

Kaiser Permanente Added Choice Plan with the Signature network

It's care and coverage together that gives you highly rated care.¹ Plus top doctors² and technology that put health at your fingertips.

The Kaiser Permanente Added Choice Plan with the Signature™ network offers 2 options for getting care. These options determine which health care provider you see, which facilities™ you use, and how much you pay. You may choose a different option each time you get care.

Your provider options

In-network: You get quality care from the Kaiser Permanente Signature network. With this network, you receive services from Mid-Atlantic Permanente Medical Group, P.C. (Permanente), physicians. They're part of a group of over 1,600 physicians who practice in our medical centers located in the District of Columbia, Maryland, and Virginia.

Out-of-network: You may visit any licensed provider who is not in-network, and you do not need to notify us of your choice.

About this plan

	Out-of-pocket costs		Referral and preauthorization	Claims
In-network providers	Usually the lowest out-of-pocket costs. There is no deductible on most plans. Most services are covered at a copayment.	When you visit an in-network Permanente provider, in most cases you will not be charged more than your copayment or coinsurance for covered services.	Referral to see most specialists is required. Some services may require preauthorization. Permanente physicians will submit this for you.	Virtually no claim forms to complete.
Out-of-network providers	Usually the highest out-of-pocket costs. Certain services are subject to preauthorization.	When you visit an out-of-network provider, in addition to your plan year deductible, copayment, and/or coinsurance, you may be responsible for the difference between the billed charges and the maximum allowable charge.	No referral to specialists needed. Some services require preauthorization. You will be responsible for obtaining the preauthorization.	You may need to submit claims for reimbursement.

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.



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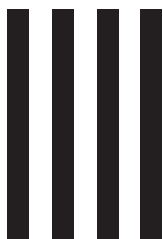
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Healthy together
Juntos para vivir bien

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