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SOUVIK PRAMANIK

7604 GREENSTABLE GATE LN LAUREL, MD 20707-9413

**Your 2024 rate and benefit update**



Dear SOUVIK, Review your options by

**December 31, 2023.** Thank you for trusting Kaiser Permanente for your health care needs.

We appreciate your membership and look forward to continuing to Your new coverage starts provide you with excellent care. **January 1, 2024.**

**Your current coverage will renew in 2024 with the same plan or a similar one, so you don't need to take any action.**  But if you'd like to choose another plan, you can do so until December 31, 2023.

Please review the materials included with this letter for important information about your health plan and other options. Y ou’ll also f nd more details about getting the most from your coverage, like 24/7

care options and healthy living resources.

We're here for all that is you. Sincerely,



Tina Weiss

Vice President, Individual and Family Plans Kaiser Foundation Health Plan, Inc.

All plans are offered and underwritten by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.,

2101 East Jefferson St., Rockville, MD 20852.

**Questions? We're Here to Help.**

**How can I learn more about my options?**

To explore other plans and compare rates and benef ts, visit **kp.org/compareplans/renewal** or call us at **1-800-255-5169.**  For more details about your current plan, you can:

⚫ View your Summary of Benef ts and Coverage at  **kp.org/sbc**

⚫ See your Evidence of Coverage and other plan documents at  **kp.org/plandocuments**

Call **800-777-7902** (TTY **711**) to get a paper copy of your plan documents at no cost.

**Will I qualify for financial help next year?**

Financial help depends on your circumstances and can change each year . And if you are between the

ages of 18 and 37, you might qualify for state premium assistance. Visit  **kp.org/compareplans/renewal**  or

call **1-800-255-5169** to learn more.

**How do I connect with my care team?**

You have many ways to get personalized support when and where you need it, like:

⚫ In-person appointments  Phone and video visits\*

⚫ 24/7 virtual care, including e-visits\*  Email for nonurgent health questions Visit **kp.org/getcare** or download the Kaiser Permanente app to learn more.

\*When appropriate and available. If you travel out of state, virtual care may be limited due to state laws that may prevent doctors from pr oviding care across state lines. Laws differ by state.

**What if I get sick while traveling?**

Whether you’re traveling for a few days or a few months, you’re covered for ur gent and emergency care anywhere in the world. For more information, visit  **kp.org/travel.**

**What if I want a dental plan?**

Starting January 1, Kaiser Permanente Smile dental coverage, administered by Liberty Dental Plan, will offer enhanced benef ts to support improved oral health for whole-body wellness. If you are enrolled directly through Kaiser Permanente, there ar e new optional dental (adult) and cosmetic orthodontic (adult

and children) plans available. Visit  **kp.org/dental/mas** to learn more.

**Disclosure of broker compensation:**  We are requir ed to disclose broker compensation. If you work with a broker, they may receive monetary payments, called commissions, in connection with the purchase of your coverage. Our standard compensation is $12 per subscriber per month plus a potential bonus. Y our premium remains the same whether or not you use a broker . To learn more, visit

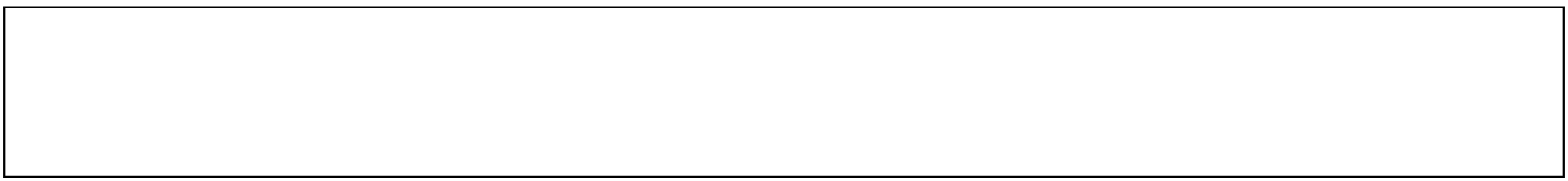
**kp.org/brokercompensation.**

September 22, 2023

SOUVIK PRAMANIK

7604 GREENSTABLE GATE LN LAUREL, MD 20707-9413

**Important:** It’s time to review your health coverage.  **Take action by December 31, 2023** , or we'll automatically re-enroll you in the same or similar coverage. This may change some of your costs and coverage, so review your options carefully .



Thank you for choosing Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. for your health care needs. We're here to help you pr epare for Open Enrollment.

**Why am I getting this letter?**

Your health coverage is still being offered in 2024, but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Unless you take action by December 31, we'll automatically keep you in this plan for 2024.

**KP MD Gold Value 0/20/Vision isn’t a Maryland Health Connection plan. You won’t get any financial help lowering your monthly premium or out-of-pocket costs (like deductibles, copayments, and coinsurance) if you stay in this plan.**

⚫ To f nd out if you qualify for these savings and to enroll in a plan through Maryland Health

Connection, visit marylandhealthconnection.gov by December 31.

⚫ If you don’t enroll in a plan thr ough Maryland Health Connection by December 31, you may not

be able to do so for 2024, even if your f nances change.

**What's changing in 2024**

**Your new premium**

⚫  **Starting in January, your estimated monthly premium in KP MD Gold 0 Ded/25 RxDed/Vision**

**will be $318.46.**

**Important:** This is only an estimate based on current information we have. It doesn’t r ef ect any changes to your enrollment, such as adding additional members to your coverage. Y ou’ll see your new monthly premium amount when you get your December bill.

⚫ Your 2023 monthly premium is $286.72.

**Other changes**

⚫ Plan changes – For a description of the changes you'll see in 2024, see the table below or on the

next page.

|  |  |  |
| --- | --- | --- |
|  | **Your current 2023 plan** | **Your new 2024 plan** |
| **Plan name** | **KP MD Gold Value 0/20/Vision** | **KP MD Gold 0 Ded/25 RxDed/Vision** |
| **Plan ID** | **90296MD0620001-00** | **90296MD0620001-00** |
| **Benefits** | | |
| Annual pharmacy deductible (individual/family) | $150 | $25 |
| Annual out-of-pocket maximum (individual/family) | $7,250/$14,500 | $8,000/$16,000 |
| Children's dental checkup | No charge | $5 |
| Primary care for children under 5 | No charge | $20 |
| estradiol (10 MCG), irbesartan (75 MG, 150 MG, 300 MG), irbesartan-hydrochlorothiazide (150-12.5 MG, 300-12.5 MG), levocarnitine (1GM/10ML), levocarnitine SF (1GM/10ML), olmesartan medoxomil (5 MG, 20 MG, 40 MG), olmesartan medoxomil-hydrochlorothiazide (20-12.5 MG, 40-12.5 MG, 40-25 MG), pregabalin caps (25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG, 225 MG, 300 MG) | TIER 3 | TIER 1 |
| AMJEVITA (40 MG/0.8ML, 20 MG/0.4ML), AUVI-Q (0.3 MG/0.3ML, 0.15 MG/0.15ML, 0.1 MG/0.1ML), BREZTRI AEROSPHERE (160-9-4. MCG/ACT), CALQUENCE (100 MG), INSULIN GLARGINE-YFGN (100 UNIT/ML), PROMACTA (12.5 MG, 25 MG) | TIER 3 8 | TIER 2 |
| COLCHICINE CAPS (0.6 MG), HUMIRA (20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML KIT), MARQIBO (5 MG/31ML), MITIGARE CAPS (0.6 MG), NIACOR (500 MG), TOBREX (0.3 %), ZARXIO (300 MCG/0.5ML, 480 MCG/0.8ML) | TIER 2 | TIER 3 |
| HARVONI (90-400 MG) | TIER 2 | TIER 4 |
| Pediatric and optional adult dental provider change | Coverage provided by Dominion National. | Coverage provided by Liberty Dental Plan. Visit kp.org/dental/mas. |
| This summary does not include all the benefit, formulary, and/or provider network changes to your plan for next year. To see specific information on the benefits for your plan, please visit **kp.org/plandocuments.** To see the plan formulary, please visit **kp.org/formulary.** To see the provider network, please visit **kp.org/facilities.** | | |

⚫ You can review more details about your plan at  **kp.org/plandocuments** and in your 2024

Summary of Benefits and Coverage at  **kp.org/sbc.**

**What you need to do**

Decide if you want to enroll in KP MD Gold 0 Ded/25 RxDed/Vision or choose another one.

❑ **I want to enroll in this plan.**

Pay the new monthly premium by December 31, 2023 and you’ll be automatically enrolled. ❑ **I want to pick a different plan.**

You can choose a different plan between November 1, 2023 and January 15, 2024. Enroll by December 31 for coverage to start January 1.

**Here are some ways to find other plans and enroll:**

⚫ Check with Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. to see what

other plans may be available. Remember, you won’t get financial help unless you qualify and enroll through Maryland Health Connection.

⚫ Visit marylandhealthconnection.gov to see Maryland Health Connection plans. Compare

plans to save money and find a plan that best meets your needs and budget. Select the Plan name and ID of the plan you want to enroll in.

**We’re here to help**

⚫ Call Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. at  **800-777-7902**  (TTY **711**) or

visit **kp.org/compareplans/renewal.**

⚫ Visit marylandhealthconnection.gov, or call 1-855-642-8572 (TTY: 711) to learn more about

Maryland Health Connection and to see if you qualify for lower costs.

⚫ Find in-person help from an assister, agent, or broker in your community at

marylandhealthconnection.gov/find-help/.

⚫ Call **800-777-7902**  to get this information in an accessible format, like large print, Braille, or

audio, at no cost to you.

**Getting help in other languages**

Please refer to the “Help in Your Language” section.

Sincerely,



Tina Weiss

Vice President, Individual and Family Plans Kaiser Foundation Health Plan, Inc.

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2101 East Jefferson St., Rockville, MD 20852.

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