

PLAN UPDATES

What's new for Washington, DC, small business group plans with coverage effective on or after January 1, 2025

WASHINGTON, DC
2025



This booklet contains a summary of important information about our Washington, DC, small group plans. For more details on plan information, see the *Administrative Guide for Off-Exchange Plans*.

Your partner in good health

At Kaiser Permanente, we offer a fully integrated health care delivery system with providers, hospitals, pharmacies, and labs working together to provide coordinated care for our members.

What's new at Kaiser Permanente



NEW – Updated kp.org website and app experience

Our members can expect a newly modernized digital experience with the addition of MyChart by Epic on kp.org and the Kaiser Permanente app. The latest MyChart features give members easier access to their favorite self-service tools and greater compatibility with outside care providers.



NEW – After Hours Care at 4 medical centers: Annapolis, Ashburn, Fredericksburg, and White Marsh

Our After Hours Care locations are designed to care for minor health concerns like:

- Ear pain
- Cold, sinus, and flu-like symptoms
- Rash
- Minor injuries
- Neck pain
- Urinary tract infection (UTI)
- And more



NEW – Urgent Care at Kensington Medical Center

Our Urgent Care locations, including the new service at Kensington, can address additional health concerns, such as:

- Stomach pain
- Back pain
- Deep cuts
- Skin infections
- Strains and sprains
- Vomiting, diarrhea, and nausea
- And more



Suite of self-care apps

The following behavioral health providers in our contracted network offer app-based teletherapy services to Kaiser Permanente members at no additional cost:

- Grow Therapy
- myStrength Complete by Teladoc Health¹
- Open Mind Health
- UpLift

¹ App services may not be covered under your health plan benefits and may not be subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. Psychiatry is not included in the myStrength Complete membership. Telecoaching is not available to members age 13 to 17. myStrength® is a wholly owned subsidiary of Livongo Health, Inc.



Skip the appointment line with our waitlist service¹

Kaiser Permanente now offers an automated waitlist option that can get members in to their physician's office sooner (by 21 days on average) if an appointment becomes available. NOTE: The new appointment will be for the same service and same clinician as initially booked.



Top-rated health plans

Out of more than 1,200 health plans evaluated in 2023, Kaiser Permanente of the Mid-Atlantic States received the region's highest rating from the National Committee for Quality Assurance for every commercial, Medicare, and Medicaid plan we offer.²



Going all in against cancer

Our cancer care team leads the way in early detection, clinical trials, and innovative treatments, giving patients more options in the fight against cancer.



Furthering our mission with community health

We help people experiencing health inequities address the clinical, genetic, social, economic, and environmental factors that affect their ability to thrive. In 2023 alone, we invested nearly \$200 million in the community.³



High marks in the industry

Insure.com recently rated Kaiser Permanente as the nation's *Best Health Insurance Company of 2024* for customer satisfaction.⁴ We also received top marks in their 2024 health insurance customer survey: We earned the top rating for affordability, customer satisfaction, and trustworthiness.

¹ Sooner appointments are available for phone, video, or in-person appointments. Availability varies by service and department.

² NCQA evaluated over 1,200 health plans based on clinical performance, member satisfaction and NCQA Accreditation. In the NCQA Commercial Health Plan Ratings 2023, our commercial plan is rated 5 out of 5, the highest rating in the region; our Medicare plan is rated 4.5 out of 5, the highest rating in the region; and our Medicaid plan is rated 4.5 out of 5, the highest rating in the region

³ According to year-end financial result, 2023 at mykp.kp.org.

⁴ In the survey *Best Health Insurance Companies of 2024* by **Insure.com**, Kaiser Permanente as a national enterprise is rated #1 overall among 70+ competitors—for the fourth year in a row.

2025 Medical plan portfolio

Our plan portfolio offers choice and flexibility with multiple plans to choose from in all four metal levels. We've made necessary cost-sharing changes to keep plans within their respective metal levels. No plans have been discontinued. Because of recent plan-naming regulations, we have changed our plan naming convention in Maryland and the Washington, DC. New plan names and specific cost-sharing changes for each plan are provided under the 2025 medical plan changes on pages 7 through 17 of this document. Groups may choose to renew with their current plan or select any other plan in our portfolio

2025 Dental plan portfolio

At Kaiser Permanente, we believe dental care is a vital part of living a balanced, healthy life. For 2025 in Washington, DC—in partnership with LIBERTY Dental Plan—we're introducing new versions of three of our most popular health plans that include comprehensive dental benefits for adults.

These adult benefits seamlessly coordinate with the included child dental benefits in each health plan. They offer a robust network with no need for referrals for specialist procedures. There are no office visit charges, and benefits are not subject to a deductible, maximum annual limit, or waiting period. Each plan includes comprehensive coverage of the full range of common dental procedures, including preventive, diagnostic, and restorative services. For more information visit kp.org/dental/mas.

Pediatric dental services and coverage for your renewal

Pediatric dental coverage for members is required by law, so all our medical plans are offered along with an ACA-compliant pediatric dental plan. The KP Smile Kids Embedded Dental PPO is included with Kaiser Permanente's Flexible Choice and Added Choice POS medical plans, and can only be paired with adult dental PPO or POS plans. The KP Smile Kids Dental EPO is included with Kaiser Permanente HMO / DHMO medical plans.

Both plans include preventive care procedures—such as oral evaluations, routine cleanings, bitewing X-rays, and topical fluoride treatments—every 6 months, at no additional cost. Additional diagnostic and restorative services and medically necessary orthodontia are also covered. For more information, visit kp.org/dental/mas.

Automatic renewals

Your coverage will renew automatically at the 2025 rates and plan changes unless you notify us at least 30 days prior to November 1, 2024. Your acceptance of this renewal also confirms that you meet the definition of small employer as defined by applicable federal and state laws.

2025 Plan highlights and reminders

Prescription drug coverage is automatically covered on all medical plans

All our plans come with built-in coverage for outpatient Prescription drugs. All prescription drug plans have a four-tiered benefit design with different cost-sharing amounts for generic, preferred brand, non-preferred brand, and specialty drugs.

Your employees can save time and money by ordering prescription refills online or by phone. Members can get a 90-day supply for only two times the 30-day supply copay when using Kaiser Permanente Mail Order Pharmacy.¹ We can mail most prescription medications to you within 3 to 5 days, and you don't pay anything extra for standard U.S. postage.

Employee assistance program

We've teamed with a national vendor to deliver nonclinical support for mental health by offering an optional employee assistance program for small and mid-size employers. Please reach out to your account manager for more information.

Routine adult vision eye exam and hardware benefits

All our plans include an adult vision benefit at Vision Essentials by Kaiser Permanente (located in many of our medical centers). Routine eye exams with an optometrist are available at each plan's primary care office visit cost share. A discount of \$125 is offered off the retail price of combined frames and lenses once per year. The discount may be applied to contact lenses; it may also be applied to initial fit and the first purchase of contact lenses at Vision Essentials. Go to kp2020.org for more information, including our optical locations.

Pediatric vision coverage on all medical plans

All our plans cover routine pediatric vision exams and one pair of standard frames from a select group with lenses per year, at no additional charge. Regular contacts may be substituted for pediatric frames and lenses once per contract year. Go to kp2020.org for more information, including our optical locations.

Standard plans

Our plan portfolio includes standard plans that have been designed by the District of Columbia, and all carriers are required to offer these plans. Because they were not designed by Kaiser Permanente, the coverage may differ from our typical plans. Please refer to the Summary of Benefits for details.

Benefits that accrue to the medical out-of-pocket maximum

Most benefits, including copays and coinsurance for services not subject to deductible, as well as the deductible itself, accrue to the medical out-of-pocket maximum. Copays and coinsurance that accrue to the out-of-pocket maximum are waived once an individual or has reached that maximum.

¹ Some 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.

Summary of 2025 plan changes for Washington, DC

This document provides an overview of changes Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. are making to your small group plan offerings effective upon your group's 2025 renewal date.

For more information, please refer to your Summary of Benefits and Coverage (SBC) and/or your *Evidence of Coverage (EOC)*.



Infertility and standard fertility preservation services

A Washington, DC, mandate for fertility treatment requires that infertility (diagnosis and treatment), in vitro fertilization (IVF), fertility preservation, and outpatient drugs for the treatment of infertility are covered the same as any other service. The mandate applies to in-network and out-of-network tiers, except for the out-of-network tier of Kaiser Permanente Plus plans.

- Infertility treatment services (includes in vitro fertilization) and fertility preservation for iatrogenic infertility: The cost share will be based on place and type of service.
- Outpatient drugs for the treatment of infertility: The applicable drug tier cost share will be applied.



HMO and DHMO Plus plans

In-service-area Urgent Care provided by non-Kaiser Permanente providers will be counted as part of the 10 out-of-network (OON) visit limit. The plan-specific OON specialty cost share applies.



Silver Virtual Forward Plan - Participating network pharmacy and mail delivery

Network has been expanded to include coverage for participating network pharmacies and mail-order delivery.



HMO & DHMO Essential Plan - cardiovascular and cerebrovascular disease

The services related to the prevention and treatment of cardiovascular disease (includes primary care physician office visits, medical nutrition therapy visits, certain laboratory and imaging) and generic medications to treat cardiovascular disease will be covered at no charge for Essential HMO and DHMO plans.

2025 Medical plan changes

DC HMO plans

YEAR	2024	2025
Plan name	KP DC Platinum 0/10 Vision	KP DC Platinum 0 Ded/Vision
Self-only out-of-pocket maximum	\$2,400	\$2,600
Family out-of-pocket maximum	\$2,400 individual / \$4,800 family	\$2,600 individual / \$5,200 family
Outpatient surgery physician services	\$10	\$30
Inpatient physician and surgical services per admission	\$10 per admission	\$30 per admission
Emergency services	\$150	\$200
Plan name	KP DC Standard Platinum 0/20/10%/Vision	KP DC Essential Platinum 0 Ded/Vision
Self-only out-of-pocket maximum	\$2,000	\$2,100
Family out-of-pocket maximum	\$2,000 individual / \$4,000 family	\$2,100 individual / \$4,200 family
Plan name	KP DC Gold 0/20/Vision	KP DC Gold 0 Ded/Vision
Self-only out-of-pocket maximum	\$8,250	\$8,600
Family out-of-pocket maximum	\$8,250 individual / \$16,500 family	\$8,600 individual / \$17,200 family
Outpatient surgery facility fee	\$200	\$250
Outpatient surgery physician services	\$25	\$40
Inpatient physician and surgical services	No charge	\$40 per admission
Emergency services	\$250	\$300

2025 Medical plan changes (continued)

DC HMO Plus plans

YEAR	2024	2025
Plan name	KP DC Platinum Plus 0/10 Vision	KP DC Platinum Plus 0 Ded/Vision
In-plan changes	The following changes apply	
Self-only out-of-pocket maximum	\$2,400	\$2,600
Family out-of-pocket maximum	\$2,400 individual / \$4,800 family	\$2,600 individual / \$5,200 family
Outpatient surgery physician services	\$10	\$30
Inpatient physician and surgical services	\$10	\$30 per admission
Emergency services	\$150	\$200
Out-of-network changes	No changes	
Plan name	KP DC Gold Plus 0/20/Vision	KP DC Gold Plus 0 Ded/Vision
In-plan changes	The following changes apply	
Self-only out-of-pocket maximum	\$8,250	\$8,600
Family out-of-pocket maximum	\$8,250 individual / \$16,500 family	\$8,600 individual / \$17,200 family
Outpatient surgery facility fee	\$200	\$250
Outpatient surgery physician services	\$25	\$40
Inpatient physician and surgical services	No charge	\$40 per admission
Emergency services	\$250	\$300
Out-of-network changes	No changes	

2025 Medical plan changes (continued)

DC DHMO plans

YEAR	2024	2025
Plan name	KP DC Platinum 500/10/Vision	KP DC Platinum 500 Ded/Vision
Self-only out-of-pocket maximum	\$2,500	\$2,600
Family out-of-pocket maximum	\$2,500 individual / \$5,000 family	\$2,600 individual / \$5,200 family
Plan name	KP DC Standard Gold 500/25/20%Vision	KP DC Essential Gold 500 Ded/Vision
Self-only out-of-pocket maximum	\$5,800	\$6,050
Family out-of-pocket maximum	\$5,800 individual / \$11,600 family	\$6,050 individual / \$12,100 family
Plan name	KP DC Gold 500/20/Vision	KP DC Gold 500 Ded/Vision
Tier 2 (plan pharmacy and mail delivery) 30-day supply	\$50	\$60
Tier 2 (participating network pharmacy) 30-day supply	\$60	\$70
Tier 2 (plan, participating network pharmacy, and mail delivery) 90-day supply	\$100, \$120, \$75	\$120, \$140, \$90
Plan name	KP DC Gold 1000/300 RxDed/20/Vision	KP DC Gold 1000 Ded/300 RxDed/Vision
Inpatient physician and surgical services	\$50 per admission after deductible	\$60 per admission after deductible
Plan name	KP DC Gold 1500/300 RxDed/20/Vision	KP DC Gold 1500 Ded/300 RxDed/Vision
Inpatient physician and surgical services	\$55 per admission after deductible	\$70 per admission after deductible

2025 Medical plan changes (continued)

YEAR	2024	2025
Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine), sleep laboratory, and interventional radiology	\$300 after deductible	\$350 after deductible
Plan name	KP DC Gold Virtual Complete 2000	KP DC Gold Virtual Complete 2000 Ded
Self-only out-of-pocket maximum	\$5,850	\$5,500
Family out-of-pocket maximum	\$5,850 individual / \$11,700 family	\$5,500 individual / \$11,000 family
Plan name	KP DC Silver 1750/250 RxDed/40/Vision	KP DC Silver 1750 Ded/250 RxDed/Vision
Self-only out-of-pocket maximum	\$9,000	\$8,600
Family out-of-pocket maximum	\$9,000 individual / \$18,000 family	\$8,600 individual / \$17,200 family
Plan name	KP DC Silver 2500/250 RxDed/40/Vision	KP DC Silver 2500 Ded/250 RxDed/Vision
Plan name	KP DC Standard Silver 4850/40/20%/Vision	KP DC Essential Silver 4850 Ded/350 RxDed
Plan name	KP DC Silver Virtual Forward 3000	KP DC Silver Virtual Forward 3000 Ded
Plan name	KP DC Bronze 6500/55/Vision	KP DC Bronze 6500 Ded/Vision
Outpatient surgery facility fee	\$200 after deductible	\$350 after deductible
Skilled nursing facility care	\$300 per day not to exceed \$900 per admission after deductible	\$500 per day not to exceed \$1,500 per admission after deductible
Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine), sleep laboratory, and interventional radiology	\$500 after deductible	\$450 after deductible
Plan name	KP DC Standard Bronze 7500/45/40%/Vision	KP DC Essential Bronze 7500 Ded/850 RxDed

2025 Medical plan changes (continued)

DC DHMO Plus plans

YEAR	2024	2025
Plan name	KP DC Gold Plus 1500/300 RxDed/20/Vision	KP DC Gold Plus 1500 Ded/300 RxDed/Vision
In-plan changes	The following changes apply	
Inpatient physician and surgical services	\$55 per admission after deductible	\$70 per admission after deductible
Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine), sleep laboratory, and interventional radiology	\$300 after deductible	\$350 after deductible
Out-of-network changes	No changes	
Plan name	KP DC Silver Plus 1750/250 RxDed/40/Vision	KP DC Silver Plus 1750 Ded/250 RxDed/Vision
In-plan changes	The following changes apply	
Self-only out-of-pocket maximum	\$9,000	\$8,600
Family out-of-pocket maximum	\$9,000 individual / \$18,000 family	\$8,600 individual / \$17,200 family
Out-of-network changes	No changes	

2025 Medical plan changes (continued)

DC HDHP plans

YEAR	2024	2025
Plan name	KP DC Gold 1700/0%/HSA/Vision	KP DC Gold 1700 Ded/HSA/Vision
Inpatient physician and surgical services	No charge after deductible	\$10 per admission after deductible
Outpatient surgery physician services	No charge after deductible	\$10 after deductible
Plan name	KP DC Silver 2000/30/HSA/Vision	KP DC Silver 2000 Ded/HSA/Vision
Plan name	KP DC Silver 3000/30/HSA/Vision	KP DC Silver 3000 Ded/HSA/Vision
Plan name	KP DC Bronze 6000/50/HSA/Vision	KP DC Bronze 6000 Ded/HSA/Vision
Plan name	KP DC Bronze 7050/0%/HSA/Vision	KP DC Bronze 7000 Ded/HSA/Vision
Self-only deductible	\$7,050	\$7,000
Family deductible	\$7,050 individual / \$14,100 family	\$7,000 individual / \$14,000 family
Self-only out-of-pocket maximum	\$7,050	\$7,000
Family out-of-pocket maximum	\$7,050 individual / \$14,100 family	\$7,000 individual / \$14,000 family
Plan name	KP DC Standard Bronze 6350/20%/HSA/Vision	KP DC Bronze 6350 Ded/HSA/Vision

DC POS plans

YEAR	2024	2025
Plan name	KP DC Platinum Added Choice 0/10/POS/Vision	KP DC Platinum Added Choice 0 Ded/Vision
In-plan changes		
Self-only out-of-pocket maximum	\$2,400	\$2,600
Family out-of-pocket maximum	\$2,400 individual / \$4,800 family	\$2,600 individual / \$5,200 family
Inpatient hospital physician services	\$10 per admission	\$30 per admission
Outpatient surgery physician services	\$10	\$30

2025 Medical plan changes (continued)

YEAR	2024	2025
Out-of-network changes		
Self-only out-of-pocket maximum	\$4,800	\$5,200
Family out-of-pocket maximum	\$4,800 individual / \$9,600 family	\$5,200 individual / \$10,400 family
Inpatient hospital admission skilled nursing facility	20% after deductible	\$300 per admission after deductible
Inpatient hospital physician services	20% after deductible	\$50 per admission after deductible
Outpatient surgery facility fee	20% after deductible	\$200 after deductible
Outpatient surgery physician services	20% after deductible	\$50 after deductible
Preventive care services, prenatal and postnatal services, postpartum home visits, and Women's Preventive Services (WPS)	20% after deductible	No charge after deductible
Laboratory outpatient and professional services	20% after deductible	\$50 after deductible
X-rays and diagnostic imaging	20% after deductible	\$50 after deductible
Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine), sleep laboratory, and interventional radiology	20% after deductible	\$200 after deductible
All other mental health outpatient services partial hospitalization	20% after deductible	\$30 after deductible
Blood, blood products, and their administration; internal prosthetics	20% after deductible	No charge after deductible
Home health care services and hospice services	20% after deductible	\$100 after deductible
House calls	20% after deductible	\$50 after deductible
Prescription drugs		
Tier 1 drugs (30-day supply)	20% after deductible	\$15 after deductible
Tier 2 drugs (30-day supply)	20% after deductible	\$35 after deductible
Tier 3 drugs (30-day supply)	20% after deductible	\$60 after deductible
Tier 1 drugs (90-day supply)	20% after deductible	\$30 after deductible
Tier 2 drugs (90-day supply)	20% after deductible	\$70 after deductible

2025 Medical plan changes (continued)

YEAR	2024	2025
Tier 3 drugs (90-day supply)	20% after deductible	\$120 after deductible
Plan name	KP DC Platinum Added Choice 500/10/POS/Vision	KP DC Platinum Added Choice 500 Ded/Vision
In-plan changes		
Self-only out-of-pocket maximum	\$2,500	\$2,600
Family out-of-pocket maximum	\$2,500 individual / \$5,000 family	\$2,600 individual / \$5,200 family
Out-of-network changes		
Self-only out-of-pocket maximum	\$5,000	\$5,200
Family out-of-pocket maximum	\$5,000 individual / \$10,000 family	\$5,200 individual / \$10,400 family
Inpatient hospital admission skilled nursing facility	20% after deductible	\$350 per admission after deductible
Inpatient hospital physician services	20% after deductible	\$50 per admission after deductible
Outpatient surgery facility fee	20% after deductible	\$250 after deductible
Outpatient surgery physician services	20% after deductible	\$50 after deductible
Preventive care services, prenatal and postnatal services, postpartum home visits, and Women's Preventive Services (WPS)	20% after deductible	No charge after deductible
Laboratory outpatient and professional services	20% after deductible	\$50 after deductible
X-rays and diagnostic imaging	20% after deductible	\$50 after deductible
Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine), sleep laboratory, and interventional radiology	20% after deductible	\$200 after deductible
All other mental health outpatient services partial hospitalization	20% after deductible	\$30 after deductible
Blood, blood products, and their administration; internal prosthetics	20% after deductible	No charge after deductible
Home health care services and hospice services	20% after deductible	\$150 after deductible
House calls	20% after deductible	\$50 after deductible
Tier 1 drugs (30-day supply)	20% after deductible	\$15 after deductible

2025 Medical plan changes (continued)

YEAR	2024	2025
Tier 2 drugs (30-day supply)	20% after deductible	\$35 after deductible
Tier 3 drugs (30-day supply)	20% after deductible	\$60 after deductible
Tier 1 drugs (90-day supply)	20% after deductible	\$30 after deductible
Tier 2 drugs (90-day supply)	20% after deductible	\$70 after deductible
Tier 3 drugs (90-day supply)	20% after deductible	\$120 after deductible
Plan name	KP DC Gold Added Choice 1000/20/POS/Vision	KP DC Gold Added Choice 1000/300 RxDed/20/POS
In-plan changes		
Inpatient hospital physician services	\$50 per admission after deductible	\$60 per admission after deductible
Out-of-network changes		
Inpatient hospital admission skilled nursing facility	20% after deductible	\$600 per admission after deductible
Inpatient hospital physician services	20% after deductible	\$70 per admission after deductible
Outpatient surgery facility fee	20% after deductible	\$350 after deductible
Outpatient surgery physician services	20% after deductible	\$70 after deductible
Preventive care services, prenatal and postnatal services, postpartum home visits, and Women's Preventive Services (WPS)	20% after deductible	No charge after deductible
Laboratory outpatient and professional services	20% after deductible	\$60 after deductible
X-rays and diagnostic imaging	20% after deductible	\$60 after deductible
Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine), sleep laboratory, and interventional radiology	20% after deductible	\$450 after deductible
All other mental health outpatient services partial hospitalization	20% after deductible	\$45 after deductible
Blood, blood products, and their administration; internal prosthetics	20% after deductible	No charge after deductible
Home health care services and hospice services	20% after deductible	\$250 after deductible
House calls	20% after deductible	\$70 after deductible

2025 Medical plan changes (continued)

YEAR	2024	2025
Tier 1 drugs (30-day supply)	20% after deductible	\$20 after deductible
Tier 2 drugs (30-day supply)	20% after deductible	\$70 after deductible
Tier 3 drugs (30-day supply)	20% after deductible	\$110 after deductible
Tier 1 drugs (90-day supply)	20% after deductible	\$40 after deductible
Tier 2 drugs (90-day supply)	20% after deductible	\$140 after deductible
Tier 3 drugs (90-day supply)	20% after deductible	\$220 after deductible
Plan name	KP DC Silver Added Choice 2500/250 RxDed/40	KP DC Silver Added Choice 2500 Ded/250 RxDed
In-plan changes	No changes	
Out-of-network changes		
Inpatient hospital admission skilled nursing facility	30% after deductible	\$600 per day not to exceed \$1,800 per admission after deductible
Inpatient hospital physician services	30% after deductible	\$90 per day not to exceed \$270 per admission after deductible
Outpatient surgery facility fee	30% after deductible	\$450 after deductible
Outpatient surgery physician services	30% after deductible	\$120 after deductible
Laboratory outpatient and professional services	30% after deductible	\$60 after deductible
X-rays and diagnostic imaging	30% after deductible	\$100 after deductible
Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine), sleep laboratory, and interventional radiology	30% after deductible	\$500 after deductible
All other mental health outpatient services partial hospitalization	30% after deductible	\$70
Blood, blood products, and their administration; internal prosthetics	30% after deductible	No charge after deductible
Home health care services and hospice services	30% after deductible	\$350 after deductible
House calls	30% after deductible	\$120 after deductible
Tier 1 drugs (30-day supply)	30% after deductible	\$30 after deductible

2025 Medical plan changes (continued)

YEAR	2024	2025
Tier 2 drugs (30-day supply)	30% after deductible	\$60 after deductible
Tier 1 drugs (90-day supply)	30% after deductible	\$60 after deductible
Tier 2 drugs (90-day supply)	30% after deductible	\$120 after deductible
Plan name	KP DC Bronze Added Choice 6500/55/POS/Vision	KP DC Bronze Added Choice 6500 Ded/Vision
In-plan changes		
Outpatient surgery facility fee	\$200 after deductible	\$350 after deductible
Skilled nursing facility services	\$300 per day not to exceed \$900 per admission after deductible	\$500 per day not to exceed \$1,500 per admission after deductible
Specialty imaging (including CT, MRI, Pet scans, and diagnostic nuclear medicine)	\$500 after deductible	\$450 after deductible
Out-of-network changes		
Inpatient hospital admission skilled nursing facility	40% after deductible	\$600 per day not to exceed \$1,800 per admission after deductible
Inpatient hospital physician services	40% after deductible	\$100 per day not to exceed \$300 per admission after deductible
Outpatient surgery facility fee	40% after deductible	\$450 after deductible
Outpatient surgery physician services	40% after deductible	\$100 after deductible
Primary care office visits, allergy services injection visit and serum, applied behavioral analysis, medical nutrition therapy and counseling, and optometry (routine eye exam)	40% after deductible	\$85
Specialty care office visits, accidental dental, allergy services evaluation and treatment, dialysis services, radiation therapy, chemotherapy, routine foot care, after-hours urgent care or urgent care center in service area, eye exam by an ophthalmologist, and sleep studies	40% after deductible	\$120
Preventive care services, prenatal and postnatal services, postpartum home visits, and Women's Preventive Services (WPS)	40% after deductible	No charge after deductible
Laboratory outpatient and professional services	40% after deductible	\$100 after deductible
X-rays and diagnostic imaging	40% after deductible	\$250 after deductible

2025 Medical plan changes (continued)

YEAR	2024	2025
Therapy and rehabilitation services		\$100 after deductible
Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine), sleep laboratory, and interventional radiology	40% after deductible	\$550 after deductible
All other mental health outpatient services partial hospitalization	40% after deductible	\$85
Blood, blood products, and their administration; internal prosthetics	40% after deductible	No charge after deductible
Home health care services and hospice services	40% after deductible	\$350 after deductible
House calls	40% after deductible	\$100 after deductible
Tier 1 drugs (30-day supply)	40% after deductible	\$45 after deductible
Tier 2 drugs (30-day supply)	40% after deductible	\$110 after deductible
Tier 1 drugs (90-day supply)	40% after deductible	\$90 after deductible
Tier 2 drugs (90-day supply)	40% after deductible	\$220 after deductible

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

In the event of dispute, the provisions of the approved English version of the form will control.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**)፡

Bàsòò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̀ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuqu kà kò dò po-poò béin m̀ gbo kpáa. Dá **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-777-7902** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-777-7902 (TTY: 711)** تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902 (TTY: 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-777-7902 (TTY: 711)**.

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902 (TTY: 711)**.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902 (TTY: 711)**.

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902 (TTY: 711)** पर कॉल करें।

Igbo (Igbo) NRUBAMA: O bụrụ na i na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-777-7902 (TTY: 711)**.

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902 (TTY: 711)**.

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-777-7902 (TTY: 711)** まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-777-7902 (TTY: 711)** 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíilnih **1-800-777-7902 (TTY: 711)**.

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902 (TTY: 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902 (TTY: 711)**.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902 (TTY: 711)**.

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-777-7902 (TTY: 711)**.

ไทย (Thai) เรียน: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902 (TTY: 711)**.

اُردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902 (TTY: 711)**.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902 (TTY: 711)**.

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902 (TTY: 711)**.