

Kaiser Permanente for
Individuals and Families

2016 Enrollment Guide
Denver/Boulder, Northern Colorado,
Southern Colorado (Pueblo),
Mountain Colorado

together in good health

see how easy healthy can be



Making good health easier

Experience the Kaiser Permanente difference

The experience ...	Advantages across the board
 Choosing your doctor	Denver/Boulder members can choose from more than 1,000 Kaiser Permanente doctors. Members in the Northern and Southern service areas can choose among Kaiser Permanente doctors and more than 400 network providers. Mountain Colorado members can choose from a growing network of providers and specialists.
 Getting care in your language	We have multilingual Kaiser Permanente doctors and staff, and we offer interpretation services by phone in 140+ languages.
 Choosing how you get care	Access your Kaiser Permanente doctors and care team virtually – with video visits, phone consultations, or by emailing your doctor’s office with nonurgent questions.*
 Calling for advice	Specially trained Kaiser Permanente nurses can offer medical advice by phone, 24/7, making sure you get the right care at the right location in your service area, at the right time.
 Making an appointment	Denver/Boulder members can schedule routine appointments at Kaiser Permanente medical offices from their computer or mobile device – anytime, anywhere. And members in the Northern, Southern, and Mountain service areas can call their network provider to schedule appointments directly.
 Seeing your doctor	You’re at the center of your care. Your Kaiser Permanente doctors, nurses, and specialists work together to make it easy to get care when you need it, all under one roof – including primary care, laboratory, imaging, and more.*
 Remembering what your doctor said	When you register on kp.org , you can view your past visit summaries and most lab test results online, whenever you want.*

*These features are available when you get care at Kaiser Permanente facilities with Kaiser Permanente doctors.

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.

How to use this guide

Here are some questions you may have, and where you can find the answers in this guide.

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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.

Your health. Your way.

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



Choose and change your doctor

At Kaiser Permanente, we know how important it is to find a doctor who matches your specific needs. Even if you don't need to see your doctor right away, having a doctor you connect with is an important part of taking care of your health.

To help you make the decision that's right for you, you can browse Kaiser Permanente doctor profiles online. You can find information related to education, credentials, and specialties, as well as Kaiser Permanente doctors' interest areas and if they are accepting new patients.

You can also change your Kaiser Permanente doctor at any time, for any reason.



Care under one roof at Kaiser Permanente medical offices

If you get care at a Kaiser Permanente medical office, you can 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.

Locations near you

To find the location closest to your home, school, or office, visit buykp.org/facilities.

Getting care away from home

Travel freely knowing that we're committed to helping you take healthy trips away from home. At Kaiser Permanente, we're available to help you understand what your health plan covers and how to get care before, during, and after your trip. Learn more at kp.org/travel.



It's easy to stay connected

As a Kaiser Permanente member, kp.org is your online gateway to great health. When you register on kp.org, you can securely access many time-saving tools and beneficial resources to help you manage your health and keep you feeling great.*

- View most lab results.
- Refill most prescriptions.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Schedule and cancel routine appointments at Kaiser Permanente medical offices.

Once you've registered on kp.org, you can go to your smartphone, download the Kaiser Permanente app, and begin using the secure features anytime, anywhere. To learn more about our app, go to kp.org/mobile.

*These features are available when you get care at Kaiser Permanente facilities with Kaiser Permanente doctors.

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

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Good health begins with prevention

Kaiser Permanente gives you lots of healthy extras that can help you learn different ways to live healthier.



Preventive care at no cost

No matter which Kaiser Permanente plan you choose, there's no cost for preventive care services. These services can help you find health problems before they get serious, so you can treat them as soon as possible.

Here are some examples of preventive care services:

- Routine physical exams
- Well-child visits
- Well-woman visits
- Annual flu shots
- Routine lab tests
- Autism screenings
- Mammogram screenings
- Contraceptive care and counseling
- Breastfeeding support

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



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, and preferred rates on complementary health and fitness programs.
- Sign up for online wellness programs that can help you lose weight, stay active, reduce stress, sleep better, stop smoking, and much more.
- Check out our music channels, podcasts, fitness videos, and recipes from world-class chefs.
- Visit kp.org/livehealthy to explore more new and inspiring ways to live well and thrive.



Learn something new

Fit wellness into your schedule, no matter how busy you are. With the many health classes offered at our Kaiser Permanente 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.

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

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Why you need coverage

Health coverage is something you can't afford to be without. Kaiser Permanente makes it easy for you to get great care and coverage.



Health care reform – what you should know

It's now the law that most U.S. residents must have health coverage. If you go without it, you may have to pay a tax penalty to the federal government.

When you do your taxes for 2015, you'll have to submit a form to show proof you had health coverage to avoid the penalty (or show proof that you aren't required to have coverage because you qualify for an exemption).

Why choose Kaiser Permanente?

- All the plans you'll see in this enrollment guide meet the standards of the new health care law and offer the same basic services, such as doctor visits, hospital care, prescriptions, and preventive care at no cost.
- You can buy one of our plans from us or through the Health Insurance Marketplace, Connect for Health Colorado.



Health coverage – why you need it

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, or taking medication.

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

Health coverage helps you pay for all this care and protects you financially—much like the coverage people get to protect their car or home.

Without coverage, unexpected medical bills can strain your savings.

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Important deadlines

There's a deadline to apply for health care coverage, whether you apply during open enrollment or during a special enrollment period.



To enroll during this 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 January 31, 2016.**

Enrolling during the 2016 open enrollment period

You may change or apply for 2016 coverage during the open enrollment period, which runs from **November 1, 2015, through January 31, 2016.** You can do so either through Connect for Health Colorado or through Kaiser Permanente.

To start coverage on:	Send your completed application and premium by:
January 1, 2016	December 15, 2015
February 1, 2016	January 15, 2016
March 1, 2016	January 31, 2016

Enrolling during a special enrollment period

Outside of open enrollment, you may enroll or change your coverage if you experience what's known as a triggering event. Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you and/or your dependents.

For some triggering events, you may be able to apply for new coverage ahead of time. For example, if you know you're going to lose coverage, you'll have 60 days before and 60 days after your loss of coverage to apply for a health plan.

For more information, please refer to the Enrolling During a Special Enrollment Period guide. If you didn't receive this guide, you can find it at buykp.org/apply, or you may call **1-800-494-5314** to request a copy.

Simple steps to enroll



1. Choose a plan

You can cover your entire family under the same plan or separate plans.



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

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 or out-of-pocket costs, such as copays, coinsurance, or deductibles. See "You may qualify for federal financial assistance" on page 13 for more information.



3. Complete your application

Complete an online application at buykp.org/apply or use a paper application.

If you think you may qualify for federal financial assistance, we can help you apply through Connect for Health Colorado. Call us at **1-800-494-5314**.



4. Select your payment method

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



5. Sign the application form

If your application is incomplete, missing signatures or other information, it will be canceled.



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

- **Online:** For the fastest response, enroll online today at buykp.org/apply.
- **If you are working with a broker:** Please use the direct apply link your broker has provided.
- **Fax: 1-866-920-6471** (if paying by debit or credit card)
- **Mail:** California Service Center – KPIF

P.O. Box 23219

San Diego, CA 92193-9921

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Understanding health plans

We offer a variety of plans to fit your needs and budget. All of them offer the same quality care, but the way they split the costs between the member and the health plan is different. Under health care reform, the plans were given names of metals to help explain these cost differences. Learn more below.

 <p>Copay and coinsurance plans</p>	 <p>Deductible plans</p>	 <p>HSA-qualified deductible plans</p>
<p>Gold</p>	<p>Gold, Silver, Bronze</p>	<p>Silver, Bronze</p>
<p>Copay and coinsurance plans are the simplest. You know in advance how much you will pay for things like doctor visits and prescriptions. Your monthly rate is higher, but you'll pay much less when you actually get care.</p>	<p>With a deductible plan, your monthly rate is lower, but you'll have to reach a deductible. This means you'll pay the full charges for covered services until you reach a set amount known as your deductible. Then you'll start paying less—just a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you meet your deductible.</p>	<p>HSA-qualified deductible plans are just like deductible plans, with one added benefit. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account.</p> <p>You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses, adult dental care, or chiropractic services.* And if you have money left in your HSA at the end of the year, it will roll over for you to use the next year.</p>

*For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at irs.gov.

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Choosing a plan based on your care needs

If you need a lot of care, you may want a plan with a higher monthly rate so that you pay less when you come in for care. If you don't go to the doctor much, you may want a plan with a lower monthly rate, keeping in mind you'll pay more if and when you do get care.

Monthly rate versus out-of-pocket costs

Metal name	What you pay for your monthly rate	What you pay when you get care (office visit, lab test, etc.)
Gold		
Silver		
Bronze		

An example of costs when you get care

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. Here's a sample of what you would pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
KP CO Gold 0/20 Copay plan (no deductible)	\$20	30%	\$10
KP CO Silver 2500/30 Deductible plan (\$2,500 deductible)	\$30 (1st visit at no charge)	30%*	\$15
KP CO Bronze 5000/30%/HSA HSA-qualified deductible plan (\$5,000 deductible)	30%*	30%*	\$20*

*If you've met your deductible

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

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

Health plan benefit highlights

The charts on the next few pages show you a sample of each plan’s benefits. Review the diagram below to help you understand how to read those charts.

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

	KP M KP CO Silver 1800/30
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$1,800/\$3,600
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	First office visit at no charge. Additional visits at \$30. ⁶
Specialty care office visit	\$50
Most X-rays	30% after deductible
Most lab tests	30% after deductible
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	First office visit at no charge. Additional visits at \$30. ⁶
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	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	30% after deductible
Urgent care visit	\$75
Ambulance services	30% after deductible
Prescription drugs (up to a 30-day supply)	
Generic	\$15 ¹
Preferred brand	\$55 ¹ after \$500 pharmacy deductible
Non-preferred brand	30% after \$500 pharmacy deductible
Specialty	30% after \$500 pharmacy deductible

KP Offered through Kaiser Permanente

M Offered through the Marketplace, Connect for Health Colorado

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charges for covered services until you reach \$1,800 for yourself or \$3,600 for your family. Then you’d start paying copays or coinsurance.

Annual out-of-pocket maximum

This is the most you’ll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you’d never pay more than \$6,850 for yourself and no more than \$13,700 for your family for your copays, coinsurance, and deductible 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.

Covered before you reach 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 all are covered before you reach the deductible.

Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you’d pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you’d start paying a \$75 copay for urgent care visits, whether or not you have met your deductible.

¹Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

⁶The KP CO Silver 1800/30 and 2500/30 plans include 1 office visit at no charge before you reach your deductible. Primary care visits and outpatient mental health care visits are considered office visits.

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Financial assistance options with lower copays and coinsurance are available for certain plans and for Native Alaskans and American Indians on Connect for Health Colorado.

	KP M KP CO Bronze 6000/50%	KP M KP CO Bronze 5500/40%	KP M KP CO Bronze 5000/30%/HSA	KP M KP CO Bronze 4750/50	KP M KP CO Silver 2750/20%/HSA
Plan type	Deductible	Deductible	HSA-qualified	Deductible	HSA-qualified
Features					
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$5,500/\$11,000	\$5,000/\$10,000	\$4,750/\$9,500	\$2,750/\$5,500
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$6,850/\$13,700	\$6,500/\$13,000	\$6,850/\$13,700	\$5,000/\$10,000
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	First 3 office visits at \$50. Additional visits at 50% after deductible. ³	First 3 office visits at \$50. Additional visits at 40% after deductible. ³	30% after deductible	First 3 office visits at \$50. Additional visits at 40% after deductible. ³	20% after deductible
Specialty care office visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Most X-rays	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Most lab tests	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
MRI, CT, PET	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Outpatient surgery	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Mental health visit	First 3 office visits at \$50. Additional visits at 50% after deductible. ³	First 3 office visits at \$50. Additional visits at 40% after deductible. ³	30% after deductible	First 3 office visits at \$50. Additional visits at 40% after deductible. ³	20% after deductible
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Delivery and inpatient well-baby care	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Emergency and urgent care					
Emergency Department visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Urgent care visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Ambulance services	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Prescription drugs (up to a 30-day supply)²					
Generic	50% after deductible	\$25 ¹	\$20 ¹ after deductible	40% after deductible	\$15 ¹ after deductible
Preferred brand	50% after deductible	\$110 ¹	30% after deductible	40% after deductible	\$55 ¹ after deductible
Non-preferred brand	50% after deductible	\$570 ¹	30% after deductible	40% after deductible	20% after deductible
Specialty	50% after deductible	\$570 ¹	30% after deductible	40% after deductible	20% after deductible

¹Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

²Visit kp.org/formulary to view the formulary that your doctor uses to help determine the safest, most effective drugs to prescribe for you. You can also see if a medication is available as a generic drug.

³The KP CO Bronze 4750/50, 5500/40%, and 6000/50% plans include 3 office visits at \$50 before you reach your deductible. Primary care visits and outpatient mental health care visits are considered office visits.

This plan summary is meant to highlight only some of the most asked-about benefits and their copays, coinsurance, and deductibles. Please see your *Membership Agreement* for more details on your plan. To get a copy of the *Membership Agreement*, please call us at **1-800-634-4579** or contact your broker. For services subject to a deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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Financial assistance options with lower copays and coinsurance are available for certain plans and for Native Alaskans and American Indians on Connect for Health Colorado.

	KP M KP CO Silver 2500/30	KP M KP CO Silver 1800/30	KP M KP CO Gold 1000/20	KP M KP CO Gold 0/20	KP M KP CO Catastrophic ⁴
Plan type	Deductible	Deductible	Deductible	Copay	Deductible
Features					
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$1,800/\$3,600	\$1,000/\$2,000	\$0	\$6,850/\$13,700
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$6,850/\$13,700	\$6,350/\$12,700	\$6,850/\$13,700	\$6,850/\$13,700
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	First office visit at no charge. Additional visits at \$30. ⁶	First office visit at no charge. Additional visits at \$30. ⁶	\$20	\$20	First 3 office visits at no charge. Additional visits at no charge after deductible. ⁵
Specialty care office visit	\$50	\$50	\$40	\$40	No charge after deductible
Most X-rays	30% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Most lab tests	30% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
MRI, CT, PET	30% after deductible	30% after deductible	20% after deductible	\$250	No charge after deductible
Outpatient surgery	30% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Mental health visit	First office visit at no charge. Additional visits at \$30. ⁶	First office visit at no charge. Additional visits at \$30. ⁶	\$20	\$20	First 3 office visits at no charge. Additional visits at no charge after deductible. ⁵
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% 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	30% after deductible	30% after deductible	20% after deductible	No charge	No charge after deductible
Delivery and inpatient well-baby care	30% 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	30% after deductible	30% after deductible	20% after deductible	\$250	No charge after deductible
Urgent care visit	\$75	\$75	\$75	\$75	No charge after deductible
Ambulance services	30% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Prescription drugs (up to a 30-day supply)²					
Generic	\$15 ¹	\$15 ¹	\$10 ¹	\$10 ¹	No charge after deductible
Preferred brand	\$55 ¹	\$55 ¹ after \$500 pharmacy deductible	\$30 ¹	\$30 ¹	No charge after deductible
Non-preferred brand	\$570 ¹	30% after \$500 pharmacy deductible	20%	\$570 ¹	No charge after deductible
Specialty	\$570 ¹	30% after \$500 pharmacy deductible	20%	\$570 ¹	No charge after deductible

¹**Mail order:** 90-day supply of qualified prescriptions for the cost of a 60-day supply.

²Visit kp.org/formulary to view the formulary that your doctor uses to help determine the safest, most effective drugs to prescribe for you. You can also see if a medication is available as a generic drug.

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

⁴Only applicants younger than age 30 or applicants age 30 and older who receive an exemption due to lack of affordable coverage or hardship may enroll in this plan. To apply for an exemption, please go to marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf and follow the instructions.

⁵The KP CO Catastrophic plan includes 3 office visits at no charge before you reach your deductible. Primary care visits and outpatient mental health care visits are considered office visits.

⁶The KP CO Silver 1800/30 and 2500/30 plans include 1 office visit at no charge before you reach your deductible. Primary care visits and outpatient mental health care visits are considered office visits.

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Pediatric dental care

Kaiser Permanente health plans provide essential health benefits, including pediatric dental benefits.

A reason to smile

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

Quality pediatric dental care

Pediatric (child) 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.

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

Delta Dental pediatric dental benefits

Benefits for covered children 18 and younger
Members must use a Delta Dental PPO dentist for care

Features	
Deductible	\$50 (applies to all services)
Copays	no charge
Benefits (subject to deductible)	
Diagnostic and preventive services	no charge
Basic services (Type II)	50% after deductible (limited to 2 basic procedures per year)
Major services (Type III)	50% after deductible (limited to 1 major procedure per year)

Contact Delta Dental for more information on features, benefits, and services.

Choosing a Delta Dental PPO dentist

Delta Dental makes it easy to get dental benefits for children covered on your Kaiser Permanente plan. Children must see a Delta Dental PPO dentist for care. Services provided by dentists outside of the PPO network are not covered.

- To find a dentist in the Delta Dental PPO network, you can visit deltadentalco.com and use the “Find a Dentist” search box 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 in the PPO network. You can also use the app to download 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**.

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

Do you need help paying for health care? Under health care reform, the federal government will provide federal financial assistance for many people, depending on their income. Learn more below.

3 things to know:

- Financial assistance is available for premiums and out-of-pocket expenses.
- If you qualify for assistance, the federal government will pay us directly for it.
- Assistance is available on a sliding scale, based on income and family size.



Determine if you qualify

Call us at **1-800-494-5314** or go to Connect for Health Colorado to see if you qualify for assistance. (For TTY for the deaf, hard of hearing, or speech impaired, call **711**). Or contact your broker.

Both your eligibility and the exact amount of your financial assistance will be determined by Connect for Health Colorado.

To quickly check if you may be eligible, use this chart, which shows the estimated family income levels that qualify people for help paying premiums.

Number of people in household	Annual family income level
1	\$47,080 or below
2	\$63,720 or below
3	\$80,360 or below
4	\$97,000 or below
5	\$113,640 or below
6	\$130,280 or below
7	\$146,920 or below
8	\$163,560 or below

You can also use our online calculator to find out if you may qualify. Just go to **buykp.org**.



If you do qualify

If you qualify, you'll need to buy your plan through Connect for Health Colorado. If you'd like, we can help you enroll in one of our plans there. Just call us at **1-800-494-5314** (TTY **711** for the deaf, hard of hearing, or speech impaired).

Avoid being billed twice: If you do enroll in a plan through Connect for Health Colorado, cancel your current Kaiser Permanente plan by calling our Member Service Contact Center at **1-800-464-4000** on or before the start date of your new plan.



If you don't qualify

Even if you can't get assistance from the federal government, you can buy a Kaiser Permanente plan from us or through Connect for Health Colorado.

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

The right choice for a healthier you

Learn more about all that Kaiser Permanente has to offer. Visit kp.org/thrive, contact your agent or broker, or call us at **1-800-494-5314** (711 TTY for the deaf, hard of hearing, or speech impaired).



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