

Kaiser Permanente HSA-Qualified Deductible HMO Plan with the Signature network

It's care and coverage together that gives you highly rated,¹ affordable care. Plus top doctors and technology that put health at your fingertips.

The Kaiser Permanente HSA-Qualified Deductible HMO Plan with the SignatureSM network gives you quality care from Mid-Atlantic Permanente Medical Group, P.C. (Permanente), physicians. They're part of a group of over 1,700 physicians who practice in our medical centers located in Maryland, the District of Columbia, and Virginia.

About this plan

A Kaiser Permanente HSA-Qualified Deductible HMO Plan lets you manage your personal and financial health. Because this type of deductible HMO plan meets U.S. Treasury requirements, you can pair it with a health savings account (HSA). An HSA allows you to use pre-tax or tax-deductible dollars to pay for your qualified medical expenses, including payments toward your health plan deductible. Once you've opened your account, you can start putting money in it. Keep in mind that the IRS sets a limit on how much you can put in your HSA each year. Some employers also contribute money to their employees' accounts. To see if your employer does, talk to your benefits manager. This plan can also be paired with a health reimbursement arrangement (HRA), if chosen by your employer under your group coverage. Most HRAs make an individual ineligible to open or contribute to an HSA. Check with your benefits manager for information about your HRA.²

With this plan, you must first pay a predetermined amount each plan year for most covered health care services before the health plan begins to cover services for a copay or coinsurance. This is called the deductible. Once you reach your deductible, you'll pay only the applicable copays and coinsurance for covered services you receive for the rest of the plan year. Most preventive health care services are offered at no cost whether or not you have met the deductible.³

This plan limits the amount that you're required to pay for most covered services each plan year. This amount is called the out-of-pocket maximum. The deductible amount you pay, as well as copays and coinsurance for most services, count toward meeting your out-of-pocket maximum limit. Once you reach that limit, you will not have to pay for any covered services that count toward the out-of-pocket maximum for the rest of the plan year.⁴

Getting care at Kaiser Permanente facilities⁵

When doctors and specialists, health plan, pharmacy, and hospitals are all connected, health care works better, and becomes affordable and hassle-free. You save time receiving several services in one visit.

This material contains a brief description of the features of this plan. All benefits are subject to the definitions, limitations, and exclusions set forth in the *Evidence of Coverage (EOC)*. If there are any discrepancies between this material and the benefits detailed in the *EOC*, the *EOC* will prevail.

If you have a family plan (two or more family members covered)

There is an individual member deductible in family plans, as well as a family deductible. When one family member reaches his or her individual deductible limit before the family deductible is met, that individual pays only applicable copayments and coinsurance amounts for covered services for the rest of the plan year. The other family members continue to pay applicable deductible amounts until the family deductible is met by two or more family members. Once the family deductible is met, all family members begin paying only the applicable copayments and coinsurance amounts regardless of whether each remaining family member's individual deductible has been met or not.

The out-of-pocket maximum works the same way. There is an individual member out-of-pocket maximum in family plans, as well as a family out-of-pocket maximum. When one family member reaches his or her individual out-of-pocket maximum before the family out-of-pocket maximum is met, that individual will not have to pay for any covered services that count toward the out-of-pocket maximum for the rest of the plan year. The other family members continue to make contributions toward the family out-of-pocket maximum, which can be met by two or more family members. Once the family out-of-pocket maximum is met, all family members will not have to pay for any covered services that count toward the out-of-pocket maximum for the rest of the plan year.

And because you receive care in our medical centers, you can go online or use our mobile app to order most prescription refills, see most lab test results, make appointments, email your doctor, and so much more. With Kaiser Permanente:

- Care is coordinated around your life.
- You save time, hassles, and money.

All Kaiser Permanente medical centers offer primary care.

On-site you'll also find:

- Radiology
- Laboratory
- Pediatrics
- Obstetrics-gynecology
- Other specialty care

Some centers offer:

- Ambulatory surgery
- Urgent Care
- Behavioral health services
- Vision care and optical services
- And more

Visit kp.org/facilities to take a virtual tour of our medical centers and learn about the services offered at each location.

Kaiser Permanente carefully selects premier hospitals to team with us in taking great care of you⁶

We've chosen award-winning hospitals to team with for coordinating your care. These hospitals are located throughout Maryland, the District of Columbia, and Virginia. As a patient at a premier hospital,⁶ your care will be guided 24/7 by Permanente physicians who exclusively care for our members at that hospital. With Kaiser Permanente on-site, your care is coordinated within the hospital and with your primary care physician, ensuring the smooth transition of your care before, during, and after your hospitalization. To learn more about our premier hospitals, visit kp.org/premierhospitals.

Got a health matter that needs attention?

A video visit⁷ is a real-time video chat you can have with a primary care or urgent care physician using your smartphone, tablet, or computer. During your visit, your doctor can access your electronic medical record or consult with another physician, so your care is seamless, convenient, and connected. Schedule a video visit online at kp.org or by using the Kaiser Permanente (KP) app.

¹In the National Committee for Quality Assurance (NCQA) 2019-2020 Health Insurance Plan Ratings, our Medicare health plan is rated 5 out of 5, the highest rating in DC, MD, and VA.

²To view the list of qualified medical expenses under Internal Revenue Code Section 213(d), download IRS Publication 502, Medical and Dental Expenses, at irs.gov/publications. As an HRA or HSA holder, you will be responsible for determining whether an expense is a qualified medical expense under the tax laws. The Internal Revenue Service requests that all HRA transactions be validated, so it is important that you save all your receipts in case your HRA administrator requires additional information.

³You should refer to your plan's *Evidence of Coverage* for more information on what services count toward meeting the deductible.

⁴You should refer to your plan's *Evidence of Coverage* for more information on what services count toward meeting the out-of-pocket maximum.

⁵Care and services provided by physicians of the Mid-Atlantic Permanente Medical Group, P.C., only.

⁶The premier hospitals are independently owned and operated hospitals, and they contract with Kaiser Foundation Hospitals.

⁷Video visits are available to Kaiser Permanente members who have a camera-equipped computer or mobile device and are registered at kp.org. You must be present in Maryland, Virginia, or Washington, DC, for visits with your primary care physician or behavioral health provider. For urgent video visits with an emergency doctor, you may also be present in West Virginia, Florida, North Carolina, or Pennsylvania. For certain medical or mental health conditions. For video visits with a behavioral health provider, appointments can be scheduled for follow-up care.