



FLEXIBLE CHOICE

A health plan that fits the business plan

A SOLUTION GREATER THAN THE SUM OF ITS PARTS

Kaiser Permanente Flexible Choice is a unique point-of-service plan that combines price-competitive HMO plans with participating provider organization (PPO) and indemnity options.

The combination lets employers take advantage of the plan's best aspects—the provider choice their employees are looking for, along with options for managing out-of-pocket costs with varying copayments, coinsurance, and deductibles.

And anytime medical care is needed, employees can choose who provides it and where they'll receive it.

The result is a health care solution that's truly greater than the sum of its parts.

WHO SHOULD CONSIDER FLEXIBLE CHOICE?

- + Firms looking for administrative simplification through a single-carrier solution for health insurance coverage
- + Customers needing broad network choice—with predictable cost sharing—for specific groups of employees
- + Groups with employees who frequently travel outside the Kaiser Permanente Mid-Atlantic service area

LIKE THREE PLANS ROLLED INTO ONE

Flexible Choice offers three provider options for employees to receive care. Members can select from the three options at any time, so they can always make the best decisions for their health and their wallets.

OPTION 1:¹

KAISER PERMANENTE PROVIDERS

Members have access to thousands of physicians in the Mid-Atlantic Permanente Medical Group, P.C., who practice in Kaiser Permanente medical centers. A list of network physicians is accessible at kp.org/doctor, and members can choose and change their doctors at any time, for any reason. Referral is required for specialty visits. Members also get the advantages of:

- + No deductible. Most services are covered at a copay.
- + Virtually no claim forms to complete.
- + Coordinated care and around-the-clock access to the features on kp.org, including the ability to email their doctor, check lab and radiology test results, schedule appointments with their Permanente physician, and so much more.
- + Receiving their diagnosis and treatment at one-stop medical centers, some with access to after-hours and 24/7 Urgent Care.

OPTION 2:¹

PREFERRED PROVIDER ORGANIZATION (PPO)²

Members have access to more than 250,000 primary care physicians, 890,000 specialists, and 4,900 hospitals in the PHCS™ or MultiPlan® networks³ when getting care in a Kaiser Permanente service area. Or care is available from the Cigna HealthcareSM PPO Network⁴ when needed outside of a Kaiser Permanente service area. Finding a physician, facility, or health care practitioner who participates in these networks is as easy as visiting multiplan.com/kpmas.

- + No referral is needed for office visits to specialists.
- + Provider fees are subject to negotiated rates, and providers cannot charge members directly for covered services.
- + Providers usually complete and submit claim forms.
- + Inpatient and certain outpatient services are subject to precertification.
- + Some services are subject to a deductible, then copay or coinsurance. Certain services are covered before the deductible at a copay.
- + Out-of-pocket costs are generally higher when members choose Option 2 providers over Option 1 providers.

OPTION 3:¹

OUT-OF-NETWORK PROVIDERS²

Members have access to any licensed provider who is not an Option 1 or Option 2 provider.

- + No referral is needed for office visits to specialists.
- + Inpatient and certain outpatient services are subject to precertification.
- + Most services are subject to a deductible, then coinsurance.
- + Providers may require members to pay the full cost of each visit. If so, members will need to submit a claim for reimbursement.
- + Providers may bill members for the difference, if any, between actual billed charges and the maximum allowable charge. Charges that exceed the maximum allowable are not covered, do not satisfy the deductible, and do not accumulate to the out-of-pocket maximum.

PLUS FLEXIBLE CHOICE PHARMACY BENEFITS

Employers can choose from a set of prescription drug plan designs to pair with the medical plan.

- + Members can fill prescriptions at any pharmacy, including Kaiser Permanente pharmacies, where they will generally pay the lowest copay, no matter if prescribed by an Option 1, 2, or 3 provider.
- + Members pay full out-of-pocket costs for prescriptions filled at out-of-network pharmacies and they submit claims for reimbursement.

Kaiser Permanente pharmacies	<ul style="list-style-type: none"> + Rx filled at Kaiser Permanente medical center pharmacies or online at kp.org + Rx filled by mail for a 90-day supply of maintenance medications⁵ + Generally the lowest copayments
Participating network pharmacies	<ul style="list-style-type: none"> + Rx filled at participating pharmacies in the MedImpact Network, which includes CVS, Farm Fresh, Harris Teeter, Kmart, Rite Aid, Safeway, Shoppers Food Warehouse, Target, Walgreens, and others + No mail-order service option + Generally higher copayments than Option 1; pharmacy-only deductible may apply
Out-of-network pharmacies	<ul style="list-style-type: none"> + Rx filled at any licensed pharmacy, except Kaiser Permanente and MedImpact pharmacies + No mail-order service option + Generally higher copayments than Option 2; pharmacy-only deductible may apply

IT ALL LEADS TO HAPPIER, MORE PRODUCTIVE EMPLOYEES

Flexible Choice meets employees' care needs by offering a choice between the HMO plan, with its lower premiums and costs, and a nationwide selection of licensed providers. Both options offer predictable out-of-pocket expenses and high-quality⁶ care when members use Kaiser Permanente's integrated care delivery system.



To learn more, visit kp.org/flexiblechoice/mas. 

¹Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS) underwrites the in-network HMO tier (Option 1), and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the in-network PPO tier (Option 2) and out-of-network tier (Option 3).

²Coverage in both Option 2 and Option 3 is fee-for-service indemnity coverage; however, out-of-network providers have not agreed to negotiated rates.

³Provider numbers as of April 2023. The PHCS™ and MultiPlan® networks include physicians and health care practitioners and facilities that are available to Kaiser Permanente Insurance Company members via a network access agreement. Not all PHCS and MultiPlan network providers are included. For a list of network participants, go to multiplan.com/kpmas.

⁴The Cigna HealthcareSM PPO Network refers to the health care providers (doctors, hospitals, specialists) contracted as part of the Cigna Healthcare PPO for Shared Administration. Cigna Healthcare is an independent company and not affiliated with Kaiser Permanente Insurance Company or Kaiser Foundation Health Plan. Access to the Cigna Healthcare PPO Network is available through Cigna Healthcare's contractual relationship with Kaiser Permanente Insurance Company and Kaiser Foundation Health Plan. The Cigna Healthcare PPO Network is provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

⁵Some medications are not eligible for Mail Order Pharmacy. Mail Order Pharmacy can deliver to addresses in MD, VA, DC, and certain locations outside the service area.

⁶In the NCQA Commercial Health Plan Ratings 2022, our commercial plan is rated 5 out of 5, the highest rating in the nation.

