

Kaiser Permanente for Individuals and Families

2026 Colorado Enrollment Guide

Health care that just works



Get started at buykp.org

 KAISER PERMANENTE®

Experience simpler, smarter health care

When your health needs are handled
under one plan, you get:¹

- High-quality in-person
and virtual care experiences
- Support for your
mental health and wellness
- 24/7 access to care
wherever you are
- High-quality preventive,
primary, and specialty care



Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Kaiser Permanente care feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind and body.

Important open enrollment dates for 2026

- The open enrollment period for 2026 coverage runs from November 1, 2025, through January 15, 2026.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Connect for Health Colorado.
- For coverage that starts on January 1, 2026, we must receive your application for health coverage and first month's premium no later than December 15, 2025.

Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit kp.org/speciaalenrollment for a list of qualifying life events and instructions.

Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY **711**).

Combined care and coverage is everything

Your doctors, hospitals, and health plan benefits should work together to give you world-class care, when and where you need it.

From preventive, primary, and virtual care to pharmacy, labs, and mental health support – we put it all together to make your health care work for you.

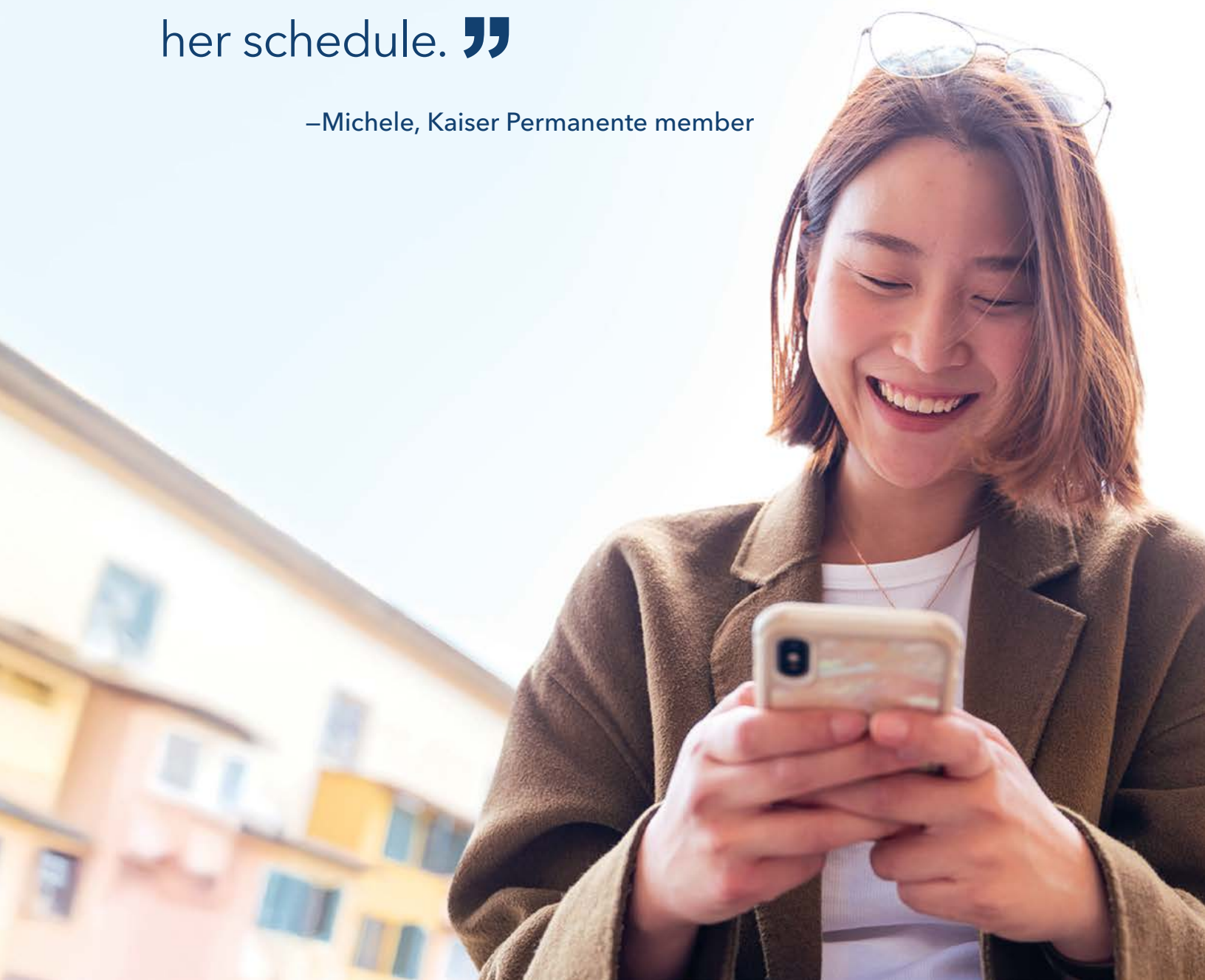
That's why members stay with Kaiser Permanente nearly twice as long as other health plans.²



Discover how we can help you live your best life at **kp.org/learnthebasics**.

“ This was my first appointment with Dr. Rieple, and I could not be more impressed. She made me feel like I was the most important person on her schedule. ”

—Michele, Kaiser Permanente member



Timely, convenient in-person and virtual care

Get the care you need, when you need it. The Kaiser Permanente app makes it easier to manage your care online or connect with your care team on demand. And with our widespread network of locations, specialists, and services, you can get timely lab results and primary care appointments close to home.



24/7 virtual care

Visit kp.org or use our app to talk to a clinician 24/7 by phone or video.³ You can also email your care team, view most lab results, and more.



Mail-order pharmacy

Refill prescriptions online, in person, or over the phone – with same-day pickup and same-day or next-day home delivery for most prescriptions.⁴



Care while traveling

If you're planning to travel, we can help with vaccinations, prescriptions, and more. You also have access to urgent and emergency care worldwide – not just at Kaiser Permanente facilities.

Get care when you're away at college

Your dependents up to 26 years old living outside a Kaiser Permanente area are covered for routine and follow-up care:⁵

- 10 office visits
- 12 prescription drug fills
- 10 diagnostic X-rays
- 10 therapy visits (combined physical, occupational, and speech)

Support for your body and mind

Members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral for mental health care within Kaiser Permanente. Explore individual and group therapy, health classes, self-care resources, and more.⁶

Resources for your everyday wellness

Take advantage of classes, services, and programs to help you achieve your health goals.⁷

- Wellness coaching
- Fitness programs
- Gym memberships

Want medical, dental, and vision coverage all in one plan?

Our newest plans, KP CO Gold 500/30/Dental/Vision and KP Select CO Gold 500/30/Dental/Vision, cover medical, dental, and vision care for the whole family. Plan coverage includes preventive oral exams and dental cleanings and routine eye exams each year. New glasses or contact lenses are covered every 24 months. Children up to the age of 19 also have limited dental coverage for X-rays, fillings, and crowns. See the Pediatric Dental Care page for coverage details.

Our members are:

5x

more likely to be
screened for depression⁸

Nearly 2x

more likely to
respond to treatment⁸

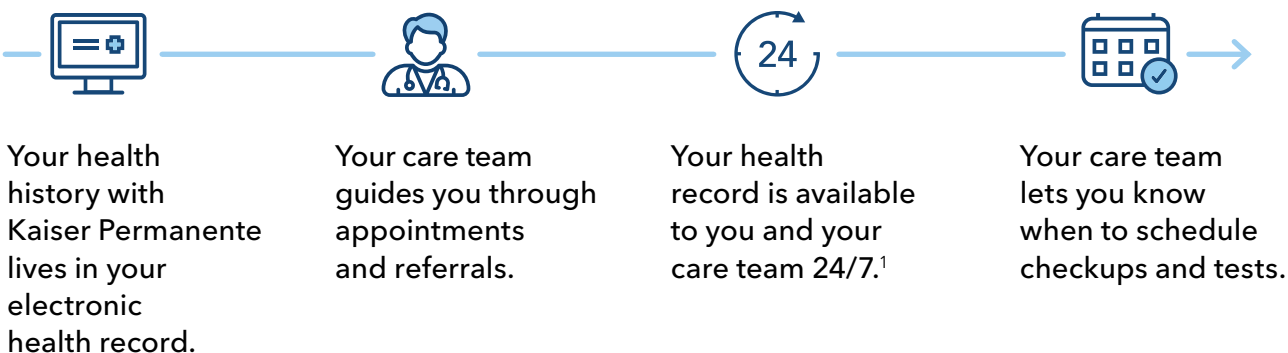
Care that's world class

With most plans, you get a wide range of preventive care at no extra cost. If you need specialty care – for maternity, cancer care, heart health, or anything else – you have access to cutting-edge technology and advanced evidence-based care. You can also change your primary care doctor at any time, so you always have a health partner you know and trust.

Among the highest-rated health plans in Colorado. Of the 10 commercial health plans in Colorado rated by the National Committee for Quality Assurance, ours is one of the top-rated plans in the state.⁹

Home to more Top Doctors. 360 Kaiser Permanente physicians were recognized as Top Doctors by *Colorado Springs Magazine* and *5280 Magazine* in 2025, more than any other provider in the state.¹⁰

We guide you every step of the way



“ You have enough stressors in your life. So at Kaiser Permanente we make sure health care isn’t one of them. ”

—Dr. Khushboo Mehta



Choosing your health plan

We offer a variety of plans to help fit your needs and budget. All of them offer the same quality care, but the way they split the costs is different.

Available plans

Kaiser Permanente offers plans with your choice of 3 provider networks designed to meet different needs and affordability.

- KP CO plans are available for individuals and families who would like a greater choice among affiliated providers and hospitals.
- KP Select CO plans¹¹ offer an affordable option with a tailored network of affiliated providers and hospitals in the Denver/Boulder and Colorado Springs area. To learn more about the KP Select plans, visit kp.org/kpselect/co.
- Colorado Option plans are standardized plans designed by the State Division of Insurance (DOI). For more information on the Colorado Option plans, go to kp.org/co-option.

With all our plans, members can receive care, including virtual options, from primary care providers and specialists at any of the 29 Kaiser Permanente medical offices throughout the front range. The plans vary by participating affiliated providers,¹² hospitals, and urgent and emergency care locations.¹³

The plans are available in different areas based on where you live.

Denver/ Boulder	Northern Colorado & Pueblo	Colorado Springs area
• KP CO • KP Select CO • Colorado Option	• KP CO • Colorado Option	• KP Select CO • Colorado Option

For information about doctors and locations in your area, go to kp.org/doctors.

Copay plans

Copay plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

Deductible plans

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you reach your deductible.

HSA-qualified high deductible health plans

HSA-qualified deductible plans are deductible plans that give you the option of setting up a health savings account (HSA) to pay for eligible health care costs, including copays, coinsurance, and deductible payments. You won't pay federal taxes on the money in this account.

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, like eyeglasses for adults, adult dental care, or chiropractic services.¹⁴ If you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

New for 2026: Most bronze plans can be paired with an HSA. This gives you more options to save and pay for eligible health care costs. Learn more at healthy.kaiserpermanente.org/pages/hsa-overview.

Example of your costs for care

Let's say you hurt your ankle. You visit your personal doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's an example of what you'd pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
KP CO Gold 0/25 RX Copay (no deductible)	\$25	40%	\$15*
KP CO Silver 2500/30 X (\$2,500 deductible)	\$30	35% after deductible	\$20*
KP CO Bronze 6500/35%/HSA (\$6,500 deductible)	35% after deductible	35% after deductible	\$35 after deductible*

You may qualify for federal or state financial assistance

Under health care reform, the federal or state government may provide financial assistance for many people, depending on their income.

- Financial assistance is available for premiums and out-of-pocket expenses.
- Assistance is available based on income and family size.



You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit buykp.org for details.

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

The cost estimates above are from kp.org/treatmentestimates. Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

Understanding the plans: Benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. For help understanding how to read those charts, review the diagram below.

Here's a quick look at how to use the chart

Benefit highlights		KP	E
		Offered through Kaiser Permanente	
		Offered through the health benefit exchange, Connect for Health Colorado	
Plan type	Deductible		
Annual medical deductible (individual/family)	\$2,500/\$5,000		
Annual out-of-pocket maximum (individual/family)	\$9,750/\$19,500		
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge		
Preventive care			
Routine physical exam, mammograms, etc.	No charge		
Outpatient services (per visit or procedure)			
Primary care office visit	\$30		
Specialty care office visit	\$50		
Most X-rays	35% after deductible		
Most lab tests	\$30		
MRI, CT, PET	\$500		
Outpatient surgery	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital		
Mental health visit	\$30		
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible		
Maternity			
Routine prenatal care visit, first postpartum visit	35% after deductible		
Delivery and inpatient well-baby care	35% after deductible		
Emergency and urgent care			
Emergency department visit	35% after deductible		
Urgent care visit	\$100		
Prescription drugs (up to a 30-day supply)			
Generic	\$20*		
Preferred brand	\$85 after \$1,000 pharmacy deductible*		
Non-preferred brand	35% after \$1,000 pharmacy deductible		
Specialty	35% after \$1,000 pharmacy deductible		
Whole health			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .		

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 charges for covered services until you reach \$2,500 for yourself or \$5,000 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$9,750 for yourself and no more than \$19,500 for your family for your copays, coinsurance, and deductible in a calendar year.

Covered before you reach the deductible

With some services, you'll only pay 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 all are covered before you reach the deductible.

Coinurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 35% 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 calendar year.

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd start paying a \$100 copay for urgent care visits, whether or not you have met your deductible.

Prescription fill

New prescriptions for maintenance medications can be filled at any plan pharmacy. Refills for

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.
 After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Connect for Health Colorado

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on connectforhealthco.com.

Benefit highlights	KP E	KP E	KP E
	KP CO Bronze 8500/50 KP Select CO Bronze 8500/50	KP CO Bronze 7500/60 RX Copay KP Select CO Bronze 7500/60 RX Copay	KP Colorado Option Bronze
Plan type	HSA-qualified	HSA-qualified	HSA-qualified
Annual medical deductible (individual/family)	\$8,500/\$17,000	\$7,500/\$15,000	\$7,500/\$15,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$10,150/\$20,300	\$10,000/\$20,000
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	First visit \$50; additional visits no charge after deductible	First 2 visits \$60; additional visits no charge after deductible	First 3 visits no charge; additional visits \$50 after deductible
Specialty care office visit	50% after deductible	45% after deductible	50% after deductible
Most X-rays	50% after deductible	45% after deductible	50% after deductible
Most lab tests	50% after deductible	45% after deductible	50% after deductible
MRI, CT, PET	50% after deductible	45% after deductible	50% after deductible
Outpatient surgery	40% after deductible Ambulatory Surgery Center/50% after deductible Outpatient Department of hospital	40% after deductible Ambulatory Surgery Center/50% after deductible Outpatient Department of hospital	50% after deductible
Mental health visit	No charge after deductible	No charge	No charge
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	45% after deductible	50% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	50% after deductible	45% after deductible	First 3 visits no charge; additional visits \$50 after deductible
Delivery and inpatient well-baby care	50% after deductible	45% after deductible	50% after deductible
Emergency and urgent care			
Emergency department visit	50% after deductible	45% after deductible	50% after deductible
Urgent care visit	First visit \$150; additional visits 50% after deductible	First 2 visits \$150; additional visits 45% after deductible	50% after deductible
Prescription drugs (up to a 30-day supply)			
Generic	\$30*	\$35*	\$30*
Preferred brand	50% after deductible	\$250*	\$200*
Non-preferred brand	50% after deductible	\$450*	\$350*
Specialty	50% after deductible	\$750*	\$700*
Whole health			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .		

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Membership Agreement* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement*, please visit kp.org/plandocuments, call us at **1-800-632-9700 (TTY 711)**, or contact your broker. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Connect for Health Colorado

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on connectforhealthco.com.

Benefit highlights	KP E KP CO Bronze 6500/50 KP Select CO Bronze 6500/50	KP E KP CO Bronze 6500/35%/HSA KP Select CO Bronze 6500/35%/HSA	KP KP CO Silver 5500/30 X KP Select CO Silver 5500/30 X
Plan type	HSA-qualified	HSA-qualified	Deductible
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$6,500/\$13,000	\$5,500/\$11,000
Annual out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$7,500/\$15,000	\$10,150/\$20,300
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge	No charge after deductible	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	First 3 visits \$50; additional visits no charge after deductible	35% after deductible	\$30
Specialty care office visit	40% after deductible	35% after deductible	\$70
Most X-rays	40% after deductible	35% after deductible	40% after deductible
Most lab tests	40% after deductible	35% after deductible	40% after deductible
MRI, CT, PET	40% after deductible	35% after deductible	40% after deductible
Outpatient surgery	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital
Mental health visit	No charge after deductible	35% after deductible	\$30
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	35% after deductible	40% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	40% after deductible	35% after deductible	40% after deductible
Delivery and inpatient well-baby care	40% after deductible	35% after deductible	40% after deductible
Emergency and urgent care			
Emergency department visit	40% after deductible	35% after deductible	40% after deductible
Urgent care visit	First 3 visits \$150; additional visits 40% after deductible	35% after deductible	\$100
Prescription drugs (up to a 30-day supply)			
Generic	\$30*	\$35 after deductible*	\$25*
Preferred brand	40% after deductible	35% after deductible	\$100*
Non-preferred brand	40% after deductible	35% after deductible	40% after deductible
Specialty	40% after deductible	35% after deductible	40% after deductible
Whole health			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .		

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Connect for Health Colorado

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Benefit highlights	KP KP CO Silver 5000/20% HSA X KP Select CO Silver 5000/20% HSA X	KP E KP CO Silver 4500/35 RX Copay KP Select CO Silver 4500/35 RX Copay KP CO Silver 4500/35 RX Copay X KP Select CO Silver 4500/35 RX Copay X	KP E KP Colorado Option Silver KP Colorado Option Silver X
Plan type	HSA-qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$5,000/\$10,000	\$4,500/\$9,000	\$4,400/\$8,800
Annual out-of-pocket maximum (individual/family)	\$8,250/\$16,500	\$10,150/\$20,300	\$9,800/\$19,600
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge after deductible	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	No charge after deductible	\$35	No charge
Specialty care office visit	20% after deductible	\$90	\$90
Most X-rays	20% after deductible	40% after deductible	40% after deductible
Most lab tests	20% after deductible	40% after deductible	40% after deductible
MRI, CT, PET	20% after deductible	40% after deductible	40% after deductible
Outpatient surgery	10% after deductible Ambulatory Surgery Center/20% after deductible Outpatient Department of hospital	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital	40% after deductible
Mental health visit	No charge after deductible	\$35	No charge
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	40% after deductible	40% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	20% after deductible	40% after deductible	No charge
Delivery and inpatient well-baby care	20% after deductible	40% after deductible	40% after deductible
Emergency and urgent care			
Emergency department visit	20% after deductible	40% after deductible	40% after deductible
Urgent care visit	20% after deductible	\$100	\$80
Prescription drugs (up to a 30-day supply)			
Generic	\$15 after deductible*	\$25*	\$20*
Preferred brand	\$50 after deductible*	\$100*	\$125*
Non-preferred brand	20% after deductible	\$400*	\$300*
Specialty	20% after deductible	\$700*	\$650*
Whole health			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .		

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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Benefit highlights	KP E KP CO Silver 4000/25 KP Select CO Silver 4000/25 KP CO Silver 4000/25 X KP Select CO Silver 4000/25 X	KP E KP CO Silver 3800/25%/HSA KP Select CO Silver 3800/25%/HSA KP CO Silver 3800/25%/HSA X KP Select CO Silver 3800/25%/HSA X	KP E KP CO Silver 2500/30 KP Select CO Silver 2500/30 KP CO Silver 2500/30 X KP Select CO Silver 2500/30 X
Plan type	Deductible	HSA-qualified	Deductible
Annual medical deductible (individual/family)	\$4,000/\$8,000	\$3,800/\$7,600	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$10,000/\$20,000	\$7,500/\$15,000	\$9,750/\$19,500
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge	No charge after deductible	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$25	25% after deductible	\$30
Specialty care office visit	\$85	25% after deductible	\$50
Most X-rays	40% after deductible	25% after deductible	35% after deductible
Most lab tests	40% after deductible	25% after deductible	\$30
MRI, CT, PET	40% after deductible	25% after deductible	\$500
Outpatient surgery	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital	15% after deductible Ambulatory Surgery Center/25% after deductible Outpatient Department of hospital	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital
Mental health visit	\$25	25% after deductible	\$30
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	25% after deductible	35% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	40% after deductible	25% after deductible	35% after deductible
Delivery and inpatient well-baby care	40% after deductible	25% after deductible	35% after deductible
Emergency and urgent care			
Emergency department visit	40% after deductible	25% after deductible	35% after deductible
Urgent care visit	\$100	25% after deductible	\$100
Prescription drugs (up to a 30-day supply)			
Generic	\$15*	\$15 after deductible*	\$20*
Preferred brand	\$80*	\$85 after deductible*	\$85 after \$1,000 pharmacy deductible*
Non-preferred brand	40% after deductible	25% after deductible	35% after \$1,000 pharmacy deductible
Specialty	40% after deductible	25% after deductible	35% after \$1,000 pharmacy deductible
Whole health			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .		

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- KP** Offered through Kaiser Permanente
- E** Offered through the health benefit exchange, Connect for Health Colorado

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Benefit highlights	KP E KP CO Gold 3400/15% HSA KP Select CO Gold 3400/15% HSA	KP E KP Colorado Option Gold	KP E KP CO Gold 2000/20 KP Select CO Gold 2000/20	KP E KP CO Gold 1500/20 KP Select CO Gold 1500/20
Plan type	HSA-qualified	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,400/\$6,800	\$2,050/\$4,100	\$2,000/\$4,000	\$1,500/\$3,000
Annual out-of-pocket maximum (individual/family)	\$4,800/\$9,600	\$9,600/\$19,200	\$8,700/\$17,400	\$8,500/\$17,000
Benefits				
Virtual care				
Chat, email, e-visit, phone, and video visit	No charge after deductible	No charge	No charge	No charge
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	No charge after deductible	No charge	\$20	\$20
Specialty care office visit	15% after deductible	\$55	\$70	\$65
Most X-rays	15% after deductible	30% after deductible	30% after deductible	30% after deductible
Most lab tests	15% after deductible	30% after deductible	30% after deductible	30% after deductible
MRI, CT, PET	15% after deductible	30% after deductible	30% after deductible	30% after deductible
Outpatient surgery	5% after deductible Ambulatory Surgery Center/15% after deductible Outpatient Department of hospital	30% after deductible	20% after deductible Ambulatory Surgery Center/30% after deductible Outpatient Department of hospital	20% after deductible Ambulatory Surgery Center/30% after deductible Outpatient Department of hospital
Mental health visit	No charge after deductible	No charge	\$20	\$20
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	15% after deductible	30% after deductible	30% after deductible	30% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	15% after deductible	No charge	30% after deductible	30% after deductible
Delivery and inpatient well-baby care	15% after deductible	30% after deductible	30% after deductible	30% after deductible
Emergency and urgent care				
Emergency department visit	15% after deductible	30% after deductible	30% after deductible	30% after deductible
Urgent care visit	No charge after deductible	\$50	\$75	\$75
Prescription drugs (up to a 30-day supply)				
Generic	No charge after deductible	\$10*	\$5*	\$10*
Preferred brand	\$25 after deductible*	\$50*	\$50 after \$195 pharmacy deductible*	\$50*
Non-preferred brand	15% after deductible	\$200*	30% after \$195 pharmacy deductible	30% after \$195 pharmacy deductible
Specialty	15% after deductible	\$600*	30% after \$195 pharmacy deductible	30% after \$195 pharmacy deductible
Whole health				
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .			

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Connect for Health Colorado

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on connectforhealthco.com.

Benefit highlights	KP KP CO Gold 500/30/Dental/Vision KP Select CO Gold 500/30/Dental/Vision	KP E KP CO Gold 0/25 RX Copay KP Select CO Gold 0/25 RX Copay	KP E KP CO Catastrophic** KP Select CO Catastrophic**
Plan type	Deductible	Copay	HSA-qualified
Annual medical deductible (individual/family)	\$500/\$1,000	None/None	\$10,600/\$21,200
Annual out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$7,500/\$15,000	\$10,600/\$21,200
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge	No charge	No charge after deductible
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$30	\$25	First 3 visits no charge; additional visits no charge after deductible
Specialty care office visit	\$70	\$60	No charge after deductible
Most X-rays	35% after deductible	40%	No charge after deductible
Most lab tests	35% after deductible	40%	No charge after deductible
MRI, CT, PET	35% after deductible	\$500	No charge after deductible
Outpatient surgery	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital	30% Ambulatory Surgery Center/40% Outpatient Department of hospital	No charge after deductible
Mental health visit	\$30	\$25	No charge after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	40%	No charge after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	35% after deductible	40%	No charge after deductible
Delivery and inpatient well-baby care	35% after deductible	40%	No charge after deductible
Emergency and urgent care			
Emergency department visit	35% after deductible	\$750	No charge after deductible
Urgent care visit	\$75	\$75	No charge after deductible
Prescription drugs (up to a 30-day supply)			
Generic	\$15*	\$15*	No charge after deductible
Preferred brand	\$75*	\$50*	No charge after deductible
Non-preferred brand	35% after \$350 pharmacy deductible	\$375*	No charge after deductible
Specialty	35% after \$350 pharmacy deductible	\$625*	No charge after deductible
Whole health			
Healthy services	Vision exams and glasses or contact lenses for all family members are covered with this plan. Visit our Vision Essentials Optical Centers for your glasses & contacts. Dental exams and cleanings are covered for all family members. Members under age 19 get coverage for additional preventive and basic services. Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .		Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

**Only applicants younger than age 30 or applicants age 30 and older who receive an exemption due to lack of affordable coverage or hardship may enroll in this plan. To apply for an exemption, please go to marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf and follow the instructions.

After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

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E Offered through the health benefit exchange, Connect for Health Colorado

Cost Share Reduction (CSR) Plans – You must qualify for and enroll in the CSR plans on this page through connectforhealthco.com.

Benefit highlights	E KP CO Silver 3500/20/73% CSR KP Select CO Silver 3500/20/73% CSR	E KP CO Silver 1000/20/87% CSR KP Select CO Silver 1000/20/87% CSR	E KP CO Silver 75/10/94% CSR KP Select CO Silver 75/10/94% CSR
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,500/\$7,000	\$1,000/\$2,000	\$75/\$150
Annual out-of-pocket maximum (individual/family)	\$8,100/\$16,200	\$3,250/\$6,500	\$2,550/\$5,100
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$20	\$20	\$10
Specialty care office visit	\$75	\$45	\$20
Most X-rays	35% after deductible	25% after deductible	10% after deductible
Most lab tests	35% after deductible	25% after deductible	10% after deductible
MRI, CT, PET	35% after deductible	25% after deductible	10% after deductible
Outpatient surgery	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital	15% after deductible Ambulatory Surgery Center/25% after deductible Outpatient Department of hospital	10% after deductible
Mental health visit	\$20	\$20	\$10
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	25% after deductible	10% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	35% after deductible	25% after deductible	10% after deductible
Delivery and inpatient well-baby care	35% after deductible	25% after deductible	10% after deductible
Emergency and urgent care			
Emergency department visit	35% after deductible	25% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
Prescription drugs (up to a 30-day supply)			
Generic	\$15*	\$15*	\$5*
Preferred brand	\$60*	\$50*	\$10*
Non-preferred brand	35% after deductible	25%	10%
Specialty	35% after deductible	25%	10%
Whole health			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .		

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

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E Offered through the health benefit exchange, Connect for Health Colorado

Cost Share Reduction (CSR) Plans – You must qualify for and enroll in the CSR plans on this page through connectforhealthco.com.

Benefit highlights	E KP CO Silver 4500/30 RX Copay 73% CSR KP Select CO Silver 4500/30 RX Copay 73% CSR	E KP CO Silver 500/20 RX Copay 87% CSR KP Select CO Silver 500/20 RX Copay 87% CSR	E KP CO Silver 50/5 RX Copay 94% CSR KP Select CO Silver 50/5 RX Copay 94% CSR
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$4,500/\$9,000	\$500/\$1,000	\$50/\$100
Annual out-of-pocket maximum (individual/family)	\$8,100/\$16,200	\$2,850/\$5,700	\$2,500/\$5,000
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$30	\$20	\$5
Specialty care office visit	\$90	\$70	\$10
Most X-rays	40% after deductible	30% after deductible	10% after deductible
Most lab tests	40% after deductible	30% after deductible	10% after deductible
MRI, CT, PET	40% after deductible	30% after deductible	10% after deductible
Outpatient surgery	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital	20% after deductible Ambulatory Surgery Center/30% after deductible Outpatient Department of hospital	10% after deductible
Mental health visit	\$30	\$20	No charge
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	10% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	40% after deductible	30% after deductible	10% after deductible
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	10% after deductible
Emergency and urgent care			
Emergency department visit	40% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
Prescription drugs (up to a 30-day supply)			
Generic	\$25*	\$15*	\$5*
Preferred brand	\$100*	\$80*	\$10*
Non-preferred brand	\$400*	\$200*	\$150*
Specialty	\$600*	\$400*	\$250*
Whole health			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .		

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E Offered through the health benefit exchange,
Connect for Health Colorado

Cost Share Reduction (CSR) Plans – You must qualify for and enroll
in the CSR plans on this page through connectforhealthco.com.

Benefit highlights	E KP Colorado Option Silver 73% AV	E KP Colorado Option Silver 87% AV	E KP Colorado Option Silver 94% AV
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$2,850/\$5,700	\$950/\$1,900	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$8,000/\$16,000	\$3,350/\$6,700	\$1,375/\$2,750
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	No charge	No charge	No charge
Specialty care office visit	\$90	\$65	\$40
Most X-rays	40% after deductible	30% after deductible	20% after deductible
Most lab tests	40% after deductible	30% after deductible	20% after deductible
MRI, CT, PET	40% after deductible	30% after deductible	20% after deductible
Outpatient surgery	40% after deductible	30% after deductible	20% after deductible
Mental health visit	No charge	No charge	No charge
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	20% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	20% after deductible
Emergency and urgent care			
Emergency department visit	40% after deductible	30% after deductible	20% after deductible
Urgent care visit	\$80	\$60	\$40
Prescription drugs (up to a 30-day supply)			
Generic	\$20*	No charge	No charge
Preferred brand	\$125*	\$60*	\$20*
Non-preferred brand	\$300*	\$120*	\$40*
Specialty	\$600*	\$180*	\$60*
Whole health			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .		

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After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

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E Offered through the health benefit exchange, Connect for Health Colorado

Cost Share Reduction (CSR) Plans – You must qualify for and enroll in the CSR plans on this page through connectforhealthco.com.

Benefit highlights	E KP CO Silver 2900/20%/73% CSR KP Select CO Silver 2900/20%/73% CSR	E KP CO Silver 900/10%/87% CSR KP Select CO Silver 900/10%/87% CSR	E KP CO Silver 200/5%/94% CSR KP Select CO Silver 200/5%/94% CSR
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,900/\$5,800	\$900/\$1,800	\$200/\$400
Annual out-of-pocket maximum (individual/family)	\$7,100/\$14,200	\$3,350/\$6,700	\$3,350/\$6,700
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	20% after deductible	10% after deductible	5% after deductible
Specialty care office visit	20% after deductible	10% after deductible	5% after deductible
Most X-rays	20% after deductible	10% after deductible	5% after deductible
Most lab tests	20% after deductible	10% after deductible	5% after deductible
MRI, CT, PET	20% after deductible	10% after deductible	5% after deductible
Outpatient surgery	10% after deductible Ambulatory Surgery Center/20% after deductible Outpatient Department of hospital	10% after deductible	5% after deductible
Mental health visit	20% after deductible	10% after deductible	5% after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	10% after deductible	5% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	20% after deductible	10% after deductible	5% after deductible
Delivery and inpatient well-baby care	20% after deductible	10% after deductible	5% after deductible
Emergency and urgent care			
Emergency department visit	20% after deductible	10% after deductible	5% after deductible
Urgent care visit	20% after deductible	10% after deductible	5% after deductible
Prescription drugs (up to a 30-day supply)			
Generic	\$15 after deductible*	\$10 after deductible*	\$5 after deductible*
Preferred brand	\$60 after deductible*	\$30 after deductible*	\$10 after deductible*
Non-preferred brand	20% after deductible	10% after deductible	5% after deductible
Specialty	20% after deductible	10% after deductible	5% after deductible
Whole health			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .		

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E Offered through the health benefit exchange,
Connect for Health Colorado

Cost Share Reduction (CSR) Plans – You must qualify for and enroll
in the CSR plans on this page through connectforhealthco.com.

Benefit highlights	E KP CO Silver 2200/25/73% CSR KP Select CO Silver 2200/25/73% CSR	E KP CO Silver 275/25/87% CSR KP Select CO Silver 275/25/87% CSR	E KP CO Silver 50/5/94% CSR KP Select CO Silver 50/5/94% CSR
	Deductible	Deductible	Deductible
Plan type			
Annual medical deductible (individual/family)	\$2,200/\$4,400	\$2,200/\$4,400	\$50/\$100
Annual out-of-pocket maximum (individual/family)	\$8,100/\$16,200	\$3,350/\$6,700	\$2,550/\$5,100
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$25	\$25	\$5
Specialty care office visit	\$50	\$50	\$15
Most X-rays	35% after deductible	30% after deductible	10% after deductible
Most lab tests	\$30	\$20	\$5
MRI, CT, PET	\$500	\$200	\$25
Outpatient surgery	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital	20% after deductible Ambulatory Surgery Center/30% after deductible Outpatient Department of hospital	10% after deductible
Mental health visit	\$25	\$25	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	35% after deductible	30% after deductible	10% after deductible
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	10% after deductible
Emergency and urgent care			
Emergency department visit	35% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
Prescription drugs (up to a 30-day supply)			
Generic	\$20*	\$15*	\$5*
Preferred brand	\$85 after \$875 pharmacy deductible*	\$70*	\$10*
Non-preferred brand	35% after \$875 pharmacy deductible	30%	10%
Specialty	35% after \$875 pharmacy deductible	30%	10%
Whole health			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit kp.org/healthyliving .		

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After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

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Find your rate



Apply on buykp.org to have your rate calculated automatically.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- If you qualify for federal financial assistance. Visit buykp.org or call us at **1-800-494-5314** (TTY **711**) to see if you may qualify.
- If you use tobacco

Interested in a family plan?

Find the rate for each family member, based on their age on the start date.

Family members include:

- You
- Your spouse/domestic partner
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge.

The rates apply to these counties. Please check that your county is listed. If it isn't, call us at **1-800-494-5314** (TTY **711**) for information on other rate areas.

KP Select CO plans

Available in: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Park, and Teller

KP CO plans

Available in: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Fremont, Gilpin, Jefferson, Larimer, Park, Pueblo, and Weld

Colorado Option plans

Available in: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Fremont, Gilpin, Jefferson, Larimer, Park, Pueblo, Teller, and Weld

Pediatric dental care

Kaiser Permanente health plans at the Bronze, Silver, and Gold levels provide essential health benefits, including pediatric dental benefits for children 18 and younger.

A reason to smile

Pediatric dental benefits are provided by Delta Dental of Colorado, one of the nation's largest and most experienced dental providers. Delta Dental provides members with the convenience of local customer service and a statewide network of more than 2,500 Delta Dental PPO™ providers.

Important to note

Children must see a Delta Dental PPO dentist for care. Services provided by dentists outside of the PPO network are not covered.

Consider our newest plans, KP CO Gold 500/30/Dental/Vision and KP Select CO Gold 500/30/Dental/Vision, which cover medical, dental, and vision care for the whole family. However, all other Kaiser Permanente individual and family health plans don't include dental benefits for adults 19 and older. If you want adult dental benefits, you may purchase separate adult dental benefits from Connect for Health Colorado or another health insurance carrier. The Kaiser Permanente Catastrophic plan does not include pediatric dental benefits.

Finding a dentist

Delta Dental makes it easy to get dental benefits for children covered on your Kaiser Permanente plan.

Website: Visit deltadentalco.com and use the Find a Dentist search tool. Search by city, state, or ZIP code for a listing in your area. Make sure the dentist information says "This provider participates in: Delta Dental PPO."

Email: Contact us at customer_service@ddpco.com

Mobile app: With Delta Dental's free mobile app for Android and iOS, you can search for dentists, download an ID card, and look at benefits coverage and claims.

Phone: Call Delta Dental of Colorado at **1-800-610-0201**. You can speak with a customer service agent Monday through Friday, 7:30 a.m. to 5 p.m., or get automated assistance 24/7.

Pediatric dental care

Benefits

Dental benefits are for covered children up through the month they turn 19. Coverage is listed under the child's name.

Features	
Deductible*	\$50 (applies to all services)
Annual maximum	None
Covered services	
Diagnostic & preventive services	
Oral exams & cleanings, limited to 2 per calendar year	100% after deductible is met*
Fluoride treatments, limited to 2 per calendar year	
Sealants, 1 per tooth per year	
Bitewing X-rays, 1 set per calendar year	
Intraoral X-rays, 2 per calendar year	
Panoramic of full-mouth X-rays, once every 60 months	
Space maintainers, 1 per lifetime per primary tooth	
Palliative treatment, 1 per calendar year	
Basic services (limited to 2 basic procedures per year)	
Fillings	50% after deductible is met*
Oral surgery	
Endodontics	
Major services (limited to 1 major procedure per year)	
Crowns	50% after deductible is met*

*Dental deductible does not apply to Native Americans or Native Alaskans.

In-person care locations

Colorado medical facilities

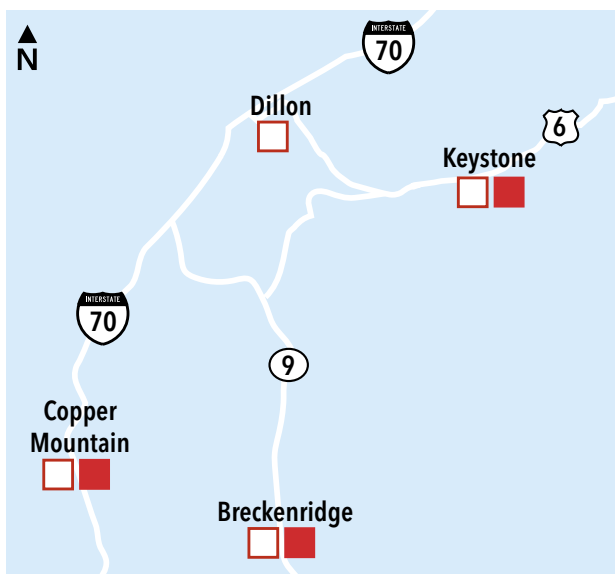
29	Kaiser Permanente medical offices	●
59	Urgent care facilities	□
49	Emergency care facilities	■
6	Behavioral health offices	▲

There are **1,200+** Kaiser Permanente clinicians and **22,000+** affiliated plan providers at locations across Colorado.

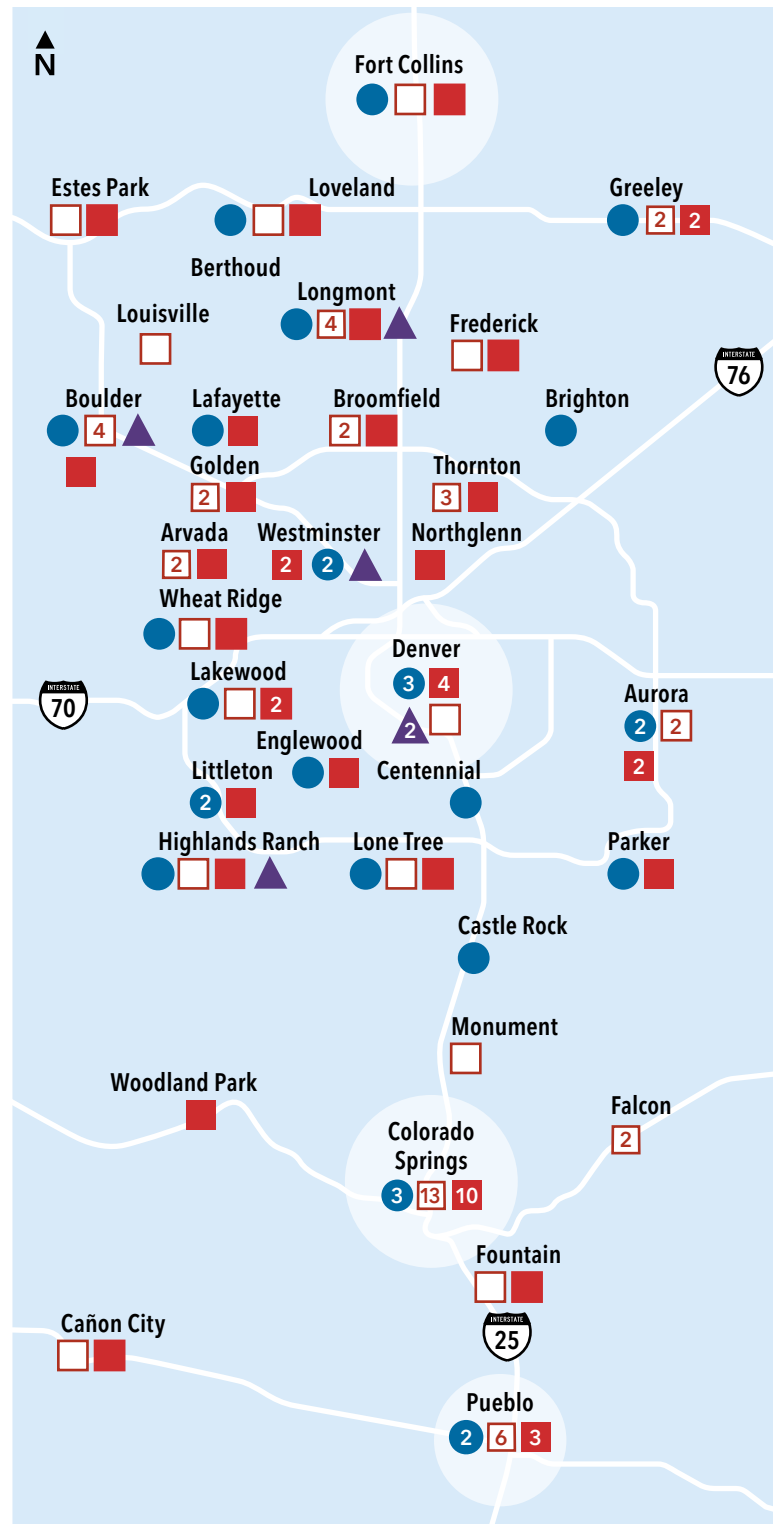
Choice of providers varies by plan, service area, and availability at the time of selection and is subject to change. Provider and location information is current at the time of publication and is subject to change.

For the most up-to-date list of providers and facilities included in your plan, visit kp.org/locations.

For KP Select plans, visit kp.org/kpselect/co.
For Kaiser Permanente Colorado Option plans, visit kp.org/co-option.



Maps not to scale



● Kaiser Permanente medical offices

Central

Aurora

Aurora Centrepont
14701 E. Exposition Ave.
Aurora, CO 80012

Smoky Hill
16290 E. Quincy Ave.
Aurora, CO 80015

Boulder

Baseline
580 Mohawk Drive
Boulder, CO 80303

Brighton

Brighton
859 S. 4th Ave.
Brighton, CO 80601

Castle Rock

Castle Rock
4318 Trail Boss Drive
Castle Rock, CO 80104

Centennial

Arapahoe
5555 E. Arapahoe Road
Centennial, CO 80122

Denver

East Denver
10400 E. Alameda Ave.
Denver, CO 80247

Franklin
2045 Franklin St.
Denver, CO 80205

Skyline
1375 E. 20th Ave.
Denver, CO 80205

Englewood

Englewood
2955 S. Broadway
Englewood, CO 80113

Highlands Ranch

Highlands Ranch
9285 Hepburn St.
Highlands Ranch, CO 80129

Lafayette

Rock Creek
280 Exempla Circle
Lafayette, CO 80026

Lakewood

Lakewood
8383 W. Alameda Ave.
Lakewood, CO 80226

Littleton

Ken Caryl
7600 Shaffer Parkway
Littleton, CO 80127

Southwest
5257 S. Wadsworth Blvd.
Littleton, CO 80123

Lone Tree

Lone Tree
10240 Park Meadows Drive
Lone Tree, CO 80124

Longmont

Longmont
2345 Bent Way
Longmont, CO 80503

Parker

NEW – Parker
12249 Pine Bluffs Way
Parker, CO 80134

Westminster

Hidden Lake
7701 Sheridan Blvd.
Westminster, CO 80003

Westminster
11245 Huron St.
Westminster, CO 80234

Wheat Ridge

Wheat Ridge
4803 Ward Road
Wheat Ridge, CO 80033

Northern

Fort Collins

Fort Collins
2950 E. Harmony Road, Suite 190
Fort Collins, CO 80528

Greeley

Greeley
2429 35th Ave.
Greeley, CO 80634

Loveland

Loveland
4901 Thompson Parkway
Loveland, CO 80534

Southern

Colorado Springs

Briargate
4105 Briargate Parkway, Suite 125
Colorado Springs, CO 80920

Parkside
215 Parkside Drive
Colorado Springs, CO 80910

Premier
3920 North Union Blvd.
Colorado Springs, CO 80907

Pueblo

Acero
2625 W. Pueblo Blvd.
Pueblo, CO 81004

NEW – Pueblo North
3107 Bonaventure Court
Pueblo, CO 81008

New beginnings in Colorado

At Kaiser Permanente, we're committed to making your health care experience easier and more convenient. In 2025, we opened new medical offices in Parker and Pueblo North. In early 2026, we are scheduled to open the new Lakewood Medical Offices. We're also in the early stages of planning an urgent care facility at our Rock Creek Medical Offices, as well as a brand-new Westminster Medical Offices building. Plus, we've expanded our hospital relationships to include more CommonSpirit Health and HCA HealthONE locations.

Learn more about our newest facilities at kp.org/co-newbuilds.

Complete care helps you live a healthier more fulfilled life

With Kaiser Permanente, your care is simpler, smarter, and faster – so you can spend more time doing what you love.



Ready for health care that works for you?
Visit buykp.org to get started.

Call **1-800-494-5314** (TTY **711**), to talk to an enrollment specialist.

Current members with questions can call Member Services at **1-800-632-9700** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m. Mountain time.



1. These services are available when you see Kaiser Permanente providers. 2. Kaiser Permanente internal data, 2024; Hanming Fang, PhD, et al., "Trends in Disenrollment and Reenrollment Within US Commercial Health Insurance Plans, 2006-2018," *JAMA Network Open*, February 24, 2022. 3. When appropriate and available. 4. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescription delivery. 5. Available for members with an HMO, DHMO, or high deductible health plan with an HSA. For more information, please refer to your *Membership Agreement* or other coverage documents. 6. Some classes may require a fee. 7. The services described above are not covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. 8. Kaiser Permanente 2024 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2024 and is used with the permission of NCQA. Quality Compass 2024 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 9. NCQA's Private Health Insurance Plan Ratings 2024-2025, National Committee for Quality Assurance, 2024: Kaiser Foundation Health Plan of Colorado – HMO (rated 4 out of 5). 10. *Colorado Springs Magazine*, August 2025; *5280 Magazine*, August 1, 2025. 11. Available in select counties. 12. Affiliated providers practice outside Kaiser Permanente medical offices. Affiliated providers may or may not have access to your Kaiser Permanente electronic health records. Visit kp.org/findadoctor for a list of participating providers. 13. If you think you are experiencing an emergency medical condition, call 911, or if time and safety permit, go to the nearest emergency room. Your care will be covered. For a complete definition of an emergency medical condition, please refer to your *Membership Agreement*, or *Certificate of Insurance* at kp.org/eoc. 14. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at irs.gov.



NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (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 **1-800-632-9700** (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 at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

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**, (TTY **1-800-537-7697**). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY **711**).

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY **711**).

Bàsɔ̀ò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké ò Bàsɔ̀ò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béìn ò gbo kpáa. Dá **1-800-632-9700** (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 **1-800-632-9700** (TTY **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700 (TTY 711)** تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700 (TTY 711)**.

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-632-9700 (TTY 711)**.

Igbo (Igbo) NRUBAMA: O bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-632-9700 (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。 **1-800-632-9700 (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. **1-800-632-9700 (TTY 711)** 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíłnih **1-800-632-9700 (TTY 711)**.

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700 (TTY: 711)** फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700 (TTY 711)**.

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700 (TTY 711)**.

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700 (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 **1-800-632-9700 (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 **1-800-632-9700 (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 **1-800-632-9700 (TTY 711)**.

Colorado state law requires that an Access Plan be available that describes Kaiser Foundation Health Plan of Colorado's network of provider services. To obtain a copy, please call Member Services or visit kp.org.

All plans are offered and underwritten by Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Ave., Denver, CO 80247.