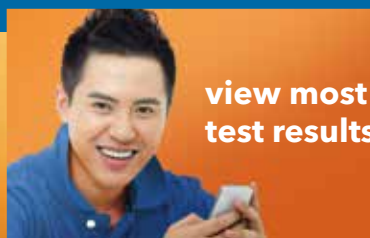


A better choice for good health

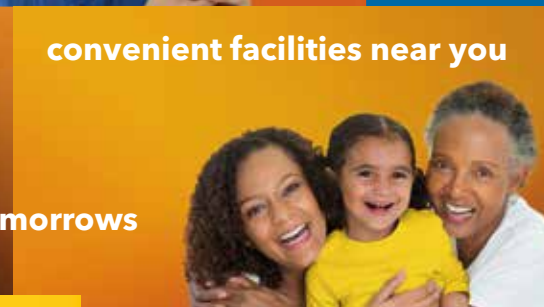
a wide range of specialists



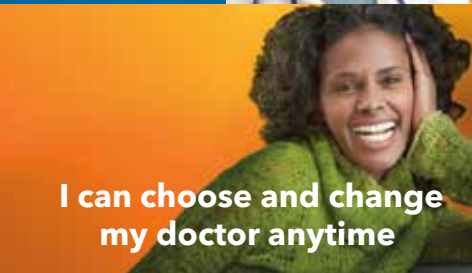
view most
test results online



convenient facilities near you



I can choose and change
my doctor anytime



better care for healthier tomorrows



free to focus on you



I'm part of
the decision



Discover the Kaiser Permanente difference

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



your choice of doctors

You can choose and change your doctor anytime, for any reason. Our doctors are among the best. They love caring for people and can focus on you.



personalized care and attention

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



everything under one roof at a Kaiser Permanente medical office

You can do more and drive less because our Kaiser Permanente medical offices include pharmacy, lab, X-ray services, and more.*



lots of healthy extras

Stay at your best with healthy resources like 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 view most lab test results, refill most prescriptions, and more. And when you visit a Kaiser Permanente medical office, you can email your doctor and schedule routine appointments online.*



healthier tomorrows

Every decision starts with what's best for you. Nationally, Kaiser Permanente has high-quality care for conditions like cancer, heart disease, and diabetes. This leads to better outcomes and healthier tomorrows.

kp.org

*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.

What's inside

Understanding health care	2
Experience the Kaiser Permanente difference	3
Find a location near you	7
When and how to enroll in your plan.....	8
Comparing health plans	14
Working out your rate	A



Important deadline

Open enrollment ends **February 15, 2015.**



See page 8 for details, and learn about special situations that may allow you to submit your application for health coverage after this date.



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

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

Understanding health care

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



Health care

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

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

Health care includes:

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



Health coverage

Health coverage is a lot like the coverage people get to protect their car or home. Without coverage, unexpected medical bills can strain your savings. 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 13 to learn more about federal financial assistance.



Health care reform











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

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

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

Experience the Kaiser Permanente difference

When you receive care at a Kaiser Permanente medical office, you can get what you need to live well – in one easy-to-use package.

The experience...	At Kaiser Permanente medical offices*
Choosing your doctor 	<input checked="" type="checkbox"/> You can research and choose your doctor on kp.org . Switch anytime. See the network provider directory for a list of providers included in your plan.
Getting care in your language 	<input checked="" type="checkbox"/> We have multilingual doctors and staff, and we offer interpretation services by phone in 140+ languages.
Your health. Your way. 	<input checked="" type="checkbox"/> For minor concerns, you can request a phone appointment or email your Kaiser Permanente doctor's office with routine questions.
24/7 advice nurse 	<input checked="" type="checkbox"/> Specially trained, local Kaiser Permanente nurses can offer medical advice by phone, 24/7.
Visiting a specialist 	<input checked="" type="checkbox"/> Your Kaiser Permanente specialist has already reviewed your information via your electronic health record.
Making an appointment 	<input checked="" type="checkbox"/> Schedule routine appointments at a Kaiser Permanente medical office from your computer or mobile device.
During your visit 	<input checked="" type="checkbox"/> Your Kaiser Permanente doctor can easily access your medical history and prescriptions through your electronic health record.
Recalling your doctor's instructions 	<input checked="" type="checkbox"/> View your past visit details and most Kaiser Permanente lab test results online, whenever you want.
Asking routine questions without a visit 	<input checked="" type="checkbox"/> You can email your Kaiser Permanente doctor's office, and get a reply within 48 hours – sometimes sooner.
Leaders in prevention 	<input checked="" type="checkbox"/> 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.†

*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 2012 ratings for commercial and Medicare plans from the Healthcare Effectiveness Data and Information Set (HEDIS) published by the National Committee for Quality Assurance. For more information, visit ncqa.org. Kaiser Permanente program average is the weighted average of each regional health plan's screening data and its eligible population.

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

The power to choose

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



Your choice of doctors

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

Our doctors:

- Are board-certified physicians; you'll know you have a doctor you can trust.
- Work hand in hand with your entire care team and focus only on care you need.
- Care about their patients and love what they do.



Under-one-roof access when you visit a Kaiser Permanente medical office

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. When you visit a Kaiser Permanente medical office, you can see your Kaiser Permanente 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 Kaiser Permanente doctor's office with routine questions.
- Extended hours and weekend services available.
- Refill most prescriptions online with shipping at no charge.
- Make routine appointments at our Kaiser Permanente medical offices with a call or click and view most test results and recent Kaiser Permanente office visits online.
- Call an advice nurse 24/7.
- Travel freely; you're covered for emergency care worldwide.

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

Your electronic health record brings it all together when you visit a Kaiser Permanente medical office.

Your doctor's office

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

Pharmacy, lab, X-ray

When you go to a Kaiser Permanente medical office, there is no need for paperwork – your doctor's orders are already there.

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

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

Excellent care

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



Personalized care and attention

At Kaiser Permanente medical offices, you'll have a care team that's informed and focused on you. From your Kaiser Permanente doctor and caregivers 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. You're at the center of everything we do, which is why the personalized care you get leads to healthier tomorrows.



Health care for healthier tomorrows

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



Leaders in prevention

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

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

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

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

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

Specialty care

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

At home or on the go

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

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

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

Your health. Your way.

We're always here when you need us, however you need us. At Kaiser Permanente medical offices, you get many services under one roof. And, you 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 Kaiser Permanente doctor's office with routine questions and schedule or cancel routine appointments.
- Refill most prescriptions.
- View most lab test results.



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, health calculators, podcasts, fitness videos, recipes, and more.

Take advantage of a digital health coaching program customized for your own personal needs at **kp.org/healthylifestyles**.

With your personalized coaching program, you have the tools to reduce stress, lose weight, manage chronic pain, diabetes, and much more.



Good health on the go

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

You can also download the Every Body Walk! app. It's a fun, interactive tool to help you create and maintain a daily walking routine.

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

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

Top reasons to join Kaiser Permanente

You can choose

and change your Kaiser Permanente doctor anytime, for any reason.

Excellent care

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

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

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

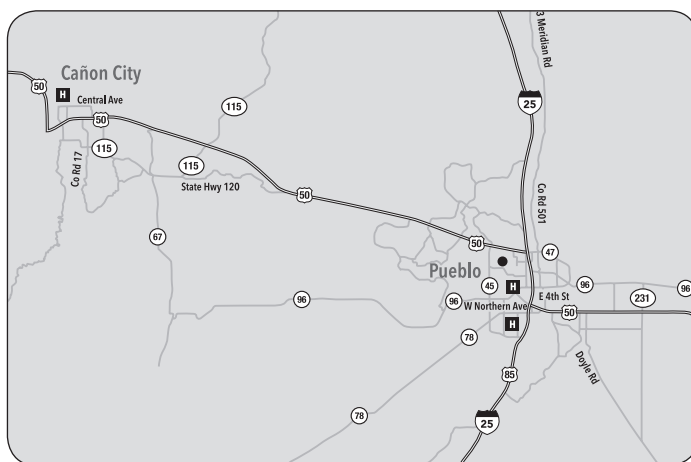
Find a location near you

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 maps below or search for a location by ZIP code or keywords at kp.org/locations to find the one nearest you.

Northern Colorado



Pueblo



Legend:

- ◆ Plan hospital
- Medical offices
- ▲ Behavioral health center
- Emergency care services
- ★ Regional administrative office
- H Hospitals for scheduled inpatient care

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

When and how to enroll in your plan

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

Enrolling during an annual open enrollment period

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

To enroll during this 2015 open enrollment period, you must make sure we receive your completed Application for Health Coverage, which consists of the Colorado uniform application and the Kaiser Permanente supplemental enrollment form – 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 for Health Coverage 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 on page 11 for effective dates.

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.

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

Triggering events

Loss of health care coverage:

This special enrollment period begins 60 days before the loss of coverage and lasts 60 days after the loss of coverage. If you lose health plan coverage involuntarily for any reason other than fraud, misrepresentation, or failure to pay a premium, including but not limited to the following triggering events:

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

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

3. A parent or legal guardian disenrolls you from or you lose eligibility for the Children's Basic Health Plan.

4. You become ineligible under the Colorado Medical Assistance Act.

Gaining or becoming a dependent:

You gain a dependent or become a dependent through marriage, civil union, birth, adoption or placement for adoption, placement in foster care, or by entering into a designated beneficiary agreement if your coverage includes eligibility for designated beneficiaries. 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.

Contract violation:

You demonstrate to the Commissioner of the Division of Insurance that the health benefit plan in which you are enrolled has substantially violated a material provision of your contract with the health benefit plan.

Permanent relocation:

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

Change in eligibility for federal financial assistance through the Connect for Health Colorado:

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 connectforhealthco.com or call 1-855-PLANS-4-YOU (1-855-752-6749). 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 for premium payments. Connect for Health Colorado may determine that your special enrollment period begins before your current coverage ends or changes.

Immigration status change:

You were not previously a citizen, a national, or a lawfully present individual and you gain such status. Except during open enrollment, you may **only** enroll in a plan offered through Connect for Health Colorado. For more information about enrolling, visit connectforhealthco.com or call 1-855-PLANS-4-YOU (1-855-752-6749). You can also call us at **1-800-494-5314**.

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Coverage as an American Indian/ Native Alaskan:

Connect for Health Colorado determines that you are eligible for a special enrollment period each month to enroll in or change health plan coverage through Connect for Health Colorado. You may **only** do this through the Connect for Health Colorado. For information about enrolling through Connect for Health Colorado, visit connectforhealthco.com or call 1-855-PLANS-4-YOU (1-855-752-6749). You can also call us at **1-800-494-5314**.

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Determination by Connect for Health Colorado:

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

Triggering-event confirmation required

If you are a new applicant, you will need to provide the triggering event and date of the event on your Application for Health Coverage, which consists of the Colorado uniform application and the Kaiser Permanente supplemental enrollment form. Please complete your triggering event information under Step 1 of the supplemental enrollment form.

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

Applying online

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

Applying by mail or fax

New applicants

- If you are sending in a paper Application for Health Coverage, we must receive your uniform application and supplemental enrollment form within 60 days of your triggering event. You will need to provide your triggering event and the date of your event under Step 1 of the supplemental enrollment form. Your completed Application for Health Coverage must be received with your first month's premium. In some instances, you may apply 60 days before your triggering event occurs so you don't lose health care coverage.
- Mail or fax your Application for Health Coverage within 60 days of your triggering event. Be sure to include your first month's premium. Checks must be mailed and cannot be faxed.
- If you apply close to the end of your special enrollment period, be sure we receive your Application for Health Coverage before your special enrollment period ends.

Current Kaiser Permanente members

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

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

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 for Health Coverage 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	Date of event
	Any day of the month after loss of coverage or change in employer coverage	First day of the month following receipt of application
Marriage or civil union registration	On or before the event	Date of event
	Any day of the month after the event	First day of the month following receipt of application
Birth, adoption, placement for adoption or foster care	Any day of the month	Date of birth, adoption, or placement for adoption or foster care
Determination by Connect for Health Colorado	Any day of the month	Any day of the month as determined by Connect for Health Colorado, including a retroactive date
Any other triggering event	Between the 1st and 15th of the month	First day of the month following receipt of application
	Between the 16th and the last day of the month	First day of the second month following receipt of application

Signing up for coverage if you qualify for federal financial assistance

You may qualify for financial assistance from the federal government to help pay your premiums and/or out-of-pocket expenses. To qualify for federal financial assistance, you must enroll in your Kaiser Permanente plan or any other issuer's plan through Connect for Health Colorado.

To learn more about Connect for Health Colorado and its requirements for special enrollment periods and triggering events, visit connectforhealthco.com or call 1-855-PLANS-4-YOU (1-855-752-6749). You can also call us at **1-800-494-5314**. We can help you apply for a Kaiser Permanente plan on Connect for Health Colorado, too.

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 to see whether your home county and ZIP code are listed. If they aren'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 13 for more information.

If you're eligible, you must purchase your Kaiser Permanente plan through Connect for Health Colorado to get assistance. If you're not eligible, continue to step 4.



4. Complete your Application for Health Coverage, which consists of the Colorado uniform application and the Kaiser Permanente supplemental enrollment form

Complete an online application at **buykp.org/apply** or the paper uniform application and the supplemental enrollment form. If you're working with an agent or broker, be sure to complete that section.



5. Select your payment method

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



6. Sign the Application for Health Coverage

Please make sure you've signed everywhere indicated on the uniform application and the supplemental enrollment form. If your Application for Health Coverage is missing any information, signatures, documentation, or payment, this may delay your effective date or cancel your application.



7. Submit the Application for Health Coverage 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:** **1-866-920-6471**

- **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 new ACA-compliant Kaiser Permanente coverage through your Health Insurance Marketplace, Connect for Health Colorado.
- If you are eligible, the federal government will pay the financial assistance to us directly.
- Assistance will be on a sliding scale, based on modified adjusted gross income and family size.

Do you qualify for assistance with monthly premiums?

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

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

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

What should you do next?

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

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

To avoid being double billed, if you enroll in a plan through Connect for Health Colorado, 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 2 choices:

- You can still purchase your ACA-compliant plan through Connect for Health Colorado.
- You can continue your coverage directly with us – that's easiest.

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

Have questions?

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

Comparing health plans

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

Pediatric dental care benefits

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

Pediatric dental benefits are provided by Delta Dental of Colorado, one of the nation's largest and most experienced dental providers. Delta Dental is committed to improving access to dental care for children and provides members with the convenience of local customer service and a statewide network of dental providers.

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

- To find a dentist, you can visit deltadentalco.com and use the "Find a Dentist" search feature to get a list of dentists by city or ZIP code. You can also find a dentist by calling Delta Dental and following the prompts.
- You can use the Delta Dental mobile app to search for dentists. You can also use the app to upload a Delta Dental ID card and look at your benefits and claims.
- If you have questions about your pediatric benefits or services, you can speak to a local customer service agent Monday through Friday, 8 a.m. to 6 p.m., by calling Delta Dental at 303-741-9305 or 1-800-610-0201.

Kaiser Permanente health plans do not include dental benefits for adults age 19 and older. If you want adult dental benefits, you will need to purchase separate adult dental benefits. The Kaiser Permanente Catastrophic plan does not include pediatric dental benefits.

Our copayment plan

KP CO Gold 0/20

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

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

How it works*

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

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

*Please note this is only an example of how a plan works. See the "Health plan benefit highlights" chart starting on page 17 for more detailed information.

Our deductible plans

KP CO Bronze 4500/50

KP CO Silver 2500/30

KP CO Silver 1500/30

KP CO Gold 1000/20

KP CO Catastrophic

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

Deductible plans with family coverage have both an individual deductible and a family deductible. That means that one member of the family can meet the lower individual deductible and be eligible for coinsurance 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 contract year until you reach your out-of-pocket maximum.
- Most preventive care services will be covered at no charge even before you reach your deductible.

How it works*

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

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

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

All our plans include no-charge preventive care

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

Here are some examples of preventive care services:

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

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

*Please note this is only an example of how a plan works. See the "Health plan benefit highlights" chart starting on page 17 for more detailed information.

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

Our HSA-qualified deductible plans

KP CO Bronze 5000/30%/HSA

KP CO Bronze 4500/50/HSA

KP CO Silver 1750/25%/HSA

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

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

The HSA-qualified deductible plans for families

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

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

How it works*

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

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

*Please note this is only an example of how a plan works. See the "Health plan benefit highlights" chart starting on page 17 for more detailed information.

Have questions? Call us at **1-800-494-5314**. • Go to **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 traditional deductible plans, keep in mind that most of the amounts shown apply only after you reach your deductible. To get an idea of what you might pay before reaching your deductible, check out our resources at kp.org/treatmentestimates.

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

	KP CO Silver 1500/30
Plan type	Deductible
Features	
Individual plan annual deductible (subscriber only)	\$1,500
Family plan annual deductible (individual/family)	\$1,500/\$3,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,350
Family plan annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$30
Specialty care office visit	\$50
Most X-rays	30% after deductible
Most lab tests	30% after deductible
MRI, CT, PET	\$250
Outpatient surgery	30% after deductible
Mental health visit	\$30
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications	30% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	30% after deductible
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	\$350
Urgent care visit	\$75
Prescription drugs	
Plan pharmacy (up to a 30-day supply)	Generic: \$15 Brand: \$45 after \$250 brand deductible Non-preferred brand: 30% after deductible Specialty: 30% after deductible to a \$250 per script maximum Pharmacy deductible: \$250
Mail order (up to a 90-day supply)	Generic: \$30 Brand: \$90 after \$250 brand deductible Non-preferred brand: 30% after deductible Specialty: 30% after deductible to a \$250 per script maximum Pharmacy deductible: \$250

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 \$1,500 for yourself or \$3,000 for your family. Then you’d start paying copayments (copays) or coinsurance.

Annual out-of-pocket maximum

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

Preventive care at no charge

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

Not subject to the deductible

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

Coinsurance

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

Copayment

This is the set amount you pay for certain services, usually after you reach your deductible. In this example, you’d start paying a \$350 copay for Emergency Department 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. • Or contact your agent or broker.

Health plan benefit highlights

	KP CO Bronze 5000/30%/HSA	KP CO Bronze 4500/50/HSA	KP CO Bronze 4500/50	KP CO Silver 2500/30
Plan type	HSA-Qualified	HSA-Qualified	Deductible	Deductible
Features				
Individual plan annual deductible (subscriber only)	\$5,000	\$4,500	\$4,500	\$2,500
Family plan annual deductible (individual/family)	\$10,000/\$10,000 ²	\$9,000/\$9,000 ²	\$4,500/\$9,000	\$2,500/\$5,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,350	\$6,350	\$6,350	\$6,350
Family plan annual out-of-pocket maximum (individual/family)	\$12,700/\$12,700 ²	\$12,700/\$12,700 ²	\$6,350/\$12,700	\$6,350/\$12,700
Benefits				
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	30% after deductible	\$50 after deductible ¹	\$50 ¹	\$30 ¹
Specialty care office visit	30% after deductible	\$70 after deductible ¹	\$70 ¹	\$50 ¹
Most X-rays	30% after deductible	30% after deductible	20% after deductible	30% after deductible
Most lab tests	30% after deductible	30% after deductible	20% after deductible	30% after deductible
MRI, CT, PET	30% after deductible	\$500 after deductible	\$500 after deductible	\$300
Outpatient surgery	30% after deductible	30% after deductible	20% after deductible	30% after deductible
Mental health visit	30% after deductible	\$50 after deductible	\$50 ¹	\$30 ¹
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications	30% after deductible	\$500 per day up to 4 days after deductible ³	20% after deductible	30% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	30% after deductible	No charge after deductible	20% after deductible	30% after deductible
Delivery and inpatient well-baby care	30% after deductible	\$500 per day up to 4 days after deductible ³	20% after deductible	30% after deductible
Emergency and urgent care				
Emergency Department visit	30% after deductible	\$500 after deductible	20% after deductible	\$400
Urgent care visit	30% after deductible	30% after deductible	\$100 ¹	\$75 ¹
Prescription drugs				
Plan pharmacy (up to a 30-day supply)	Generic: \$20 Brand: 30% Non-Preferred Brand: 30% Specialty: 30% All after deductible	Generic: \$20 Brand: \$50 Non-Preferred Brand: 30% Specialty: 30% All after deductible	Generic: \$25 Brand: 45% after \$500 brand deductible Non-Preferred Brand: 50% after deductible Specialty: 20% after deductible to a \$250 per script maximum Pharmacy deductible: \$500	Generic: \$15 Brand: \$45 after \$250 brand deductible Non-Preferred Brand: 30% after deductible Specialty: 30% after deductible to a \$250 per script maximum Pharmacy deductible: \$250
Mail order (up to a 90-day supply)	Generic: \$40 Brand: 30% Non-Preferred Brand: 30% Specialty: 30% All after deductible	Generic: \$40 Brand: \$100 Non-Preferred Brand: 30% Specialty: 30% All after deductible	Generic: \$50 Brand: 45% after \$500 brand deductible Non-Preferred Brand: 50% after deductible Specialty: 20% after deductible to a \$250 per script maximum Pharmacy deductible: \$500	Generic: \$30 Brand: \$90 after \$250 brand deductible Non-Preferred Brand: 30% after deductible Specialty: 30% after deductible to a \$250 per script maximum Pharmacy deductible: \$250
Other Services				
ChooseHealthy™ discounts, as well as other wellness and health programs	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy

This is a summary of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. Detailed information about your plan is in the *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.

¹Other services received during the visit are at coinsurance after deductible.

²In the HSA-qualified plans with family coverage, the deductible or out-of-pocket maximum can be met with one family member's expenses or a combination of family members' expenses.

³After 4 days, there is no charge for covered services related to the admission.

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

Health plan benefit highlights

	KP CO Silver 1750/25%/HSA	KP CO Silver 1500/30	KP CO Gold 1000/20	KP CO Gold 0/20	KP CO Catastrophic ^{4, 5, 6}
Plan type	HSA-Qualified	Deductible	Deductible	Copayment	Deductible
Features					
Individual plan annual deductible (subscriber only)	\$1,750	\$1,500	\$1,000	None	\$6,600
Family plan annual deductible (individual/family)	\$3,500/\$3,500 ²	\$1,500/\$3,000	\$1,000/\$2,000	None/None	\$6,600/\$13,200
Individual plan annual out-of-pocket maximum (subscriber only)	\$5,000	\$6,350	\$6,350	\$6,350	\$6,600
Family plan annual out-of-pocket maximum (individual/family)	\$10,000/\$10,000 ²	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$6,600/\$13,200
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	25% after deductible	\$30 ¹	\$20 ¹	\$20	First 3 office visits no charge. ⁶ Additional visits no charge after deductible.
Specialty care office visit	25% after deductible	\$50 ¹	\$40 ¹	\$40	No charge after deductible
Most X-rays	25% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Most lab tests	25% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
MRI, CT, PET	25% after deductible	\$250	\$150	\$250	No charge after deductible
Outpatient surgery	25% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Mental health visit	25% after deductible	\$30 ¹	\$20 ¹	\$20	First 3 office visits no charge. ⁶ Additional visits no charge after deductible.
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	25% after deductible	30% after deductible	20% after deductible	\$500 per day up to 4 days ³	No charge after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	25% after deductible	30% after deductible	20% after deductible	No charge	No charge after deductible
Delivery and inpatient well-baby care	25% after deductible	30% after deductible	20% after deductible	\$500 per day up to 4 days ³	No charge after deductible
Emergency and urgent care					
Emergency Department visit	25% after deductible	\$350	\$250	\$250	No charge after deductible
Urgent care visit	25% after deductible	\$75 ¹	\$75 ¹	\$75	No charge after deductible
Prescription drugs					
Plan pharmacy (up to a 30-day supply)	Generic: \$15 Brand: \$45 Non-Preferred Brand: 25% Specialty: 25% All after deductible	Generic: \$15 Brand: \$45 after \$250 brand deductible Non-Preferred Brand: 30% after deductible Specialty: 30% after deductible to a \$250 per script maximum Pharmacy deductible: \$250	Generic: \$10 Brand: \$30 Non-Preferred Brand: 20% Specialty: 20% to a \$250 per script maximum	Generic: \$10 Brand: \$30 Non-Preferred Brand: 30% Specialty: 30% to a \$250 per script maximum	No charge after deductible
Mail order (up to a 90-day supply)	Generic: \$30 Brand: \$90 Non-Preferred Brand: 25% Specialty: 25% All after deductible	Generic: \$30 Brand: \$90 after \$250 brand deductible Non-Preferred Brand: 30% after deductible Specialty: 30% after deductible to a \$250 per script maximum Pharmacy deductible: \$250	Generic: \$20 Brand: \$60 Non-Preferred Brand: 20% Specialty: 20% to a \$250 per script maximum	Generic: \$20 Brand: \$60 Non-Preferred Brand: 30% Specialty: 30% to a \$250 per script maximum	No charge after deductible
Prescription drugs					
ChooseHealthy™ discounts, as well as other wellness and health programs	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy	included kp.org/livehealthy

⁴Only applicants younger than age 30 or applicants age 30 and older who are granted an exemption due to hardship or lack of affordable coverage may purchase a KP CO Catastrophic plan. To apply for an exemption, visit [healthcare.gov](https://www.healthcare.gov) for instructions and to download the appropriate application form.

⁵The KP CO Catastrophic plan does not include coverage of pediatric dental services as required under The Patient Protection and Affordable Care Act, Pub. L. 111-148 and the Health Care and Education Reconciliation Act of 2010, Pub. L. 111-152. Coverage of pediatric dental services is available for purchase in the State of Colorado and can be purchased as a stand-alone plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage or an Exchange-certified stand-alone dental plan that includes pediatric dental coverage.

⁶The KP CO Catastrophic plan includes three office visits at no charge before you reach your deductible. Office visits include primary and outpatient mental health care.



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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