

# KAISER PERMANENTE 2025 BENEFITS SUMMARY



# Benefit highlights

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The Local Choice is a unique health benefits program managed by the Commonwealth of Virginia Department of Human Resource Management (DHRM). Your employer has selected the Kaiser Permanente plan from The Local Choice Health Benefits Program to offer you and your eligible family members.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHPMAS), is a federally qualified HMO. Health care services are provided or arranged by the Mid-Atlantic Permanente Medical Group, P.C. (MAPMG) at one of Kaiser Permanente's 35+ medical centers located across the Washington metropolitan area.

Visit your Kaiser Permanente microsite:

[myhealth.kaiserpermanente.org/commonwealthofvirginia/](https://myhealth.kaiserpermanente.org/commonwealthofvirginia/)

This guide is only an overview. For a complete description of benefits, exclusions, limitations, and reductions, please see the Kaiser Permanente Group *Evidence of Coverage*. See additional information on the **Plans and Benefits** page: [myhealth.kaiserpermanente.org/commonwealthofvirginia/plans-and-benefits/local-choice/](https://myhealth.kaiserpermanente.org/commonwealthofvirginia/plans-and-benefits/local-choice/)

# Service area

Kaiser Permanente's service area includes the District of Columbia and the following cities and counties in Virginia and Maryland:

|          |          |   |
|----------|----------|---|
| Virginia | Counties | Arlington, Caroline, Culpeper, Fairfax, Fauquier, Hanover, King George, Louisa, Loudoun, Orange, Prince William, Stafford, Spotsylvania, Westmoreland |
|          | Cities   | Alexandria, Fairfax, Falls Church, Fredericksburg, Manassas, Manassas Park  |
| Maryland | Counties | Anne Arundel, Baltimore, Calvert (partial), Carroll, Charles (partial), Frederick (partial), Harford, Howard, Montgomery, Prince Georges              |
|          | Cities   | Baltimore   |

View our Kaiser Permanente facilities at [kp.org/locations](https://kp.org/locations).

## How the plan works

- Search [kp.org/locations](https://kp.org/locations) to choose a convenient Kaiser Permanente medical center.
- Your Kaiser Permanente physician provides or arranges all services.
- Specialty care is provided on a referral basis by a Permanente physician.
- Members make appointments directly with the Kaiser Permanente medical center by calling:
  - Metropolitan Washington, D.C.: **703-359-7878** or toll free at **1-800-777-7904** (TTY **711**)
  - Outside Washington Area: **1-800-777-7902**
  - Your Dental Provider is LIBERTY Dental. Contact them by phone at Member Services at **800-764-5393**, TTY users **877-855-8039** or online at [client.libertydentalplan.com/kp-cova](https://client.libertydentalplan.com/kp-cova)
  - Find out about the EAP Services available to you through Carelon Wellbeing by phone at **866-517-7042** or online at [carelonwellbeing.com/kaiser](https://carelonwellbeing.com/kaiser)
- Outside the service area, you're covered for emergency and urgent care anywhere in the world. For information or assistance while traveling, call the 24/7 Away from Home Travel Line at **951-268-3900** or visit [kp.org/travel](https://kp.org/travel).
  - Email your doctor's office with nonurgent questions, have a phone/video visit with your primary care physician, or connect with a licensed care provider 24/7 for medical advice.
  - If you need urgent care in a state without Kaiser Permanente, go to the nearest MinuteClinic or urgent care facility. You can get urgent and emergency care anywhere in the world. And now, when you're outside of a Kaiser Permanente state, you can visit any Cigna PPO Network provider without paying upfront or filing a claim for reimbursement. If you need urgent care while traveling internationally, go to the nearest urgent care facility or hospital. If you are unsure of your condition and require immediate medical advice, please call **800-677-1112**.

# 2025 Summary of Benefits

## Kaiser Permanente offers quality care when and where you need it

Explore the many convenient ways you can access care at [kp.org/getcare](https://kp.org/getcare).

|   | Covered Services   | You Pay             |
|---|--|---------------------|
| <b>Outpatient Primary Care Physician (PCP) Visits</b>   | <ul style="list-style-type: none"> <li>Physician, X-ray, and other diagnostic services</li> <li>Immunizations</li> <li>Pre-admission testing</li> <li>Voluntary family planning</li> </ul>   | \$25 copay          |
|   | <ul style="list-style-type: none"> <li>Laboratory, pathology, radiology, and diagnostic testing</li> </ul>   | \$0 copay           |
| <b>Preventive Services</b>  | <ul style="list-style-type: none"> <li>Periodic checkups</li> <li>Routine gynecological exam (Pap smear, pelvic exam, and breast exam—no referral needed)</li> </ul>   | \$0                 |
|   | <ul style="list-style-type: none"> <li>Well baby care and primary care services for children up to age 5</li> </ul>  | \$0                 |
|   | <ul style="list-style-type: none"> <li>Women's preventive care</li> </ul>  | \$0                 |
| <b>Specialty Care Physician Visits</b>  | <ul style="list-style-type: none"> <li>Includes physician and outpatient facility services</li> </ul>  | \$40 copay          |
| <b>Outpatient Surgery</b>   | <ul style="list-style-type: none"> <li>Free-standing ambulatory surgery center or hospital outpatient facility</li> </ul>  | \$75 copay          |
| <b>Inpatient Hospital Services</b><br>For admissions arranged through your PCP and authorized by the HMO. | <ul style="list-style-type: none"> <li>Includes semi-private room, intensive or coronary care unit (no maximum number of days)</li> <li>Private room—if ordered by participating physician and approved by the HMO as medically necessary</li> <li>Physician services</li> <li>Surgery</li> <li>Anesthesia</li> <li>Diagnostic services such as lab and X-ray</li> <li>Blood transfusion procedures, drugs</li> <li>Physical therapy, chemotherapy, radiation therapy</li> </ul> | \$300 per admission |
| <b>Maternity Care</b>   | <ul style="list-style-type: none"> <li>All routine outpatient prenatal and postnatal care of the mother rendered by the ob-gyn</li> </ul>  | \$0                 |
|   | <ul style="list-style-type: none"> <li>Hospital care of mother and child</li> </ul>  | \$300 per admission |
|   | <ul style="list-style-type: none"> <li>Diagnostic testing (such as ultrasounds and fetal monitor procedures)</li> </ul>  | \$0                 |

| Covered Services   | You Pay  |
|--|--|
| <p><b>Emergency Services For Life-Threatening Conditions</b></p> <p>Such as heart attacks, hemorrhaging, poisoning, loss of consciousness, or convulsions—no referral needed.</p>                              | <ul style="list-style-type: none"> <li>Hospital emergency room</li> </ul> <p>\$75 copay per visit (waived if admitted)</p> <p>\$40 copay for Urgent Care center</p>  |
| <p><b>Mental Health and Substance Abuse Services</b></p> <p>A primary care physician referral is not needed. Instead, you must contact the plan to coordinate care except in a life-threatening situation.</p> | <ul style="list-style-type: none"> <li>Outpatient visits when medically necessary</li> <li>Inpatient treatment when medically necessary</li> <li>Detoxification</li> </ul> <p>Group visits: \$12 copay per visit</p> <p>Individual visits: \$25 copay per visit</p> <p>\$300 per admission</p> <p>\$300 per admission</p>  |
| <p><b>Complementary Alternative Medicine</b></p>   | <ul style="list-style-type: none"> <li>Includes chiropractic and acupuncture services when medically necessary</li> </ul> <p>\$40 copay per visit up to 30 visits</p>  |
| <p><b>Family Planning And Infertility Services</b></p>   | <ul style="list-style-type: none"> <li>Sperm count</li> <li>Hysterosalpinography</li> <li>Endometrial biopsy</li> <li>Vasectomy (male sterilization)</li> <li>IUD insertion (no charge—included in women’s health)</li> <li>Oral contraceptives (subject to prescription drug copays) <ul style="list-style-type: none"> <li>No charge—included in women’s health</li> </ul> </li> </ul> <p>50% of allowable charges</p> <p>\$75 copay</p> |
| <p><b>Therapy Services</b></p>   | <ul style="list-style-type: none"> <li>Physical therapy (up to 30 visits per incident)</li> <li>Chemotherapy and radiation therapy</li> </ul> <p>\$40 copay</p> <p>\$40 copay</p>  |
| <p><b>Skilled Care</b></p>   | <ul style="list-style-type: none"> <li>Home health care, nursing, and other services in your home</li> <li>Skilled nursing facility (up to 100 days maximum per member per calendar year)</li> </ul> <p>\$40 copay</p> <p>\$300 per admission</p>  |
| <p><b>Durable Medical Equipment</b></p>  | <ul style="list-style-type: none"> <li>Rental or purchase of plan-approved durable medical equipment</li> </ul> <p>\$0</p>   |
| <p><b>Hearing Aid</b></p>  | <ul style="list-style-type: none"> <li>Dependents under age 18—one hearing aid per ear, every 24 months, up to \$1,500</li> </ul>  |

|  | Covered Services   | You Pay  |
|--|--|--|
| <b>Diabetic Supplies</b>   | <ul style="list-style-type: none"> <li>Diabetic equipment and supplies</li> </ul>  | 20% of allowable charges   |
|  | <ul style="list-style-type: none"> <li>Generic program (up to 30-day supply). Brand name drugs are covered when prescribed by a physician.</li> </ul>  | Per prescription at a Kaiser Permanente on-site pharmacy: \$15 generic / \$25 brand formulary / \$40 non-brand formulary   |
| <b>Prescription Drugs</b>  | <p>When prescriptions are filled at a network pharmacy, your program covers the following:</p> <ul style="list-style-type: none"> <li>Medically necessary drugs and medications prescribed by a participating physician</li> <li>Any medication which by law requires a prescription, including birth control pills</li> </ul> | <p>Per prescription at a participating community pharmacy: \$20 generic / \$45 brand formulary / \$60 non-brand formulary</p> <p>Per prescription: Maximum copay per 30-day supply of insulin is \$50</p> <p>Specialty drugs: 50% up to \$75 maximum</p> |
| <b>Mail Service Benefit</b>  | <ul style="list-style-type: none"> <li>Maintenance drug prescription (up to 90-day supply for medications prescribed for 6 months or more) filled through Mail Order Pharmacy for 2x copay.</li> </ul>   | \$13 generic / \$23 brand formulary / \$38 non-brand formulary   |
| <b>Out-Of-Area Urgent Care</b>   | <ul style="list-style-type: none"> <li>Physician's office visit</li> </ul>   | \$40 copay   |
| For unexpected conditions requiring immediate attention such as high fever, vomiting, or sprains – no referral needed. | <ul style="list-style-type: none"> <li>Kaiser Permanente Urgent Care and After Hours Care centers</li> </ul>   | \$40 copay   |
|  | <ul style="list-style-type: none"> <li>Emergency room</li> </ul>   | \$75, waived if admitted   |
|  | <ul style="list-style-type: none"> <li>Lifetime maximum</li> </ul>   | None   |
|  | <ul style="list-style-type: none"> <li>Annual deductibles</li> </ul>   | None   |
| <b>Additional Information</b>  | <ul style="list-style-type: none"> <li>Benefits administered</li> </ul>  | Per contract year  |
|  | <ul style="list-style-type: none"> <li>Annual maximum out-of-pocket expense (does not include adult dental benefits, only pediatric dental benefits)</li> </ul>  | \$1500 individual / \$3000 family  |

# Dental Plan

## Provided by LIBERTY Dental

The plan pays an annual maximum of \$1,000 per person for in-network services and \$500 for out-of-network services.

|                                    | Covered Services   | You Pay                        |
|------------------------------------|--------------------|--------------------------------|
| Annual Deductible                  | • PPO (in-network) | \$25 individual / \$75 family  |
|                                    | • Out-of-network   | \$50 individual / \$150 family |
| Diagnostic and Preventive Services | • PPO (in-network) | 0%                             |
|                                    | • Out-of-network   | 40%                            |
| Basic Services                     | • PPO (in-network) | 20%                            |
|                                    | • Out-of-network   | 50%                            |
| Major Services                     | • PPO (in-network) | 50%                            |
|                                    | • Out-of-network   | 65%                            |
| Orthodontics<br>age 19 and under   | • PPO (in-network) | 50%                            |
|                                    | • Out-of-network   | Not covered                    |

# Using your benefits to your advantage

Follow the directions below to ensure that you and your enrolled family members receive the highest level of benefits from your health plan.

## Primary Care Physician

You will receive comprehensive medical care primarily at Kaiser Permanente medical centers. Always contact your primary care physician when you or an enrolled family member needs care. Your primary care physician will provide or coordinate all medical services, including specialty and inpatient care. To schedule a routine or urgent appointment in metropolitan Washington, D.C., Maryland, or Virginia, call **703-359-7878** or toll free at **1-800-477-7904** (TTY 711).

Outside the metropolitan Washington, D.C. area, call **1-800-777-7902**.

There are exceptions, including life-threatening emergencies and mental health or substance abuse treatment. See next page for details.

NOTE: Remember that you pay the total cost of care when services are not coordinated by your primary care physician or approved by the health plan.

## For medical, surgical, or hospital care

Always contact your primary care physician to receive medical care. In urgent situations such as high fever, vomiting, sprains, or broken bones, call:

For appointments:

- **703-359-7878** or toll free at **1-800-777-7904** (TTY 711)  
5:30 a.m. – 7:30 p.m., Monday – Friday  
7:30 a.m. – 11:30 a.m., weekends and holidays
- **1-800-777-7902** – outside the metropolitan Washington, D.C. area
- Emergency hotline: **1-800-677-1112**

When your medical center is closed, call the evening and weekend medical advice lines at:

- **703-359-7878** or toll free at **1-800-777-7904** (TTY 711) – metropolitan Washington, D.C. area
- **1-800-777-7902** – outside the metropolitan Washington, D.C. area

## For specialty care

Your primary care physician will refer you to a specialist as needed. Most specialty services are provided by members of the Kaiser Permanente medical group.

- You do not need a referral from your primary care physician to receive services within the Kaiser Permanente program for the following: Ob-Gyn, Optical, and Mental Health and Substance Abuse services.
- If you see a provider outside of Kaiser Permanente without a referral, you will be responsible for the total cost.

## Life-threatening emergencies

This includes heart attacks, hemorrhaging, poisoning, loss of consciousness, or convulsions.

- Call 911 or go to the nearest emergency room for treatment.
- Contact your primary care physician as soon as possible.

## Mental health and substance abuse care

Before you or an enrolled family member receives inpatient, partial day, or outpatient services, you must call Kaiser Permanente to coordinate your care:

- Behavioral Health Access Unit:  
**1-866-530-8778**
- For Medical Emergencies (Washington, D.C., Maryland, and Virginia): **1-800-677-1112** or [kp.org/mentalhealthservices](https://www.kp.org/mentalhealthservices)

## Outpatient prescription drugs

Always ask that your prescription be filled with a generic drug. Remember, the Kaiser Permanente plan primarily covers generic drugs unless your doctor requests a brand name, or a generic substitution is not permitted by law.

### 2025 Prescription Drug Benefit:

- Kaiser Permanente Medical Center Pharmacy (up to 30-day supply): \$15 generic / \$25 brand formulary / \$40 brand non-formulary
- Community Participation Pharmacy (up to 30-day supply): \$20 generic / \$45 brand formulary / \$60 brand non-formulary
- Mail Order (up to a 90-day Supply 2x copay): \$13 generic / \$23 brand formulary / \$38 brand non-formulary
- Specialty drug: 50% up to \$75 max

Find out more about being a Kaiser Permanente member at [kp.org/choosekp](https://www.kp.org/choosekp).

## 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.

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## 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**)።

**Bàsɔ̀ò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo:** ɔ jũ ké m̀ Bàsɔ̀ò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò bɛ́in m̀ gbo kpáá. Ǽá **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:** Ọ bụrụ na ị 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 yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódílnih **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:** ถ้าคุณพูดภาษาไทย 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)**.

This is a brief summary of benefits. For a complete description of the plan, refer to your Kaiser Permanente Member Handbook. These handbooks are available from your Benefits Administrator or by visiting the following web page:

[myhealth.kaiserpermanente.org/commonwealthofvirginia/plans-and-benefits/local-choice/](http://myhealth.kaiserpermanente.org/commonwealthofvirginia/plans-and-benefits/local-choice/)

## If you need assistance

|  |   |
|--|---|
| Member Services                        | 301-468-6000<br>1-800-777-7902 outside Washington, D.C. area  |
| Appointments and Medical Advice        | 703-359-7878 or toll free at 1-800-777-7904 (TTY 711)<br>1-800-777-7902 outside Washington, D.C. area |
| Dental Benefit Provider                | LIBERTY Dental: 800-764-5393  |
| Mental Health And Substance Abuse Care | 1-866-530-8778  |
| Employee Assistance Program (EAP)      | Carelon Wellbeing: 866-517-7042   |

