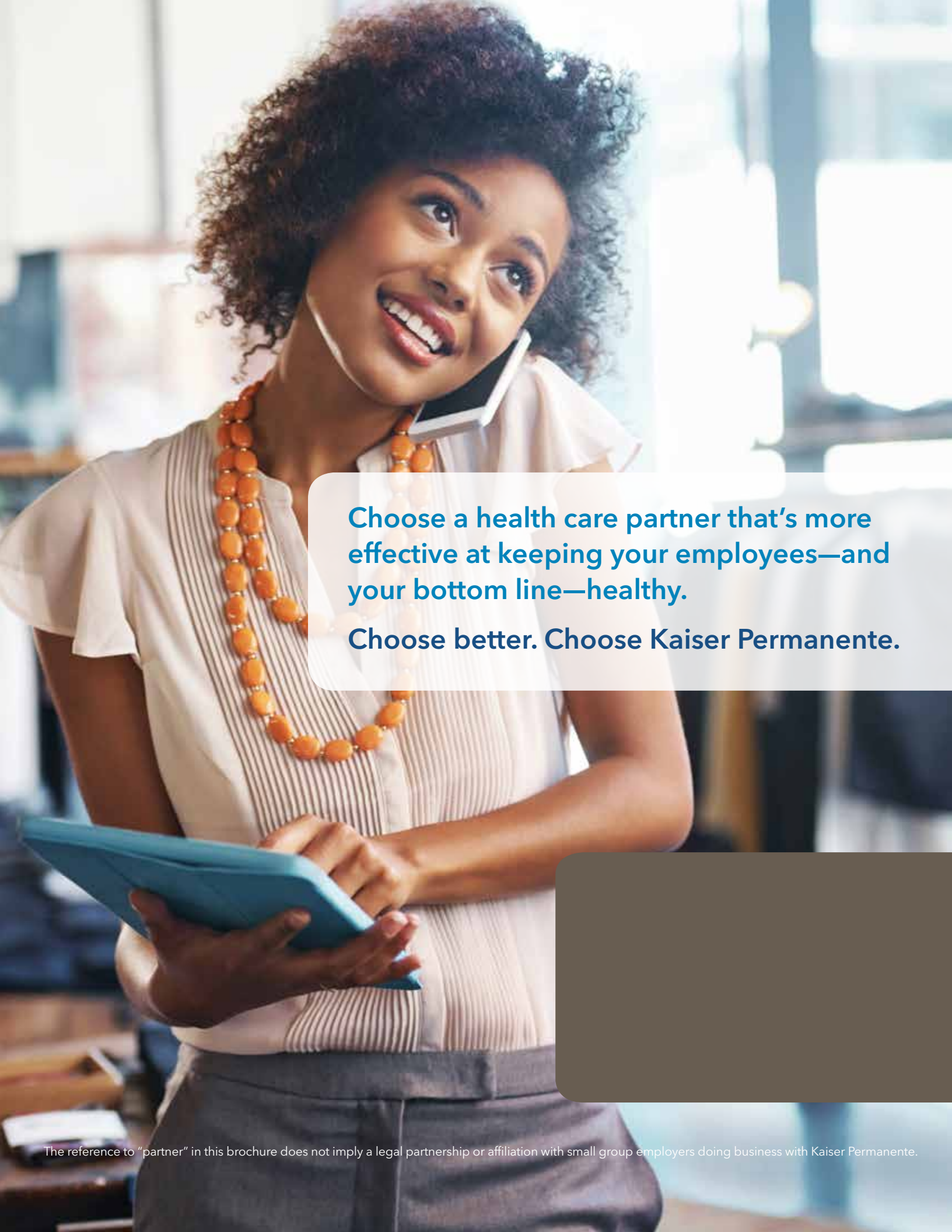
A BETTER WAY to take care of business

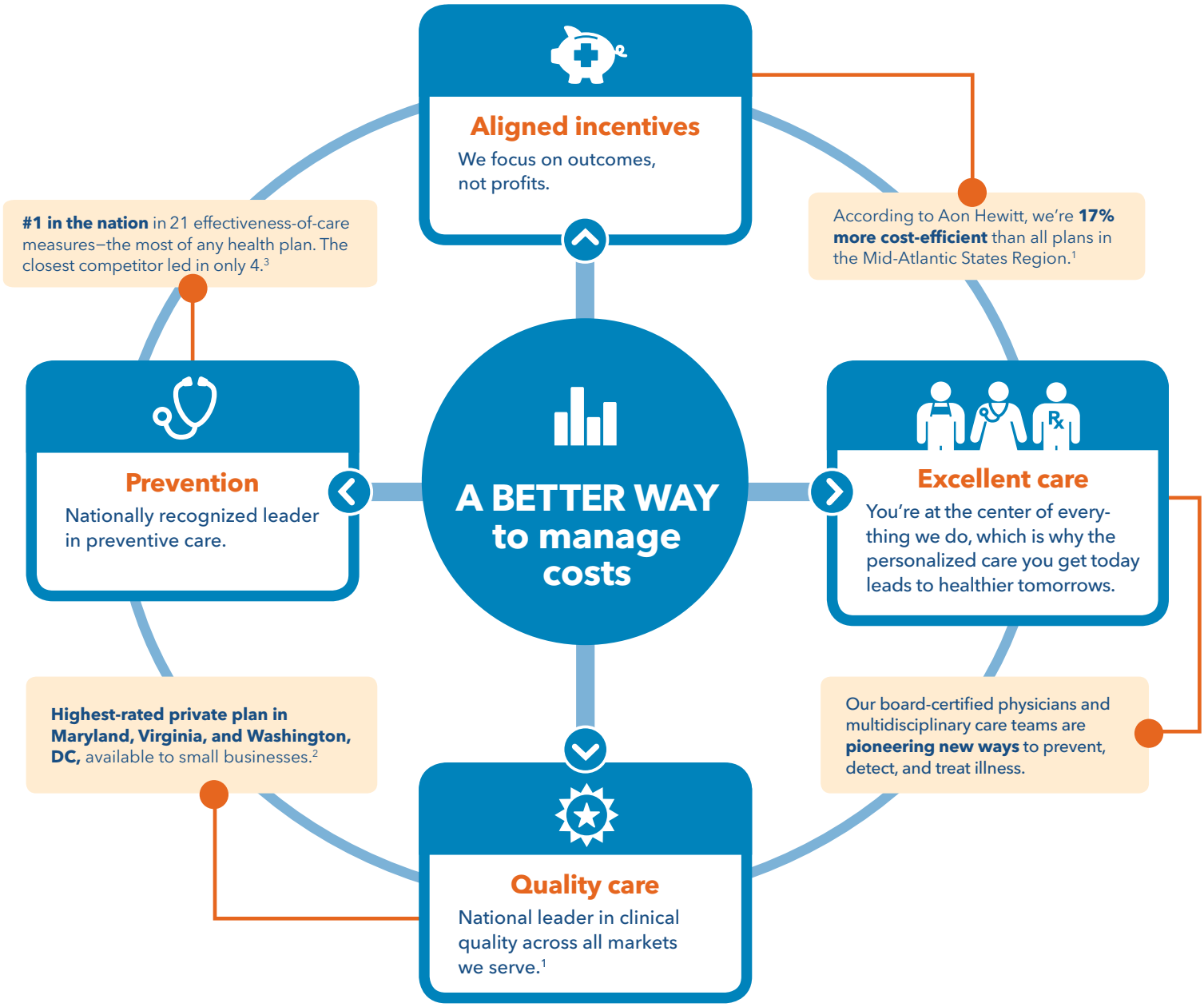
Small Group Business Guide | Maryland



Choose a health care partner that's more effective at keeping your employees—and your bottom line—healthy.

Choose better. Choose Kaiser Permanente.

The reference to "partner" in this brochure does not imply a legal partnership or affiliation with small group employers doing business with Kaiser Permanente.


Aligned incentives
We focus on outcomes, not profits.
According to Aon Hewitt, we're **17% more cost-efficient** than all plans in the Mid-Atlantic States Region.[1]
#1 in the nation in 21 effectiveness-of-care measures—the most of any health plan. The closest competitor led in only 4.[3]
Prevention
Nationally recognized leader in preventive care.
A BETTER WAY to manage costs
Excellent care
You're at the center of everything we do, which is why the personalized care you get today leads to healthier tomorrows.
Highest-rated private plan in Maryland, Virginia, and Washington, DC, available to small businesses.[2]
Our board-certified physicians and multidisciplinary care teams are **pioneering new ways** to prevent, detect, and treat illness.
Quality care
National leader in clinical quality across all markets we serve.[1]

Choose BETTER

You put a lot into making your business a success—which means you keep a close eye on the bottom line. And since your employees play a role in that success, you want them to be healthy and productive. Together, we can tailor a solution that meets the needs of your business and your workers.

Partner with us, and you'll get health care that's supported by the experience and innovation that can help you strengthen your business—now and for the future. And each of your employees will get personalized care from top doctors,[4] online health improvement resources, and programs to help them manage chronic conditions.

With our help, you can have lower overall costs; healthier, more productive employees; and improved performance for your company.

Have questions?
Call us at **866-523-0924,** or contact your agent or broker.

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Why efficient health care matters

To successfully manage your total costs—and improve business performance—you need a partner that addresses the health of your employees early, consistently, and effectively, **before your costs escalate.** As you're looking at health care providers, consider the following questions:

When your employees visit different doctors, can those doctors' care teams see if your employees are up to date on preventive care such as flu shots, diabetes tests, or mammograms?

- Doctors in different offices don't automatically have access to a patient's medical history, lab test results, and prescription list. They miss opportunities to get ahead of an illness, which increases employee sick days and your total costs.
- It's difficult to avoid gaps in care if all the doctors your employees see aren't working together. This increases the likelihood of unchecked diseases, which raises your medical costs and adds to employee time away from work.

Do your other health care options reward quality and minimize waste?

- The traditional fee-for-service system rewards more care—more visits, more tests, and more procedures—instead of the right care. You and your employees end up paying for this in the form of higher medical costs.

Do your other health care options provide your employees with 24/7 medical advice by phone from skilled nurses, video visits with emergency medicine doctors, and video visits with their personal physician, all at no additional cost share?[5]

- Kaiser Permanente members have 24/7 phone access to skilled nurses for medical advice. Members can also consult directly with a highly trained emergency medicine physician or their personal physician using video consultation for certain conditions.[5] There is no additional cost share for these services. Read more on page 13.

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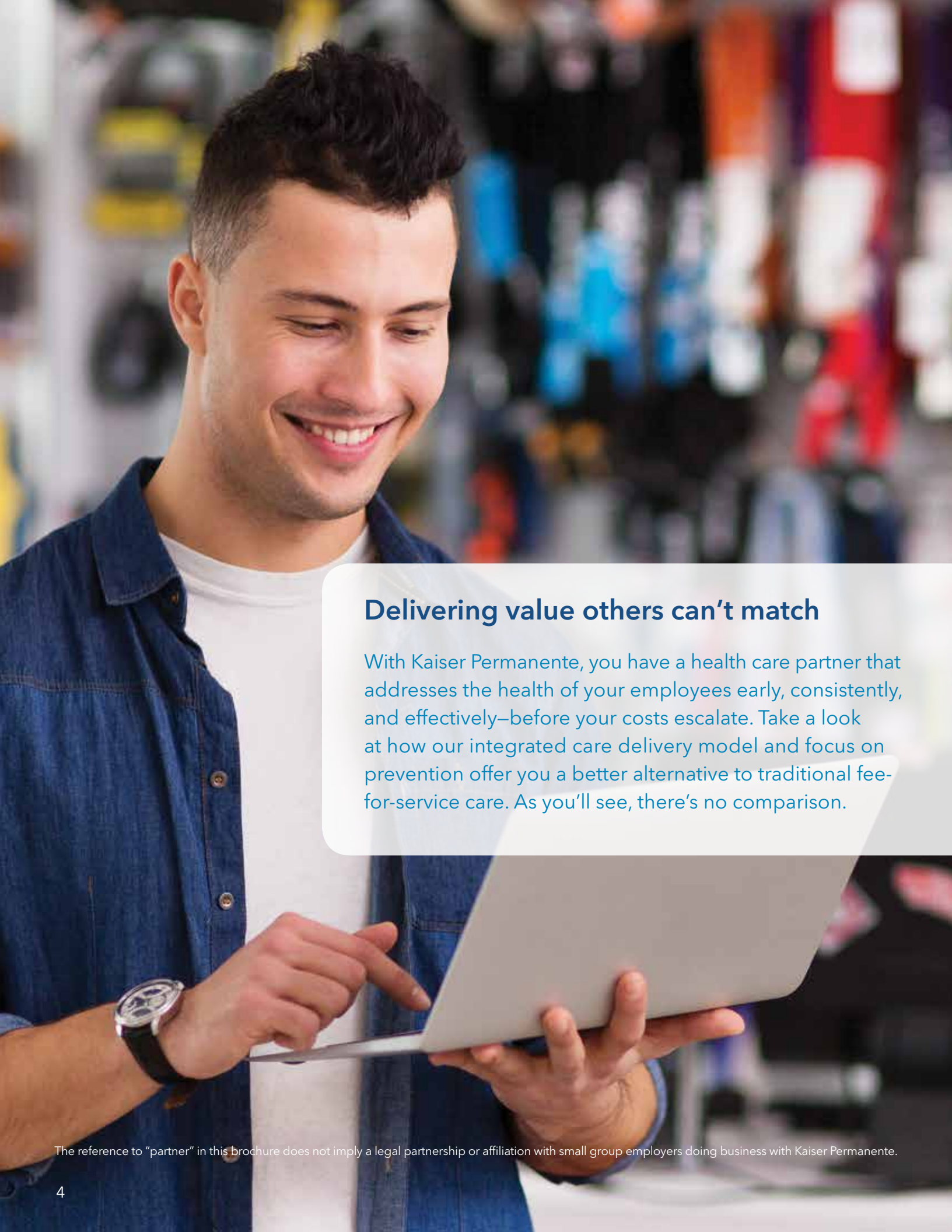

Delivering value others can't match

With Kaiser Permanente, you have a health care partner that addresses the health of your employees early, consistently, and effectively—before your costs escalate. Take a look at how our integrated care delivery model and focus on prevention offer you a better alternative to traditional fee-for-service care. As you'll see, there's no comparison.

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Truly integrated care

*Electronic medical record

Your partner for better health

Making smart decisions about your and your employees' health may be easier than you think, whether you're looking for a new plan or choosing health coverage for the first time. Take a look at all you get with your membership, and you'll see how Kaiser Permanente can help you live a healthier life.

The power to choose

It's simple to make the right choices when you've got great doctors, convenient facilities, and a care team that puts you front and center. With Kaiser Permanente, you have the best options for you and your employees.

- We've carefully selected our doctors so your employees can make the right choice for their families.
- Your employees can select and change their physicians at any time.
- At our Kaiser Permanente medical offices, care happens all under one roof to make it more convenient for you and your employees. And when your employees get care with fewer delays, they get better faster.
- Your employees have the convenience of 24/7 medical advice by phone from skilled nurses, video visits with emergency medicine doctors, and video visits with their personal physician, all at no additional cost share.[5]

Excellent care

Our electronic health record system informs your care team at Kaiser Permanente medical centers and enables their teamwork.[6] This way you and your employees are treated as people, not symptoms.

- Supported by our secure health record system, doctors, nurses, and specialists are better prepared to deliver the right care at the right time. This teamwork is part of our focus on prevention, and our commitment to providing you and your employees with personalized care—even if you go to different Kaiser Permanente locations in your area.[6]

Convenient classes, resources, and more

Empower your employees to take their health beyond checkups with a partner that provides the inspiration and information they need to live life to the fullest.

- Fit wellness into your schedule, no matter how busy the day is. With the many health classes offered, there's something for everyone. Yoga classes, eating well, baby care, specific health conditions, and much more. Classes vary by location, and some may require a fee.

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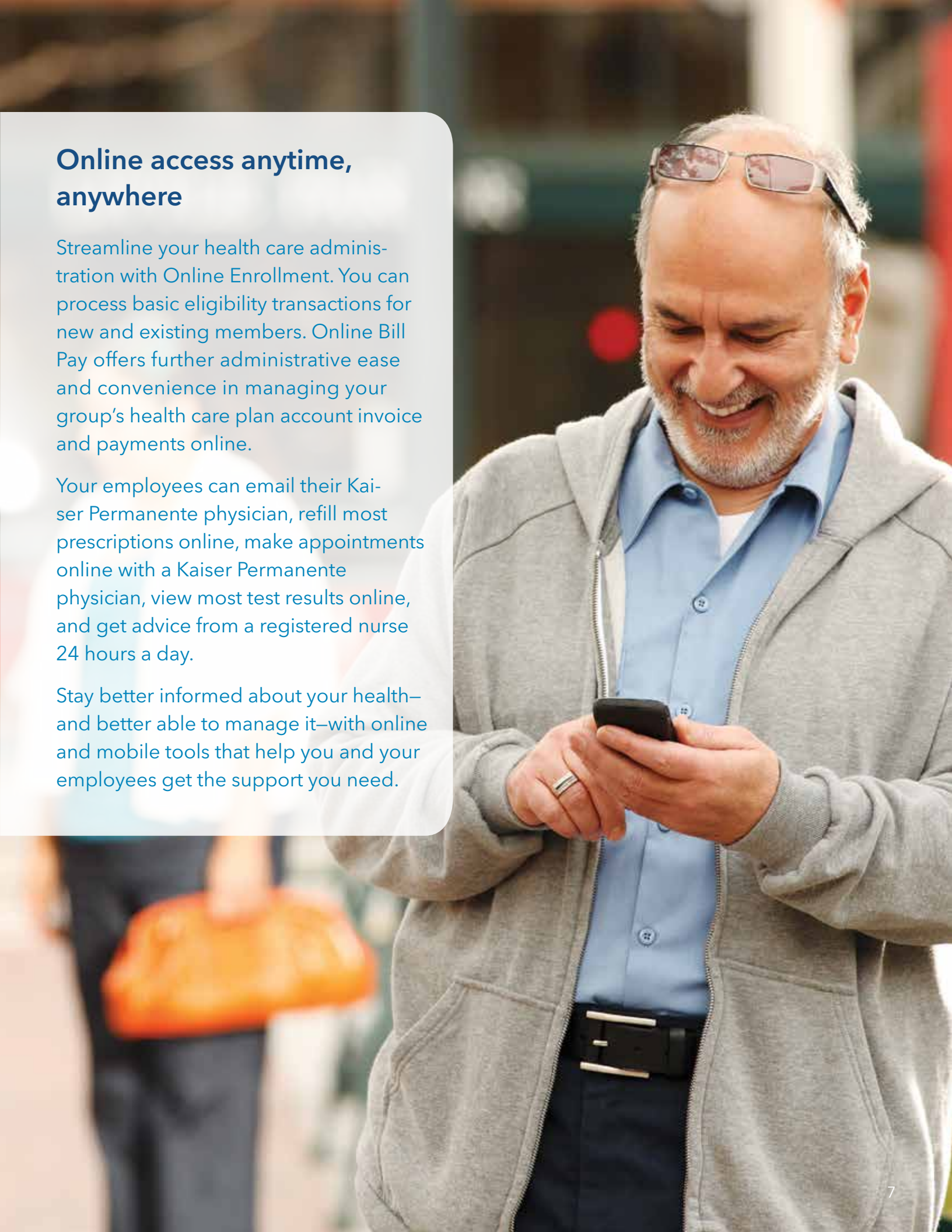

Online access anytime, anywhere

Streamline your health care administration with Online Enrollment. You can process basic eligibility transactions for new and existing members. Online Bill Pay offers further administrative ease and convenience in managing your group's health care plan account invoice and payments online.

Your employees can email their Kaiser Permanente physician, refill most prescriptions online, make appointments online with a Kaiser Permanente physician, view most test results online, and get advice from a registered nurse 24 hours a day.

Stay better informed about your health—and better able to manage it—with online and mobile tools that help you and your employees get the support you need.

A focus on prevention

Preventive screenings help keep you and your employees healthy by providing an early alert for many health conditions. That way, they can be treated before they become serious. Under health care reform, many screenings are available at no charge when appropriate guidelines are met. Here are some examples of preventive care services:

- Routine preventive physical exams
- Immunizations
- Annual flu shots
- Osteoporosis screenings (for women 65 or older and those at higher risk)
- Tuberculosis tests
- Autism screenings
- Vision screening (for children)
- Mammograms (for women 40 and older)
- Contraceptive care and counseling
- Breastfeeding support

For a complete list of our preventive care services, visit **kp.org/prevention**.

Have questions?
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Health plan benefit highlights

It's easy to find the right plan

Plans fit into four main categories of coverage, known as "metal tiers." Each tier has a different actuarial value—the percentage that the health plan will pay for covered essential health benefits, based on the claims of a standard population:[7]

- Platinum—90% actuarial value
- Gold—80% actuarial value
- Silver—70% actuarial value
- Bronze—60% actuarial value

These four categories offer different levels of copayments, coinsurance, and deductibles for essential health benefits. For example, bronze plans generally have lower premiums with higher out-of-pocket costs, while other metal tier plans generally have higher premiums and lower out-of-pocket costs.

Medical network options

Kaiser Permanente Signature™ network

When you choose the Signature provider network, your employees receive quality care from Mid-Atlantic Permanente Medical Group (Permanente) physicians, a group of almost 1,500 physicians[8] who practice in our multispecialty medical centers located in Maryland, Washington, DC, and Virginia. In some parts of the service area, members also have access to affiliated plan physicians who practice in the community.

All Kaiser Permanente medical centers offer primary care and feature on-site pharmacies. Most medical centers also offer:

- Pediatrics
- Obstetrics and gynecology
- Specialty care
- Radiology
- Laboratory

Some centers offer:

- Ambulatory surgery
- 24/7 Urgent Care
- Behavioral health services
- Vision care and optical services
- And other services

Because of our unique coordinated care delivery, members can often receive several services in one visit, avoiding repeat visits and extra time away from work. When your employees receive care, tests, and screenings in our medical centers, they can use **kp.org** to email their Kaiser Permanente doctor's office, check most lab results, schedule and cancel certain appointments, order most prescription refills for mail delivery or pickup, and much more. There's even an app that members can use on their smartphones.

With the Signature network, members have access to contracted hospitals located throughout the service area.

At certain preferred hospitals, Permanente physicians are on call 24 hours a day, 7 days a week—one of the distinct advantages of coordinated care.

Kaiser Permanente Select℠ network

Available with certain plans purchased directly through Kaiser Permanente, the Select network adds access to community physicians in private practice, allowing members to choose from thousands of physicians and additional contracted hospitals. However, members can only use the features of **kp.org** when care is received at a Kaiser Permanente medical center.

Pharmacy networks

Kaiser Permanente pharmacies

Members can fill prescriptions at pharmacies located in all Kaiser Permanente medical centers or through our mail-order service. Permanente physicians can send prescriptions electronically to the medical center pharmacies, where members can pick up their medicine right after their doctor's visit. Members can also choose to refill most prescriptions through the Mail Order Pharmacy by phone or online and have their medicine mailed to their home for no additional charge. Using Kaiser Permanente pharmacies is usually the most economical choice.

Contracted pharmacy network[9]

Members also have the choice of filling their prescriptions at network pharmacies in the community. These include well-known chains such as Giant, Rite Aid, Safeway, Target, Walmart, and Kmart, and smaller, independent pharmacies.

HMO plans

HMO plans

HMO plans with fixed copayments offer your employees a balance of affordability and predictability. Members pay set cost-sharing amounts for most covered services; there are no medical deductibles and virtually no claims to file. It's easy to predict out-of-pocket costs. Preventive care services, such as routine physicals, well-child visits, and certain screening tests, are provided for $0 copay.[10]

Deductible HMO plans

Deductible HMO plans allow you to offer the same benefits as traditional HMO plans with fixed copayments, but usually at a lower premium.

In most cases, you can choose among deductible HMO plans with various levels of copayments, coinsurance, deductibles, and out-of-pocket maximum limits. Because most preventive services are offered at no additional cost share and are not subject to the deductible, there's no need to be concerned that deductibles will stand in the way of employees seeking important preventive services. Certain other services, such as office visits and Urgent Care, are also not subject to the deductible. Deductibles, copayments, and coinsurance for most services count toward meeting the out-of-pocket maximum limit. All plans have out-of-pocket maximums, so employees have peace of mind knowing that there is a limit on the amount they are required to pay for most covered services each contract year.

For covered services that are subject to the deductible, such as outpatient surgery and hospital inpatient services, members pay allowable charges until they meet their deductible for the contract year. (The member is responsible for paying only the allowable charges, which may be less than the billed amount charged by the provider.) After the deductible is met, the member pays only the applicable coinsurance and/or copayments for covered services for the rest of the contract year.

Each covered family member has a deductible, and the whole family has a separate deductible. All appropriate charges for each family member's care are applied to the family deductible. When one family member reaches his or her individual deductible limit before the family deductible is met, that family member pays only applicable copayments and/or coinsurance for covered services for the remainder of the contract year. The other family members continue to pay full-service charges until either each remaining family member has met his or her individual deductible, or the family deductible has been met. The out-of-pocket maximum works the same way.[11]

HMO Plus plans

HMO Plus provides limited coverage with any licensed provider, nationwide, balanced by the high-quality[2] care innate to Kaiser Permanente's integrated delivery system. And Deductible HMO Plus plans allow you to offer the same benefits, but usually at a lower premium.

IN-NETWORK PROVIDERS

HMO Plus members have access to the Kaiser Permanente Signature provider network[SM]. With this network, members receive quality care from our network of award-winning physicians[12] and affiliated providers. Kaiser Permanente care teams practice exclusively in our medical centers, which are conveniently located throughout the covered Maryland, Virginia, and Washington, DC, service areas.

OUT-OF-NETWORK PROVIDERS

This plan also covers up to 10 outpatient physician visits out of network, including lab and x-ray, and five pharmacy refills a year with providers outside of the Kaiser Permanente care delivery system, anywhere in the United States. Referrals are not needed to use the out-of-network benefits.

- Certain services, such as inpatient care, outpatient surgery, maternity, and prenatal care, will only be covered in-network.[14]
- Some providers may require members to pay the full cost of each visit. If so, members will need to submit a claim for reimbursement.
- Charges will not count toward meeting the out-of-pocket maximum, which is applicable only to in-network benefits.
- Providers may also bill members for the difference, if any, between 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.

HSA-Qualified High Deductible Health Plans

Health Savings Account (HSA)-qualified High Deductible Health Plans must meet Internal Revenue Code requirements, including a minimum deductible and maximum out-of-pocket expense limits. HSA-qualified plans have a contract-year deductible that applies to all covered health care services, including prescription drugs. Preventive care, such as routine physicals, well-child visits, and certain screening tests, is not subject to the deductible and is available at no charge.

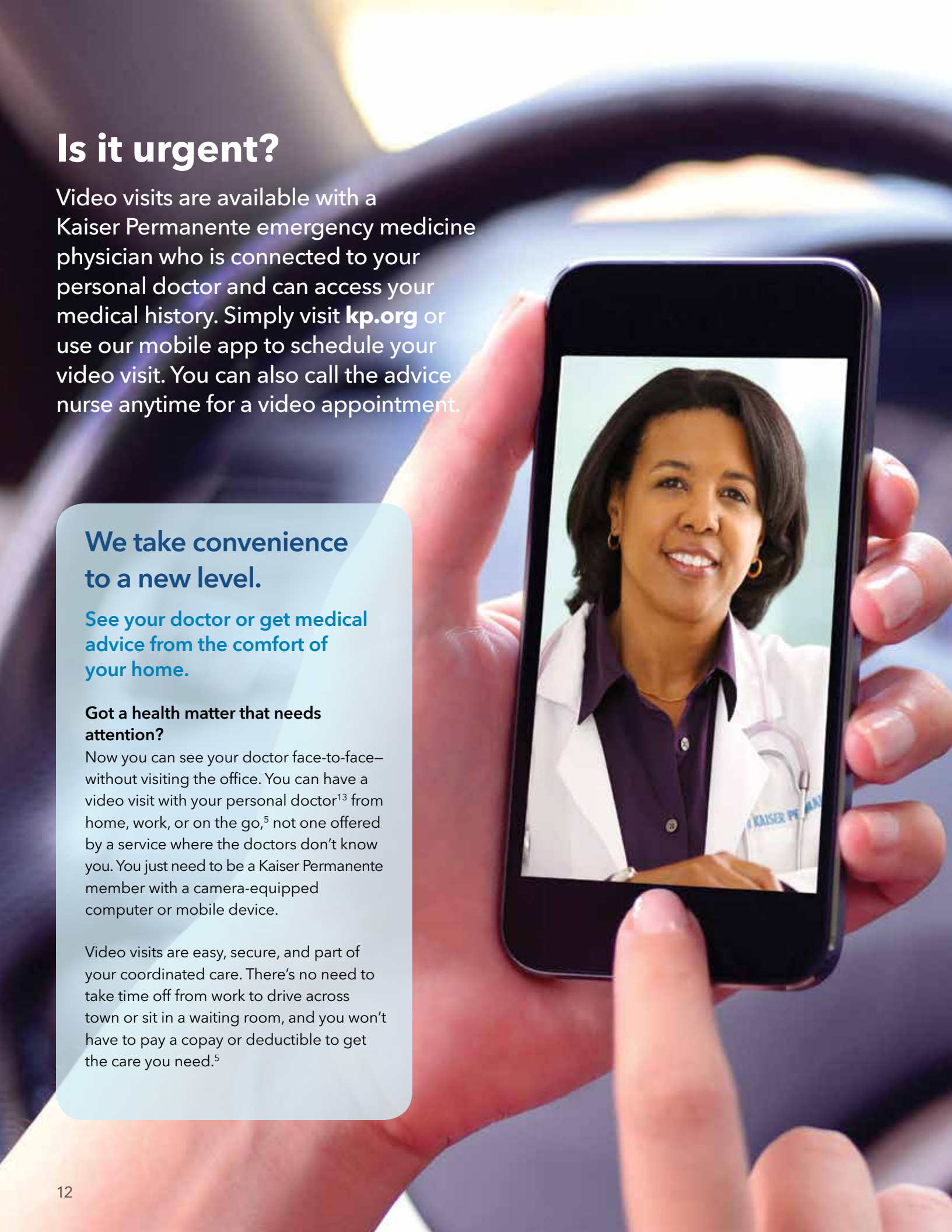
Members pay full-service charges until they meet their deductible for the contract year. (The member is responsible for paying only the allowable charges, which may be less than the billed amount charged by the provider.) After the deductible is met, the member pays only the applicable copayment or coinsurance for covered services for the rest of the contract year.[14]

Members' deductibles, copayments, and coinsurance dollars are applied to their out-of-pocket maximums for the given contract year. Once members reach their out-of-pocket maximums, Kaiser Permanente is responsible for 100% of allowable charges for covered services for the remainder of the contract year. Deductibles, out-of-pocket maximums, copayments, and coinsurance cost-sharing levels depend on the specific plan selected.

Note: Adult dental services are not subject to the out-of-pocket maximum. Members continue paying for adult dental services even after the out-of-pocket maximum has been met.

Is it urgent?

Video visits are available with a Kaiser Permanente emergency medicine physician who is connected to your personal doctor and can access your medical history. Simply visit **kp.org** or use our mobile app to schedule your video visit. You can also call the advice nurse anytime for a video appointment.



We take convenience to a new level.

See your doctor or get medical advice from the comfort of your home.

Got a health matter that needs attention?

Now you can see your doctor face-to-face—without visiting the office. You can have a video visit with your personal doctor[13] from home, work, or on the go,[5] not one offered by a service where the doctors don't know you. You just need to be a Kaiser Permanente member with a camera-equipped computer or mobile device.

Video visits are easy, secure, and part of your coordinated care. There's no need to take time off from work to drive across town or sit in a waiting room, and you won't have to pay a copay or deductible to get the care you need.[5]

Deductible plans compatible with Health Savings Account and Health Reimbursement Arrangement financial accounts

HSA-qualified High Deductible Health Plans are compatible with an HSA or a Health Reimbursement Arrangement (HRA). When you offer these financial products, you can better control health care spending and promote employee involvement in personal health management.

HSA

An HSA allows your employees to contribute pretax or tax-deductible dollars to pay for qualified medical expenses, including copays, coinsurance, and deductible payments for a wide range of services. HSAs also offer tax savings for employees on qualified medical expenses as well as tax benefits for your company.[15]

HRAs

HRAs are another type of tax-advantaged account that employees may use to pay for health care expenses. HRAs must be funded by the employer.

Kaiser Permanente offers two types of plans that allow HSA and/or HRA employer contributions:

HSA-Qualified High Deductible Health Plans with Health Savings Accounts or Health Reimbursement Arrangements

There are two options for HSA-qualified High Deductible Health Plans with HSA or HRA:

1. HSA-qualified deductible plans that can be paired with an HSA only and are funded by the employee or a third party (the employer cannot contribute to the account).

2. HSA-qualified deductible plans that can be paired with either an HSA or HRA and require employer contributions.

For option 2, if you wish to pair an HSA or HRA financial account with one of Kaiser Permanente's compatible plans, you must contribute to the financial account. Your company is required to set up an HSA or HRA and contribute the amount defined by the plan design. With HSA accounts, employees can designate funds in addition to your company's contribution, up to the maximum annual contribution amount (refer to IRS Publication 969 for additional information: irs.gov/pub/irs-pdf/p969.pdf).

You and your employees can enjoy the advantages of an HSA or HRA administered through Kaiser Permanente. We've simplified plan management for you by providing you and your employees with reliable, integrated support and tools for your consumer-directed HSA or HRA. These integrated financial accounts offer an all-in-one solution for you and your employees that includes:

- Comprehensive administrative support
- Online enrollment and eligibility management
- Single **kp.org** login and debit card to access all accounts, manage personal health information, and file claims
- Reports and notifications delivered to you automatically

Your employees will also receive:

- A single Kaiser Permanente health payment card
- Real-time transaction information
- Live phone support

You may also choose to pair our compatible plans with a financial account offered by the financial institution of your choice.

Note: Employees cannot open an HSA if they have an HSA-qualified deductible HMO plan with an HRA funded by the employer.

Point-of-Service plan

Added Choice® with Deductible Point of Service (POS)

The Added Choice with Deductible Point-of-Service (POS) plan combines an in-network provider option (Option 1) with an out-of-network provider option (Option 2), all in one flexible plan. Members are not limited to one provider option. They can choose between the two provider options at any time. Benefits vary in each option, and the cost sharing for a particular service depends on the provider option and, sometimes, where the member receives care. Out-of-pocket costs are generally lowest in Option 1.

When you purchase an Added Choice with Deductible plan for your employees, you can choose among plans featuring various levels of copayments, coinsurance, deductibles, and out-of-pocket maximum limits. There is a contract-year deductible in both Options 1 and 2. (Payments made toward the deductible in Option 2 count toward satisfying the Option 1 deductible, but payments

made toward the Option 1 deductible do not count toward the Option 2 deductible.) Some services are not subject to the deductible and do not have to meet this requirement.

There is a maximum amount you pay out of pocket each contract year. Once the amounts you have paid equal the out-of-pocket maximum, you pay nothing more. The deductible amounts paid, as well as copayments and coinsurance for most services, count toward meeting the out-of-pocket maximum limit. Payments made toward the out-of-pocket maximum in Option 2 count toward satisfying the Option 1 out-of-pocket maximum, but payments made toward the Option 1 out-of-pocket maximum do not count toward the Option 2 out-of-pocket maximum.

Within Option 1 and separately in Option 2, each covered family member has a deductible, and the whole family has a separate deductible. All appropriate charges for each family member's care are applied to the family deductible. Within each option, when one family member reaches his or her individual deductible limit before the family deductible is met, that family member pays only applicable copayments or coinsurance for covered services for the remainder of the contract year or otherwise reaches an out-of-pocket maximum. The other family members continue to pay allowable charges until either each remaining family member has met his or her individual deductible, or the family deductible has been met.

OPTION 1 (IN-NETWORK PROVIDERS)

At the heart of Option 1 are the physicians of the Mid-Atlantic Permanente Medical Group and Kaiser Permanente medical center pharmacies. When members seek care from Option 1 providers who practice in Kaiser Permanente medical centers, they experience all of the advantages of coordinated care and around-the-clock access to the time-saving features on **kp.org**. The Select network is available with the plans, and if you choose it, your employees will also have access to many community physicians in private practice.

OPTION 2 (OUT-OF-NETWORK PROVIDERS)

Option 2 includes any licensed provider, pharmacy, or hospital that is not included in Option 1. When members use the out-of-network provider option, no referrals are required for specialty care (but certain services may require preauthorization). Using Option 2 providers generally results in higher out-of-pocket costs compared to Option 1, and more services are subject to the deductible. In addition, Option 2 providers may also 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 toward the out-of-pocket maximum. Option 2 providers may require members to pay the full cost of each visit. If so, members will need to submit a claim for reimbursement. Charges for some services may not count toward meeting the out-of-pocket maximum. For more details, employees should refer to their *Evidence of Coverage*.

Kaiser Permanente Deductible Flexible Choice: The triple-option POS plan

The Kaiser Permanente Deductible Flexible Choice triple-option POS is a unique plan with the power to please everyone. Deductible Flexible Choice offers more provider choice and more ways to manage out-of-pocket costs than any of our other plans. Employees who live and work outside the Kaiser Permanente service area can enjoy the security and convenience of an extensive national network of providers.

Like three plans rolled into one, Kaiser Permanente Deductible Flexible Choice allows employees to receive care (1) from Kaiser Permanente physicians in the Mid-Atlantic Permanente Medical Group, P.C. (HMO/Option 1); (2) from providers in an extensive Preferred Provider Organization (PPO/Option 2) using contracted Private Healthcare Systems® (PHCS) and MultiPlan® networks;[16] and (3) from any other licensed provider not in Option 1 or 2 (Option 3). Any time medical care is needed, members can choose who will provide their care and where they will receive it. Members can self-refer to Kaiser Permanente physicians for certain specialty visits. No referral is needed for office visits to PPO or out-of-network specialists; however, all inpatient services and certain outpatient services provided by PPO or out-of-network providers require precertification.

Benefit levels and cost shares vary according to the provider option. In general, members' out-of-pocket costs generally increase as they move from the HMO providers to PPO providers to out-of-network providers.

It's the ultimate plan for members who want control of health costs and provider choice.

DEDUCTIBLE FLEXIBLE CHOICE PROVIDER OPTIONS

OPTION 1:[17] KAISER PERMANENTE PROVIDERS

Members have access to almost 1,500 physicians in the Mid-Atlantic Permanente Medical Group, P.C., who practice in Kaiser Permanente medical centers. Option 1 also includes affiliated physicians who do not practice in Kaiser Permanente medical centers, but are available in areas where a medical center may not be convenient. Refer to **kp.org/doctor** for a list of network physicians.

- Members experience all the advantages of coordinated care and around-the-clock access to the time-saving features on **kp.org**.
- Out-of-pocket costs are generally lowest when members use Option 1 services.
- Some services are subject to the deductible. Preventive services, and some other services, including office visits and Urgent Care, are offered at a copay whether or not the deductible has been met.

OPTION 2:[18] PREFERRED PROVIDER ORGANIZATION (PPO)

Members have access to more than 235,000 primary care physicians, 650,000 specialists, and 4,600 hospitals through the national PHCS and MultiPlan® networks.[19] To find a physician, facility, or health care practitioner who participates in these networks, visit **multiplan.com/kpmas**.

- Generally, out-of-pocket costs are higher when members choose Option 2 providers than when they choose Option 1 providers.

OPTION 3:[18] OUT-OF-NETWORK PROVIDERS

Members have access to any licensed provider who is not an Option 1 or Option 2 provider. Coverage in this option is considered pure indemnity coverage.

- Members who choose out-of-network providers will generally pay the highest out-of-pocket costs.
- Members are also responsible for paying any balances above the maximum allowable charge (as determined by Kaiser Permanente Insurance Company). Any amount the member pays over the maximum allowable charge does not accumulate to the member's out-of-pocket maximum or plan deductibles.

PHARMACY PROVIDER OPTIONS

OPTION 1: KAISER PERMANENTE PHARMACIES

- Rx filled at Kaiser Permanente medical center pharmacies or online at **kp.org**
- Rx filled by mail

OPTION 2: NETWORK (COMMUNITY PHARMACIES)

- MedImpact network includes CVS, Rite Aid, Farm Fresh, Walgreens, Target, Safeway, Harris Teeter, Shoppers Food Warehouse, Kmart, and others
- Rx filled at participating pharmacies
- No mail order available
- Generally higher copayments than in Option 1

OPTION 3: OUT-OF-NETWORK PHARMACIES

- Any licensed pharmacy not in Option 1 or 2
- Rx filled at all other pharmacies
- No mail order available
- Members should expect to pay out of pocket for prescription drugs and then submit a claim for reimbursement

Filling prescriptions at a Kaiser Permanente pharmacy is generally the most cost-effective way. Prescriptions from any provider (Kaiser Permanente, network, out-of-network) can be filled at Kaiser Permanente medical center pharmacies.

Dental plans

We offer dental coverage that emphasizes preventive care. Our health plans include pediatric dental benefits. Individuals are eligible for Pediatric Dental Services up to the end of the month in which the member attains age 19. For adults 19 and older, preventive dental, along with other dental services, is included in our plans.

Adult Preventive and Cosmetic Dental Plan—This Dental Plan emphasizes prevention and the early detection of dental problems to prevent costly procedures in the future. In addition, the plan offers a unique set of discounted cosmetic and other dental services, such as teeth whitening, crowns, and Invisalign. It is designed to help your employees reach a state of good oral health without facing the high cost of treatment typical of many dental plans. This plan offers coverage for more than 250 predetermined, predictable fees; no deductibles; and no annual maximums. Preventive services are offered

at a copay; discounted fees apply for all other covered dental services.

Pediatric and Cosmetic Dental (Dental HMO)— Individuals are eligible for Pediatric Dental Services up to the end of the month in which the member attains age 19. This plan provides benefits that comply with the Essential Health Benefits provisions under the Affordable Care Act (ACA). This plan includes coverage for more than 300 procedures and also offers discounted cosmetic services at predetermined, predictable fees with no deductibles. There is a copay for each office visit.

Adult Preventive and Cosmetic and Pediatric Dental and Cosmetic services are embedded in all medical plans.

Adult dental riders (optional)

If your employees want to increase their dental coverage for the adults in their family, the following plans are available:

Adult Dental HMO—This plan offers the convenience of predictable costs, no deductibles, and no annual maximums. Members pay a copay for each preventive care office visit with a participating dentist.

Adult Second Level POS—The Second Level Point-of-Service plan combines the features of a dental health maintenance organization plan with the flexibility of a traditional indemnity plan. You may choose to see an in-plan dentist, or if you prefer, you can visit any other licensed dentist not in the plan to receive your care.

Out-of-plan, members pay the dentist the charged amount and submit a claim form for reimbursement up to the maximum stated in the out-of-plan fee schedule.

Adult PPO 1 Plan—This plan features an annual plan payment maximum of $1,000, as well as a low individual deductible of $50. Additionally, this plan offers comprehensive benefits featuring 100% plan coverage for in-network preventive and diagnostic services, 80% plan coverage for in-network basic services such as fillings, and 50% plan coverage for in-network major services such as crowns, dentures, and bridges. Members may receive services from any licensed dentist. However, members will generally have lower out-of-pocket expenses when obtaining covered services from an in-plan dentist.

Adult PPO 3—This plan features an increased annual plan payment maximum of $2,000, as well as a low individual deductible of $50. Additionally, this plan offers comprehensive benefits featuring 100% plan coverage for in-network preventive and diagnostic services, 80% plan coverage for in-network basic services such as fillings, and 50% plan coverage for in-network major services such as crowns, dentures, and bridges. Members may receive services from any licensed dentist. However, members will generally have lower out-of-pocket expenses when obtaining covered services from an in-plan dentist.

Dental products are underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and administered by Dominion National USA, Inc. To learn more about Kaiser Permanente's dental offerings or to find a dentist, visit **dominionnational.com/kaiser**.

Enrollment requirements and cost contributions[20]

The following summary provides some important details about enrollment requirements, employer contributions, participation, and payroll deductions to cover the cost of coverage. Refer to the *Group Agreement* for more information.

Company requirements for coverage

- The business must have eligible employees who live or work within the Maryland service area of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
- All groups must have at least one eligible employee, but no more than 50 full-time-equivalent employees, to qualify as a small group.
- Workers' compensation coverage is required for all employees who are not exempt from occupational coverage.
- No minimum employer contribution requirement(s) will be applied to any Maryland small group employer applying for coverage directly through Kaiser Permanente.
- An eligible employer group is required to extend coverage to all eligible employees. New-hire coverage waiting periods may not exceed 90 days for those working. Employers are allotted a one-month maximum for an employment-based orientation period for new hires.
- An employer/employee relationship must exist, and employees must be represented on the payroll as receiving a taxable wage or commission. A copy of the most recent quarterly wage and tax report is required for groups with fewer than six enrolled employees.
- Benefit changes can be made only at the contract anniversary date.
- The initial premium is determined based on actual enrollment at the effective contract date.
- Retirees are not considered eligible employees.
- Coverage for the group cannot exclude a class of employee. The only exception are groups with union employees covered by a union-negotiated Taft-Hartley contract.
- Groups may select up to four plans, providing there is at least one employee enrolled and maintained in each plan.
- Company must be able to provide, if requested, a valid/current license to do business in the state of Maryland.
- Groups not considered eligible include, but are not limited to:
  - Groups with more than 50 full-time-equivalent employees.
  - Groups engaged in seasonal businesses.

- Multiple employer groups and associations.
- Employee leasing groups/professional employment organizations (PEOs). PEOs may contract for coverage for their own employees, but not for anyone with a co-employment or leased arrangement.
- Groups composed of members as opposed to employees, such as societies and clubs.
- Groups for which there is no demonstrable employer/employee relationship.
- Groups that maintain only a post office box address.

➤ Rates are guaranteed for 12 months from the effective date of coverage. Rates for mid-month new business are guaranteed for 11.5 months, then renewed on a 12-month contract period thereafter.

Participation requirements:

➤ Contributory groups—60% participation of eligible employees required. (This does not include employees with valid health waivers.)

- There is one exception to the minimum participation requirement: Groups applying between November 15 and December 15 of a year are not required to meet minimum participation.

Employee and dependent eligibility:

➤ Employee/dependent age is based on the attained age as of the effective contract date.

➤ Eligible employees include full-time employees and, at the option of the employer, may include part-time employees.

➤ New employees hired after the effective date of the group must satisfy the group's defined waiting period (as long as it does not exceed 90 days) before becoming eligible to apply for coverage.

➤ Employers are allotted a one-month maximum for an employment-based orientation period for new hires.

➤ Employees who become eligible for coverage outside of the initial or annual open enrollment period must apply for coverage within 30 days of their first date of eligibility. Employees may not enroll after that time, except during the group's annual open enrollment period or a qualifying special enrollment period.

➤ All eligible employees must complete an enrollment form either electing coverage or waiving the benefits offered to them.

➤ In order for dependents to enroll, the eligible employee must enroll.

➤ Employees must live or work within our defined service area or work for an employer whose situs is within Kaiser Permanente's defined service area.

Summary of Benefits and Coverage

To help you make an informed choice, we have *Summary of Benefits and Coverage (SBC)* documents available. *SBC*s summarize important information about our health coverage options in a standardized format so you can easily compare benefits and coverage offered by Kaiser Permanente with those of other carriers. *SBC* documents are available on our BusinessNet site at **kp.org**.

Kaiser Permanente medical facilities

Maryland

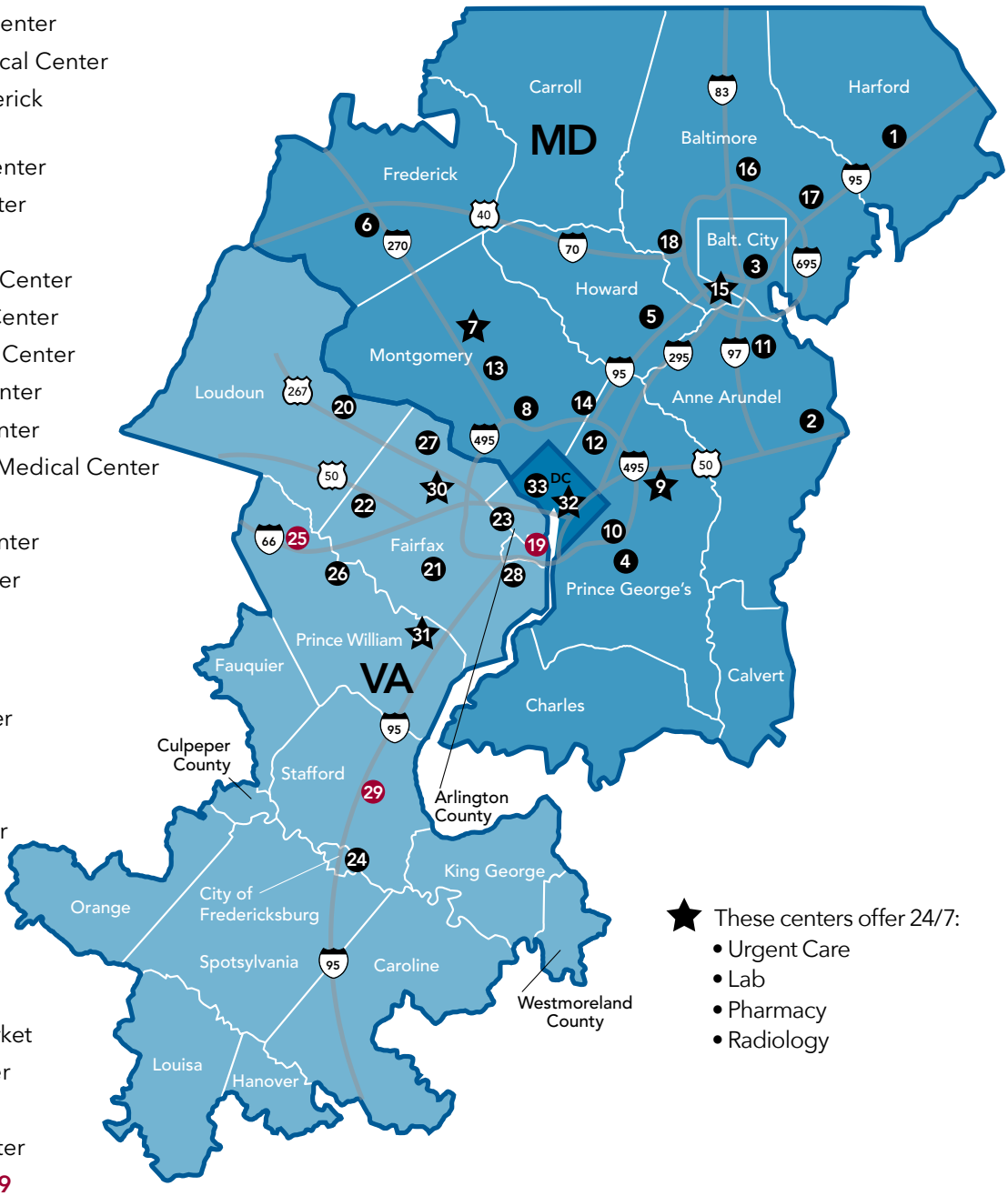
1 Abingdon Medical Center
2 Annapolis Medical Center
3 Kaiser Permanente Baltimore Harbor Medical Center
4 Camp Springs Medical Center
5 Columbia Gateway Medical Center
6 Kaiser Permanente Frederick Medical Center
7 Gaithersburg Medical Center
8 Kensington Medical Center
9 Largo Medical Center
10 Marlow Heights Medical Center
11 North Arundel Medical Center
12 Prince George's Medical Center
13 Shady Grove Medical Center
14 Silver Spring Medical Center
15 South Baltimore County Medical Center
16 Towson Medical Center
17 White Marsh Medical Center
18 Woodlawn Medical Center

Virginia

19 OPENING SPRING 2019
Alexandria Medical Center
20 Ashburn Medical Center
21 Burke Medical Center
22 Fair Oaks Medical Center
23 Falls Church Medical Center
24 Fredericksburg Medical Center
25 OPENING LATE 2019
Medical center in Haymarket
26 Manassas Medical Center
27 Reston Medical Center
28 Springfield Medical Center
29 OPENING SUMMER 2019
Medical center in Stafford
30 Tysons Corner Medical Center
31 Woodbridge Medical Center

Washington, DC

32 Kaiser Permanente Capitol Hill Medical Center
33 Northwest DC Medical Office Building



Please check **kp.org/facilities** for the most up-to-date listing of the services located at Kaiser Permanente medical centers.

End notes

[1] Aon Hewitt Health Value Initiative™ benchmarking study—Kaiser Foundation Health Plan, Inc., Aon Hewitt, October 12, 2016. Results based on 2015 performance year and experience. Plans with absent clinical quality scores are included when calculating the averages.

[2] The private plan of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., is rated 4.5 out of 5 among health insurance plans in NCQA's "Health Insurance Plan Ratings 2017-2018."

[3] Kaiser Permanente 2016 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2016 and is used with the permission of NCQA. Quality Compass 2016 includes certain CAHPS® data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

[4] Kaiser Permanente top doctors named in *Northern Virginia Magazine*, February 2017 and April 2016; *Baltimore* magazine, November 2016; and *Washingtonian* magazine, November 2016.

[5] If you have an HSA-qualified deductible plan, you will need to pay the full charges for scheduled phone and video visits until you reach your deductible. Once you reach your deductible, your copay is $0 for scheduled phone and video visits. Video 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 mental 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 mental health provider, appointments can be scheduled for follow-up care.

[6] Available only to members receiving care at Kaiser Permanente medical facilities.

[7] The ACA allows a difference of +2/-4 points for actuarial value percentage, except for some Bronze plans. Bronze plans that meet certain requirements may have an AV range of +5/-4.

[8] As of October 2017.

[9] Mail order not available through contracted pharmacies.

[10] Preventive care services are exams and tests that are given to help find problems early, based on age and gender. Some examples of preventive care services include routine physical exams, well-child visits, routine vaccinations, and certain screenings.

[11] The way you meet your family deductible and out-of-pocket maximum varies depending on your plan. Please refer to the deductible and out-of-pocket maximum sections of your *Evidence of Coverage (EOC)* for details.

[12] Kaiser Permanente doctors recognized as "Top Doctors" in 2014, 2015, 2016, 2017, and 2018 editions of *Washingtonian* magazine, *Northern Virginia Magazine*, *Bethesda Magazine*, *Baltimore* magazine, and *Washington Consumers' CHECKBOOK* magazine.

[13] With primary care physicians who practice at Kaiser Permanente facilities.

[14] All benefits are subject to the definitions, limitations, and exclusions set forth in the *Evidence of Coverage (EOC)*.

[15] This brochure includes general information about HSAs. Kaiser Permanente does not offer financial, tax, or investment advice. Tax references in this brochure relate to federal income tax only. The tax treatment of HSA contributions and distributions under state income tax laws differs from federal tax treatment. Consult with your financial or tax adviser for more information.

[16] The PHCS™ and MultiPlan™ networks include physicians and health care practitioners and facilities available to Deductible Flexible Choice members via Kaiser Permanente Insurance Company's network access agreement. The PHCS and MultiPlan® networks do not include all PHCS and MultiPlan providers. For a list of physicians, health care practitioners and facilities that are available under Option 2, visit **multiplan.com/kpmas** or call the MultiPlan provider information line at **888-220-6010.**

[17] Option 1 is underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

[18] Options 2 and 3 are underwritten by Kaiser Permanente Insurance Company, a subsidiary of Kaiser Foundation Health Plan, Inc.

[19] Provider counts as of July 2016. Source: *PHCS and MultiPlan®*

[20] For plans purchased directly from Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Notes:

Notes:

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Choose better.
Choose Kaiser Permanente.

Have questions?
Call us at **866-523-0924**, or
contact your agent or broker.

kp.org

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