



Our Kaiser Permanente Virtual Forward™ plans offer affordable, high-quality,¹ customized care using the following convenient virtual care options: video visits,² e-visits, phone, and email. Your employees can get care when and where it works best for them, including in-person care at a medical center when needed.

The plan details chart below provides an overview of the range of cost-sharing levels, deductible amounts, and types of care available under each plan. In each plan year, the first of any one of the following covered services is \$0: primary care office visit, routine eye exam, applied behavioral analysis, and behavioral health individual therapy. Thereafter, these services are subject to a copay after the deductible is met.³

VIRTUAL FORWARD PLAN DETAILS	2022 KP DC Gold Virtual Forward 2000	2022 KP DC Silver Virtual Forward 3000
Self-only deductible	\$2,000	\$3,000
Member coinsurance	0%	0%
Self-only out-of-pocket maximum	\$5,000	\$8,700
Telehealth video visits ²	\$0	\$0
Office visit—primary care ³ (copayment waived for children under 5)	First visit: \$0 Two or more visits: \$20 after deductible	First visit: \$0 Two or more visits: \$40 after deductible
Office visit—specialty care	\$50 after deductible	\$80 after deductible
Well-child care and adult preventive screening	\$0	\$0
Inpatient hospital care	\$500 per admission after deductible	\$500/day up to 3 days per admission after deductible
Emergency room (copayment waived if admitted)	\$350 after deductible	\$450 after deductible
Laboratory	\$50 after deductible	\$40 after deductible
X-rays and diagnostic imaging	\$50 after deductible	\$80 after deductible
Pharmacy (generic Rx)	\$10 after deductible	\$20 after deductible
Virtual extras (ClassPass, Calm, myStrength)	\$0	\$0

¹In the NCQA Commercial Health Plan Ratings 2021, our commercial plan is rated 5 out of 5, the highest rating in Maryland, Virginia, and Washington, DC.

²If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors and health care providers from providing care across state lines. Laws differ by state.

³The first \$0 visit of the contract year does not include all services received during a visit to our medical centers. Any additional specialists' visits, radiology, pharmacy, and lab services provided on the same day are not included in the first \$0 visit and may be subject to a cost share.

EXCLUSIONS AND LIMITATIONS

1. Out-of-pocket maximum

The following services do not apply toward your out-of-pocket maximum:

- Adult eyeglass lenses, frames, and contact lenses that are available with a discount only
- Adult dental services, if included by rider
- Adult routine eye exams

2. Preventive services

While treatment may be provided in the following situations, the following services are not considered preventive care services. Applicable cost shares will apply.

- Monitoring a chronic disease
- Follow-up services after you have been diagnosed with a disease
- Testing and diagnosis for specific diseases for which you have been determined to be at high risk for contracting based on factors determined by national standards
- Services provided when you show signs or symptoms of a specific disease or disease process

3. Inpatient hospital care

When you need authorized covered services at a plan hospital, you will be referred to a plan hospital. We may direct that you receive covered hospital services at a particular plan hospital, so that we may better coordinate your care using Medical Group plan physicians and our electronic medical record system.

4. Prescription drugs

Covered prescribed drugs must be obtained from a plan pharmacy or through the health plan's prescription home delivery service.

Members may obtain up to a 90-day supply of maintenance medications in a single prescription, if authorized by an authorized prescriber, dentist, or a referral physician. Drugs for which a prescription is not required by law are not covered, with few exceptions.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS), is not bound by the exclusions and limitations listed here; instead, the benefits, services, exclusions, and limitations that apply are listed in the *Group Agreement* and *Evidence of Coverage* provided in a separate document. Consult the *Group Agreement* and *Evidence of Coverage* to determine governing contractual provisions including detailed benefits, exclusions, and limitations related to the group benefit plan. The *Group Agreement* and *Evidence of Coverage* are the legally binding documents between KFHP-MAS and groups. In the event of ambiguity, or a conflict between this summary and the *Group Agreement* and *Evidence of Coverage*, the *Group Agreement* and *Evidence of Coverage* shall control. Members enrolled with KFHP-MAS will also receive a copy of the *Evidence of Coverage*. In the event of ambiguity, or a conflict between this summary and the member's *Evidence of Coverage*, the *Evidence of Coverage* shall control.

