

A better choice for good health

a wide range of specialists



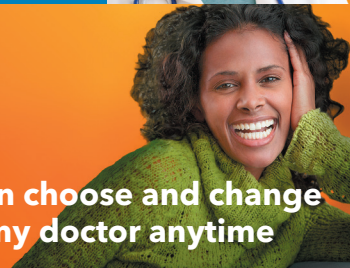
test results online



convenient facilities near you



I can choose and change
my doctor anytime



better care for healthier tomorrows



I can email my doctor



free to focus on you



I'm part of
the decision



Discover the Kaiser Permanente difference

With health care and health coverage working seamlessly together, Kaiser Permanente is uniquely designed to be your partner in health so you can feel your best — in mind, body, and spirit.



your choice of top doctors

You can choose and change your doctor anytime, for any reason. Our doctors are among the best. They love caring for people and aren't weighed down by a lot of paperwork, so they can focus on you.



personalized care and attention

You're at the center of your care. Your doctors, nurses, and specialists, all connected by your electronic health record, work together to help you manage your health.



everything under one roof

You can do more and drive less because many of our locations include pharmacy, lab, X-ray services, and more.



lots of healthy extras

Stay at your best with healthy resources like farmers markets and wellness classes, many of which are offered at no cost.



online access anytime, anywhere

It's easy to stay involved in your care. Use your computer or mobile device to email your doctor's office with non-urgent or routine questions, schedule routine appointments, view most lab test results, refill most prescriptions, and more.



healthier tomorrows

Every decision starts with what's best for you. That's why our high-quality care for conditions like cancer, heart disease, and diabetes leads to better outcomes and healthier tomorrows.

kp.org

Note: Many features discussed in this book are available only to members receiving care at Kaiser Permanente medical facilities.

A better choice for good health

Welcome to your *Kaiser Permanente for Individuals and Families Enrollment Guide*. This guide will help you select the right health plan for your needs. Read on to learn why Kaiser Permanente is the best choice.

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Important deadline



Open enrollment ends **February 15, 2015**.
See page 9 for details, and learn about special situations that may allow you to submit your Application for Health Coverage after this date.

All plans offered and underwritten by Kaiser Foundation Health Plan of Georgia, Inc

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Understanding health care

Health care coverage makes it easier to get the care you need. This includes all the doctors, nurses, and specialists that provide care and the facilities where you receive care. At Kaiser Permanente, we offer both care and coverage in one package. And now, thanks to the Affordable Care Act (ACA), no one can be denied because of a health problem. This law – also known as health care reform – means more peace of mind for you and your family.



Health care

Almost everyone gets sick or hurt, or needs medical help at some point. To get better, you usually need care – like seeing a doctor, staying in a hospital, taking medication, or all of the above.

On top of that, health care helps keep you healthy. Preventive care – like mammograms and cholesterol level tests – can help you catch health problems early, when they're easier to treat.

Health care includes:

- Doctors' office visits
- Hospital stays
- Emergency Department
- X-rays
- Laboratory tests
- Prescription drugs
- No-charge preventive care, like:
 - Well-baby exams (under 24 months)
 - Well-woman visits
 - Immunizations
 - Health screenings
 - Prenatal exams
 - Vision exams



Health coverage

Health coverage is a lot like the coverage people get to protect their car or home. Without coverage, high medical bills can wipe out savings and even lead to bankruptcy. Health coverage helps protect you financially.

- Each month, you pay a premium – also called a rate – to your health insurance provider.
- When you need care, in most cases your health coverage will help you pay for it.
- If you have a family, you can cover dependents up to the age of 26 in a family plan.
- Do you need help paying for health coverage? Go to page 14 to learn more about federal financial assistance.



Health care reform








It's now the law that most U.S. residents must have health coverage. If you don't have coverage for 3 months in a row or more, you may be charged a tax penalty.

- All our plans meet the standards of the new health care law.
- You can buy one of our plans directly from us or through the Health Insurance Marketplace – government-run websites where you can buy health plans.
- There are 3 types of Kaiser Permanente plans in the Marketplace – Bronze, Silver, and Gold.
- All plans offer the same basics, such as doctor visits, hospital care, prescriptions, and preventive care at no cost.
- The plans differ in how much you pay and when. For example, Bronze has lower monthly premiums but higher out-of-pocket costs. Gold has higher premiums and lower out-of-pocket costs.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Experience the Kaiser Permanente difference

Get what you need to live well – in one easy-to-use package. Take a look at everything that comes with your plan, and you'll agree that Kaiser Permanente is the best choice for your health.

The experience ...	Without Kaiser Permanente	With Kaiser Permanente*
Choosing your doctor 	You have to hope that the doctor you choose takes the insurance you have.	<input checked="" type="checkbox"/> You choose a doctor who's right for you. You can even view all our doctors' profiles online. And you can change your doctor at any time.
Making an appointment 	Calling and waiting to schedule an appointment takes forever. You wish you could just hop online to do it.	<input checked="" type="checkbox"/> Schedule or cancel routine appointments with your doctor online or from your mobile device.
During your visit 	Your doctor flips through a big file, asking about your medical history.	<input checked="" type="checkbox"/> Your doctor, backed by a secure, innovative electronic health record system, is always up to speed and ready to take care of you.
Getting other services 	You go to 3 different locations to take lab tests, get X-rays, or fill prescriptions.	<input checked="" type="checkbox"/> At many locations, your doctor, lab services, X-rays, and pharmacy are all under one roof, so you can save time and do more in one visit.
Visiting a specialist 	You show up hoping that your primary care doctor faxed or mailed your records.	<input checked="" type="checkbox"/> When you arrive, your specialist will have your health information right at his or her fingertips, making your care virtually seamless.
Remembering your doctor's instructions 	Take lots of notes during your visit or listen carefully and trust your memory later. Now, was it ice, <i>then</i> heat?	<input checked="" type="checkbox"/> You get a printed summary at the end of each visit. You can also view most test results online as soon as they're available.
Asking routine questions without a visit 	If you have questions for your doctor, you probably need to call the office and wait for a call back.	<input checked="" type="checkbox"/> Email your doctor's office and get a reply back, normally within 48 hours.

To learn more about Kaiser Permanente, visit kp.org.

*These features are available when you receive care at Kaiser Permanente facilities.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

The power to choose

Kaiser Permanente makes it easier to stay in charge of your health. It's simple to make smart choices when you have great doctors and convenient facilities.



Your choice of top doctors

You have a wide selection of skilled doctors that you can choose from and change anytime, for any reason.

Our doctors:

- Come from many of the top medical schools in the country
- Work hand in hand with your entire care team, who are all connected by your electronic health record
- Don't have excessive paperwork, so they can focus only on delivering the care you need
- Care about their patients and love what they do
- Have individual profiles on kp.org that you can browse to learn about their background and credentials



Under-one-roof access

Save time and avoid driving all over town for care. You'll have many locations to choose from, and most of them offer multiple services under one roof. You can see your doctor, get a lab test or an X-ray, and pick up your medications – all without leaving the building. And when you get care with fewer delays, you can get better faster.



Extra conveniences

- Email your doctor's office with routine questions.
- Get same-day, after-hours, and weekend services at most locations.
- Receive personalized care from doctors and staff who speak more than one language.
- Refill most prescriptions online with shipping at no charge.
- Make routine appointments with a call or click.
- View recent office visits and most test results online.
- Call an advice nurse with access to your health information, 24/7.
- Travel freely; you're covered for emergency care worldwide.

These features are available when you receive care at Kaiser Permanente facilities.

Hear examples of how Kaiser Permanente has helped different members at kp.org/kpcaresstories.

Your electronic health record brings it all together

Your doctor's office

Your record gets updated with each visit to a Kaiser Permanente facility, so it's always current.

Pharmacy, lab, X-ray

No need for paperwork when you get services at our facilities – your doctor's orders are already there.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

Excellent care

Kaiser Permanente has one of the largest multispecialty medical groups in the country, which includes cardiologists, cardiac surgeons, and others.



Personalized care and attention

A care team that's informed and focused on you can lead to better health. From your doctor and caregivers – who are all connected to your electronic health record and keep up-to-date on how you're doing – to our online programs and Wellness Coaching by Phone service, your care is not one-size-fits-all. It's personalized to your needs and schedule.



Top specialty care for healthier tomorrows

Our doctors, nurses, and other caregivers use an advanced care delivery system that Kaiser Permanente pioneered. It's had a measurable impact on the prevention, detection, and treatment of conditions like cancer, heart disease, stroke, and diabetes. We were also rated in the top 10 percent among cholesterol management programs for patients with cardiovascular conditions.*



Leaders in prevention

We're committed to preventive care and overall wellness. To help keep you from getting sick in the first place, we provide routine appointments, preventive screenings, wellness programs, and much more. As a result, we're #1 in screenings for breast cancer in all our regions, and were rated in the top 10 percent for cervical and colon cancer screenings. Plus, 85 percent of our members who were diagnosed with high blood pressure now have their blood pressure under control, compared to 60 percent nationally.*†

These features are available when you receive care at Kaiser Permanente facilities.

*Ratings based on Breast Cancer Screening, Cervical Cancer Screening, Colorectal Cancer Screening, and Controlling High Blood Pressure 2013 ratings for commercial plans from the Healthcare Effectiveness Data and Information Set (HEDIS®) published by the National Committee for Quality Assurance. For more information, visit ncqa.org.

†Kaiser Permanente program average is the weighted average of each regional health plan's screening rate and its eligible population.

Learn more about the doctors available in your area at kp.org/searchdoctors.

Specialty care

Your specialists are up to speed and ready to take care of you.

At home or on the go

Get your health information on your computer or mobile device to stay informed and in charge.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

Your health. Your way.

We're always here when you need us, however you need us. At Kaiser Permanente, you get many services under one roof at most of our locations and can call an advice nurse 24/7. Online or through mobile, you can manage your family's health needs anytime, anywhere.



It's easy to stay connected

Members registered on kp.org have secure access to My Health Manager, the online tool that helps you manage your family's health care anytime, anywhere.

With My Health Manager, you can:

- Email your doctor's office with routine questions.
- Refill most prescriptions.
- View most lab test results.
- Schedule or cancel routine appointments.



A website full of healthy ideas

Get informed and inspired on our award-winning website, kp.org. Take charge of your health with articles, wellness topics, and health calculators. Our music channels, podcasts, fitness videos, and recipes from world-class chefs can help you find new and interesting ways to live well and thrive.



Good health on the go

Manage your care at home, work, or play with our mobile app, which puts all the convenient features of My Health Manager right in the palm of your hand. You can download the Kaiser Permanente app from the App StoreSM or Google Play^{®*}.

These features are available when you receive care at Kaiser Permanente facilities.

*App Store is a service mark of Apple, Inc., and Google Play is a trademark of Google, Inc.

For a guided tour of My Health Manager, visit kp.org/myhealthmanagertour.

Top reasons to join Kaiser Permanente

You can choose

and change your doctor anytime, for any reason.

Excellent care

for conditions like cancer, heart disease, and diabetes leads to healthier tomorrows.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

Healthy extras

Good health starts with helpful information and resources. That's why you get lots of healthy extras that can help you stay educated on ways to live healthier in mind, body, and spirit.



Learn something new

Fit wellness into your schedule, no matter how busy you are. With the many health classes offered at our facilities, there's something for everyone. Try classes on yoga, eating well, baby care, ongoing health conditions, and much more. Classes vary by location and some may require a fee.



Strive to thrive: Wellness Coaching by Phone

Get help making positive changes with your own personal wellness coach. Our experienced and licensed coaches are available to members by phone, at no cost. Your coach will work one-on-one with you to help you set goals to improve your health, and get tools, resources, and personalized support to achieve them.



Maximize your health

Our personalized online wellness programs can help you lose weight, stay active, reduce stress, sleep better, stop smoking, and much more. You can also download the Every Body Walk! app for your smartphone or mobile device from the App Store or Google Play. It's a fun, interactive tool to help you create and maintain a daily walking routine.

These features are available when you receive care at Kaiser Permanente facilities.

Find tools, tips, and information for living well at kp.org/livewell.

Under-one-roof convenience

and care online or by phone means you can manage your health needs anytime, anywhere.

Healthy extras

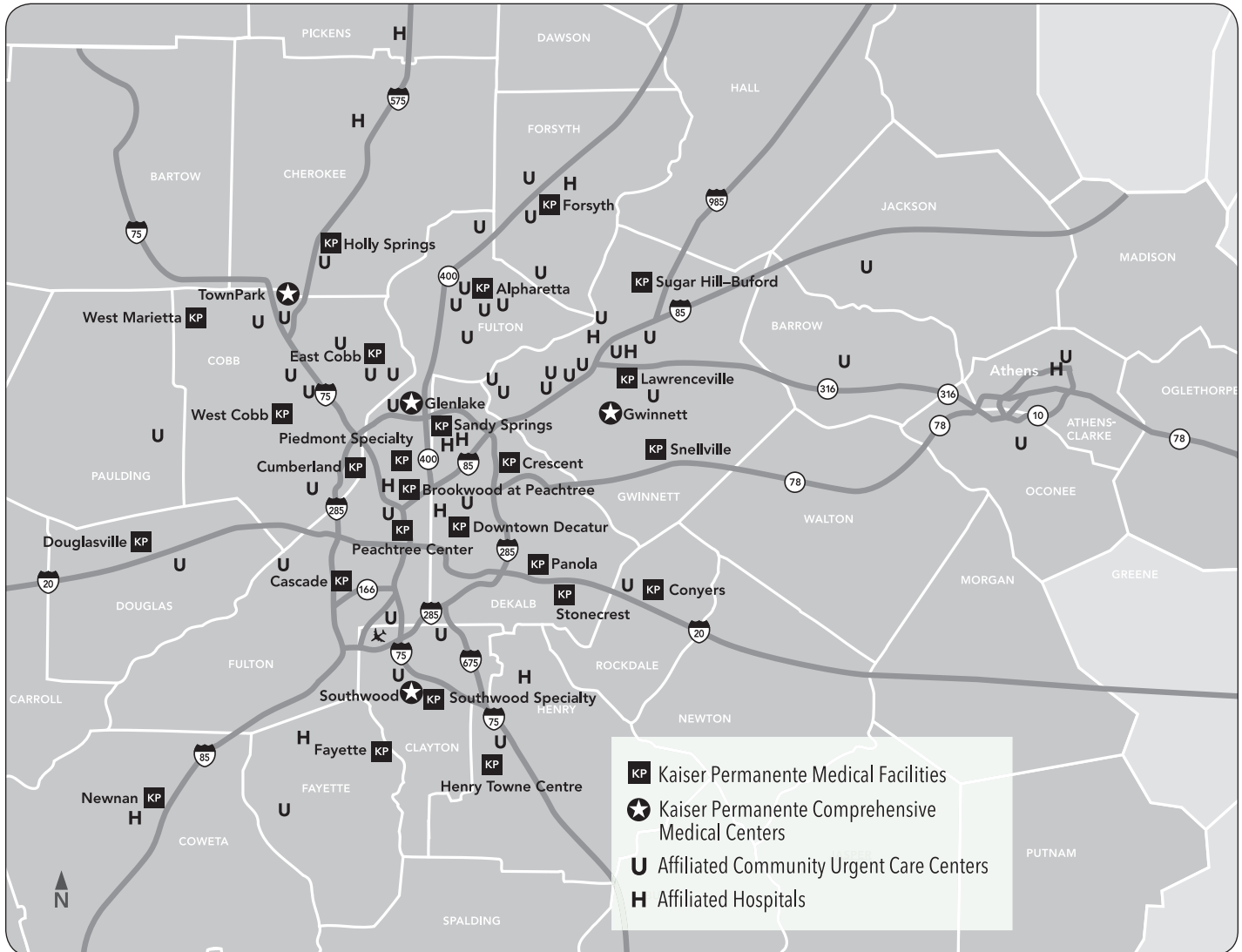
like on-site classes*
and wellness coaching
help you stay well.

*Some classes may require a fee.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

Find a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or search for a facility by keywords at buykp.org/facilities to find the one nearest you.



Map not to scale

¹24/7 Advanced Care for urgent medical needs is available at the TownPark Comprehensive Medical Center in Kennesaw, and the Southwood Comprehensive Medical Center. The Gwinnett Comprehensive Medical Center in Duluth offers urgent care.

²The hospital that you will be admitted to for inpatient care is determined by the primary care physician you select. Some locations are available only in specific cases. In an emergency, you have access to any hospital emergency room.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

When and how to enroll in your plan

Once you understand why you need health care coverage, the next steps are knowing when and how to enroll and finding out if you qualify for federal financial assistance.

Enrolling during an annual open enrollment period

There's a deadline to apply for health care coverage. You can apply starting November 15, 2014, through February 15, 2015. This is called the open enrollment period. It's when you can enroll in health plans through the Health Insurance Marketplace or directly through Kaiser Permanente.

To enroll during this 2015 open enrollment period, you must make sure we receive your completed Application for Health Coverage – along with your first month's premium – no later than February 15, 2015.

Open enrollment period – November 15, 2014, through February 15, 2015	
If you want your coverage to start on:	Your completed application and first month's premium must be received by:
January 1, 2015	November 15, 2014 – December 15, 2014
February 1, 2015	December 16, 2014 – January 15, 2015
March 1, 2015	January 16, 2015 – February 15, 2015

Enrolling during a special enrollment period

You may change or apply for health care coverage during an annual open enrollment period. Outside of the open enrollment period, you may enroll or change your coverage if you experience a situation known as a triggering event. For example, if you get married, have a baby, or lose coverage because you lose your job – all triggering events – you will have a special enrollment period. If your triggering event occurs during open enrollment, you also will have a special enrollment period and your health coverage effective date may vary from open enrollment effective dates.

Generally, a special enrollment period lasts 60 days after the triggering event occurs. That means if you've experienced a triggering event, you have 60 days from the date of the triggering event to change or apply for

health care coverage for yourself and/or your dependent. In some situations, if you are aware of a triggering event that will occur in the future, you may be able to apply for new coverage prior to the triggering event. For example, if you know you will lose coverage, you have 60 days before your loss of coverage and 60 days after your loss of coverage to apply for health coverage. Please refer to the chart for effective dates on page 12.

You have many important decisions to make about your health care coverage, and we're committed to helping you understand how these changes will impact you and your family. If you have any questions, we're here to help.

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For more detailed information on your specific special event, please call 1-800-494-5314.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

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Triggering events

Loss of health care coverage:

If you lose health plan coverage because you didn't pay your premiums or contributions or because your plan was rescinded, these do not qualify as triggering events. You must lose minimum essential coverage in order to have a triggering event.

1. You lose your employer health plan coverage for the following reasons:

- You lose your job.
- Your work hours are reduced so you no longer qualify for health coverage.
- The person who covers you on his/her employer health plan dies.
- You are a dependent on the employer's health plan and your marital status changes due to a legal separation or divorce, so your eligibility as a dependent ends.
- You lose eligibility for coverage through your employer because you no longer live or work in the service area, and no other group health coverage is available to you.
- You or your dependent meets or exceeds the maximum lifetime benefits of your health plan because of one specific claim.
- You are part of a group of employees who are no longer offered coverage from your employer.
- A dependent child has a birthday and no longer qualifies as a dependent on his/her parent's health plan.
- Your employer stops contributing premium payments for your group health coverage.
- Your COBRA coverage is exhausted.
- Your retiree coverage is terminated or substantially eliminated when your employer declares federal Chapter 11 bankruptcy.
- You lose your eligibility for coverage because the person who covered you on the employer health plan becomes entitled to Medicare.

2. Your individual plan, Medicaid, Medicare, or other governmental coverage (but not special Medicaid programs) ends.

Gaining or becoming a dependent:

You have a baby, adopt a child, or get married. Placement of a foster child is also a triggering event if your plan includes coverage for a foster child. You do not need to be a current member to purchase a health plan for you or your family if you experience this triggering event.

Permanent relocation:

You moved to a new location and have a different choice of health plans, or you were recently released from incarceration.

Change in eligibility for federal financial assistance through the Health Insurance Marketplace:

Your income level changes and, as a result, you qualify or no longer qualify for federal tax credits. Your eligibility to enroll in a health plan with reduced costs (cost-share reduction) changes. For more information about eligibility for federal financial assistance, visit healthcare.gov or call 1-800-318-2596. You can also call us at **1-800-494-5314**.

Employer health coverage changes:

Your employer discontinues or changes your current coverage options so that you become newly eligible for federal financial assistance. The Health Insurance Marketplace may determine that your special enrollment period begins before your current coverage ends or changes.

Immigration status change:

You were not previously entitled to enroll in health plan coverage through the Health Insurance Marketplace because you were not lawfully present in the United States. You may **only** enroll in a plan offered through the Health Insurance Marketplace. For more information about enrolling, visit healthcare.gov or call 1-800-318-2596. You can also call us at **1-800-494-5314**.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Coverage as an American Indian/ Native Alaskan:

The Health Insurance Marketplace determines that you are eligible for a special enrollment period each month to enroll in or change health plan coverage through the Health Insurance Marketplace. You may **only** do this through the Health Insurance Marketplace. For information about enrolling through the Health Insurance Marketplace, visit healthcare.gov or call 1-800-318-2596. You can also call us at **1-800-494-5314**.

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Determination by the Health Insurance Marketplace:

The Health Insurance Marketplace determines that you are entitled to a special enrollment period.

Triggering-event confirmation required

If you are a new applicant, you will need to provide the triggering event and date of the event under Step 1 on your Application for Health Coverage form.

If you are a current Kaiser Permanente member and want to change your plan due to a triggering event, please use an Account Change Form. You will need to provide your triggering event and date of the event under Section B on this form. Please call **1-800-494-5314** to request an Account Change Form.

Applying online

- If you are a new applicant applying online, you will need to provide your triggering event and date of the event during the online application process. You must apply within 60 days of your triggering event. In some instances, you may apply 60 days before your triggering event occurs so you don't lose health care coverage.

Applying by mail or fax

New applicants

- If you are sending in a paper application, we must receive your paper application within 60 days of your triggering event. You will need to provide your triggering event and the date of your event on your paper application. Your paper application must be received with your first month's premium. In some instances, you may apply 60 days before your triggering event occurs so you don't lose health care coverage.
- Mail or fax your Application for Health Coverage form within 60 days of your triggering event. Be sure to include your first month's premium. Checks must be mailed and cannot be faxed.
- If you apply close to the end of your special enrollment period, be sure we receive your Application for Health Coverage form before your special enrollment period ends.

Current Kaiser Permanente members

- You must submit an Account Change Form. You will need to provide your triggering event and the date of the event on the Account Change Form. Any change to your premium will be reflected in your next month's invoice.
- Mail or fax your Account Change Form within 60 days of your triggering event.
- If you apply near the end of your special enrollment period, be sure we receive your Account Change Form before your special enrollment period ends.

By submitting a signed application or Account Change Form, you are confirming that a triggering event occurred. If we decide that the triggering event did not occur, we may take legal action, including, but not limited to, terminating your coverage retroactively.

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Effective dates

Your coverage start date will depend on the triggering event that you experience. Please review this chart to see your effective date.

Type	Receipt of application	Effective date
Loss of health care coverage or change in eligibility for employer coverage due to changes in employer coverage	On or before last date of coverage	First day of the month following the last date of coverage
	After loss of coverage or change in employer coverage: Between the 1st and the 15th of the month	First day of the following month
	After loss of coverage or change in employer coverage: Between the 16th and the last day of the month	First day of the second following month
Marriage	Any day of the month	First day of the month following receipt of application
Birth, adoption, or placement for adoption or foster care	Any day of the month	Date of birth, adoption, or placement for adoption or foster care
Permanent relocation, release from incarceration, change in eligibility for federal financial assistance, change in immigration status, or status as an American Indian/Native Alaskan	Between the 1st and 15th of the month	First day of the following month
	Between the 16th and the last day of the month	First day of the second following month
Determination by the Health Insurance Marketplace	Any day of the month	Any day of the month as determined by the Health Insurance Marketplace, including a retroactive date

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

Simple steps to enroll



1. Choose a plan

Pick the plan that's right for you. You can cover your entire family under the same plan or separate plans.



2. Confirm your rate area

Check the "Working out your rate" section on page 21 to see whether your home County is listed. If it isn't, call us at **1-800-494-5314**, or contact your agent or broker.



3. See if you're eligible for federal financial assistance

You may be eligible for federal financial assistance from the federal government for your 2015 Kaiser Permanente health plan. If you qualify, the federal government will pay any federal financial assistance to Kaiser Permanente on your behalf. Help may be available for:

- Monthly premiums
- Out-of-pocket costs, such as copayments, coinsurance, or deductibles

See "You may qualify for federal financial assistance" on page 14 for more information.

If you're eligible, you must purchase your Kaiser Permanente plan through the Health Insurance Marketplace to get assistance. If you're not eligible, continue to step 4.



4. Complete your application

Complete an online application at **buykp.org/apply** or use a paper application. If you're working with an agent or broker, be sure to complete that section of the application.



5. Select your payment method

Payment for your first month's coverage by check, money order, debit card, or credit card is required with your application.



6. Sign the application form

Please make sure you've signed everywhere indicated on the application. If your application is missing any information, signatures, documentation, or payment, this may delay your effective date or cancel your application.



7. Submit the application form with payment and all necessary documentation

- **Online:** For the fastest response, enroll online today at **buykp.org/apply**. Or if you're working with an agent or broker, use the personalized link he or she has provided.
- **Fax:** **1-866-816-5139**
- **Mail:** Kaiser Permanente

California Service Center - KPIF

P.O. Box 23219

San Diego, CA 92193-9921

You may qualify for federal financial assistance

If you need help paying for health care, you may qualify for federal financial assistance. Under health care reform, the federal government will provide federal financial assistance for people with qualifying incomes. Here's some information to help you find out whether you may be eligible.

Federal financial assistance is available

You can apply for federal financial assistance from the federal government to help pay for care and coverage under our new 2015 plans.

- Help with premiums and out-of-pocket expenses (deductibles, copayments, coinsurance) will be available only if you buy your new ACA-compliant Kaiser Permanente coverage through the Health Insurance Marketplace.
- If you are eligible, the federal government will pay the financial assistance to us directly.
- Assistance will be on a sliding scale, based on modified adjusted gross income and family size.

Do you qualify for assistance with monthly premiums?

This chart shows the approximate (estimated) family income levels that qualify people for help. The numbers change slightly every year, so it's important to contact us directly. The chart below is just a guide.

NUMBER OF PEOPLE IN HOUSEHOLD	ANNUAL FAMILY INCOME LEVELS TO QUALIFY
1	\$46,680 or below
2	\$62,920 or below
3	\$79,160 or below
4	\$95,400 or below
5	\$111,640 or below
6	\$127,880 or below
7	\$144,120 or below
8	\$160,360 or below

You can also use our online calculator to find out if you may qualify for federal financial assistance. Just go to buykp.org.

What should you do next?

Go to healthcare.gov to see if you qualify for assistance. You'll also be able to enroll in one of our plans there.

Please note that if you have the option of receiving health coverage through your employer, you may not be eligible for federal financial assistance.

To avoid being double billed, if you enroll in a plan through the Health Insurance Marketplace, you must cancel your current plan through Kaiser Foundation Health Plan of Georgia, Inc. by calling our Member Service Contact Center on or before the effective date of your new plan.

What if you don't qualify for assistance?

You have two choices:

- You can still purchase your ACA-compliant plan through the Health Insurance Marketplace.
- You can purchase your coverage directly with us – that's easiest.

Either way, your plan will offer the same benefits and services.

Have questions?

We've got answers. We'll help you decide which plan is best for you, even if you apply through healthcare.gov. Call our Member Service Contact Center at **1-800-494-5314** (TTY **711** for the deaf, hard of hearing, or speech impaired), or contact your agent or broker.

Have questions? Call us at **1-800-494-5314**. • Go to buykp.org/apply. • Or contact your agent or broker.

Comparing health plans

Bronze, Silver, Gold – there are different types of plans that work in different ways, depending on how you want to pay for services. You can choose one plan for your entire family or separate plans for different family members. If your family members choose different plans, each plan will have a separate deductible and out-of-pocket maximum.

All our plans include no-charge preventive care

No matter which Kaiser Permanente plan you choose, there is no charge for preventive care. This kind of care can help keep you healthy by providing an early alert for many health conditions. That way, they can be treated before they become serious.

Here are some examples of preventive care services:

- Routine preventive physical exams
- Well-child exams (under 24 months)
- Well-woman visits
- Annual flu shots
- Routine preventive laboratory tests
- Autism screenings
- Mammogram screenings
- Contraceptive care and counseling
- Breastfeeding support

For a complete list of our preventive care services, visit kp.org/prevention.

Our copayment plans

KP GA Gold 0/20

Copayment plans have set fees for many covered services and no deductibles.

- With copayments, you know in advance how much you'll pay for things like doctor's office visits.

How it works*

Let's say you hurt your ankle. You visit your primary care doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication.

- With the KP GA Gold 0/20 copayment plan, you would pay a separate copayment or coinsurance for each of the covered services you received. You do not have to reach a deductible.
- In this case, you would pay a \$20 copay for the doctor's office visit, after the first \$100 you would pay 30% coinsurance for an X-ray at a Kaiser Permanente Facility, and a \$10 copay for the generic drug.
- Your copays and coinsurance would contribute to your out-of-pocket maximum.

*Please note this is only an example of how a plan works. See the "Health plan benefit highlights" chart starting on page 18 for more detailed information.

Our deductible plans

KP GA Gold 1000/20

KP GA Gold 1500/20

KP GA Silver 1500/30

KP GA Silver 2500/30

KP GA Bronze 5000/50

KP GA Catastrophic 6600/0

Deductible plans have lower monthly rates. If you need care, you'll usually pay full charge for most covered services until you reach a set amount known as your *deductible*.

Deductible plans with family coverage have both an individual deductible and a family deductible. That means that one member of the family can meet the lower individual deductible and be eligible for coinsurance before the higher family deductible is satisfied. Similarly, one family member can meet the individual out-of-pocket maximum before the family out-of-pocket maximum is met.

- Once you've reached your deductible, you'll pay a copayment or coinsurance for most covered services for the rest of the contract year until you reach your out-of-pocket maximum.
- Most preventive care services will be covered at no charge even before you reach your deductible.

How it works*

Let's say you hurt your ankle. You visit your primary care doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication.

On the KP GA Silver 1500/30 deductible plan, you would have to pay \$1,500 out of pocket before being eligible to pay coinsurance for certain covered services.

- However, both our Silver deductible plans offer generic drugs, and office visits for just a copay before the deductible is met.
- So, in this example, your doctor's office visit, and prescription would be available for a copay before you reach your deductible.
- You would just pay a \$30 copay for the doctor's office visit, and a \$15 copay for the generic drug.
- These copays would contribute toward your out-of-pocket maximum but not toward your deductible.
- All the charges you pay for covered services, including all copays, coinsurance, and deductible payments apply to your out-of-pocket maximum.

*Please note this is only an example of how a plan works. See the "Health plan benefit highlights" chart starting on page 18 for more detailed information.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Our HSA-qualified deductible plans

KP GA Silver 1750/25%/HSA

KP GA Bronze 4500/50/HSA

KP GA Bronze 5000/30%/HSA

With HSA-qualified deductible plans, you can open a health savings account (HSA) that allows you to pay for qualified medical expenses with tax-deductible or pretax dollars.

- You can contribute tax-deductible or pretax dollars into an HSA, and use this money to help pay for eligible medical expenses, such as copayments, coinsurance, and deductible payments for services covered under your health plan.
- You can also use your HSA dollars for services that may not be covered under your health plan, such as eyeglasses and laser eye surgery, dental care, acupuncture, and chiropractic services. For a complete list of qualified medical expenses, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://www.irs.gov).
- Tax references relate to federal income tax only. For more information, consult your financial or tax adviser. To learn more about health savings accounts, visit [irs.gov/publications/p969/ar02.html](https://www.irs.gov/publications/p969/ar02.html) or call 1-800-829-1040.

The HSA-qualified deductible plans for families

Deductibles and out-of-pocket maximums work differently in our traditional deductible plans versus our HSA-qualified deductible plans for family coverage.

Under our HSA-qualified deductible family plans, there is no individual member deductible or out-of-pocket maximum. Instead, all plans have a family deductible and out-of-pocket maximum, which can be met by the expenses of one or more family members toward a combined family deductible and out-of-pocket maximum. Once the combined expenses of all covered family members reach the applicable deductible or out-of-pocket maximum, the deductible or out-of-pocket maximum will be considered satisfied for all family members for the remainder of the contract year.

How it works*

Let's say you hurt your ankle. You visit your primary care doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication.

- With the KP GA Bronze 4500/50/HSA plan, you would pay full charge for most covered services until you reach your \$4,500 deductible.
- However, if you open and fund an HSA, you can pay for your deductible, copays, and coinsurance with tax-deductible or pretax dollars. There is no charge for most preventive care services even before you meet your deductible.
- So, in this example, you pay the first \$4,500 of your medical and pharmacy expenses out-of-pocket. However, if you have money available in your HSA, you can be reimbursed from your health savings account. After meeting the \$4,500 deductible, you start paying only a copay or coinsurance for most covered services.
- If you haven't met your deductible, you pay full charge for the doctor's office visit, the X-ray, and the medication. If you've already reached your deductible, you pay only a \$50 copay for the doctor's office visit, a 30% coinsurance for the x-ray at a Kaiser Permanente facility, and a \$20 copay for the generic drug.
- All the charges you pay for covered services, including all copays, coinsurance, and deductible payments apply to your out-of-pocket maximum.

*Please note this is only an example of how a plan works. See the "Health plan benefit highlights" chart starting on page 18 for more detailed information.

Health plan benefit highlights

See the “Health plan benefit highlights” chart starting on the next page for an overview of what you can expect to pay for services under our plans. This will help you understand which one best meets your needs. For traditional deductible plans, keep in mind that most of the amounts shown apply only after you reach your deductible. To get an idea of what you might pay before reaching your deductible, check out our resources at kp.org/treatmentestimates.

Here’s a quick look at how to use the chart.

	KP GA Silver 2500/30
Plan type	Deductible
Features	
Individual plan annual deductible (subscriber only)	\$2,500
Family plan annual deductible (individual/family)	\$2,500/\$5,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,350
Family plan annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700
Benefits	
Preventive care	
Routine physical exam	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$30
Specialty care office visit	\$60
Most X-rays	30% in office after deductible/50% in outpatient hospital setting after deductible
Most lab tests	First \$300 of services in office or free-standing center are no charge, then 30% after deductible. Services in outpatient hospital setting 50% after deductible
MRI, CT, PET	\$300 copay in office or free standing center; \$500 copay when performed in an outpatient hospital setting
Outpatient surgery	30% after deductible
Mental health visit	\$30
Inpatient hospital care (per admission)	
Room and board, surgery, anesthesia, X-rays, lab tests, medications	30% after deductible
Maternity	
Routine prenatal care visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	\$400
Urgent care visit	\$100
Prescription drugs	
Plan pharmacy (up to a 30-day supply)	Preventive generic: \$5 KP Preferred generic: \$15 KP Brand: \$45 KP after \$250/\$500 deductible Non-Preferred Brand and Specialty: 50% after \$250/\$500 deductible
Mail order (up to a 90-day supply)	Preventive generic: \$10 Preferred generic: \$30 Brand: \$90 after \$250/\$500 deductible Non-Preferred Brand and Specialty: 50% after \$250/\$500 deductible

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charge for most services until you reach \$2,500 for yourself or \$5,000 for your family. Then you’d start paying coinsurance.

Annual out-of-pocket maximum

This is the most you’ll pay for care during a policy period (usually a year) before your plan starts paying 100 percent for most covered services. In this example, you’d never pay more than \$6,350 for yourself and no more than \$12,700 for your family for your deductible, copayments, and coinsurance in a contract year.

Preventive care at no charge

Most preventive care services – including routine physical exams and mammograms – are covered at no charge. Plus, they’re not subject to the deductible.

Not subject to the deductible

Some services are always covered at a copay or coinsurance, regardless of whether you’ve reached your deductible. Under this plan, primary care visits are covered at a \$30 copay – even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits are not subject to the deductible.

Coinsurance

After reaching your deductible, you may start paying a percentage of the total cost for certain services. Here, you’d pay 30 percent of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the contract year.

Copayment

This is the set amount you pay for certain services.

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*Also available on the Health Insurance Marketplace. You can find more Kaiser Permanente plans on the Health Insurance Marketplace.

	KP GA Bronze 5000/30%/HSA	KP GA Bronze 4500/50/HSA	KP GA Bronze 5000/50	KP GA Silver 1750/25%/HSA	KP GA Silver 2500/30
Plan type	HSA-qualified	HSA-qualified	Deductible	HSA-qualified	Deductible
Features					
Individual plan annual deductible (subscriber only)	\$5,000	\$4,500	\$5,000	\$1,750	\$2,500
Family plan annual deductible (individual/family)	\$10,000/\$10,000	\$9,000/\$9,000	\$5,000/\$10,000	\$3,500/\$3,500	\$2,500/\$5,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,350	\$6,350	\$6,350	\$5,000	\$6,350
Family plan annual out-of-pocket maximum (individual/family)	\$12,700/\$12,700	\$12,700/\$12,700	\$6,350/\$12,700	\$10,000/\$10,000	\$6,350/\$12,700
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	30% after deductible	\$50 after deductible	\$50	25% after deductible	\$30
Specialty care office visit	30% after deductible	\$70 after deductible	\$70	25% after deductible	\$60
Most X-rays	30% in office after deductible/50% in outpatient hospital setting after deductible	30% in office after deductible/50% in outpatient hospital setting after deductible	30% in office after deductible/50% in outpatient hospital setting after deductible	25% in office after deductible/50% in outpatient hospital setting after deductible	30% in office after deductible/50% in outpatient hospital setting after deductible
Most lab tests	30% in office after deductible/50% in outpatient hospital setting after deductible	30% in office after deductible/50% in outpatient hospital setting after deductible	First \$300 of services in office or free-standing center are no charge, then 30% after deductible. Services in outpatient hospital setting 50% after deductible	25% in office after deductible/50% in outpatient hospital setting after deductible	First \$300 of services in office or free-standing center are no charge, then 30% after deductible. Services in outpatient hospital setting 50% after deductible
MRI, CT, PET	30% in office after deductible/50% in outpatient hospital setting after deductible	\$500 in office after deductible/\$700 in outpatient hospital setting after deductible	\$500 in office after deductible/\$700 in outpatient hospital setting after deductible	25% in office after deductible/50% in outpatient hospital setting after deductible	\$300 copay in office or free-standing center; \$500 copay when performed in an outpatient hospital setting
Outpatient surgery	30% after deductible	30% after deductible	30% after deductible	25% after deductible	30% after deductible
Mental health visit	30% after deductible	\$50 after deductible	\$50	25% after deductible	\$30
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	30% after deductible	30% after deductible	30% after deductible	25% after deductible	30% after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	30% after deductible	25% after deductible	30% after deductible
Emergency and urgent care					
Emergency Department visit	30% after deductible	\$500 after deductible	30% after deductible	25% after deductible	\$400
Urgent care visit	30% after deductible	\$100 after deductible	\$100	25% after deductible	\$100
Prescription drugs					
Plan pharmacy (up to a 30-day supply)	Preventive generic: \$5 KP Preferred generic: \$20 KP Brand, Non-Preferred Brand and Specialty : 50% Medical deductible applies except Preventive Generic	Preventive generic: \$5 KP Preferred generic: \$20 KP Brand: \$50 KP Non-Preferred Brand and Specialty : 50% Medical deductible applies except Preventive Generic	Preventive generic: \$5 KP Preferred generic: \$25 KP Brand, Non-Preferred Brand and Specialty : 50% after \$750/\$1500 deductible	Preventive generic: \$5 KP Preferred generic: \$15 KP Brand: \$45 KP Non-Preferred Brand and Specialty : 50% Medical deductible applies except Preventive Generic	Preventive generic: \$5 KP Preferred generic: \$15 KP Brand: \$45 KP after \$250/\$500 deductible Non-Preferred Brand and Specialty : 50% after \$250/\$500 deductible
Mail order (up to a 90-day supply)	Preventive generic: \$10 Preferred generic: \$40 Brand, Non-Preferred Brand and Specialty : 50% Medical deductible applies except Preventive Generic	Preventive generic: \$10 Preferred generic: \$40 Brand: \$100 Non-Preferred Brand and Specialty : 50% Medical deductible applies except Preventive Generic	Preventive generic: \$10 Preferred generic: \$50 Brand, Non-Preferred Brand and Specialty : 50% after \$750/\$1500 deductible	Preventive generic: \$10 Preferred generic: \$30 Brand: \$90 Non-Preferred Brand and Specialty : 50% Medical deductible applies except Preventive Generic	Preventive generic: \$10 Preferred generic: \$30 Brand: \$90 after \$250/\$500 deductible Non-Preferred Brand and Specialty : 50% after \$250/\$500 deductible
Other Services					
ChooseHealthy™ discounts, as well as other wellness and health programs	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy

This is a summary of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. Detailed information about your plan is in the *Evidence of Coverage*, which will be mailed to you upon enrollment or upon request. To request a copy of the *Evidence of Coverage* for a particular plan, please call us at 1-800-634-4579 or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

*Also available on the Health Insurance Marketplace. You can find more Kaiser Permanente plans on the Health Insurance Marketplace.

	KP GA Silver 1500/30	KP GA Gold 1500/20	KP GA Gold 1000/20	KP GA Gold 0/20	KP GA Catastrophic 6600/0 ¹
Plan type	Deductible	Deductible	Deductible	Copayment	Deductible
Features					
Individual plan annual deductible (subscriber only)	\$1,500	\$1,500	\$1,000	None	\$6,600
Family plan annual deductible (individual/family)	\$1,500/\$3,000	\$1,500/\$3,000	\$1,000/\$2,000	None/None	\$6,600/\$13,200
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,350	\$4,000	\$5,000	\$6,350	\$6,600
Family plan annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$4,000/\$8,000	\$5,000/\$10,000	\$6,350/\$12,700	\$6,600/\$13,200
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	\$30	\$20	\$20	\$20	First 3 office visits no charge. ² Additional visits no charge after deductible.
Specialty care office visit	\$60	\$40	\$40	\$40	No charge after deductible
Most X-rays	30% in office after deductible/50% in outpatient hospital setting after deductible	First \$100 of services in office or free-standing center are no charge, then 20% after deductible. Services in outpatient hospital setting 40% after deductible.	First \$100 of services in office or free-standing center are no charge, then 20% after deductible. Services in outpatient hospital setting 40% after deductible.	First \$100 of services in office or free-standing center are no charge, then 30%. Services in outpatient hospital setting 50%.	No charge after deductible
Most lab tests	First \$300 of services in office or free-standing center are no charge, then 30% after deductible. Services in outpatient hospital setting 50% after deductible.	First \$400 of services in office or free-standing center are no charge, then 20% after deductible. Services in outpatient hospital setting 40% after deductible.	First \$400 of services in office or free-standing center are no charge, then 20% after deductible. Services in outpatient hospital setting 40% after deductible.	First \$400 of services in office or free-standing center are no charge, then 30%. Services in outpatient hospital setting 50%.	No charge after deductible
MRI, CT, PET	\$250 copay in office or free standing center; \$500 copay when performed in an outpatient setting	\$150 copay in office or free standing center; \$250 copay when performed in an outpatient setting	\$150 copay in office or free standing center; \$250 copay when performed in an outpatient setting	\$250 in office/\$500 in outpatient hospital setting	No charge after deductible
Outpatient surgery	30% after deductible	20% after deductible	20% after deductible	30%	No charge after deductible
Mental health visit	\$30	\$20	\$20	\$20	First 3 office visits no charge. ² Additional visits no charge after deductible.
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	30% after deductible	20% after deductible	20% after deductible	\$500 per day up to 4 days	No charge after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	20% after deductible	\$2,000 per admission	No charge after deductible
Emergency and urgent care					
Emergency Department visit	\$350	\$250	\$250	\$250	No charge after deductible
Urgent care visit	\$100	\$75	\$75	\$75	No charge after deductible
Prescription drugs					
Plan pharmacy (up to a 30-day supply)	Preventive generic: \$5 KP Preferred generic: \$15 KP Brand: \$45 KP after \$250/\$500 deductible Non-Preferred Brand and Specialty: 50% after \$250/\$500 deductible	Preventive generic: \$5 KP Preferred generic: \$10 KP Brand: \$30 KP after \$200/\$400 deductible Non-Preferred Brand and Specialty: 45% after \$200/\$400 deductible	Preventive generic: \$5 KP Preferred generic: \$10 KP Brand: \$30 KP after \$250/\$500 deductible Non-Preferred Brand and Specialty: 45% after \$250/\$500 deductible	Preventive generic: \$5 KP Preferred generic: \$10 KP Brand: \$30 KP after \$250/\$500 deductible Non-Preferred Brand and Specialty: 45% after \$250/\$500 deductible	No charge after deductible
Mail order (up to a 90-day supply)	Preventive generic: \$10 Preferred generic: \$30 Brand: \$90 after \$250/\$500 deductible Non-Preferred Brand and Specialty: 50% after \$250/\$500 deductible	Preventive generic: \$10 Preferred generic: \$20 Brand: \$60 after \$200/\$400 deductible Non-Preferred Brand and Specialty: 45% after \$200/\$400 deductible	Preventive generic: \$10 Preferred generic: \$20 Brand: \$60 after \$250/\$500 deductible Non-Preferred Brand and Specialty: 45% after \$250/\$500 deductible	Preventive generic: \$10 Preferred generic: \$20 Brand: \$60 after \$250/\$500 deductible Non-Preferred Brand and Specialty: 45% after \$250/\$500 deductible	No charge after deductible
Other Services					
ChooseHealthy™ discounts, as well as other wellness and health programs	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy

This is a summary of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. Detailed information about your plan is in the *Evidence of Coverage*, which will be mailed to you upon enrollment or upon request. To request a copy of the *Evidence of Coverage* for a particular plan, please call us at 1-800-634-4579 or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

¹ Only applicants under age 30, or applicants age 30 and older who provide a certificate from Health Insurance Marketplace demonstrating hardship or lack of affordable coverage, may purchase a KP GA Catastrophic 6600/0 plan.

² The KP GA Catastrophic 6600/0 plan includes three office visits at no charge before you reach your deductible. Office visits include primary or outpatient mental health care.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Working out your rate

We're here to help you find the best plan for your needs. Use the following rate chart and plan cost worksheet on page 23 to help you evaluate your plan options.

What determines your rate?

Your rate is based on the following:

- The plan you select
- Your age at the time of your effective date
- Whether you use tobacco

If you move to an area that isn't covered by Kaiser Permanente, your coverage may not continue.

Rates are determined based on each person's age on the plan's effective date, whether they apply individually or as a family. For example, if your 29th birthday is on February 14 and you submit your completed application on January 15, you'll have an effective date of February 1 and the rate for a 28-year-old.

However, if you submit your application on January 16, your effective date will be March 1. Since this is after your birthday, you'll have the rate for a 29-year-old.

Similarly, if you're purchasing coverage for your family, each family member's rate will be based on his or her age on the effective date. (Families are only charged for a maximum of 3 children under age 21 who are applying for the same plan.) If you have a child-only account and everyone on the account is under age 21, you will only be charged for the subscriber and the 3 oldest children under age 21.

Service Area—Counties

Barrow	Coweta	Gwinnett	Newton
Bartow	Dawson	Hall	Paulding
Butts	DeKalb	Haralson	Pickens
Carroll	Douglas	Heard	Pike
Cherokee	Fayette	Henry	Rockdale
Clayton	Forsyth	Lamar	Spalding
Cobb	Fulton	Meriwether	Walton

Please verify that your county is listed above. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

Although family members can enroll in different plans, there are some advantages to enrolling family members in the same plan:

- Children can be covered under your plan until they reach age 26, whether or not they're in school, living at home, or away from the family. But they need to be on the same plan as you.
- If you have more than 3 children under age 21 on the same plan, you will only be charged for the 3 oldest. Other children under 21 are covered at no additional cost. If you have a child-only account and everyone on the account is under age 21, you will only be charged for the subscriber and the 3 oldest children under age 21.
- For example, to determine the rate for a family plan, a family of 6 (2 adults and 4 children under 21) would calculate their rate by adding the rate for both adults plus the rate for each of the 3 oldest children for a combined family rate. The 4th child (youngest) would be no additional cost.
- You may want to consider different plans with different rates for various family members based on your family's needs. However, you may pay more if you have more than 3 children under age 21 who are not covered under the same plan.

Preventive care at no extra charge

As you review the rates, remember that many preventive care services are available at no charge before you reach your deductible. That means you get a wide range of services that can help you stay healthy – including general immunizations, diabetes and cancer screenings, counseling for smoking and alcohol abuse, and more. For a complete list of preventive care services, visit kp.org/prevention.

Pediatric Dental

Under the ACA, we are required to include pediatric dental benefits with your Kaiser Permanente health plans for those ages 18 and younger. The pediatric dental services are provided by Delta Dental Insurance Company. If you currently have pediatric dental coverage through a stand-alone plan, you are no longer required to keep it.

Preventive Services	100%
Basic Services	50% after deductible
Major Services	50% after deductible
Orthodontic Benefits (Medically Necessary)	50% after deductible

Services are covered at 100% after deductible on the Catastrophic 6600/0 plan.

Have questions? Call us at **1-800-494-5314**. • Go to buykp.org/apply. • Or contact your agent or broker.



Rate calculator

To figure out the total rate for your health plan for you and your family, just follow these steps:

1. List everyone you want to cover:

- Yourself
- Your spouse
- All your adult children ages 21 through 25
- Your children under 21

2. Find your preferred plan in the rate chart on the next page.

3. Find the rate for each family member, based on age.

4. For children who are covered under the same plan, include a rate for the 3 oldest children under 21.

5. Add up the rates.

The worksheet below can help. Go to buykp.org/apply or call us or your broker for assistance.

Federal assistance and your rate

If you qualify for federal financial assistance, these rates do not apply to you. The federal government will pay any federal financial assistance to Kaiser Permanente on your behalf. To learn more, read the "You may qualify for federal financial assistance" section on page 14.

Your monthly rate worksheet

Plan choice		A	B	C
Family member name	Family member age	Rate for plan A	Rate for plan B	Rate for plan C
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total premium rate		\$	\$	\$

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.

2015 Monthly rates

Rates include pediatric dental

Do you qualify for federal financial assistance?

If so, you may pay lower rates than those listed in this chart.
See page 14 for details.

Age on 2015 effective date	KP GA Bronze 5000/30%/HSA	KP GA Bronze 4500/50/HSA	KP GA Bronze 5000/50	KP GA Silver 2500/30	KP GA Silver 1750/25%/HSA	KP GA Silver 1500/30	KP GA Gold 1500/20	KP GA Gold 1000/20	KP GA Gold 0/20	KP GA Catastrophic 6600/0†
0-18	\$116.00	\$121.00	\$126.00	\$162.00	\$174.00	\$167.00	\$183.00	\$185.00	\$197.00	\$94.00
19-20	116.00	121.00	126.00	162.00	174.00	167.00	183.00	185.00	197.00	94.00
21	183.00	191.00	198.00	255.00	274.00	263.00	288.00	291.00	310.00	149.00
22	183.00	191.00	198.00	255.00	274.00	263.00	288.00	291.00	310.00	149.00
23	183.00	191.00	198.00	255.00	274.00	263.00	288.00	291.00	310.00	149.00
24	183.00	191.00	198.00	255.00	274.00	263.00	288.00	291.00	310.00	149.00
25	184.00	191.00	199.00	256.00	275.00	264.00	289.00	292.00	311.00	149.00
26	188.00	195.00	203.00	261.00	281.00	270.00	295.00	298.00	317.00	152.00
27	192.00	200.00	208.00	267.00	287.00	276.00	302.00	305.00	325.00	156.00
28	199.00	207.00	215.00	277.00	298.00	286.00	313.00	317.00	337.00	162.00
29	205.00	213.00	222.00	285.00	307.00	295.00	322.00	326.00	347.00	166.00
30	208.00	216.00	225.00	289.00	311.00	299.00	327.00	331.00	352.00	169.00
31	212.00	221.00	229.00	295.00	318.00	305.00	334.00	338.00	359.00	172.00
32	217.00	226.00	234.00	301.00	324.00	312.00	341.00	345.00	367.00	176.00
33	220.00	228.00	237.00	305.00	328.00	315.00	345.00	349.00	371.00	178.00
34	223.00	231.00	240.00	309.00	333.00	320.00	350.00	354.00	376.00	180.00
35	224.00	233.00	242.00	311.00	335.00	322.00	352.00	356.00	379.00	182.00
36	226.00	235.00	244.00	313.00	337.00	324.00	354.00	358.00	381.00	183.00
37	227.00	236.00	245.00	315.00	339.00	326.00	357.00	361.00	384.00	184.00
38	228.00	238.00	247.00	317.00	341.00	328.00	359.00	363.00	386.00	185.00
39	231.00	241.00	250.00	321.00	346.00	332.00	363.00	368.00	391.00	188.00
40	234.00	244.00	253.00	325.00	350.00	337.00	368.00	372.00	396.00	190.00
41	239.00	248.00	258.00	332.00	357.00	343.00	375.00	379.00	404.00	194.00
42	243.00	253.00	262.00	337.00	363.00	349.00	382.00	386.00	411.00	197.00
43	249.00	259.00	269.00	346.00	372.00	357.00	391.00	395.00	421.00	202.00
44	256.00	266.00	277.00	356.00	383.00	368.00	402.00	407.00	433.00	208.00
45	265.00	275.00	286.00	368.00	396.00	380.00	416.00	421.00	448.00	215.00
46	275.00	286.00	297.00	382.00	411.00	395.00	432.00	437.00	465.00	223.00
47	287.00	298.00	309.00	398.00	428.00	412.00	450.00	455.00	485.00	232.00
48	300.00	312.00	324.00	416.00	448.00	431.00	471.00	476.00	507.00	243.00
49	313.00	325.00	338.00	434.00	467.00	449.00	491.00	497.00	529.00	254.00
50	327.00	341.00	354.00	455.00	489.00	470.00	514.00	520.00	554.00	266.00
51	342.00	356.00	369.00	475.00	511.00	491.00	537.00	543.00	578.00	277.00
52	358.00	372.00	386.00	497.00	535.00	514.00	562.00	569.00	605.00	290.00
53	374.00	389.00	404.00	520.00	559.00	537.00	588.00	594.00	632.00	303.00
54	391.00	407.00	423.00	544.00	585.00	562.00	615.00	622.00	662.00	317.00
55	409.00	425.00	442.00	568.00	611.00	587.00	642.00	650.00	691.00	332.00
56	428.00	445.00	462.00	594.00	639.00	614.00	672.00	680.00	723.00	347.00
57	447.00	465.00	483.00	621.00	668.00	642.00	702.00	710.00	755.00	362.00
58	467.00	486.00	505.00	649.00	698.00	671.00	734.00	742.00	790.00	379.00
59	477.00	496.00	515.00	663.00	713.00	685.00	750.00	758.00	807.00	387.00
60	498.00	517.00	537.00	691.00	744.00	715.00	782.00	791.00	841.00	403.00
61	515.00	536.00	556.00	716.00	770.00	740.00	809.00	819.00	871.00	418.00
62	527.00	548.00	569.00	732.00	787.00	757.00	827.00	837.00	891.00	427.00
63	541.00	563.00	584.00	752.00	809.00	777.00	850.00	860.00	915.00	439.00
64+	549.00	572.00	594.00	764.00	822.00	789.00	864.00	873.00	930.00	446.00

Rates are effective January 1, 2015, through December 31, 2015.

†For the Catastrophic plan, only applicants under age 30, or applicants over age 30 who provide a certificate from the Health Insurance Marketplace demonstrating hardship or lack of affordable coverage, may purchase a Catastrophic plan.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Important details and notices

About your coverage

Before you review the specific plan information, check to make sure you live within our service area. You're eligible to apply for Kaiser Permanente for Individuals and Families (KPIF) coverage if you live in one of the following counties: Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, Dawson, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Hall, Haralson, Heard, Henry, Lamar, Meriwether, Newton, Paulding, Pickens, Pike, Rockdale, Spalding, or Walton.

Once you are enrolled, you can enjoy the benefits of KPIF until you choose to leave the plan, regardless of health. However, please note that coverage can end for failure to pay premiums when due or for intentional misrepresentation of important information on your application.

When you turn 65 or become eligible for Medicare, you have the option to apply for our Senior Advantage plan. You can ask about our coverage for Medicare-eligible members by calling toll free **1-800-232-4404**.

If you have any questions or would like more information, just call our Call Center at **1-800-494-5314** or check out the KPIF website at **buykp.org**.

Drug formulary

Kaiser Permanente uses a drug formulary for our HMO and HSA Option plans. Our drug formulary is a continually updated list of medications that are determined to be safe and effective. Use of formulary drugs enables us to provide quality care at a reasonable cost.

Certain prescriptions require expert review before they can be dispensed.

If you have any questions about the formulary, call **404-261-2590**.

Preauthorization

When you need to obtain preauthorization for covered services or have a question about whether a service requires preauthorization, please contact the Kaiser Permanente Utilization Management Department at **404-364-7320** or **1-800-221-2412** (TTY/TDD **1-800-255-0056**).

At Kaiser Permanente, the Utilization Management Program works with participating providers to plan, organize, and deliver quality health care services by ensuring these services are medically appropriate, medically necessary, and provided in a cost-effective manner. Some services require preauthorization by the Utilization Management Program.

Examples include, but are not limited to:

- Elective inpatient admissions
- Outpatient surgery
- Specialized services such as home health, medical supplies/equipment, and hospice care
- Skilled nursing and acute rehabilitation facilities
- Certain behavioral health services and/or chemical dependency treatment

Failure to obtain preauthorization may result in penalties against your benefit payment, or we may deny all or part of your claim. In the event any service is denied because it does not meet criteria, you may request an appeal.

Except as prohibited by law, Prior guarantee of payment and will not result in payment for Services that are covered benefits and Medically Necessary or if you are not enrolled on the date that Services were provided.

Kaiser Permanente does not use financial incentives to encourage barriers to care and service. Decisions involving utilization management are based only on appropriateness of care and service, and existence of coverage under the member's benefit plan. Kaiser Permanente does not reward practitioners or other individuals conducting utilization review for issuing denials of coverage or service, and does not use financial incentives that encourage decisions that result in underutilization.

Kaiser Permanente is prohibited from making decisions regarding hiring, promoting, or terminating its practitioners or other individuals based upon the likelihood or perceived likelihood that the individual will support or tend to support the denial of benefits.

Exclusions

As with all health plans, there are some exclusions. The following services are excluded from all coverage. (Please note that this is a summary—for a complete list, refer to the *Evidence of Coverage*.)

- Unless otherwise required by law, we decide if a Service is Medically Necessary and our decision is final and conclusive subject to your right to appeal as described in your Evidence of Coverage.
- Services that an employer or any government agency is responsible to provide, including workers' compensation
- Items and Services that are not health care items and Services, such as teaching manners or etiquette, academic coaching or tutoring, or vocational training.
- Custodial care or care in an intermediate care facility
- Services to treat an injury incurred while committing a felony, except for Emergency Services.
- Services provided or arranged by criminal justice institutions or mental health institutions for members in the custody of law enforcement officers if you are confined in the institution, except for emergency services
- Cosmetic services (including drugs and injectables)
- Cord blood procurement and storage for possible future need or for a yet-to-be determined member recipient
- Physical examinations required for obtaining or maintaining employment or participation in employee programs, or insurance or government licensing
- Orthoptics (eye exercises)
- Services and drugs related to the treatment of obesity
- Routine foot care services
- All services and drugs related to sexual reassignment surgery
- Cost of semen and eggs
- Services for conception by artificial means, including infertility drugs
- Reversal of voluntary infertility

- Nonhuman and artificial organs and their implantation
- Court-ordered services
- Testing for ability, aptitude, intelligence, or interest
- Corrective shoes and orthotic foot supports and inserts
- More than one device for the same part of the body or same function
- Replacement of lost devices
- Electronic monitors of bodily functions (except infant apnea monitors and blood glucose monitors)
- Devices to perform medical testing of body fluids, excretions, or substances
- Devices not medical in nature
- Convenience, comfort, or luxury items
- Reconstructive surgery following removal of breast implants that were inserted for cosmetic reasons
- Drugs for the treatment of sexual dysfunction disorders
- Most disposable supplies

Who provides the coverage

HMO and HSA Option plans are provided by Kaiser Foundation Health of Georgia, Inc.

This is only a summary

This is a summary description and is not intended to replace your *Individual Agreement* or *Evidence of Coverage*, which contain the complete provisions of this coverage. If you have questions or need additional information, please call **404-261-2590**.

For more information

Have a question that's not answered in this information kit? Just contact our Call Center at **1-800-494-5314** or check out our website at **buykp.org/apply**.

Privacy practices

For more information about our privacy practices, visit **kp.org/privacy** and click on "Notice of Privacy Practices."

Effective date of this notice

This notice is effective on March 19, 2010.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Consumer Choice Option

As part of Georgia state law, another option is available to you through Kaiser Permanente for Individuals and Families (KPIF coverage) called the Consumer Choice Option. This option can be added to any of our KPIF plans.

- With Consumer Choice Option, you can nominate and use providers not normally available through Kaiser Permanente.
- You still receive benefits comparable to those you would receive when using in-plan or select providers.
- This option costs 17.5 percent more than what is quoted in the rates for this year.

If you would like more information on the Consumer Choice Option—including an election form, information on how to nominate a provider, and rate information—visit kp.org/formsandpubs or call Member Services at **404-261-2590**.

Want to learn more?

For helpful information about getting care, and notices about doctor availability; utilization management procedures; potential network, service or benefit restrictions; privacy practices; pharmacy management procedures; and the Consumer Choice Option (CCO), visit kp.org/formsandpubs to view our *Member Handbook* and CCO Brochure online. For a paper copy, just call Member Services.

It's time to choose better

Learn more about Kaiser Permanente at **kp.org** or call us toll free at **1-800-494-5314**, or contact your agent or broker. For TTY for the deaf, hard of hearing, or speech impaired, call **711**.

For updates about health care reform, visit **kp.org/reform**.



Kaiser Foundation Health Plan of Georgia, Inc

kp.org