COPAYMENT PLANS – FEATURES AT A GLANCE

Please refer to each plan's *Non-Group Medical and Hospital Service Agreement and Disclosure Form* for detailed descriptions of copayments and coinsurance.

MARYLAND, VIRGINIA, AND WASHINGTON, DC

SERVICES/OPTIONS	$10/$20 Copay Option Plan (no deductible)	$20/$30 Copay Option Plan (no medical deductible)
Annual out-of-pocket maximum		
Individual	$3,500	$3,500
Family	$7,000	$7,000
Deductible	None	None
Office visits[1]		
Primary care	$10 per visit (waived for children under age 5)	$20 per visit (waived for children under age 5)
Specialty care	$20 per visit	$30 per visit
Dental services	Certain services covered at discounted rates	Not covered
Emergency services	$75 per visit	$75 per visit
Vision care		
Eye exams		
• Optometry	$10 per visit	$20 per visit
• Ophthalmology	$20 per visit	$30 per visit
Inpatient hospitalization (includes medical, maternity, mental health, and chemical dependency stays)	$500 per admission	20% of AC[2]
Lab and radiology	$20 per visit	$30 per visit
Maternity care[3]	No charge	No charge
Outpatient surgery	$100 per visit	$100 per visit
Prescription drugs[4] (for 30-day supply)		
Pharmacy deductible	None	$100
Generic	$15	$20
Preferred brand	$25	$30
Nonpreferred brand	$40	$45
Annual prescription drug maximum	$1,500	$1,000

DEDUCTIBLE PLANS – FEATURES AT A GLANCE

Please refer to each plan's *Non-Group Medical and Hospital Service Agreement and Disclosure Form* for detailed descriptions of copayments and coinsurance.

MARYLAND, VIRGINIA, AND WASHINGTON, DC

S ERVICE/OPTIONS	$500 Deductible/ 20% Plan	$750 Deductible/ 20% Plan with Rx	$750 Deductible/ 20% Plan without Rx	$1,000 Deductible/ 30% Plan
Annual out-of-pocket maximum				
Individual	$2,000	$3,000	$3,000	$3,000
Family	$4,000	$6,000	$6,000	$6,000
Deductible	$500	$750	$750	$1,000
Office visits[1]				
Primary care	$20 per visit (no deductible) (waived for children under age 5)	$30 per visit (no deductible) (waived for children under age 5)	$30 per visit (no deductible) (waived for children under age 5)	$30 per visit (no deductible) (waived for children under age 5)
Specialty care	$30 per visit (no deductible)	$40 per visit (no deductible)	$40 per visit (no deductible)	$40 per visit (no deductible)
Dental services	Not covered	Not covered	Not covered	Not covered
Emergency services	$75 per visit (no deductible)	$75 per visit (no deductible)	$75 per visit (no deductible)	$75 per visit (no deductible)
Vision care				
Eye exams				
• Optometry	$20 per visit (no deductible)	$30 per visit (no deductible)	$30 per visit (no deductible)	$30 per visit (no deductible)
• Ophthalmology	$30 per visit (no deductible)	$40 per visit (no deductible)	$40 per visit (no deductible)	$40 per visit (no deductible)
Inpatient hospitalization (includes medical, maternity, mental health, and chemical dependency stays)	20% of AC[2]	20% of AC[2]	20% of AC[2]	30% of AC[2]
Lab and radiology	20% of AC[2]	20% of AC[2]	20% of AC[2]	30% of AC[2]
Maternity care[3]	No charge (no deductible)	No charge (no deductible)	No charge (no deductible)	No charge (no deductible)
Outpatient surgery	20% of AC[2]	20% of AC[2]	20% of AC[2]	30% of AC[2]
Prescription drugs[4] (for 30-day supply)				
Pharmacy deductible	None	None	Not covered	None
Generic	$20	$20		$20
Preferred brand	$30	$30		$30
Nonpreferred	$45	$45		$45

HSA-QUALIFIED PLANS – FEATURES AT A GLANCE

Please refer to each plan's *Non-Group Medical and Hospital Service Agreement and Disclosure Form* for detailed descriptions of copayments and coinsurance.

MARYLAND, VIRGINIA, AND WASHINGTON, DC

SERVICES/OPTIONS	$1,250 Deductible/20% Plan with HSA Option	$1,750 Deductible/30% Plan with HSA Option	$2,250 Deductible/30% Plan with HSA Option
Annual out-of-pocket maximum			
Individual	$3,000	$4,000	$5,000
Family	$6,000	$8,000	$10,000
Deductible	$1,250	$1,750	$2,250
Office visits[1]			
Primary care	20% of AC[2]	30% of AC[2]	30% of AC[2]
Specialty care	20% of AC[2]	30% of AC[2]	30% of AC[2]
Dental services	Not covered	Not covered	Not covered
Emergency services	20% of AC[2]	30% of AC[2]	30% of AC[2]
Vision care			
Eye exams			
• Optometry	20% of AC[2]	30% of AC[2]	30% of AC[2]
• Ophthalmology	20% of AC[2]	30% of AC[2]	30% of AC[2]
Inpatient hospitalization (includes medical, maternity, mental health, and chemical dependency stays)	20% of AC[2]	30% of AC[2]	30% of AC[2]
Lab and radiology	20% of AC[2]	30% of AC[2]	30% of AC[2]
Maternity care[3]	20% of AC[2]	30% of AC[2]	30% of AC[2]
Outpatient surgery	20% of AC[2]	30% of AC[2]	30% of AC[2]
Prescription drugs[4] (for 30-day supply)			
Generic	$25	$25	$25
Preferred brand	$35	$35	$35
Nonpreferred brand	$50	$50	$50

[1]Primary care visits include family practice, obstetrics/gynecology, pediatrics, and general practitioner or internal medicine (other office visits are considered specialty care visits).

[2] Allowable charges (AC) is a schedule of charges for services provided to the general public.

[3]Once a pregnancy has been confirmed, coverage includes all prenatal visits and one postnatal visit. In-hospital labor and delivery are covered at the applicable inpatient hospitalization charge. Exclusions include custodial, intermediate, or domiciliary care; cosmetic services; nonprescription drugs; services to reverse voluntary infertility; sexual reassignment services; and nonhuman organs.

[4] Kaiser Permanente mail-order drugs: $2 discount per 30-day supply (Virginia and Washington, DC, only). Noncreditable pharmacy coverage for members currently enrolled in Medicare. These are only highlights of plan coverage and are not inclusive. Additional information can be found on the applicable Non-Group Medical and Hospital Service Agreement (KFHP-NG (07) DC for District of Columbia residents, KFHP-NG (07) VA for Virginia residents, and KFHP-NG (07) MD for Maryland residents) which you will receive upon acceptance. Please call Member Services at (301) 468-6000 or 1-800-777-7902 for additional assistance.