Kaiser Permanente Benefits Summary

Health Maintenance Organization (HMO)
From the Kaiser Foundation Health Plan, Inc. of the Mid-Atlantic States, Inc.

Effective July 1, 2008 or October 1, 2008

The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). Your employer has selected the Kaiser Permanente plan from The Local Choice Health Benefits Program to offer you and your eligible family members.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS), is a federally qualified HMO. Health care services are provided or arranged by the Mid-Atlantic Permanente Medical Group, P.C. (MAPMG) at one of Kaiser Permanente's 29 medical centers located in the Washington metropolitan area.

This guide is only an overview. For a complete description of benefits, exclusions, limitations, and reductions, please see the Kaiser Permanente Group Evidence of Coverage.

Service Area

Kaiser Permanente's service area includes the District of Columbia and the following cities and counties in Virginia and Maryland:

Virginia Counties:
Arlington
Fairfax
Loudoun
Prince William

Cities:
Alexandria
Fairfax
Falls Church
Manassas
Manassas Park

Maryland Counties:
Anne Arundel
Baltimore
Calvert (partial)
Carroll
Charles (partial)
Frederick (partial)
Harford
Howard
Montgomery
Prince Georges

Cities:
Baltimore

How The Plan Works

- Use your Directory of Providers to choose a convenient Kaiser Permanente medical center. Then select a primary care physician for you and for each enrolled family member.
- Your Kaiser Permanente physician provides or arranges all services.
- Specialty care is provided on a referral basis by a MAPMG physician.
- Members make appointments directly with the Kaiser Permanente medical center by calling:
  Metropolitan Washington, D.C. **(703) 359-7878**
  Outside Washington Area **1-800-777-7904**
- Outside the service area, coverage is available for emergency services and urgent care situations only, unless you are in another Kaiser Permanente service area.

You pay the total cost for care not provided by or arranged by your primary care physician with the exception of services for a life-threatening emergency, such as heart attacks, poisoning, or convulsions, and out-of-area urgent care.

Kaiser Permanente Benefits

Remember, your primary care physician must coordinate all your health care services. Your primary care physician will refer you to a specialist if necessary. There are no benefits for services received out of your plan's network, except for emergency services in a life-threatening situation, and urgent care when traveling out of the area.

	Covered Services	You Pay
Outpatient Primary Care Physician (PCP) Visits	▲ Physician, x-ray, and other diagnostic services ▲ Immunizations ▲ Pre-admission testing ▲ Voluntary family planning	$10
	▲ Laboratory, pathology, radiology, and diagnostic testing	$0
Preventive Services	▲ Periodic checkups ▲ Routine gynecological exam (Pap smear, pelvic exam, and breast exam — no referral needed)	$0
	▲ Well baby care	$0
Specialty Care Physician Visits	Includes physician and outpatient facility services	$10
Outpatient Surgery	Free-standing ambulatory surgery center or hospital outpatient facility	$10
Inpatient Hospital Services *(For admissions arranged through your PCP and authorized by the HMO)*	▲ Includes semi-private room, intensive or coronary care unit (no maximum number of days) ▲ Private room–if ordered by participating physician and approved by the HMO as medically necessary ▲ Physician services ▲ Surgery ▲ Anesthesia ▲ Diagnostic services such as lab and x-ray ▲ Blood transfusion procedures, drugs ▲ Physical therapy, chemotherapy, radiation therapy	$100 per admission
Maternity Care	▲ All routine outpatient pre- and postnatal care of the mother rendered by the OB/GYN ▲ Hospital care of mother and child ▲ Diagnostic testing (such as ultrasounds and fetal monitor procedures)	$100 per admission
Emergency Services For Life-Threatening Conditions *(Such as heart attacks, hemorrhaging, poisoning, loss of consciousness, or convulsions — no referral needed)*	▲ Hospital emergency room	$50 copayment per visit (waived if admitted) $10 copayment for urgent care center
Mental Health And Substance Abuse Services *(A primary care physician referral is not needed. Instead, you must contact the plan to coordinate care except in a life-threatening situation.)*	▲ Outpatient visits when medically necessary ▲ Inpatient treatment when medically necessary ▲ Detoxification	$10 copayment per visit $100 per admission $100 per admission
Complementary Alternative Medicine	▲ Includes chiropractic and acupuncture services when medically necessary	$15 copayment per visit up to 20 visits

	Covered Services	You Pay
Family Planning And Infertility Services	▲ Sperm count ▲ Hysterosalpinography ▲ Endometrial biopsy	50% of allowable charges
	▲ Vasectomy (male sterilization) ▲ IUD insertion ▲ Oral contraceptives (subject to prescription drug copayments)*	$10
Therapy Services	▲ Physical therapy (up to 90 days per incident) ▲ Chemotherapy and radiation therapy	$10 $10
Skilled Care	▲ Home health care, nursing, and other services in your home	$0
	▲ Skilled nursing facility (up to 100 days maximum per member per calendar year)	$100 per admission
Durable Medical Equipment	▲ Rental or purchase of plan approved durable medical equipment	$0
Diabetic Supplies	▲ Diabetic Equipment and Supplies	20% of allowable charges
Prescription Drugs	Generic program (up to 60-day supply). Brand name drugs are covered only when a generic equivalent is not available, or when prescribed by a physician. ($15 surcharge applies to brand name drugs requested by the member and not required by the physician.)	$10 per prescription at a Kaiser Permanente on-site pharmacy
	When prescriptions are filled at a network pharmacy, your program covers the following: ▲ Medically necessary drugs and medications prescribed by a participating physician ▲ Any medication which by law requires a prescription, including birth control pills	$20 per prescription at a participating community pharmacy
Mail Service Benefit	▲ Maintenance drug prescription (up to 90-day supply for medications prescribed for 6 months or more) filled through the mail service pharmacy	$8 per prescription
Out-Of-Area Urgent Care (*For unexpected conditions requiring immediate attention such as high fever, vomiting, or sprains — no referral needed*)	▲ Physician's office visit ▲ Kaiser Permanente urgent care center/after hours care center	$10 $10
Additional Information	▲ Lifetime maximum ▲ Annual deductibles ▲ Benefits administered ▲ Annual maximum out-of-pocket expense (does not include copayments for prescription drugs or dental benefits)	None None Per contract year Two times the total annual premium

Dental Plan

		You Pay
	The plan pays an annual maximum of $1,000 per person for in-network services and $500 for out-of-network services	
Annual Deductible	▲ DMO (in-network) ▲ Out-of-network	$25 per person $50 per person
Diagnostic and Preventive Services	▲ DMO ▲ Out-of-network	0% 25%
Basic Services	▲ DMO ▲ Out-of-network	20% 40%
Major Services	▲ DMO ▲ Out-of-network	50% 60%
Orthodontics	▲ DMO ▲ Out-of-network	50% Not covered

** See the Kaiser Permanente Member Handbook for more information on associated fee schedule*

Using Your Benefits To The Best Advantage

You have responsibilities to make sure that your health benefits plan works to your advantage. By following the directions outlined below you can make sure you and enrolled family members receive the highest level of benefits.

Primary Care Physician

You will receive comprehensive medical care primarily within the Kaiser Permanente medical centers. Always contact your primary care physician when you or an enrolled family member needs care. Your primary care physician will provide or coordinate all medical services, including specialty and inpatient care. To schedule a routine or urgent appointment in metropolitan Washington, D.C., Maryland, or Virginia, call **(703) 359-7878**. Outside the metropolitan Washington, D.C. area, call **1-800-777-7904**.

However, there are exceptions:

- For a life-threatening emergency, call 911 and go to the nearest emergency room for treatment. Contact your primary care physician as soon as possible.
- For mental health or substance abuse treatment, call the number shown on page 5 to schedule an appointment.

Always remember, you pay the total cost of care when services are not coordinated by your primary care physician or approved by the health plan.

For Medical, Surgical, Or Hospital Care

Always contact your primary care physician to receive medical care. In urgent situations such as high fever, vomiting, sprains, or broken bones, call:

For appointments: **(703) 359-7878** — *5:30 a.m.-7:30 p.m., Monday through Friday*
7:30 a.m.-11:30 a.m., weekends and holidays
1-800-777-7904 — outside the metropolitan Washington, D.C. area.

Emergency hotline: **1-800-677-1112**

When your medical center is closed, call the evening and weekend medical advice lines at:

(703) 359-7878 — metropolitan Washington, D.C. area
1-800-777-7904 — outside the metropolitan Washington, D.C. area

For Specialty Care

Your primary care physician will refer you to a specialist as needed. Most specialty services are provided by members of the Kaiser Permanente medical group.

- You do not need a referral from your primary care physician to receive services within the Kaiser Permanente program for the following: OB/GYN, Optical, and Mental Health and Substance Abuse services.
- If you see a provider outside of Kaiser Permanente without a referral, you will be responsible for the total cost.

For Life-Threatening Emergencies

(such as heart attacks, hemorrhaging, poisoning, loss of consciousness, or convulsions)

- Call 911 and go to the nearest emergency room for treatment.
- Contact your primary care physician as soon as possible.

Mental Health And Substance Abuse Care

Before you or an enrolled family member receives inpatient, partial day, or outpatient services, you must call Kaiser Permanente to coordinate your care:

- Virginia **(703) 207-2800**
- Washington D. C. **(202) 898-5311**
- Maryland **(301) 897-2500**
- **For Medical Emergencies (Washington, D.C., Maryland, and Virginia): 1-800-677-1112**

Outpatient Prescription Drugs

Always ask that your prescription be filled with a generic drug. Remember, the Kaiser Permanente plan primarily covers generic drugs unless a generic alternative does not exist, your doctor requests a brand name, or a generic substitution is not permitted by law. If you request a brand name drug and it is not required by the prescribing physician, there will be a $15 surcharge.

If You Need Assistance

Member Services	**(301) 468-6000** **1-800-777-7902** outside Washington, D.C. area
Appointments and Medical Advice	**(703) 359-7878** **1-800-777-7904** outside Washington, D.C. area
Dental Benefit Providers	Dominion Dental Services: **(703) 518-5338** **(888) 518-5338** outside Washington, D.C. area **8:00 a.m. - 6:00 p.m.** **On the Web at www.dominiondental.com/Kaiserdentists**
Mental Health And Substance Abuse Care	Kaiser Permanente: **(703) 207-2800**
Employee Assistance Program (EAP)	**1-866-517-7042**

NOTE: This is a brief summary of benefits. For a complete description of the plan, refer to your Kaiser Permanente Member Handbook. These handbooks are available from your Benefits Administrator, or may be obtained by calling Kaiser Permanente directly.