

# A better choice for good health

a wide range of specialists



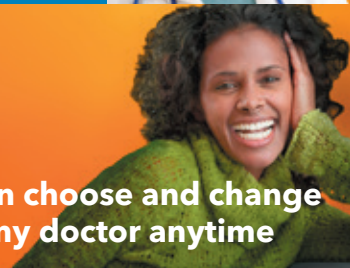
test results online



convenient facilities near you



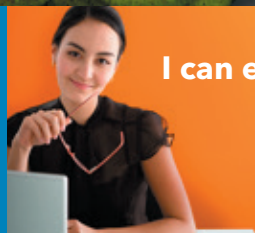
I can choose and change  
my doctor anytime



better care for healthier tomorrows



I can email my doctor



I'm part of  
the decision



free to focus on you



# 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](http://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 10 for details, and learn about special situations that may allow you to submit your Application for Health Coverage after this date.



# 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
  - Well-woman visits
  - Immunizations
  - Health screenings
  - Prenatal 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 17 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 from us at [buykp.org/apply](http://buykp.org/apply), through the Health Insurance Marketplace – Covered California, or through a broker.
- There are 4 types of Kaiser Permanente plans in the Marketplace – Bronze, Silver, Gold and Platinum.
- 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](http://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*
<b>Choosing your doctor</b> 	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.
<b>Making an appointment</b> 	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.
<b>During your visit</b> 	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.
<b>Getting other services</b> 	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.
<b>Visiting a specialist</b> 	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.
<b>Remembering your doctor's instructions</b> 	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 most visits. You can also view most test results online as soon as they're available.
<b>Asking routine questions without a visit</b> 	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.

★★★★ We're proud to be awarded the highest rating of four stars from Covered California because of our quality doctors, care, customer service, and access.<sup>†</sup> But we're even happier knowing that we can help our members statewide be their healthiest.

To learn more about Kaiser Permanente, visit [kp.org](http://kp.org).

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

<sup>†</sup>These scores are based on California data collected by the nationally recognized Consumer Assessment of Healthcare Providers and Systems (CAHPS). View the health plan ratings at: <http://hbex.coveredca.com/insurance-companies/ratings/>.

Have questions? Call us at 1-800-494-5314. • Go to [buykp.org/apply](http://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](http://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.
- Often, get same-day, after-hours, and weekend services at most locations.
- Receive personalized care from doctors and staff, many 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](http://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](http://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 are 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](http://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](http://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](http://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 Store<sup>SM</sup> or Google Play<sup>®\*</sup>.

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](http://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](http://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.



### Fresh food in the parking lot

Eating well is easier when you bring home fresh food from our farmers markets. They're conveniently located at many of our facilities, so you can pick up some healthy fruits and veggies after your visit. For a list of locations, dates and times for your area, go to [kp.org/farmersmarket](http://kp.org/farmersmarket).



### 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](http://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 farmers markets  
help you stay well.

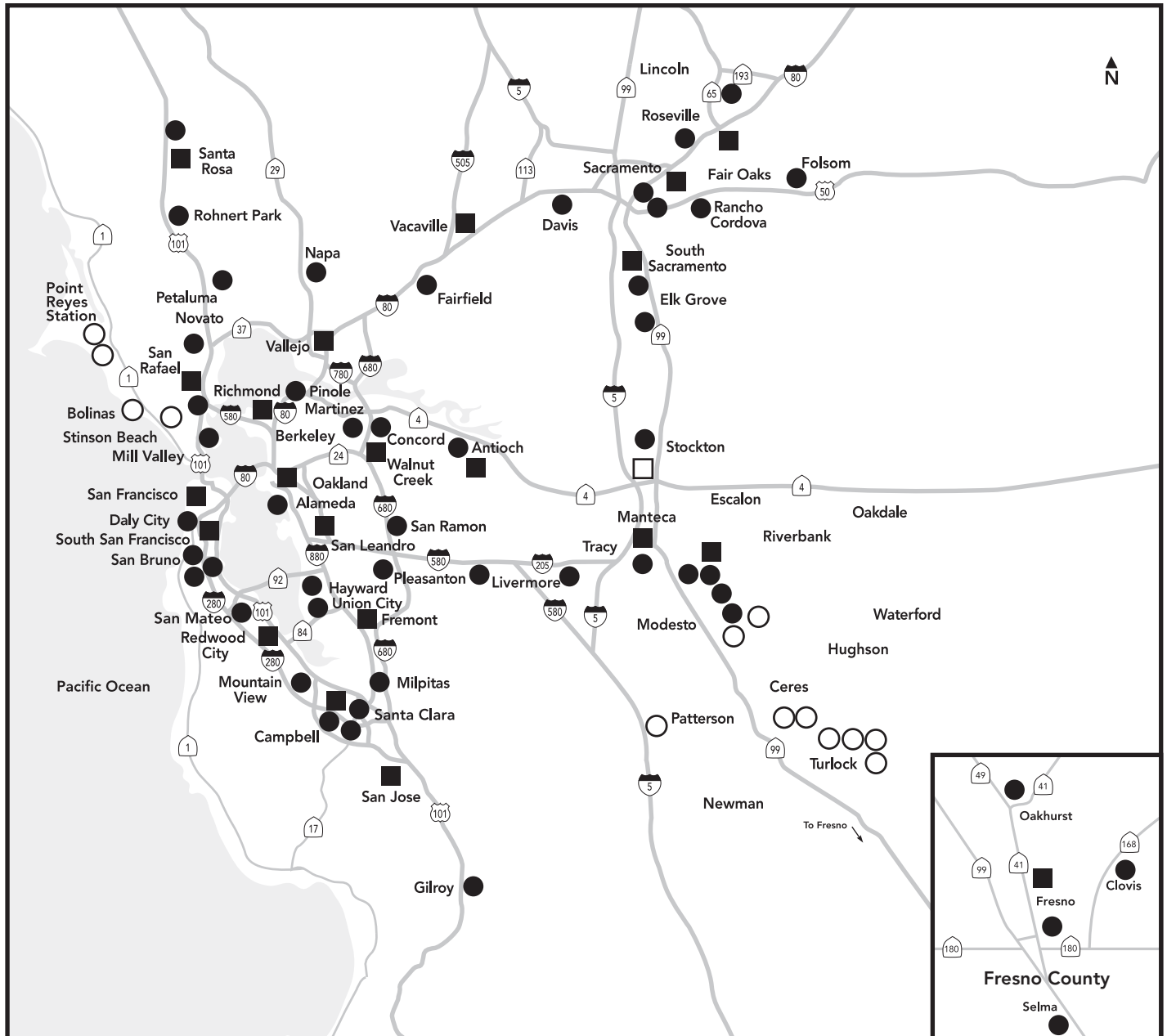
\*Some classes may require a fee.

Have questions? Call us at 1-800-494-5314. • Go to [buykp.org/apply](http://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 ZIP code or keywords at [buykp.org/facilities](http://buykp.org/facilities) to find the one nearest you.

## Northern California

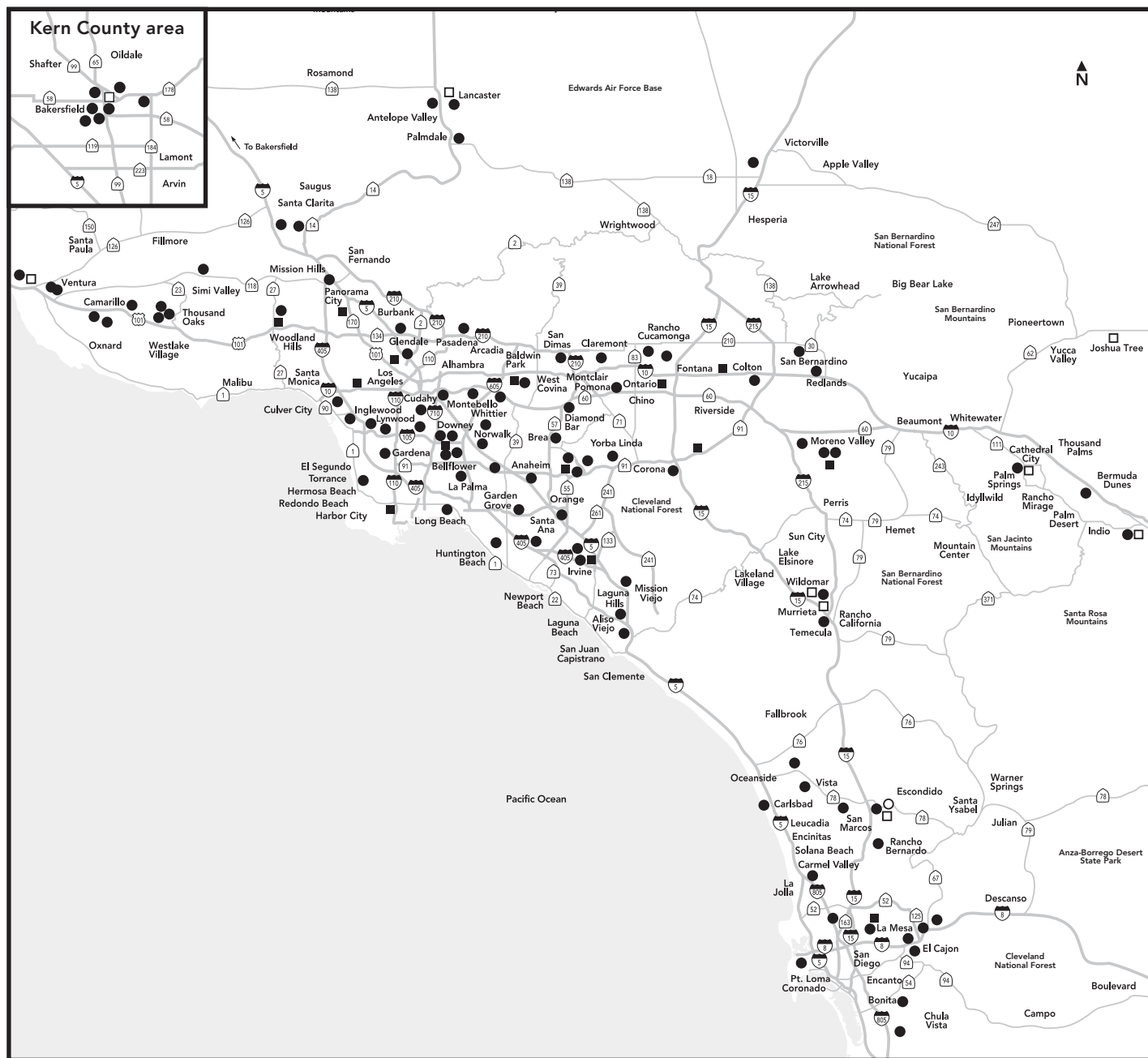


Maps not to scale

- Kaiser Permanente medical centers (hospital and medical offices)
- Kaiser Permanente medical offices
- Affiliated medical offices
- Affiliated plan hospitals

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

## Southern California



Maps not to scale

■ Kaiser Permanente medical centers  
(hospital and medical offices)  
Locations are in bold.

● Kaiser Permanente medical offices  
□ Affiliated plan hospitals

○ Affiliated medical offices

Have questions? Call us at 1-800-494-5314. • Go to [buykp.org/apply](http://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 Covered California or 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 15.

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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**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. This special enrollment period begins 60 days before the loss of coverage and lasts 60 days after the loss of coverage.*

#### 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.
- You lose your minimum essential coverage for a reason that isn't your fault.

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

#### 3. Your military coverage ended because you returned from active duty.

### Gaining or becoming a dependent:

You have a baby, adopt a child, get married, or register in a domestic partnership. 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.

### Court order:

A state or federal court orders that you, or your dependent, be covered as a dependent.

### Change in eligibility for federal financial assistance through Covered California:

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 [coveredca.com](http://coveredca.com) or call 1-800-300-1506. You can also call us at **1-800-494-5314**.

### Your eligibility for your employer health coverage changes:

Your employer discontinues or changes your current coverage options so that you become newly eligible for federal financial assistance.

### Immigration status change:

You were not previously entitled to enroll in health plan coverage through Covered California because you were not lawfully present in the United States. You may only enroll in a plan offered through Covered California. For more information about enrolling, visit [coveredca.com](http://coveredca.com) or call 1-800-300-1506. You can also call us at **1-800-494-5314**.

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### Triggering events (continued)

#### Coverage as an American Indian/ Native Alaskan:

Covered California determines that you are eligible for a special enrollment period each month to enroll in or change health plan coverage through Covered California. You may **only** do this through Covered California. For information about enrolling through Covered California, visit [coveredca.com](http://coveredca.com) or call 1-800-300-1506. You can also call us at **1-800-494-5314**.

#### Determination by Covered California:

Covered California determines that you are entitled to a special enrollment period due to extraordinary circumstances, an error, misrepresentation, or inaction of Covered California, or for any other reason that Covered California may determine in accordance with applicable law.

#### Misinformation about your current coverage:

Covered California determines that you are entitled to a special enrollment period. You didn't apply for coverage during the prior open enrollment period because you were misinformed that you had minimum essential coverage.

#### Provider network changes:

You were under active care for certain conditions with a provider whose participation in your health plan ended. Examples of conditions include: an acute condition, a serious chronic condition, pregnancy, terminal illness, care of newborn, or authorized nonelective surgeries.

#### Triggering-event confirmation required

Follow these instructions if you are applying through us. If you are applying through Covered California, please refer to the instructions on [coveredca.com](http://coveredca.com).

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 need to change your plan due to a triggering event, please use an Account Change Form. You will 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. In some instances, you may apply 60 days before your triggering event occurs so you don't lose health care coverage.
- Be sure to download the Documentation of Triggering Event Form. Check the appropriate boxes on the form for your triggering event and the documentation you are submitting to support your triggering event. Then, send it with your documentation **within 10 calendar days** of submitting your online application.
- If we don't receive your Documentation of Triggering Event Form and supporting documentation **within 10 calendar days**, your application will be considered incomplete and it may be canceled. You may reapply and submit the Documentation of Triggering Event Form and supporting documentation, but you must do so within the special enrollment period.
- If you apply near the end of your special enrollment period, be sure we receive your Documentation of Triggering Event Form, and supporting documentation before your special enrollment period ends. If documentation is not received within 60 days of your triggering event, your application may be canceled.
- On the first page of your supporting documentation, be sure to write the information for the primary applicant:
  - 1) First and last name as listed on the application
  - 2) Kaiser Permanente medical record number (if known)
  - 3) Home address
  - 4) Date of birth

#### 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 the Documentation of Triggering Event Form, your supporting documentation, and 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.

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



*Triggering events (continued)*

- Mail or fax your Application for Health Coverage form, Documentation of Triggering Event Form, and supporting documentation within 60 days of your triggering event. Be sure to include your first month's premium. Checks must be mailed and cannot be faxed.
- On the first page of your supporting documentation, be sure to write the information for the primary applicant:
  - 1) First and last name as listed on the application
  - 2) Kaiser Permanente medical record number (if known)
  - 3) Home address
  - 4) Date of birth
- If you apply near the end of your special enrollment period, be sure we receive your Application for Health Coverage form, Documentation of Triggering Event Form, and supporting documentation before your special enrollment period ends.
- Mail or fax your Documentation of Triggering Event Form, and supporting documentation with your Account Change Form.
- If you apply near the end of your special enrollment period, be sure we receive your Documentation of Triggering Event Form, and supporting documentation before your special enrollment period ends. If documentation is not received within 60 days of your triggering event, your application may be canceled.

**Current Kaiser Permanente members**

- You must submit an Account Change Form along with the Documentation of Triggering Event Form, and your supporting documentation within 60 days of your triggering event. You will need to provide your triggering event and the date of the event on the form. Any change to your premium will be reflected in your next month's invoice.
- Be sure to download the Documentation of Triggering Event Form from **buykp.org/apply**. Check the appropriate boxes on the form for your triggering event and the documentation you are submitting to support your triggering event. You may also call **1-800-494-5314** to request a Documentation of Triggering Event Form.
- On the first page of your supporting documentation, be sure to write the information for the primary applicant:
  - 1) First and last name as listed on the application
  - 2) Kaiser Permanente medical record number (if known)
  - 3) Home address
  - 4) Date of birth

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**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-event confirmation required

Please review the list below to determine the documentation you are required to submit to support your triggering event. Only one document is required, unless otherwise noted.

Triggering events	Documentation required (copies only)
Loss of health care coverage	Letter stating why you lost your coverage
Gaining or becoming a dependent	Letter from the medical center showing proof of birth
	Adoption papers or proof of placement for adoption
	Evidence of proof from a court, Department of Social Services, or other agency that you have the legal right to make medical decisions for a child in foster care
	Marriage license or proof of domestic partnership
Permanent relocation	Utility bill or copy of rental agreement or proof of recent release from incarceration
Court order	A copy of the court order
Change in eligibility for federal financial assistance through Covered California	Copy of most recent eligibility determination from Covered California
Employer health coverage changes	Letter from employer stating change in health coverage
Immigration status change	Determination by Covered California to purchase health plan coverage
Coverage as an American Indian/Native Alaskan	Notice from Covered California stating you are eligible for a monthly special enrollment period
Determination by Covered California	Notice from Covered California stating you are eligible for a special enrollment period
Misinformation about coverage	Notice from Covered California stating you are eligible for a special enrollment period
Provider network changes	Notice from provider stating you are eligible for a special enrollment period

By submitting a signed application or Account Change Form, a Documentation of Triggering Event Form, and supporting documentation, you are confirming that a triggering event occurred. It's important that we receive your Documentation of Triggering Event Form and supporting documentation because we will rely on them to decide that you're eligible to enroll during a special enrollment period. If we determine that the triggering event did not occur, we may take legal action, including but not limited to, terminating your coverage.

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

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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 or Account Change Form	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 or domestic partnership registration	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, court order, change in eligibility for federal financial assistance, change in immigration status, status as an American Indian/Native Alaskan, misinformation about your current coverage, or provider network changes	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 Covered California	Any day of the month	Any day of the month as determined by Covered California, including a retroactive date

## 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 26 to see whether your home ZIP code 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 17 for more information.

If you're eligible, you must purchase your Kaiser Permanente plan through Covered California 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 the agent/broker/KPIF representative section of the application.



### 5. Select your payment method

Payment for your first month's coverage by check, money order, electronic payment, credit card, or debit 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, or payment, this may delay your effective date or cancel your application. If you are applying during a special enrollment period, be sure to include the Documentation of Triggering Event Form and your supporting documentation.



### 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

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

## 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 Kaiser Permanente coverage through your Health Insurance Marketplace, Covered California.
- If you are eligible, the federal government will pay the financial assistance to us.
- 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. 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](http://buykp.org).

### What should you do next?

Go to [buykp.org](http://buykp.org) or [coveredca.com](http://coveredca.com) to see if you qualify for assistance. You'll also be able to enroll in one of our plans on Covered California.

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 Covered California and you are already enrolled in a Kaiser Permanente plan, you must cancel your current plan through Kaiser Permanente 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 Kaiser Permanente plan through Covered California.
- Or you can purchase your coverage from us or your broker.

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 [coveredca.com](http://coveredca.com). Call us at **1-800-494-5314** (TTY **711** for the deaf, hard of hearing, or speech impaired), or contact your agent or broker.

# Comparing health plans

Bronze, Silver, Gold and Platinum – 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
- 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](http://kp.org/prevention).

## Our copayment plans

Kaiser Permanente - Platinum 90 HMO

Kaiser Permanente - Gold 80 HMO

Kaiser Permanente - Gold 80 HMO 0/30

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 Kaiser Permanente - Gold 80 HMO 0/30 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 \$30 copayment for the doctor's office visit, a \$50 copayment for the X-ray, and a \$15 copayment for the generic drug.
- Your copayments and coinsurance would 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 21 for more detailed information.

## Our deductible plans

Kaiser Permanente - Silver 70 HMO

Kaiser Permanente - Silver 70 HMO 1250/40

Kaiser Permanente - Bronze 60 HMO

Kaiser Permanente - Minimum Coverage

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*.

However, both our Silver deductible plans offer generic drugs, and office visits for just a copayment before the deductible is met.

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 or copayments 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 calendar 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.
- There's an additional Minimum Coverage plan, a high-deductible plan option for applicants under age 30. Applicants age 30 and older may also purchase this plan only if they provide a certificate from Covered California demonstrating hardship or lack of affordable coverage. The Minimum Coverage plan has the same basic benefits as the Bronze, Silver, Gold, and Platinum plans. But it has lower premiums and higher out-of-pocket costs (including a higher deductible than the other deductible plans). However, the Minimum Coverage plan offers a total of three office visits for certain services as well as preventive care services for no charge before the 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 Kaiser Permanente - Silver 70 HMO 1250/40 deductible plan, you would have to pay \$1,250 out of pocket before being eligible to pay only a copayment or coinsurance for certain covered services.

- So, in this example, your doctor's office visit, and the generic prescription would be available for a copayment before you reach your deductible.
- You would just pay a \$40 copayment for the doctor's office visit, and a \$20 copayment for the generic drug.
- You would pay full charge for the X-ray. This amount would be applied to your \$1,250 annual deductible. After reaching your deductible, you would pay a \$40 copayment for an X-ray.
- These copayments would apply to your out-of-pocket maximum but not toward your deductible.
- All the charges you pay for covered services, including all copayments, 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 21 for more detailed information.

## Our HSA-qualified deductible plans

Kaiser Permanente - Silver 70 HSA 1500/20%

Kaiser Permanente - Bronze HSA 3500/30

Kaiser Permanente - Bronze 60 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, dental care for adults, 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 regular deductible plans versus our HSA-qualified deductible plans for family coverage.

Regular deductible plans allow one family member to receive benefits after they have met an individual deductible. HSA-qualified plans work differently because they usually require that the entire family deductible be met before any one family member receives cost-sharing benefits. This is called an aggregate deductible.

Under our HSA-qualified deductible family plans, 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 calendar 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 Kaiser Permanente - Bronze 60 HSA 3500/30 plan, you would pay full charge for most covered services until you reach your \$3,500 deductible.
- However, if you open and fund an HSA, you can pay for your deductible, copayments, 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 \$3,500 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 \$3,500 deductible, you start paying only a copayment 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 \$30 copayment for the doctor's office visit, a \$30 copayment for the X-ray, and a \$15 copayment for the generic drug.
- All the charges you pay for covered services, including all payments, coinsurance, and deductible payments, apply to your out-of-pocket maximum.

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



## 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 regular 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](http://kp.org/treatmentestimates).

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

	Kaiser Permanente Silver 70 HMO 1250/40
Plan type	Deductible
<b>Features</b>	
Individual plan annual deductible (subscriber only)	\$1,250
Family plan annual deductible (individual/family)	\$1,250/\$2,500
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,350
Family plan annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700
<b>Benefits</b>	
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
Primary care office visit	\$40
Specialty care office visit	\$40
Most X-rays	\$40 after deductible
Most lab tests	\$25 after deductible
MRI, CT, PET	\$300 after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$40
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications	30% after deductible
<b>Maternity</b>	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	\$250 after deductible
Urgent care visit	\$40
<b>Prescription drugs</b>	
Plan pharmacy (up to a 30-day supply)	Generic: \$20 Brand: \$50 <sup>§</sup> Specialty: 30% <sup>§</sup> <sup>§</sup> After \$250 brand deductible
Mail order (up to a 100-day supply)	Generic: \$40 Brand: \$100 <sup>§</sup> <sup>§</sup> After \$250 brand 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 \$1,250 for yourself or \$2,500 for your family. Then you’d start paying copayments or coinsurance.

### Annual out-of-pocket maximum

This is the most you’ll pay for care during a calendar 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 calendar 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 copayment or coinsurance, regardless of whether you’ve reached your deductible. Under this plan, primary care visits are covered at a \$40 copayment – 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

This is a percentage of the total cost you pay for certain services, usually after you’ve reached your deductible. 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 calendar year.

### Copayment

This is the set amount you pay for certain services, usually after you reach your deductible. In this example, you’d start paying a \$40 copayment for urgent care visits whether or not you have met your deductible. For these plans, there is an out-of-pocket maximum.

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

\*Also available on Covered California. You can find more Kaiser Permanente plans on Covered California.

	Kaiser Permanente Bronze 60 HSA*	Kaiser Permanente Bronze 60 HMO*	Kaiser Permanente Bronze 60 HSA 3500/30	Kaiser Permanente Silver 70 HSA 1500/20%	Kaiser Permanente Silver 70 HMO 1250/40
Plan type	HSA-qualified	Deductible	HSA-qualified	HSA-qualified	Deductible
<b>Features</b>					
Individual plan annual deductible (subscriber only)	\$4,500	\$5,000	\$3,500	\$1,500	\$1,250
Family plan annual deductible (individual/family)	\$9,000/\$9,000	\$5,000/\$10,000	\$7,000/\$7,000	\$3,000/\$3,000	\$1,250/\$2,500
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,250	\$6,250	\$6,350	\$6,350	\$6,350
Family plan annual out-of-pocket maximum (individual/family)	\$12,500/\$12,500	\$6,250/\$12,500	\$12,700/\$12,700	\$12,700/\$12,700	\$6,350/\$12,700
<b>Benefits</b>					
<b>Preventive care</b>					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
Primary care office visit	40% after deductible	\$60 after deductible <sup>†</sup>	\$30 after deductible	20% after deductible	\$40
Specialty care office visit	40% after deductible	\$70 after deductible	\$30 after deductible	20% after deductible	\$40
Most X-rays	40% after deductible	30% after deductible	\$30 after deductible	20% after deductible	\$40 after deductible
Most lab tests	40% after deductible	30% after deductible	\$30 after deductible	20% after deductible	\$25 after deductible
MRI, CT, PET	40% after deductible	30% after deductible	30% after deductible	20% after deductible	\$300 after deductible
Outpatient surgery	40% after deductible	30% after deductible	30% after deductible	20% after deductible	30% after deductible
Mental health visit	40% after deductible	\$60 after deductible <sup>†</sup>	\$30 after deductible	20% after deductible	\$40
<b>Inpatient hospital care</b>					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	40% after deductible	30% after deductible	30% after deductible	20% after deductible	30% after deductible
<b>Maternity</b>					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	30% after deductible	20% after deductible	30% after deductible
<b>Emergency and urgent care</b>					
Emergency Department visit	40% after deductible	\$300 per visit after deductible	30% after deductible	20% after deductible	\$250 after deductible
Urgent care visit	40% after deductible	\$60 after deductible <sup>†</sup>	\$30 after deductible	20% after deductible	\$40
<b>Prescription drugs</b>					
Plan pharmacy (up to a 30-day supply)	Generic: 40% Brand: 40% Specialty: 40% All after deductible	Generic: \$15 Brand: \$50 Specialty: 30% All after deductible	Generic: \$15 Brand: \$40 Specialty: 30% All after deductible	Generic: 20% Brand: 20% Specialty: 20% All after deductible	Generic: \$20 Brand: \$50 <sup>§</sup> Specialty: 30% <sup>§</sup> <sup>§</sup> After \$250 brand deductible
Mail-order (up to a 100-day supply)	Generic: 40% Brand: 40% All after deductible	Generic: \$30 Brand: \$100 All after deductible	Generic: \$30 Brand: \$80 All after deductible	Generic: 20% Brand: 20% All after deductible	Generic: \$40 Brand: \$100 <sup>§</sup> <sup>§</sup> After \$250 brand deductible
<b>Other Services</b>					
ChooseHealthy™ discounts, as well as other wellness and health programs at <a href="http://kp.org/livehealthy">kp.org/livehealthy</a>	included	included	included	included	included

This is a summary of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. For more information, please refer to the *Disclosure Form*. Detailed information about your plan is in the *Membership Agreement*, which will be mailed to you upon enrollment or upon request. To request a copy of the *Membership Agreement* 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 apply to the out-of-pocket maximum.

<sup>†</sup>The Kaiser Permanente - Bronze 60 HMO plan includes three office visits at \$60 each before you reach your deductible. Office visits include primary, urgent, postnatal, or outpatient mental health care.

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

\*Also available on Covered California. You can find more Kaiser Permanente plans on Covered California.

	Kaiser Permanente Silver 70 HMO*	Kaiser Permanente Gold 80 HMO 0/30	Kaiser Permanente Gold 80 HMO*	Kaiser Permanente Platinum 90 HMO*	Kaiser Permanente Minimum Coverage†
Plan type	Deductible	Coinsurance	Copayment	Copayment	Deductible
<b>Features</b>					
Individual plan annual deductible (subscriber only)	\$2,000	None	None	None	\$6,600
Family plan annual deductible (individual/family)	\$2,000/\$4,000	None/None	None/None	None/None	\$6,600/\$13,200
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,250	\$6,250	\$6,250	\$4,000	\$6,600
Family plan annual out-of-pocket maximum (individual/family)	\$6,250/\$12,500	\$6,250/\$12,500	\$6,250/\$12,500	\$4,000/\$8,000	\$6,600/\$13,200
<b>Benefits</b>					
<b>Preventive care</b>					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
Primary care office visit	\$45	\$30	\$30	\$20	No charge after deductible††
Specialty care office visit	\$65	\$50	\$50	\$40	No charge after deductible
Most X-rays	\$65	\$50	\$50	\$40	No charge after deductible
Most lab tests	\$45	\$30	\$30	\$20	No charge after deductible
MRI, CT, PET	\$250	20%	\$250	\$150	No charge after deductible
Outpatient surgery	20%	20%	\$600	\$250	No charge after deductible
Mental health visit	\$45	\$30	\$30	\$20	No charge after deductible††
<b>Inpatient hospital care</b>					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	20% after deductible	20%	\$600 per day up to 5 days**	\$250 per day up to 5 days**	No charge after deductible
<b>Maternity</b>					
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	20% after deductible	20%	\$600 per day up to 5 days**	\$250 per day up to 5 days**	No charge after deductible
<b>Emergency and urgent care</b>					
Emergency Department visit	\$250 after deductible	\$250	\$250 per visit	\$150 per visit	No charge after deductible
Urgent care visit	\$45	\$30	\$30	\$20	No charge after deductible††
<b>Prescription drugs</b>					
Plan pharmacy (up to a 30-day supply)	Generic: \$15 Brand: \$50§ Specialty: 20%§ §After \$250 brand deductible	Generic: \$15 Brand: \$50 Specialty: 20%	Generic: \$15 Brand: \$50 Specialty: 20%	Generic: \$5 Brand: \$15 Specialty: 10%	No charge after deductible
Mail-order (up to a 100-day supply)	Generic: \$30 Brand: \$100§ §After \$250 brand deductible	Generic: \$30 Brand: \$100	Generic: \$30 Brand: \$100	Generic: \$10 Brand: \$30	No charge after deductible
<b>Other Services</b>					
ChooseHealthy™ discounts, as well as other wellness and health programs at <a href="http://kp.org/livehealthy">kp.org/livehealthy</a>	included	included	included	included	included

This is a summary of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. For more information, please refer to the *Disclosure Form*. Detailed information about your plan is in the *Membership Agreement*, which will be mailed to you upon enrollment or upon request. To request a copy of the *Membership Agreement* 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 apply to the out-of-pocket maximum.

\*\*After five days, there is no charge for covered services related to the admission.

†Only applicants under age 30, or applicants age 30 and older who provide a certificate from Covered California demonstrating hardship or lack of affordable coverage, may purchase a Kaiser Permanente - Minimum Coverage plan.

††The Kaiser Permanente - Minimum Coverage plan includes three office visits at no charge before you reach your deductible. Office visits include primary, urgent, postnatal, or outpatient mental health care.

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

## Optional Adult Dental Insurance Plan

Kaiser Permanente health plans include pediatric dental benefits for those age 18 and younger. For adults age 19 and older, we offer this optional Dental Insurance Plan. Our optional adult Dental Insurance Plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc., and administered by Delta Dental of California, one of the nation's largest and most experienced dental benefits providers.

### Freedom to choose

This dental plan features competitive annual deductibles and rates. Plus, you may choose from Delta Dental's more than 25,000 affiliated Delta Dental PPO or Premier dental providers in California or select any other licensed dentist of your choice.

To enroll in or decline the optional adult Dental Insurance Plan, simply check the appropriate box on your *Application for Health Coverage form*.

### How the plan works

If you enroll in the plan, you will receive a Table of Allowances (in the dental plan's *Certificate of Insurance*) that lets you see all covered services and the amount the plan pays.\*

Advantages of seeing a Delta Dental participating dentist include no claim forms and no wait for reimbursement.

Although you can visit any dentist, you may be able to pay less when you visit a Delta Dental PPO network dentist. Delta Dental PPO dentists agree to accept Delta Dental contracted fees minus any deductibles and coinsurance. Your share of the bill will likely be lower than when you visit a non-Delta dentist.

When you visit a Delta Dental participating dentist, you will pay the difference between what the dentist charges and what the plan pays. If you go to a non-Delta dentist, you may be responsible for the entire bill, and you will receive reimbursement of the covered amount from KPIC after submitting your claim to Delta Dental.

*Example*

SERVICE	ADULT CLEANING
Plan dentist charges <sup>†</sup>	\$75.00
Plan pays	- \$43.20
<b>You pay</b>	<b>\$31.80</b>

### No deductible for preventive services

There is no deductible to meet for diagnostic or preventive services, like cleanings and X-rays. For other services, there is a \$25 calendar-year deductible per person, up to a maximum of \$75 for your family.

### Annual maximum

The plan will pay up to a maximum of \$1,000 toward dental services for each covered enrollee per calendar year.

### Waiting period

Some covered dental services are subject to a waiting period.<sup>‡</sup> Consult the complete Table of Allowances in the *Certificate of Insurance* for the specific dental services subject to this waiting period.

### Eligibility

If you elect to enroll, all members of your family age 19 and older who are covered must also enroll in the optional adult Dental Insurance Plan. In other words, you cannot choose to enroll some members of your family and not others. If you do not enroll at this time, you may not enroll until the time of your next annual plan update.

Once enrolled, you cannot cancel your dental coverage without canceling your medical coverage unless you make the change during open enrollment.

#### 2015 MONTHLY RATE

Each enrollee age 19 and older	\$27.00
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\*The Table of Allowances lists the maximum amount, or allowance, that the plan will pay for each covered dental service. The plan will pay the lowest dollar amount among the following three: the dentist's usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist's fee will be the responsibility of the patient.

<sup>†</sup>Service charges vary.

<sup>‡</sup>The waiting period is the period of time during which you and your covered dependents are required to have been continuously covered under the Dental Insurance Plan before a specific dental service will be a covered benefit.

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

## Sample list of allowable services\*

PROCEDURE	Plan pays <sup>†</sup>
<b>DIAGNOSTIC</b>	
Comprehensive oral evaluation—new or established patient	\$25.20
X-rays—complete intraoral series including bitewings	\$54.00
<b>PREVENTIVE</b>	
Prophylaxis/cleaning	\$43.20
<b>RESTORATIVE</b>	
<b>Fillings</b>	
Amalgam—one surface, primary or permanent	\$35.00
Resin-based composite—one surface, anterior	\$46.00
Note: Procedures are subject to a six-month waiting period.	
<b>Crown</b>	
Resin with high noble metal	\$182.00
Note: Procedures are subject to a six-month waiting period.	
<b>ENDODONTICS</b>	
<b>Root canal</b>	
Anterior (excluding final restoration)	\$193.00
Bicuspid (excluding final restoration)	\$227.00
Molar (excluding final restoration)	\$306.00
Note: Coverage includes treatment plan, clinical procedures, and follow-up care. Procedures include all test X-rays taken as part of the complete root canal procedure. Procedures are subject to a six-month waiting period.	

PROCEDURE	Plan pays <sup>†</sup>
<b>PROSTHODONTICS</b>	
Complete denture—mandibular	\$241.00
Note: Coverage includes routine post-delivery care. Procedures are subject to a 12-month waiting period. Procedures relating to dentures, partial dentures, and relines include adjustments for a six-month period following installation. Such procedures do not include specialized techniques involving precision dentures, personalization, or characterizations.	
<b>ORAL AND MAXILLOFACIAL SURGERY</b>	
Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)	\$39.00
Note: Coverage includes local anesthesia; suturing, if needed; and routine postoperative care. Procedures are subject to a six-month waiting period.	
Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$74.00
Note: Extraction includes local anesthesia; suturing, if needed; and routine postoperative care. Procedures are subject to a six-month waiting period.	
<b>GENERAL SERVICES</b>	
<b>Office visit</b>	
Office visit for observation—during regularly scheduled hours (no other services performed)	\$24.00
Office visit—after regularly scheduled hours	\$49.00
For a complete list of benefits, consult the Table of Allowances in the <i>Certificate of Insurance</i> .	

## To make an appointment

Simply contact the dentist of your choice and let him or her know you are covered under Delta Dental.

## Have a question? Call toll free.

Call Delta Dental at **1-800-933-9312** (if you are already enrolled, call **1-800-835-2244**), 8 a.m. to 4 p.m., Monday through Friday, or visit **deltadentalins.com** for a list of PPO or Premier providers in your area.

\*There are certain limitations and exclusions to the benefits of this plan. Please refer to the Certificate of Insurance for an accurate and complete list of treatments and services not covered. To receive a Certificate of Insurance, call Delta Dental of California.

<sup>†</sup>Plan payment amounts are only a sample and are to be used for illustrative purposes only. Please refer to the Table of Allowances in the Certificate of Insurance for an accurate and complete list of benefits and allowances. To receive a Certificate of Insurance, call Delta Dental of California.



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## Kaiser Permanente Insurance Company

### Notice of Language Assistance

**No Cost Language Services.** You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

**Servicios de idiomas sin costo.** Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-464-4000. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

**免費語言服務。** 您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-800-464-4000 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

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**No Cost Language Services.** You can get an interpreter and get documents read to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357 English

**Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí.** Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-464-4000. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

**무료 통역 서비스.** 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-800-464-4000 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

**Walang Gastos na mga Serbisyo sa Wika.** Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-464-4000. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

**Անվճար Լեզվական ծառայություններ:** Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-800-464-4000 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ապահովագրության Բաժանմունք: Armenian

**Бесплатные услуги перевода.** Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-464-4000. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

**無料の言語サービス** 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-464-4000 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

**خدمات مجاني مربوط به زبان.** میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگویند مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسایی شما قید شده است و یا این شماره 1-800-464-4000 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

**ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ:** ਤੁਸੀਂ ਦੁਆਬੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-464-4000 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

**សេវាកម្មភាសាឥតគិតថ្លៃ ។** អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-800-464-4000 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ាតាមលេខ 1-800-927-4357 Khmer

**خدمات ترجمه بدون تکلفة.** يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-464-4000. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

**Cov Kev Pab Txhais Lus Tsis Them Nqi.** Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau pab ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-464-4000. Yog xav tau kev pab ntawv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong





# 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**.



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