pay for a patient's obstetric services. All office visits for prenatal and postnatal care, as well as the delivery, and hospital-related charges are covered by one fee. Dr. Jones, the hospital, and other providers (such as an anesthesiologist) will divide payment from the insurer or HMO for the care provided to Mrs. Smith.</p>

**Health Plan contracts exclusively with Mid-Atlantic Permanente Medical Group, P.C. (MAPMG), which employs nearly 1,000 full- and part-time physicians. MAPMG provided more than 93%¹ of physician services to Kaiser Permanente enrollees in 2012. MAPMG receives budgeted prepayment calculated according to expected membership and utilization; this method of compensation is not capitation as defined by Maryland insurance regulation. This arrangement may not be adequately represented in categories available here.*

¹ Derived from internal data.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Compensation for providers of behavioral care services

It is important to us that you understand how providers of behavioral care services are paid.

We provide our members with access to behavioral care services through different types of providers who are compensated in different ways. We compensate a provider depending on his or her relationship to the health plan. These relationships include the following:

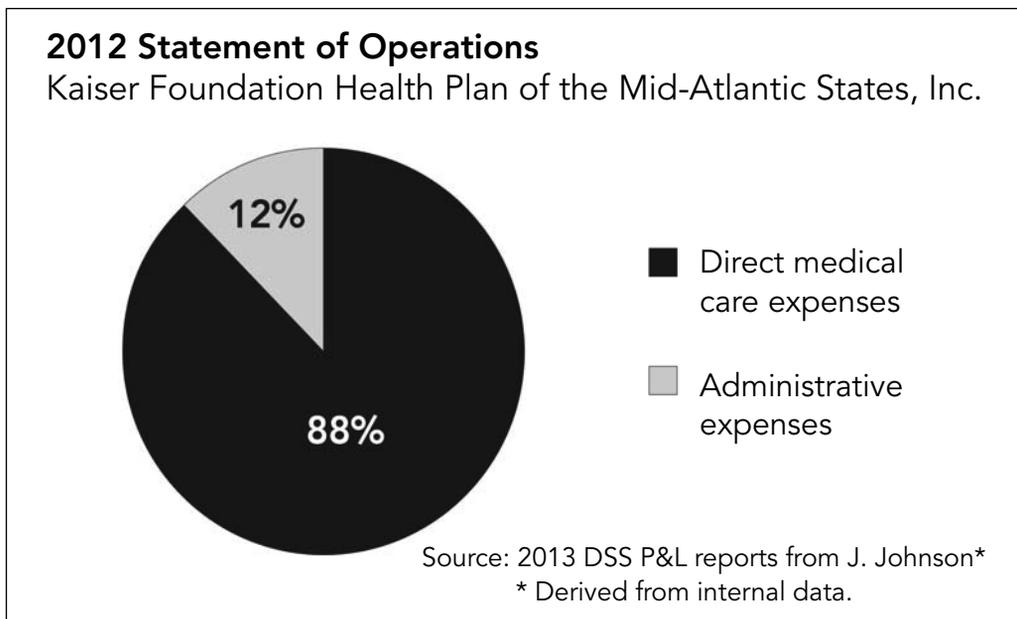
1. Providers, such as social workers and clinical psychologists, who are employees of the health plan and are paid a salary;
2. Physicians of the Mid-Atlantic Permanente Medical Group, P.C. (MAPMG) who are paid a salary by MAPMG, which receives a capitated payment from Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. to provide physician services to Kaiser Permanente members;
3. Contracted providers who receive discounted, fee-for-service payments for services rendered to members;
4. A managed behavioral health care organization which is compensated on a discounted fee-for-service basis.

This arrangement is the result of an agreement between the Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., MAPMG, and the managed behavioral health care organization.

If you would like more information about our methods of paying providers, or if you want to know which method applies to your provider, please contact Member Services. You can also write us at Kaiser Permanente Member Services, 2101 East Jefferson Street, Rockville, MD 20852.

How your premium dollars are spent

In order for you to evaluate and compare health plan choices, we believe you should be provided with information on a variety of topics. It's important to us that you understand how physicians are compensated and how much of your premium dollar is going for health care delivery costs, rather than for plan administration, profits, or other uses.



Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Utilization Management/Resource Stewardship program

Quality and efficient care through resource stewardship

To ensure we are good resource stewards, we have several programs designed to review and continuously improve our systems and the quality of care and service members receive.

Appropriate decision making

The staff of the health plan, Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., administer benefits, ensure compliance with laws and regulations, screen for quality of care, review how care and services are used, arrange for your ongoing care, and help organize the many facets of your care.

Decisions made by the health plan about which care and services are provided are based on the member's clinical needs, the appropriateness of the care and service, and health plan coverage. The health plan does not make decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits. The health plan does not specifically reward, hire, promote, or terminate practitioners or other individuals for issuing denials of coverage or care. No financial incentives exist that encourage decisions that specifically result in denials or create barriers to care and service. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. In order to maintain and improve the health of our members, all practitioners and health professionals should be especially diligent in identifying any potential underutilization of care or service.

Commitment to quality and compliance

The health plan and medical group regularly screen for quality of care and review how care and services are used to ensure we remain the leader in quality in the Mid-Atlantic States area.

We also have staff who review our programs to make sure we are complying with laws and regulations and that we are administering benefits properly.

Resource stewardship at Kaiser Permanente

Personal physicians provide and coordinate members' timely and medically appropriate care. Resource stewardship is the process Kaiser Permanente uses to work with your personal physician to assure that authorization necessary for medically appropriate care is provided to you before elective services are rendered.

Resource stewardship activities occur across all health care settings at Kaiser Permanente, including medical centers, affiliated hospitals, skilled nursing facilities, rehabilitation centers, home health, hospices, chemical dependency centers, emergency rooms, ambulatory surgery centers, laboratories, pharmacies, and radiology facilities.

Utilization Management (UM) staff are available at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues. Staff can receive inbound communication regarding UM issues after normal business hours and can send outbound communication regarding inquiries during normal business hours.

Staff identify themselves by name, title and organization name when initiating or returning calls regarding UM issue.

Accessibility is important for all members, including members with special needs. Telecommunications device for the deaf (TDD) or teletypewriter (TTY) services are available for members who need them. Communication with deaf, hard of hearing, or speech-impaired members is handled through Telecommunications Device for the Deaf (TDD) or teletypewriter (TTY) services. TDD/TTY is an electronic device for text communication via a telephone line, used when one or more parties have hearing or speech difficulties. Kaiser Permanente staff has

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

the ability to send and receive messages with the deaf, hard of hearing, or speech impaired KPMAS members through Member Services. Non-English speaking members may discuss utilization management issues, requests and concerns through the Kaiser Permanente language assistance program offered by an interpreter, bilingual staff, or the language assistance line. Utilization Management Operations Center staff has the language line programmed into their phones to enhance timely communication with non-English speaking members. Language assistance services are provided to members free of charge.

If you want to find out more about resource stewardship, contact a Member Services representative, who can give you information about the status of a referral or an authorization, give you a copy of our criteria, guidelines, or protocols (provided free of charge) used for decision making, answer your questions about a denial decision, or connect you with a member of the resource stewardship/utilization management program.

Medically appropriate care

Medically appropriate care is defined as care necessary for the diagnosis, treatment, and/or management of a medical condition within accepted standards and performed in a capable setting at the precise time required to treat the member.

Appropriately trained and credentialed physicians will use their expert clinical judgment and/or evidence-based medical criteria in reviewing for medical appropriateness.

Only a physician may make a denial based on medical appropriateness. In the event any service is denied because it does not meet criteria or is not a covered benefit, members may appeal. Information about how to file an appeal is in your current Kaiser Permanente Medicare Plus *Evidence of Coverage* or RI 73-47 booklet for federal members, or you may call Member Services.

Practitioner and provider quality assurance and credentialing

The credentialing process is designed to ensure that all licensed independent practitioners and allied health practitioners under contract with the Mid-Atlantic Permanente Medical Group, P.C. and Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., are qualified, appropriately educated, trained, and competent. The credentialing process is conducted in such a way so as to assure that there is no discrimination with regard to race, ethnic/national identity, gender, age, sexual orientation, types of procedures, or types of patients.

All participating practitioners must be able to deliver health care according to Kaiser Permanente standards of care and all appropriate state and federal regulatory agency guidelines to ensure high quality of care and patient safety. The credentialing process follows applicable accreditation agency guidelines, such as those set forth by the National Committee for Quality Assurance (NCQA) and Kaiser Permanente.

Provider responsibilities

In the credentialing process, providers are responsible for

- Submitting a completed application and all required documentation before a contract is signed.
- Producing accurate and timely information to ensure proper evaluation of the credentialing application.
- Providing updates or changes to an application.
- Providing a current certificate of insurance when initiating a credentialing application. A certificate of insurance must also be submitted at annual renewal.
- Cooperating with pre-credentialing site and medical record-keeping review process.
- Providing a minimum of 60 days notice to health plan of intent to terminate contract.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Provider rights

Provider rights in the credentialing process include

- Reviewing the information contained in his or her credentials file.
- Correcting erroneous information contained in his or her credentials file.
- Being informed, upon request, of the status of their application.
- Appealing decisions of the credentialing committee if he/she has been denied re-credentialing, had their participating status changed, been placed under a performance improvement plan, or had any adverse action taken against them.

These rights may be exercised by contacting the Kaiser Permanente Practitioner and Provider Quality Assurance Department by phone 301-816-5853, fax 301-816-7133 (TTY 711), Monday through Friday 9 a.m. to 5 p.m., or mail to:

Kaiser Permanente Practitioner and Provider Quality Assurance, 6 West
2101 East Jefferson Street
Rockville, MD 20852

Board certification policy

We accept the following boards

- Entry in:
 - American Board of Medical Specialties (ABMS), or
 - American Osteopathic Association (AOA) Directory of Osteopathic Physicians, or
 - American Medical Association (AMA) profile.
- American Board of Oral and Maxillofacial Surgeons
- American Podiatric Medical Association (APMA)
- American Academy of Nurse Practitioners
- American Association of Nurse Anesthetists
- American Midwifery Certification Board
- ANCC Certification for Nurse Practitioners
- NCCPA Certification for Physician Assistants

MAPMG and network physicians and podiatrists must obtain and maintain specialty board certification in an American Board of Medical Specialties (ABMS) or American Podiatric Medical Association (APMA) recognized specialty throughout the life of their contract or employment with Kaiser Permanente.

Failure to obtain board certification within 5 years of the original contract or employment date will result in removal/termination of credentials.

Physicians and podiatrists whose certification lapses during the course of their contract or employment will be given two years following the expiration of their board certification to obtain recertification. (This does not apply to hourly MAPMG physicians). Physicians who were practicing in a specialty prior to the establishment of board certification of that specialty are exempt from this policy with respect to that specialty.

Notification

Participating providers must notify us regarding any updates or changes to their application or credentials. These updates and/or changes are reviewed according to the credentialing procedures outlined by Kaiser Permanente and are included in the participating provider credentials file. These may include, but are not limited to

- Voluntary or involuntary medical license suspension, revocation, restriction, or report filed.
- Voluntary or involuntary hospital privileges reduced, suspended, revoked, or denied.
- Any disciplinary action taken by a hospital, HMO, group practice, or any other health provider organization.
- Medical malpractice action.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Fuel your good health with knowledge

We encourage you to learn more about your physician's background and the quality of area hospitals. Being informed can help you stay healthy. In addition to **kp.org**, there are many other sites that provide helpful information. To find information about the education, training, and qualifications of your physician, look at the online medical staff directory and the Provider Directory at **kp.org**. You may also call Member Services.

Each state requires that physicians be licensed in that jurisdiction in order to practice. The licensing authorities in each state make certain information available. To find out more about the education, training, and licensure status of any physician practicing in Maryland, Virginia, or Washington, D.C., visit the following websites:

- Maryland: <http://www.mbp.state.md.us/>
- Virginia: www.vahealthprovider.com
- Washington, D.C.: <http://164.82.148.59/Physician%20Profile%20Lookup/Search.aspx>

Board certification denotes that a physician has gone beyond the necessary requirements for licensure and has fulfilled certification requirements established by a specialty board. A physician's status as board certified indicates that he or she has the appropriate knowledge, skills, and experience needed to deliver quality care in a specific area of medicine.

To verify a physician's board certification status from one of the 24 specialty groups accredited by the American Board of Medical Specialties, visit abms.org. Ninety-five percent of the physicians in Mid-Atlantic Permanente Medical Group, P.C. are board certified. Hospitals and nursing facilities are licensed by the jurisdiction in which they operate. In addition, other regulatory or accreditation entities also rate quality. To find quality information about a specific hospital,

nursing home, or skilled nursing facility visit the following websites:

- The Joint Commission: www.jointcommission.org/QualityCheck
- Maryland Health Care Commission: www.mhcc.maryland.gov
- Quality Improvement Organization for the State of Maryland: www.mdqio.org/consumers/links.html
- Virginia Health Information: www.vhi.org
- Official U.S. government site for people with Medicare: www.medicare.gov

We also encourage you to review hospital specific information concerning safety practices. The Leapfrog Group (leapfroggroup.org) works to identify problems that could harm patients and proposes solutions designed to improve hospital systems and reduce preventable medical mistakes.

The following hospitals affiliated with Kaiser Permanente have completed the Leapfrog Group's Hospital Quality and Safety Survey:

- Reston Hospital Center
- Virginia Hospital Center
- The University of Maryland Medical Center

Survey results are available at leapfroggroup.org.

Kaiser Permanente cannot vouch for the accuracy, completeness, or the integrity of data provided via commercial websites. (Some sites charge a fee for each query.) Members are urged to exercise caution when gathering information from these sites, and/or drawing conclusions about the overall quality of care of a health care provider based exclusively on such data. Data from such sources may not be reliable because, it may not be appropriately validated or may lack suitable risk-adjustment methodologies that would neutralize case mix disparities among facilities or practitioners.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Practitioner information provided to subscribers

Doctors of medicine, osteopathy, and podiatry who practice in Virginia are required by law to provide patients, at their request, the following information about how to access provider records pertaining to the provider's education; licensure; specialty; years of active practice; practice address; disciplinary information; and other competency-related information. To access this information directly, you may contact the Virginia Board of Medicine at www.vahealthprovider.com.

How to find quality information about specific facilities

Hospitals and nursing facilities are licensed by the jurisdiction in which they operate. In addition, other regulatory or accreditation entities also rate quality. For information from those organizations, visit the following Web sites:

- The Joint Commission—<http://www.qualitycheck.org/consumer/searchQCR.aspx>
- Maryland Health Care Commission—<http://mhcc.maryland.gov/consumerinfo/hospitalguide/index.htm>
- Virginia Health Information—www.vhi.org
- The Official U.S. Government Site for People with Medicare—www.medicare.gov

We also encourage you to go to leapfroggroup.org to review hospital-specific information concerning safety practices. The Leapfrog Group works to identify problems that could harm patients and proposes solutions designed to improve hospital systems and reduce preventable medical mistakes.

Experimental and investigational services

A service is experimental or investigational for a member's condition if any of the following statements apply to it as of the time the service is or will be provided to the member.

The service:

1. Cannot be legally marketed in the United States without the approval of the Food and Drug Administration (FDA); or
2. Is the subject of a current new drug or new device application on file with the FDA and not yet granted approval; or
3. 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
4. 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; or
5. Lacks sufficient peer-reviewed clinical evidence to support safety and effectiveness for its intended use.

In making decisions about whether a service is experimental or investigational, the following sources of information may be reviewed:

1. The member's medical records,
2. Written protocols or other documents related to the service that has been or will be provided,
3. Any consent documents the member or member's representative has executed or will be asked to execute to receive the services,

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

4. The files and records of the IRB or similar body that approves or reviews research at the institution where service has been or will be provided and other information concerning the authority or actions of the IRB or similar body,
5. The peer-reviewed medical and scientific literature regarding the requested service, as applied to the member's medical condition;
6. Technology assessments performed by Kaiser Permanente and technology assessments performed by organizations external to Kaiser Permanente; and
7. Regulations, records, applications, and any other documents or actions issued by, filed with, or taken by the FDA, the Office of Technology Assessment, other agencies within the United States Department of Health and Human Services, or any state agency performing similar functions.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. in collaboration with Mid-Atlantic Permanente Medical Group, uses the information described above to decide if a particular service is experimental or investigational.

Note: As a general rule, we do not provide coverage for experimental services. However, we do cover clinical trials in accordance with your current *Evidence of Coverage*.

Clinical trials

Medicare covers routine costs of qualifying clinical trials, as well as reasonable and necessary items and services used to diagnose and treat complications arising from participation in all clinical trials.

You may remain enrolled in Kaiser Permanente Medicare Plus even if you elect to participate in a clinical trial. Kaiser Permanente will coordinate services related to the clinical trial and deliver your care unrelated to the clinical trial. Please see your current *Evidence of Coverage* or call 1-800-MEDICARE (TTY 1-877-486-2048), 24 hours a day, seven days a week, for additional information.

Investigation and approval of new and emerging medical technologies

Nearly every day, medical research identifies promising new drugs, procedures, and devices for the diagnosis, prevention, treatment, and cure of diseases. To assist physicians and patients in determining whether or not a new drug, procedure, or device is medically necessary and appropriate, our technology review and implementation committee, in collaboration with the Interregional New Technologies Committee and the Medical Technology Assessment Unit of Southern California, Kaiser Permanente provides answers to critical questions regarding the indications for use, safety, effectiveness, and relevance of new and emerging technologies for the health care delivery system.

These interdisciplinary committees and technology assessment units are primary sources of information about the new medical technologies or new uses of existing technology. Various health care professionals including primary care physicians, specialists, ethicists, research analysts, and managers serve on the committees. The committees and the national technology assessment unit have access to subject matter experts, peer-reviewed literature, and technology assessments from within Kaiser Permanente and also from sources external to Kaiser Permanente, such as academic institutions and commercial technology assessment entities. If compelling scientific evidence is found that a new technology is comparable to the safety and effectiveness of currently available drugs, procedures, or devices, the committees may recommend that the new technology be implemented internally by Kaiser Permanente and/or authorized for coverage from external sources of care for its indication(s) for use. This technology assessment process is expedited when clinical circumstances merit urgent evaluation of a new and emerging technology.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

The Regional Pharmacy and Therapeutics (P&T) Committee is responsible for developing and implementing policies about drugs and diagnostic testing materials. The major role of the committee is to review drugs and materials for approval and disapproval as well as establishing drug utilization guidelines. The committee includes physicians, medical practitioners, clinical pharmacists, nurses, and a clinical practice guidelines specialist.

The P&T committee may evaluate or reevaluate any drugs approved by the Food and Drug Administration (FDA). Along with medical specialty experts, the P&T committee evaluates and selects those available medications considered to be the most appropriate for patient care. A formulary, or list of approved drugs, is then developed. The formulary development process is based on sound clinical evidence that supports the safe, appropriate, and cost-effective use of drugs.

Hospitalization and home visits following a mastectomy

Kaiser Permanente provides benefits for reconstructive breast surgery related to a mastectomy as required by the Women's Health and Cancer Rights Act of 1998. "Mastectomy" means "the surgical removal of all or part of the breast."

Coverage for reconstructive surgery includes reconstruction of the breast and other mastectomy-related benefits such as coverage for prostheses and physical complications.

Maryland Law requires coverage for not just reconstructive breast surgery but physical complications of all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

Maryland law also requires that coverage include inpatient hospitalization of no less than 48 hours following a mastectomy. A covered

patient may request a shorter stay, however if the request results in less than a 48 hour stay, the carrier is required to provide one home visit to occur within 24 hours of the discharge and an additional home visit if prescribed.

For more information about member benefits and services available with Kaiser Permanente, please call Member Services.

Immunization reporting for Baltimore City and Washington, D.C. residents

Kaiser Permanente works with two immunization programs that keep records on file: the Baltimore Immunization Registry Program (BIRP) and the Washington, D.C. Immunization Program. By law, we must provide immunization records for children who live in Baltimore City and Washington, D.C. No matter what actions you take regarding these registries, Kaiser Permanente doctors are required to provide the required records and will be able to view the immunization records these agencies keep on file.

Baltimore City residents

The Baltimore Immunization Registry Program collects immunization records for Baltimore City children ages six and younger. This data is stored in the city health department tracking system. The program helps if you:

- Misplace your child's record and need a copy
- Need to send your child's immunization records to a new doctor
- Need a reminder to schedule immunizations

The registry information is available to

- Your doctor or your child's doctor (for missing information)
- The Baltimore City Health Department staff
- Baltimore City Public Schools
- Other agencies as allowed by law

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

If you do not want to share the immunization information with other people or organizations, you must complete an opt-out form, which is available at the Baltimore City Health Department or online at www.birp.net. When you opt out, outside groups cannot see your child's immunization record without signed permission. However, the immunization record will remain in BIRP. To pick up a form, please call the Baltimore City Health Department at the numbers below. You can set up a time to come to the office to sign or return the form.

For more information, contact:

Baltimore City Health Department
Bureau of Immunization
1800 North Chares St., Sixth Floor
Baltimore, MD 21202
410-545-3048 or 410-396-4454

Washington, D.C. residents

The Washington, D.C. Immunization Registry collects immunization data for Washington, D.C., children ages 17 years and younger. Records are stored in the city's health department system. The program helps if:

- You need a copy of your child's immunization record
- A doctor needs information on the last required immunization dates
- Your child's daycare, school system, or college asks for missing immunizations

The registry information is available to approved users, such as:

- Your doctor or your child's doctor (for missing information)
- The Washington, D.C. Health Department
- Washington, D.C. School System
- Other public agencies and companies working with the registry (such as your child's daycare provider)

Outside agencies might want to know if you or your child is current with scheduled immunizations. If this happens, your city's registry program will contact you and ask for your permission to share the information.

If you do not want the immunization information shared with other people or organizations, call to opt-out of sharing your child's information. To opt out or for more information, contact:

D.C. Department of Health Immunization Registry
5323 Georgia Ave., NW
Washington, D.C. 20011
202-576-7130

Member rights and responsibilities: Our commitment to each other

Kaiser Permanente is committed to providing you and your family with quality health care services. In a spirit of partnership with you, here are the rights and responsibilities we share in the delivery of your health care services.

Member rights

As a member of Kaiser Permanente, you have the right to receive information that empowers you to be involved in health care decision making. This includes your right to

- a. Actively participate in discussions and decisions regarding your health care options.
- b. Receive and be helped to understand information related to the nature of your health status or condition, including all appropriate treatment and nontreatment options for your condition and the risks involved—no matter what the cost is or what your benefits are.
- c. Receive relevant information and education that helps promote your safety in the course of treatment.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

- d. Receive information about the outcomes of health care you have received, including unanticipated outcomes. When appropriate, family members or others you have designated will receive such information.
- e. Refuse treatment, providing you accept the responsibility and consequences of your decision.
- f. Give someone you trust the legal authority to make decisions for you if you ever become unable to make decisions for yourself by completing and giving us an Advance Directive, a durable power of attorney for health, living will, or other health care treatment directive. You can rescind or modify these documents at any time.
- g. Receive information about research projects that may affect your health care or treatment. You have the right to choose to participate in research projects.
- h. Receive access to your medical records and any information that pertains to you, except as prohibited by law. This includes the right to ask us to make additions or corrections to your medical record. We will review your request based on HIPAA criteria to determine if the requested additions are appropriate. If we approve your request, we will make the correction or addition to your protected health information. If we deny your request, we will tell you why and explain your right to file a written statement of disagreement. You or your authorized representative will be asked to provide written permission before your records are released, unless otherwise permitted by law.

Receive information about Kaiser Permanente and your plan. This includes your right to

- a. Receive information in languages other than English, in large print or other alternative formats.
- b. Receive the information you need to choose or change your primary care physician, including the name, professional level, and credentials of the doctors assisting or treating you.
- c. Receive information about Kaiser Permanente, Kaiser Permanente Medicare Plus (Cost), our services, our practitioners and providers, and the rights and responsibilities you have as a member. You also can make recommendations regarding Kaiser Permanente's member rights and responsibility policies.
- d. Receive information about financial arrangements with physicians that could affect the use of services you might need.
- e. Receive emergency services (Medicare or Part D drug) when you, as a prudent layperson, acting reasonably, would have believed that an emergency medical condition existed.
- f. Receive covered urgently needed services when traveling outside Kaiser Permanente's service area.
- g. Receive information about what services are covered and what you will have to pay and examine an explanation of any bills for services that are not covered.
- h. File a complaint, grievance, or appeal about Kaiser Permanente (Medicare or Part D) or the care you received without fear of retribution or discrimination, expect problems to be fairly examined, and receive an acknowledgement and a resolution in a timely manner.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Receive professional care and service. This includes your right to

- a. See plan providers, get covered health care services and get your prescriptions filled within a reasonable period of time and in an efficient, prompt, caring, and professional manner.
- b. Have your medical care, medical records, and protected health information handled confidentially and in a way that respects your privacy.
- c. Be treated with respect and dignity.
- d. Request that a staff member be present as a chaperone during medical appointments or tests.
- e. Receive and exercise your rights and responsibilities without any discrimination based on age, gender, sexual orientation, race, ethnicity, religion, disability, medical condition, national origin, educational background, reading skills, ability to speak or read English, or economic or health status including any mental or physical disability you may have.
- f. Request interpreter services in your primary language at no charge.
- g. Receive health care in facilities that are environmentally safe and accessible to all.

Member responsibilities

As a member of Kaiser Permanente, you have the responsibility to

Promote your own good health

- a. Be active in your health care and engage in healthy habits.
- b. Select a primary care physician. You may choose a doctor who practices in the specialty of internal medicine, pediatrics, or family practice as your primary care physician.
- c. To the best of your ability, give accurate and complete information about your health history and health condition to your doctor or other health care professionals treating you.

- d. Work with us to help you understand your health problems and develop mutually agreed upon treatment goals.
- e. Talk with your doctor or health care professional if you have questions or do not understand or agree with any aspect of your medical treatment.
- f. Do your best to improve your health by following the treatment plan and instructions your physician or health care professional recommends.
- g. Schedule the health care appointments your physician or health care professional recommends.
- h. Keep scheduled appointments or cancel appointments with as much notice as possible.
- i. Inform us if you no longer live or work within the plan service area.

Know and understand your plan and benefits

- a. Read about your health care benefits and become familiar with them. Detailed information about your plan, benefits, and covered services is available in your *Evidence of Coverage*. Call us when you have questions or concerns.
- b. Pay your plan premiums and bring payment with you when your visit requires a copayment, coinsurance, or deductible.
- c. Let us know if you have any questions, concerns, problems or suggestions.
- d. Inform us if you have any other health insurance or prescription drug coverage.
- e. Inform any network or nonparticipating provider from whom you receive care that you are enrolled in our plan.

Promote respect and safety for others

- a. Extend the same courtesy and respect to others that you expect when seeking health care services.
- b. Assure a safe environment for other members, staff, and physicians by not threatening or harming others.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Maintaining your privacy

Maintaining the confidentiality of your personal and medical information, whether oral, written, or electronic, is an important part of our commitment to provide you with quality health care. We are just as committed to providing you with a complete description of our privacy policy and how it affects your information.

Annual privacy notice

A complete description of our privacy practices appear in our "Notice of Privacy Practices," effective April 14, 2003. Some states require that we provide you with this additional description of our privacy practices on an annual basis. It is designed to inform you about the types of individually identifiable information collected; how such information is used; the circumstances under which we share it within our medical care program; and the circumstances under which nonpublic, personal health and financial information is disclosed to people outside our program.

Our policy

The Kaiser Permanente Medical Care Program is committed to protecting the privacy of its members and patients, including former members and patients. We consider maintaining the confidentiality of your personal health and financial information important to our mission of providing quality care to members. We maintain policies regarding confidentiality of individually identifiable health and financial information, including policies regarding access to medical records and disclosure of health and financial information. All Kaiser Permanente staff and employees are required to maintain the confidentiality of members' and former members' individually identifiable health and financial information. The unauthorized disclosure of individually identifiable health and financial information is prohibited. Permanente Medical Group physicians, medical professionals, practitioners, and providers with whom we contract are also subject to maintaining confidentiality.

Information collected

We collect various types of nonpublic personal health and financial information either from you or from other sources in order to provide health care services and customer service, evaluate benefits and claims, administer health care coverage, and fulfill legal and regulatory requirements. This includes medical information, including medical and hospital records, mental health records, laboratory results, X-ray reports, pharmacy records, and appointment records.

Following are other examples of the types of information:

- Contained on surveys, applications, and related forms, such as your name, address, date of birth, Social Security number, gender, marital status, and dependents.
- About your relationship with Kaiser Permanente such as medical coverage purchased, medical services received, account balances, payment history, and claims history.
- Provided by your employer, benefits plan sponsor, or association regarding any group coverage you may have.
- From consumer or medical reporting agencies or other sources such as credit history, medical history, financial background, and demographic information.
- From visitors to our websites such as online forms, site visit data, and online communications.

Uses of shared information

Certain nonpublic personal health and financial information of members and former members will need to be used or shared during the normal course of our doing business and providing you services. We may use or disclose nonpublic personal health and financial information under certain circumstances, which may include the following:

- Personal health and financial information will be shared only with proper written authorization as required by law or as expressly required or permitted by law without written authorization.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

- Personal health and financial information will be shared within the Kaiser Permanente Medical Care Program in order to provide services to you and to meet our responsibilities under the law such as quality assurance, reviewing the competence or qualifications of health care providers, conducting training programs for health care providers, fraud and abuse detection and compliance programs, certification, licensing and credentialing, research, compiling information for use in a legal proceeding, and billing and payment.
- Demographic information, such as information from your enrollment application, may be shared within our program to enable us to provide customer service or account maintenance in connection with your benefits.
- Information such as your name, address, or telephone number may be used by the Kaiser Permanente Medical Care Program to tell you about other products or services that might be useful or beneficial to you.
- Under the federal Fair Credit Reporting Act, we are permitted to share your name, address, and facts about your transactions and experiences with us (such as payment history) within the Kaiser Permanente Medical Care Program.

Information shared with nonaffiliated third parties

We occasionally disclose nonpublic personal health and financial information of members and former members outside of the Kaiser Permanente Medical Care Program for the following activities:

- State and federal law generally requires that we disclose health and financial information when disclosure is compelled by a court, a board, a commission or an administrative agency, a party to a proceeding before a court or an administrative hearing pursuant to a subpoena or other provision authorizing

discovery, an arbitrator or arbitration panel, a search warrant, or a coroner.

- State and federal law also requires other disclosures including, among other things, records of communicable diseases, and workers' safety or industrial accident records disclosed to public agencies; birth and death information; and state tumor registries.
- State and federal law permits the disclosure of health information without patient authorization under specific circumstances including, among other things, disclosures to providers or health plans for purposes of diagnosis or treatment of a patient, emergency medical personnel, peer review committees, public licensing agencies, and private accrediting bodies.
- Information may be shared with other companies that perform services on our behalf to develop and mail information to our customers about products and services.

Protecting information

The Kaiser Permanente Medical Care Program protects the confidentiality and security of private information of members and former members. We maintain physical, electronic, and procedural safeguards that comply with federal and state standards to protect your private information and to assist us in preventing unauthorized access to that information. Employee access to personal health and financial information is provided on a business need-to-know basis, such as to make benefit determinations, pay claims, manage care, manage the quality of care, underwrite coverage, administer a plan, or provide customer service.

Regional notice of privacy practices available

Our regional Notice of Privacy Practices (Notice), which you have received, describes how your medical information may be used and disclosed and how you can get access to it. We want to

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

remind you about the notice and how you may obtain another copy if needed. This notice is part of the federal Health Insurance Portability and Accountability Act (HIPAA), which went into law in 2003. Protected health information is an important part of the HIPAA rule. We recently made changes to our Notice of Privacy Practices, effective September 23, 2013. We are required to let you know when we make such changes.

These changes include:

- Expanded definition of protected health information (PHI)
- Addition of our responsibility to notify you if there is a breach of your unsecured PHI
- Addition of your right to request PHI in electronic format or have it sent to a third party and to request that your treatment PHI not be shared with the health plan as long as you pay for that treatment out of pocket in full

We've also clarified parts of our privacy practices. These cover:

- How we may use or disclose your PHI to verify your identity, to exchange health information when you are getting treatment someplace else, for underwriting, and for fundraising
- Instances in which we may request your authorization for use or disclosure of PHI, such as marketing, sale of PHI, and psychotherapy notes

Download the latest Notice at kp.org/privacy. If you have questions or want to request a printed copy, call our Member Service Contact Center at **1-800-464-4000**, 24 hours a day, seven days a week (closed holidays), or for TTY for the deaf, hard of hearing, or speech impaired, call **1-800-777-1370**. This applies to fully insured health plan members and current/former patients of Kaiser Foundation Hospitals and regional Permanente Medical Groups.

Kaiser Foundation Health Plan, Inc. and subsidiaries and affiliated entities

- Kaiser Foundation Health Plan, Inc.
- Kaiser Foundation Health Plan of Colorado
- Kaiser Foundation Health Plan of Georgia, Inc.
- Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
- Kaiser Foundation Health Plan of the Northwest
- 1800 Harrison Foundation
- Camp Bowie Service Center
- Kaiser Health Alternatives
- Kaiser Health Plan Asset Management, Inc.
- Kaiser Permanente Insurance Company
- Kaiser Properties Services, Inc.
- KP Cal, LLC
- Lokahi Assurance, Ltd.
- Oak Tree Assurance, Ltd.
- OHP
- Ordway Indemnity, Ltd.
- Ordway International, Ltd.
- Rainbow Dialysis, LLC

Kaiser Foundation Hospitals and subsidiaries and affiliated entities

- Kaiser Foundation Hospitals
- Archimedes, Inc.
- HAMI-Colorado, LLC
- Health Care Management Solutions, LLC
- Kaiser Hospital Asset Management, Inc.
- Kaiser Permanente International
- KP OnCall, LLC
- Kaiser Permanente Ventures, LLC
- Kaiser Hospital Assistance Corporation
- Kaiser Hospital Assistance I, LLC

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

The Permanente Federation and affiliated entities

- The Permanente Federation, LLC
- Colorado Permanente Medical Group, P.C.
- Hawaii Permanente Medical Group, Inc.
- Mid-Atlantic Permanente Medical Group, P.C.
- Northwest Permanente, P.C., Physicians and Surgeons
- Permanente Dental Associates, P.C.
- Southern California Permanente Medical Group
- The Permanente Medical Group, Inc.
- The Southeast Permanente Medical Group, Inc.
- Group Health Permanente, P.C.

Protecting you from health care fraud

Fraud and identity theft are growing problems everywhere. We take very seriously the need to protect you and your medical information. One way for us to address health care fraud is by checking your Kaiser Permanente ID card and a photo ID when you come in for care.

We're committed to ethical conduct, integrity in our work, and compliance with all regulatory requirements. We provide training and resources to help our employees and physicians protect your privacy, and to help prevent fraud and identity theft. We monitor our systems and operations to detect signs of misconduct, and we are committed to taking corrective action as needed.

If you see anyone using your information or our resources improperly, call Member Services at 1-888-777-5536 (TTY 711), 8 a.m. to 8 p.m., seven days a week. For more information about how we're working to protect you, visit kp.org/protectingyou.

Medicare Part D drug fraud

Many members find it hard to get through the Medicare Part D coverage gap, known as the donut hole, that occurs between the time their drug costs exceed \$2,970 (in 2013) but have not reached the catastrophic level of \$4,750 (in 2013). But asking your provider or pharmacist to help you get around the rules is not the answer. While a provider may want to help a member, and may feel that this is in the member's best interest, any such scheme would be considered fraud under Medicare and other federal and state laws. This type of fraud occurs when a provider, pharmacist, or member uses deception, or makes false statements, to obtain benefits under Part D that the member would not otherwise be entitled to receive. Examples of Part D fraud include

- A married couple who ask the provider to write all prescriptions for one spouse, even though some of the medications may be taken by the other spouse, to help reach the threshold.
- A member who asks to have a drug administered in the medical center instead of picking up a prescription to be self-administered at home, even though there is no medical reason the drug cannot be safely administered at home.
- A pharmacist who discounts or waives the copayment for a prescription.
- A provider who alters a diagnosis in order to help a member qualify for certain drugs.
- A provider who indicates that a more expensive brand drug is medically necessary, when a generic or less expensive drug is indicated, in order to reach the threshold more quickly.

The False Claims Act allows the government to impose civil fines of up to \$11,000 for each fraudulent prescription and may exclude the provider from participating in Medicare.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

How to make a compliment or complaint

We encourage you to let us know about the excellent care you have received as a member of Kaiser Permanente or about any concerns or problems you have experienced. Member Services representatives are dedicated to answering questions about your health plan benefits, available services, and the facilities where you can receive care. For example, they can explain how to make your first medical appointment, what to do if you move or need care while you are traveling, or how to replace an ID card. They can also help you file a claim for emergency services and urgent care services, both in and outside of our service area, or file an appeal. You always have the right to file a compliment or complaint with Kaiser Permanente. Member Assistance and Resource Specialists are available at most Kaiser Permanente medical center administration offices, or you can call Member Services directly between 8 a.m. and 8 p.m., seven days a week at 1-888-777-5536 (TTY 711). You can also find these phone numbers on your Kaiser Permanente member ID card.

Written compliments or complaints should be sent to:

Kaiser Permanente Member Services
Correspondence Unit
2101 East Jefferson Street
Rockville, MD 20852

All complaints are investigated and resolved by a Member Services representative through coordinating with the appropriate departments. If your complaint involves the health plan's decision not to authorize medical services, drugs, or not to pay a claim, you have the right to file an appeal.

How to file an urgent or non-urgent appeal

Expedited appeals are available for medically urgent situations. In these cases, call Member Services between 8 a.m. and 8 p.m., seven days a week, at 1-888-777-5536 (TTY 711).

After business hours, call an advice nurse:

- Within the Washington, DC metro area, call 703-359-7878 (TTY 711)
- Outside the Washington, DC metro area, call toll free: 1-800-777-7904 (TTY 711)

Appeals for non-urgent services must be submitted in writing. When doing so, please include

- The member's name and medical record number.
- A description of the service or claim that was denied.
- Why you believe the health plan should authorize the service or pay the claim.
- A copy of the denial notice you received.

Send your appeal to:

Kaiser Permanente Member Services
Appeals Unit
2101 East Jefferson Street
Rockville, MD 20852

Your request will be acknowledged by an appeals analyst who will inform you of any additional information that is needed and help you obtain information, conduct research, and prepare your request for review by the appeals/grievances committee. The analyst will also inform you of the health plan's decision regarding your appeal/grievance request along with any additional levels of review available to you. Detailed information on procedures for sharing compliments and complaints or for filing an appeal/grievance is provided in your current *Evidence of Coverage*.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Other assistance

We are committed to ensuring your concerns are fairly and properly heard and resolved. If, however, after you have exhausted your complaint and appeal rights with Kaiser Permanente, you continue to have concerns about your health care you believe have not been satisfactorily addressed, you have the right to contact one of the following agencies:

For Medicare Plus members with complaints about quality of care:

In Maryland and Washington, DC

Delmarva Foundation Medical Care, Inc.

6940 Columbia Gateway Drive

Suite 420

Columbia, MD 21046-2788

443-285-0190

1-800-492-5811 (toll free)

1-800-735-2258 (TTY)

Monday through Friday, 8 a.m. to 5 p.m.

Web: www.mdqio.org

In Virginia

Virginia Health Quality Center

9830 Mayland Drive, Suite J

Richmond, Virginia 23233

804-289-5320

1-800-545-3814 (toll free)

804-289-5324 (fax)

711 Relay (TTY)

Monday through Friday, 8 a.m. to 5 p.m.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Where to find us

For a listing of Kaiser Permanente Medicare Plus physicians, please refer to your Provider Directory or kp.org.

Contact Member Services seven days a week, 8 a.m. to 8 p.m. toll free at 1-888-777-5536 (TTY 711) or visit kp.org.

Service area map

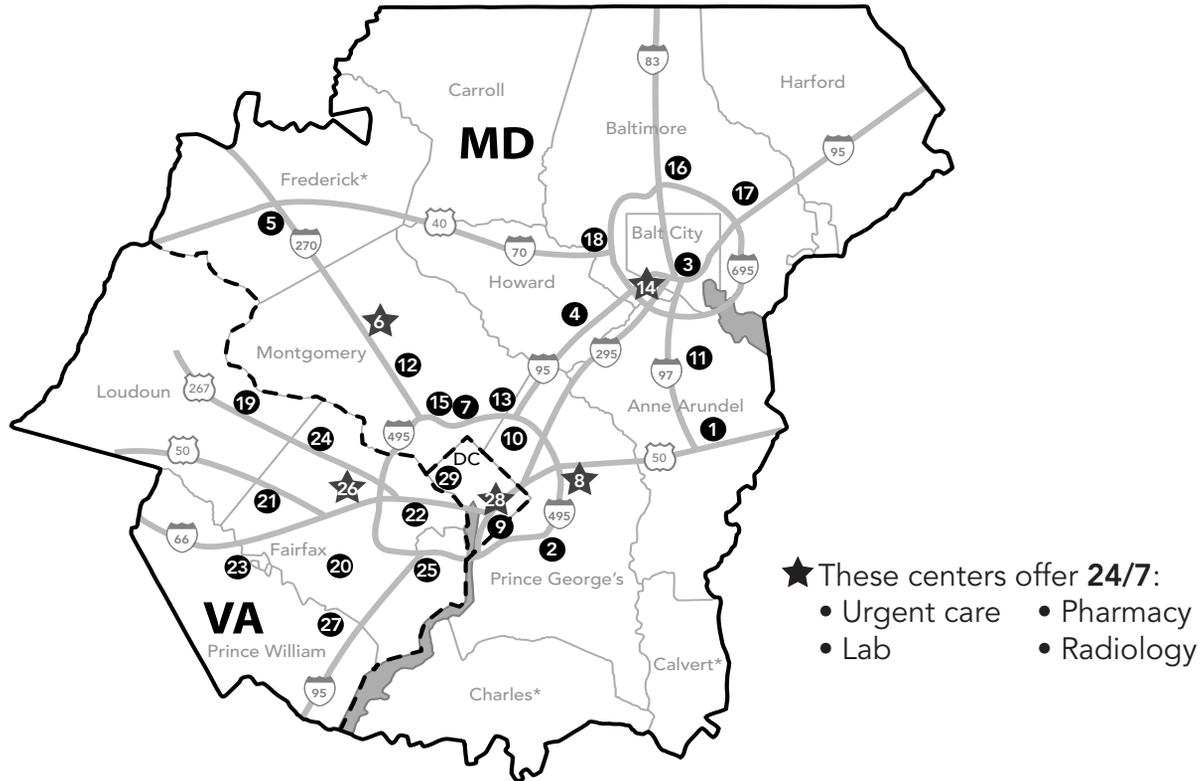
Our service and enrollment area includes the following geographic areas:

- **Washington, DC**
- **Maryland:** The city of Baltimore; the counties of Baltimore, Montgomery, Carroll, Harford,

Anne Arundel, Prince George's, Howard, and portions of Calvert, Charles, and Frederick.

- **Virginia:** The counties of Arlington, Fairfax, Prince William, and Loudoun; and the cities of Falls Church, Fairfax, Alexandria, Manassas, and Manassas Park.

Medical centers, behavioral health centers, and imaging centers



Maryland

- 1 Annapolis Medical Center
- 2 Camp Springs Medical Center
- 3 City Plaza Medical Center
- 4 Columbia Gateway Medical Center
- 5 Kaiser Permanente Frederick Medical Center
- 6 Gaithersburg Medical Center
- 7 Kensington Medical Center
- 8 **EXPANDED** Largo Medical Center
- 9 Marlow Heights Medical Center
- 10 Prince George's Medical Center
- 11 Severna Park Medical Center
- 12 Shady Grove Medical Center
- 13 Silver Spring Medical Center
- 14 **NEW** South Baltimore County Medical Center
- 15 Summit Behavioral Health Center
- 16 Towson Medical Center
- 17 White Marsh Medical Center
- 18 Woodlawn Medical Center

Virginia

- 19 Ashburn Medical Center
- 20 Burke Medical Center
- 21 Fair Oaks Medical Center
- 22 Falls Church Medical Center
- 23 Manassas Medical Center
- 24 Reston Medical Center
- 25 Springfield Medical Center
- 26 Tysons Corner Medical Center
- 27 Woodbridge Medical Center

Washington, D.C.

- 28 Kaiser Permanente Capitol Hill Medical Center
- 29 Northwest D.C. Medical Office Building

New and expanded medical centers

MARYLAND

Now open

Kaiser Permanente South Baltimore County Medical Center

This state-of-the-art, multi-specialty medical center is now open in Halethorpe, near the intersection of I-95 and 695.



Expansion and renovation

Kaiser Permanente Largo Medical Center

Expansion is completed. This center is now our largest in the Mid-Atlantic area.



Opened 2012

Kaiser Permanente Gaithersburg Medical Center



VIRGINIA

Opened 2012

Kaiser Permanente Tysons Corner Medical Center



WASHINGTON, D.C.

Opened 2011

Kaiser Permanente Capitol Hill Medical Center



Be sure to visit kp.org/facilities regularly for information about the services these medical centers provide.

Kaiser Permanente medical centers*

District of Columbia

Kaiser Permanente Capitol Hill Medical Center

700 Second Street, NE
Washington, DC 20002

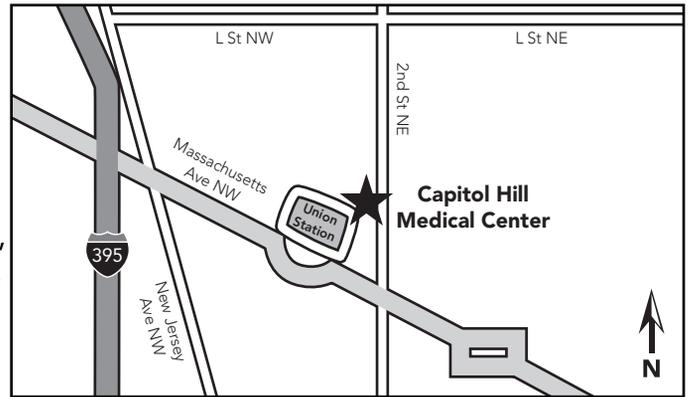
Main Number: 202-346-3000

Hours: 8:30 a.m.–5:30 p.m. M–F

Services: Adult Medicine, Allergy, Audiology, Cardiology, Clinical Decision Unit, Dermatology, Ear, Nose & Throat, Endocrinology, Gastroenterology, General Surgery, Hematology, Infectious Disease, Infusion Center, Internal Medicine, Laboratory, Nephrology, Neurology, Observation Unit, Obstetrics/Gynecology, Oncology, Orthopedics/Spine, Outpatient Procedure Suite, Pediatrics, Pediatric Cardiology, Pediatric Oncology/Hematology, Perioperative Evaluation and Education Center, Pharmacy, Physical Therapy, Plastic Surgery, Podiatry, Pulmonary, Radiology, Rheumatology, Sleep Medicine, Urgent Care, Urology, Vision Services (Optometry & Ophthalmology)

Pharmacy: 202-346-3300

Pharmacy Hours: 24 Hrs M–Su, Holidays



Kaiser Permanente Northwest D.C. Medical Office Building

2301 M Street, NW
Washington, DC 20037

Main Number: 202-419-6200

Hours: 8:30 a.m.–5:30 p.m. M–F

Services: Adult Medicine, Behavioral Health, Laboratory, Ob/Gyn, Pediatrics, Pharmacy, Radiology

Pharmacy Hours: 8 a.m.–6 p.m. M–F



* The continued availability and location of physicians or services of any medical center cannot be guaranteed. Addresses, telephone numbers, and hours of operation are subject to change. Not all services are available at each medical center or site. Kaiser Permanente reserves the right to relocate services.

Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

Kaiser Permanente medical centers (cont'd)

Maryland

Annapolis Medical Center

888 Bestgate Road
Annapolis, MD 21401

Main Number: 410-571-7300

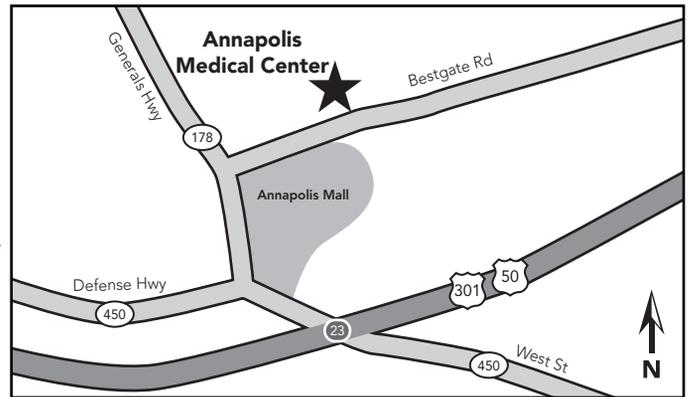
TTY: Dial 711 (MD Relay)

Hours: 8:30 a.m.–5 p.m. M–F

Services: Family Practice, Internal Medicine,
Laboratory, Mammography,
Ob/Gyn, Pharmacy

Pharmacy: 410-571-7360

Pharmacy Hours: 8:30 a.m.–5:30 p.m. M–F



Camp Springs Medical Center

6104 Old Branch Avenue
Temple Hills, MD 20748

Main Number: 301-702-6100

TTY: 301-702-6198

Hours: 8:30 a.m.–5:30 p.m. M–F

Services: Behavioral Health, Internal
Medicine, Laboratory,
Mammography, Nutrition,
Optical, Optometry, Pediatrics,
Perioperative Education and
Evaluation Center, Pharmacy,
Radiology, Urgent Care

Pharmacy: 301-702-6175

Pharmacy Hours: 8 a.m.–1 a.m. M–F
9 a.m.–5 p.m. Sa, Su, Holidays



City Plaza Medical Center

10 Hopkins Plaza
Baltimore, MD 21201

Main Number: 443-263-7300

TTY: 443-263-7394

Hours: 8:30 a.m.–5 p.m. M–F

Services: Internal Medicine, Laboratory,
Ob/Gyn, Pediatrics, Pharmacy,
Radiology

Pharmacy: 443-263-7375

Pharmacy Hours: 8:30 a.m.–5:30 p.m. M–F



Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

Kaiser Permanente medical centers (cont'd)

Columbia Gateway Medical Center

7070 Samuel Morse Drive
Columbia, MD 21046

Main Number: 410-309-4600

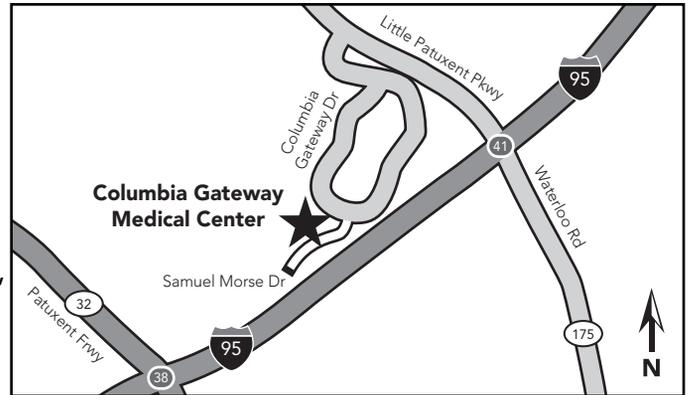
TTY: Dial 711 (MD Relay)

Hours: 8:30 a.m.–5 p.m. M–F

Services: Allergy Shots, Behavioral Health,
Family Practice, Internal Medicine,
Laboratory, Mammography,
Ob/Gyn, Pediatrics, Pharmacy,
Radiology

Pharmacy: 410-309-7500

Pharmacy Hours: 8:30 a.m.–5:30 p.m. M–F



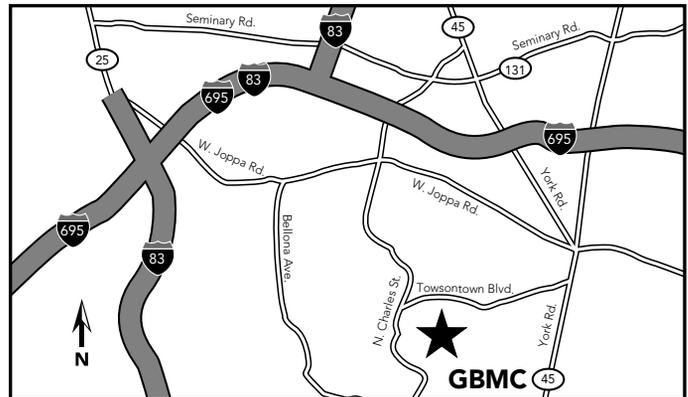
Greater Baltimore Medical Center (GBMC) Cardiology

Physician's Pavilion East
6565 North Charles Street, Suite 615
Baltimore, MD 21204

Main Number: 410-583-5001

Hours: 8:30 a.m.–12:30 p.m.

Services: Cardiology



Kaiser Permanente Frederick Medical Center

7190 Crestwood Boulevard
Frederick, MD 21703

Main Number: 240-529-1700

TTY: Dial 711 (MD Relay)

Hours: 8:30 a.m.–5:30 p.m. M–F

Services: Behavioral Health, Family Practice,
Internal Medicine, Laboratory,
Mammography, Ob/Gyn,
Orthopedics, Pediatrics,
Pharmacy, Podiatry, Radiology

Pharmacy: 240-529-1800

Pharmacy Hours: 8 a.m.–5:30 p.m. M–F



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Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

Kaiser Permanente medical centers (cont'd)

Kaiser Permanente Gaithersburg Medical Center

655 Watkins Mill Road

Gaithersburg, MD 20879

Main Number: 240-632-4000

TTY: Dial 711 (MD Relay)

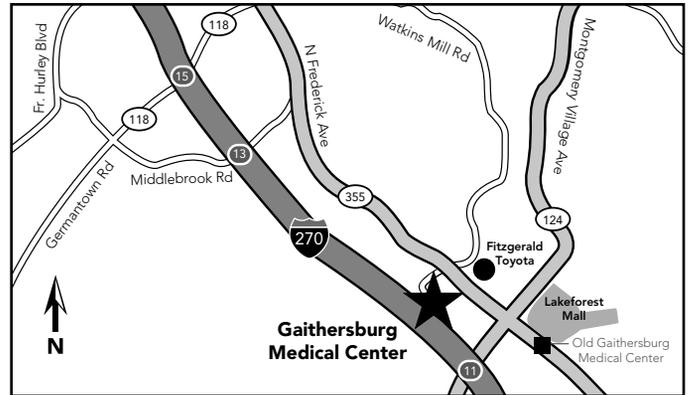
Hours: 8:30 a.m.–5:30 p.m. M–F

Services:

Adult Medicine, Allergy, Ambulatory Surgery Center, Audiology, Cardiology, Clinical Decision Unit, Dermatology, Ear, Nose & Throat, Endocrinology, General Surgery, Hematology, Infectious Disease, Infusion Center, Internal Medicine, Laboratory, Nephrology, Neurology, Observation Unit, Obstetrics/Gynecology, Oncology, Orthopedics/Spine, Pain Management, Pediatrics, Perinatology, Perioperative Evaluation and Education Center, Pharmacy, Physical Medicine, Physical Therapy, Podiatry, Pulmonary, Radiology, Rheumatology, Sleep Medicine, Urgent Care, Urology, Vision Services (Optometry & Ophthalmology)

Pharmacy: 240-632-4150

Pharmacy Hours: 24 Hrs M–Su, Holidays



Kensington Medical Center

10810 Connecticut Avenue

Kensington, MD 20895

Main Number: 301-929-7100

TTY: Dial 711 (MD Relay)

Hours: 8:30 a.m.–5:30 p.m. M–F

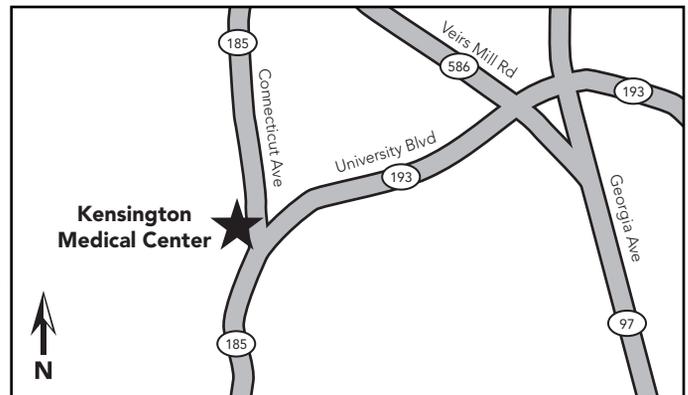
Services:

Allergy Shots Only, Ambulatory Surgery, Audiology, Dermatology, Ear, Nose & Throat, General Surgery, Internal Medicine, Interventional Pain Management, Laboratory, Nutrition, Ob/Gyn, Otolaryngology, Pain Management, Pathology, Pediatric Endocrinology, Pediatric Neurology, Pediatrics, Perioperative Evaluation and Education Center, Pharmacy, Physical Therapy, Plastic Surgery, Podiatry, Radiology, Urgent Care, Urology, Vision Services (Ophthalmology, Optometry)

Pharmacy: 301-929-7175

Pharmacy Hours: 8:30 a.m.–10 p.m. M–F

9 a.m.–5 p.m. Sa, Su, Holidays



Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

Kaiser Permanente medical centers (cont'd)

Expanded! Largo Medical Center

1221 Mercantile Lane
Largo, MD 20774

Main Number: 301-618-5500

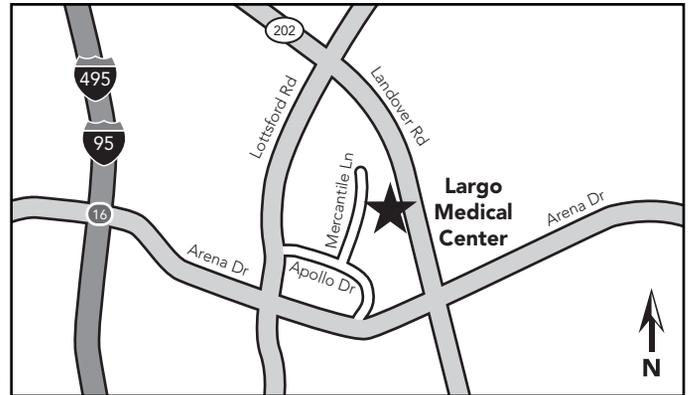
TTY: 1-800-201-7165

Hours: 8:30 a.m.–5:30 p.m. M–F

Services: Allergy, Ambulatory Surgery Center, Audiology, Behavioral Health, Cardiology, Clinical Decision Unit, Dermatology, Endocrinology, Gastroenterology, General Surgery, Head & Neck Surgery, Infectious Disease, Infusion Center, Internal Medicine, Interventional Radiology, Laboratory, Nephrology, Neurology, Nuclear Medicine, Nutrition, Ob/Gyn, Oncology, Orthopedics, Pain Management, Pediatrics, Perioperative Evaluation and Education Center, Pharmacy, Physical Medicine, Physical Therapy, Podiatry, Pulmonology, Radiology, Rheumatology, Sleep Medicine, Urgent Care, Urology, Vascular Surgery, Vision Services (Ophthalmology, Optometry)

Pharmacy: 301-618-5552

Pharmacy Hours: 24 Hrs M–Su, Holidays



Marlow Heights Medical Center

5100 Auth Way
Suitland, MD 20746

Main Number: 301-702-5000

TTY: 1-800-735-2258 (MD Relay)

Hours: 8:30 a.m.–5:30 p.m. M–F

Services: Behavioral Health, Family Practice, Laboratory, Mammography, Nutrition, Ob/Gyn, Optical, Optometry, Perinatology, Pharmacy, Radiology, Ultrasound

Pharmacy: 301-702-5190

Pharmacy Hours: 8 a.m.–6:30 p.m. M–F
9 a.m.–1 p.m. Sa



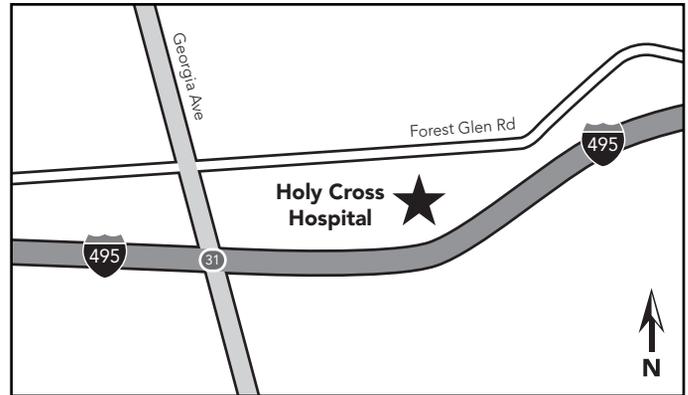
The continued availability and location of physicians or services of any medical center cannot be guaranteed. Addresses, telephone numbers, and hours of operation are subject to change. Not all services are available at each medical center or site. Kaiser Permanente reserves the right to relocate services.

Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

Kaiser Permanente medical centers (cont'd)

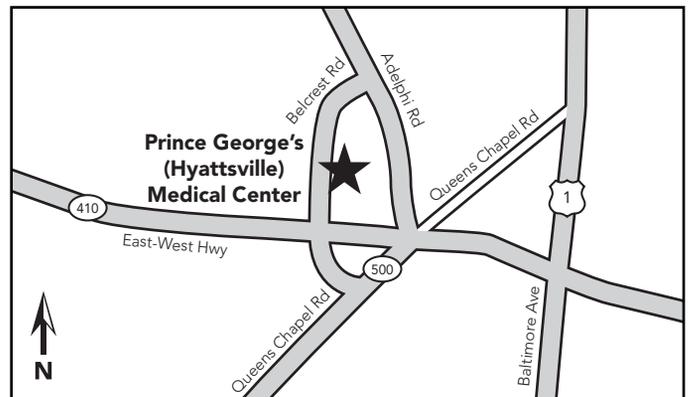
Physician's Office Building–Holy Cross Hospital

1400 Forest Glen Road
 Silver Spring, MD 20910
 Main Number: 301-905-3600
 Hours: 8:30 a.m.–5:30 p.m. M–F
 Services: Bariatric Surgery, Gyn Oncology,
 Vascular Surgery



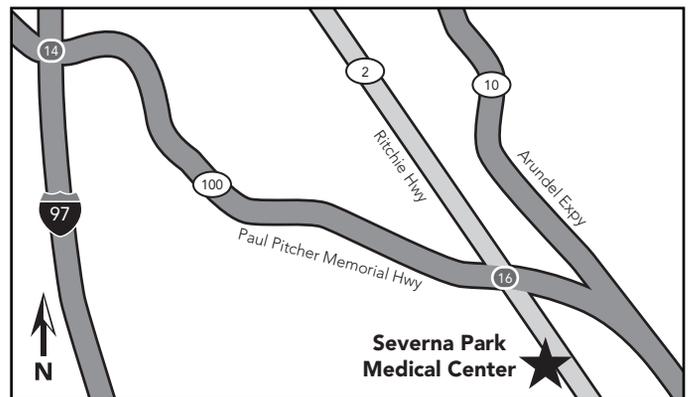
Prince George's (Hyattsville) Medical Center

6525 Belcrest Road
 Hyattsville, MD 20782
 Main Number: 301-209-6000
 TTY: 301-209-6270
 Hours: 8:30 a.m.–5:30 p.m. M–F
 Services: Alternative & Complementary
 Medicine, Behavioral Health,
 Adult Medicine, Laboratory,
 Mammography, Nutrition,
 Ob/Gyn, Pediatrics, Pharmacy,
 Radiology
 Pharmacy: 301-209-6688
 Pharmacy Hours: 8 a.m.–6 p.m. M–F
 9 a.m.–1 p.m. Sa



Severna Park Medical Center

8028 Ritchie Highway, Suite 134
 Pasadena, MD 21122
 Main Number: 410-553-2400
 TTY: Dial 711 (MD Relay)
 Hours: 8:30 a.m.–5 p.m. M–F
 Services: Allergy Shots, Internal Medicine,
 Laboratory, Ob/Gyn, Pediatrics,
 Pharmacy, Radiology
 Pharmacy: 410-553-2450
 Pharmacy Hours: 8:30 a.m.–5:30 p.m. M–F



Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

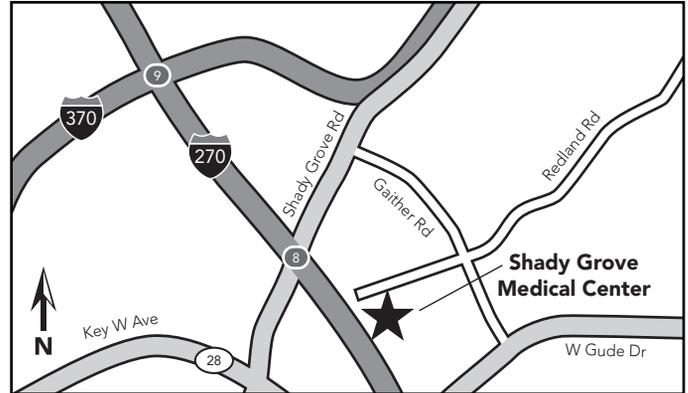
Kaiser Permanente medical centers (cont'd)

Shady Grove Medical Center

1396 Piccard Drive
Rockville, MD 20850

Main Number: 301-548-5700
TTY: Dial 711 (MD Relay)
Hours: 8:30 a.m.–5:30 p.m. M–F
Services: Developmental Pediatrics,
Family Practice, Gastroenterology,
Internal Medicine, Laboratory,
Mammography, Nutrition,
Pharmacy, Radiology

Pharmacy: 301-548-5755
Pharmacy Hours: 8 a.m.–6 p.m. M–F



Silver Spring Medical Center

12201 Plum Orchard Drive
Silver Spring, MD 20910

Main Number: 301-572-1000
TTY: 1-800-735-2258 (MD Relay)
Hours: 8:30 a.m.–5:30 p.m. M–F
Services: Family Practice, Internal Medicine,
Laboratory, Mammography,
Nutrition, Ob/Gyn, Orthopedic
Surgery, Pediatrics, Pharmacy,
Radiology, Vision Essentials
(Optical, Optometry)

Pharmacy: 301-572-1055
Pharmacy Hours: 8 a.m.–6 p.m. M–F
9 a.m.–1 p.m. Sa



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Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

Kaiser Permanente medical centers (cont'd)

Now open! South Baltimore County Medical Center

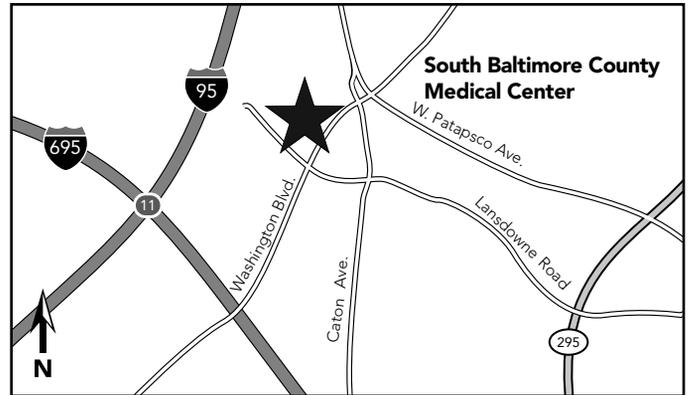
1701 Twin Springs Road
Halethorpe, MD 21227

Main Number: 410-737-5000

Hours: 8:30 a.m.–5 p.m. M–F

Services: Adult Medicine, Allergy, Ambulatory Surgery Center, Audiology, Cardiology, Dermatology, Endocrinology, General Surgery, GI and Endoscopy, Infectious Disease, Nephrology, Neurology, Ob/Gyn, Observation Unit, Orthopedics, Otolaryngology, Pain Management, Pediatrics, Plastic Surgery, Podiatry, Pre-operative Evaluation and Education Center, Pulmonary, Rheumatology, Sleep Medicine, Urgent Care, Urology, Vascular Surgery

Pharmacy Hours: 24 Hrs M–Su, Holidays



Towson Medical Center

1447 York Road, Suite 100
Lutherville, MD 21093

(Rear of Galleria Towers, E. Seminary Avenue)

Main Number: 410-339-5500

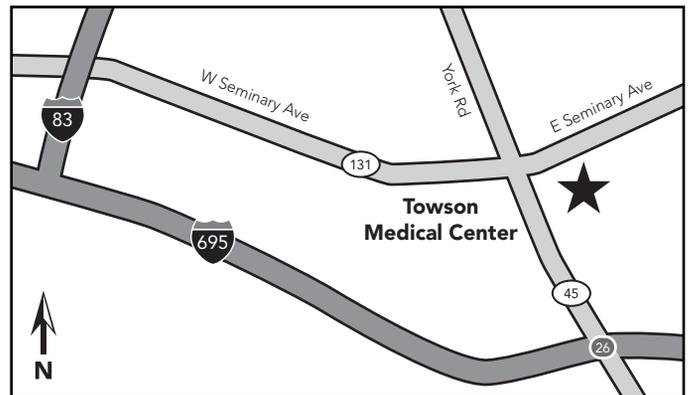
TTY: Dial 711 (MD Relay)

Hours: 8:30 a.m.–5 p.m. M–F

Services: Audiology, Dermatology, Ear, Nose and Throat (ENT), Gastroenterology, Internal Medicine, Laboratory, Nephrology, Neurology, Ob/Gyn, Occupational Therapy, Orthopedics, Pediatrics, Pediatric Endocrinology, Pharmacy, Podiatry, Radiology, Urology

Pharmacy: 410-339-5655

Pharmacy Hours: 8:30 a.m.–6 p.m. M–F



Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

Kaiser Permanente medical centers (cont'd)

White Marsh Medical Center

4920 Campbell Boulevard

Nottingham, MD 21236

Main Number: 410-933-7600

TTY: Dial 711 (MD Relay)

Hours: 8:30 a.m.–5 p.m. M–F

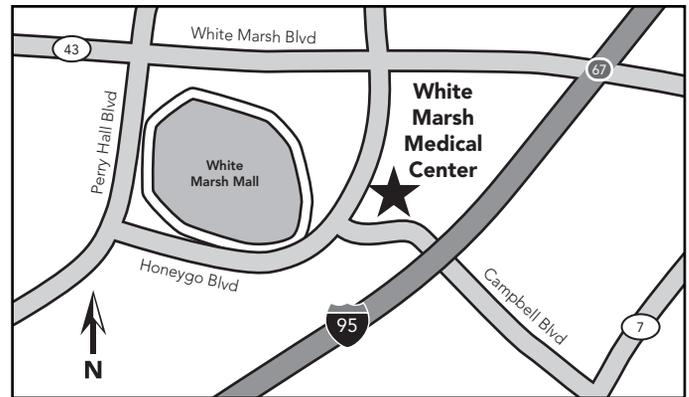
Services: Behavioral Health, Internal Medicine, Laboratory, Mammography, Ob/Gyn, Orthopedics, Pediatrics, Perioperative Evaluation and Education Center, Pharmacy, Radiology, Urgent Care

Pharmacy: 410-933-7626

Pharmacy Hours: 8:30 a.m.–1:30 a.m. M–F

8:30 a.m.–5:30 p.m. Sa, Su

8:30 a.m.–11:30 p.m. Holidays



Woodlawn Medical Center

7141 Security Boulevard

Baltimore, MD 21244

Main Number: 443-663-6000

TTY: Dial 711 (MD Relay)

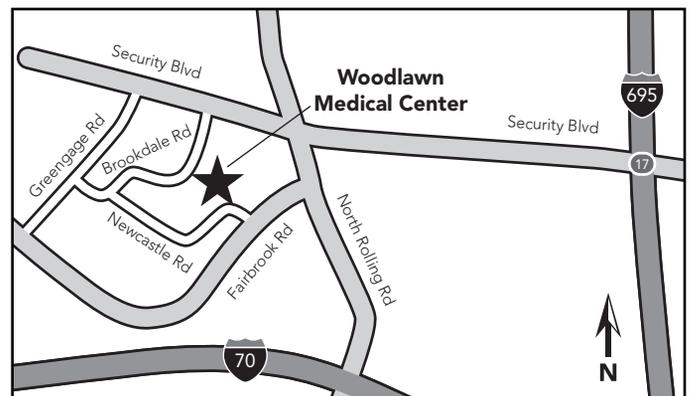
Hours: 8:30 a.m.–5 p.m. M–F

Services: Baltimore Imaging Center, Behavioral Health, Hand Therapy (Occupational Therapy), Internal Medicine, Laboratory, Nutrition and Diabetes Education, Ob/Gyn, Oncology, Ophthalmology, Optometry, Pediatrics, Pharmacy, Physical Therapy, Radiology

Pharmacy: 443-663-6116

Pharmacy Hours: 8:30 a.m.–6 p.m. M–F

9 a.m.–1 p.m. Sa



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Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

Kaiser Permanente medical centers (cont'd)

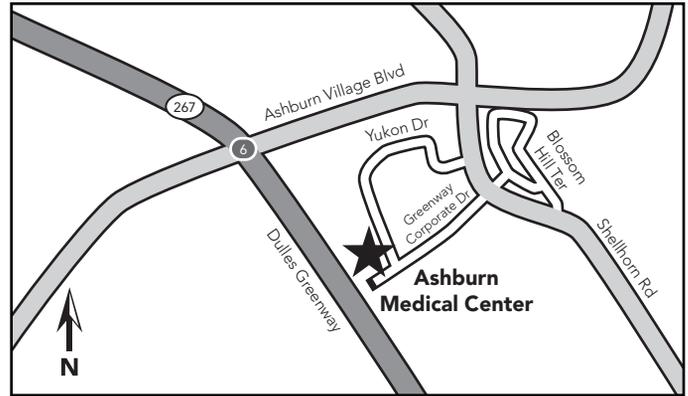
Virginia

Ashburn Medical Center

43480 Yukon Drive, Suite 100
Ashburn, VA 20147

Main Number: 571-252-6000
Hours: 8:30 a.m.–5:30 p.m. M–F
Services: Behavioral Health, Family Practice, Internal Medicine, Laboratory, Ob/Gyn, Pediatrics, Pharmacy, Radiology

Pharmacy: 571-252-6005
Pharmacy Hours: 8:30 a.m.–6 p.m. M–F

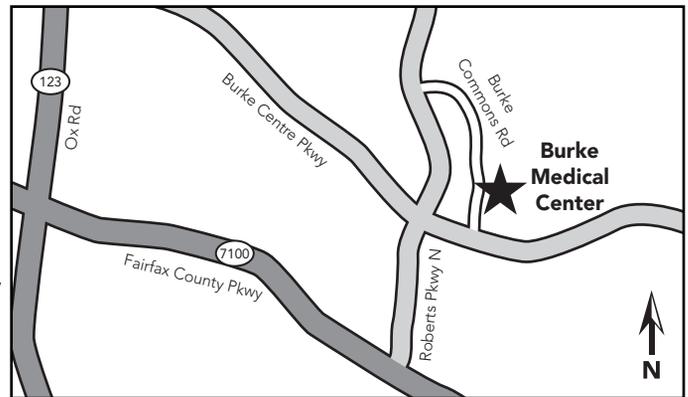


Burke Medical Center

5999 Burke Commons Road
Burke, VA 22015

Main Number: 703-249-7700
TTY: 703-249-7706
Hours: 8:30 a.m.–5 p.m. M–F
Oncology Hours: 8 a.m.–4:30 p.m. M–F
Services: Behavioral Health, Family Practice, Hematology/Infusion Services, Internal Medicine, Laboratory, Ob/Gyn, Oncology, Optical, Optometry, Pediatrics, Pharmacy, Radiology

Pharmacy: 703-249-7750
Pharmacy Hours: 8:30 a.m.–5:30 p.m. M–F

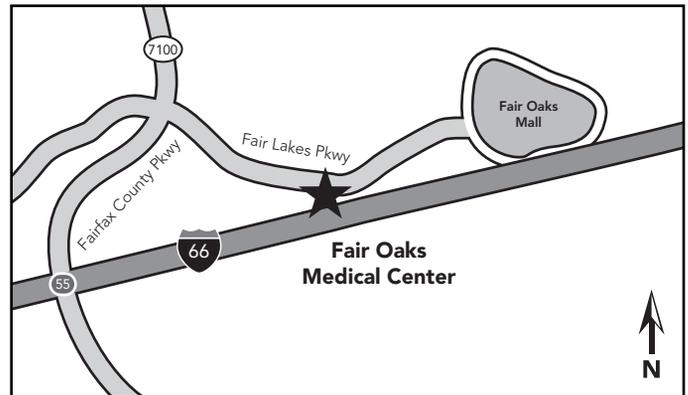


Fair Oaks Medical Center

12255 Fair Lakes Parkway
Fairfax, VA 22033

Main Number: 703-934-5700
TTY: 1-800-828-1140 (VA Relay)
Hours: 8:30 a.m.–5:30 p.m. M–F
Services: Gastroenterology, General Surgery, Internal Medicine, Laboratory, Nutrition, Ob/Gyn, Occupational Therapy, Orthopedics, Pediatrics, Pharmacy, Physical Therapy, Podiatry, Radiology (including Mammography), Urology, Vision Services (Optometry, Ophthalmology)

Pharmacy: 703-934-5800
Pharmacy Hours: 8 a.m.–6:30 p.m. M–Th
8 a.m.–6 p.m. F
9 a.m.–1 p.m. Sa



Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

Kaiser Permanente medical centers (cont'd)

Falls Church Medical Center

201 North Washington Street
Falls Church, VA 22046

Main Number: 703-237-4000

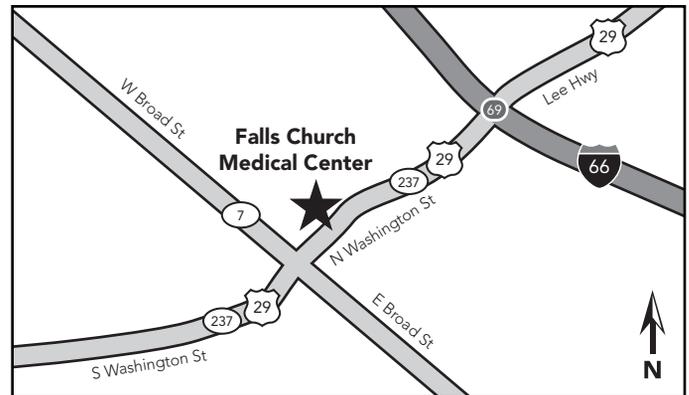
TTY: 703-241-9758

Hours: 8:30 a.m.–5:30 p.m. M–F

Services: Alternative Medicine, Audiology, Dermatology, Endocrinology, Endoscopy, Family Practice, Gastroenterology, Internal Medicine, Laboratory, Neurology, Nutrition, Ob/Gyn, Otolaryngology, Pediatrics, Pharmacy, Radiology, Rheumatology, Sleep Medicine, Vision Services (Optometry, Ophthalmology)

Pharmacy: 703-237-4430 (Member Refill Line)

Pharmacy Hours: 8:30 a.m.–6:30 p.m. M–F
9 a.m.–1 p.m. Sa



Kaiser Permanente Tysons Corner Medical Center

8008 Westpark Drive
McLean, VA 22102

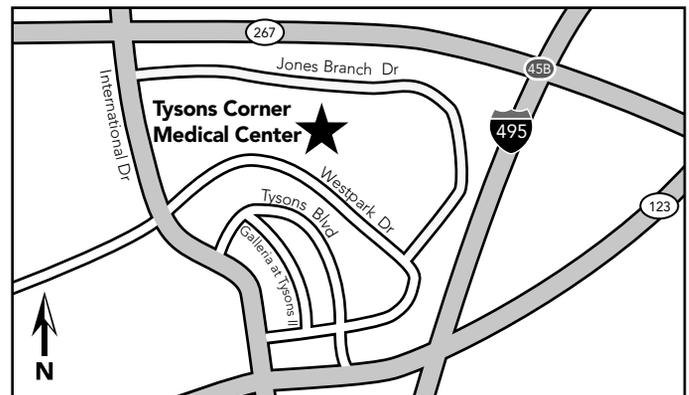
Main Number: 703-287-6400

Hours: 8:30 a.m.–5:30 p.m. M–F

Services: Adult Primary Care, Ambulatory Surgery, Cardiology, Clinical Decision Unit/Urgent Care, Ear, Nose & Throat/Head & Neck Surgery, General Surgery, Health Education, Hematology/Oncology, Imaging Services/Radiology (includes: CT Scan, Fluoroscopy, Mammography, MRI, Ultrasound, X-Ray), Infectious Disease, Infusion Center, Interventional Pain, Interventional Radiology, Laboratory, Medical Records, Member Services, Nephrology, Nuclear Cardiology, Nuclear Medicine, Ob/Gyn, Occupational Therapy, Ophthalmology, Optical Center, Optometry, Orthopedics, Outpatient Procedure Suites, Pediatrics, Peritoneal Dialysis, Pharmacy, Physical Medicine, Physical Therapy, Plastic Surgery, Podiatry, Pre-Operative Evaluation & Education Center, Pulmonary, Spine Care Center, Urology, Vascular Surgery

Pharmacy: 703-287-4650

Pharmacy Hours: 24 Hrs M–Su, Holidays



The continued availability and location of physicians or services of any medical center cannot be guaranteed. Addresses, telephone numbers, and hours of operation are subject to change. Not all services are available at each medical center or site. Kaiser Permanente reserves the right to relocate services.

Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

Kaiser Permanente medical centers (cont'd)

Manassas Medical Center

10701 Rosemary Drive

Manassas, VA 20109

Main Number: 703-257-3000

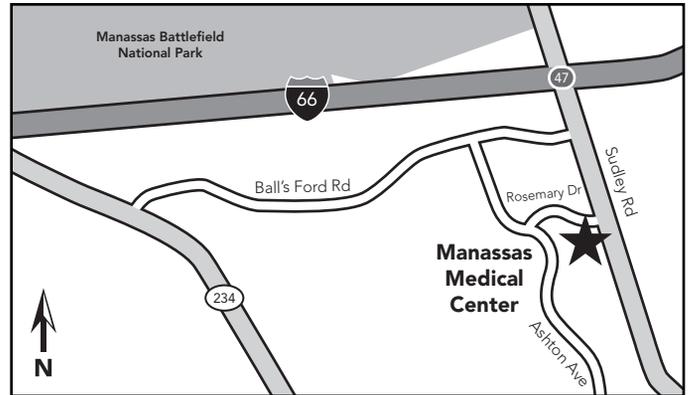
TTY: 1-800-828-1140 (VA Relay)

Hours: 8:30 a.m.–5:30 p.m. M–F

Services: Behavioral Health, Internal Medicine, Family Practice, Laboratory, Ob/Gyn, Pediatrics, Pharmacy, Radiology

Pharmacy: 703-257-3030

Pharmacy Hours: 8:30 a.m.–6 p.m. M–F
9 a.m.–1 p.m. Sa



Reston Medical Center

1890 Metro Center Drive

Reston, VA 20190

Main Number: 703-709-1500

TTY: 703-709-1511

Hours: 8:30 a.m.–5:30 p.m. M–F

Services: CT/MRI, Dermatology, ENT (T, W, Th), Internal Medicine, Laboratory, Nutrition, Ob/Gyn, Pediatrics, Pharmacy, Radiology-Mammography & Ultrasound, Urgent Care, Vision Services (Optometry)

Pharmacy: 703-709-1560

Pharmacy Hours: 8:30 a.m.–1 a.m. M–F
9 a.m.–9 p.m. Sa, Su



Contact Member Services toll free seven days a week, 8 a.m. to 8 p.m. at 1-888-777-5536 (TTY 711) or visit kp.org.

Kaiser Permanente medical centers (cont'd)

Springfield Medical Center

6501 Loisdale Court
Springfield, VA 22150

Main Number: 703-922-1000

TTY: 1-800-828-1140 (VA Relay)

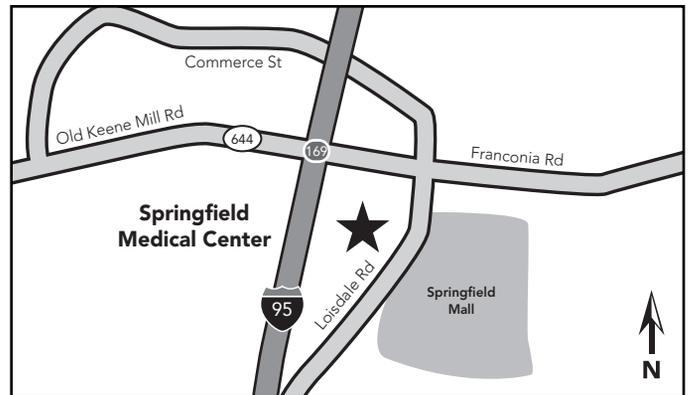
Hours: 8:30 a.m.–5:30 p.m. M–F

Services: Allergy, Dermatology, Family Practice, Gastroenterology, General Surgery, Infectious Disease, Internal Medicine, Laboratory, Mammography, Neurology, Nutrition, Ob/Gyn, Orthopedics, Pediatrics, Pharmacy, Physical Therapy, Podiatry, Pre-Op Center, Radiology, Rheumatology, Sonography, Vision Services (Optometry, Ophthalmology)

Pharmacy: 703-922-1234

Pharmacy Hours: 8 a.m.–6:30 p.m. M–F

8 a.m.–4:30 p.m. Sa



Woodbridge Medical Center

14139 Potomac Mills Road
Woodbridge, VA 22192

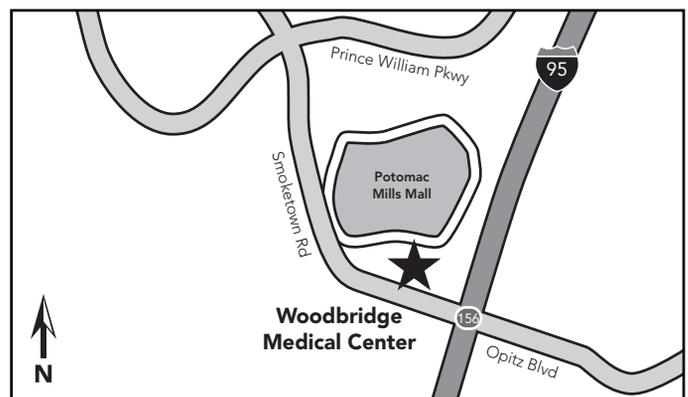
Main Number: 703-490-8400

Hours: 8:30 a.m.–5:30 p.m. M–F

Services: Allergy, Behavioral Health, Dermatology, Family Practice, Imaging Services (Includes CT Scan, MRI, and X-Ray), Internal Medicine, Laboratory, Nutrition, Ob/Gyn, Optical, Optometry, Pediatrics, Pharmacy, Physical Therapy, Radiology, Urgent Care

Pharmacy: 703-490-7624

Pharmacy Hours: 24 Hrs M–Su, Holidays



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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 East Jefferson Street
Rockville, Maryland 20852

Important plan information.



kp.org/medicare

Kaiser Permanente is a Cost plan with a Medicare contract.
Enrollment in Kaiser Permanente depends on contract renewal.

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