

The right choice for your 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 answer in this guide.

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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 your doctor – and change anytime

Getting you connected with a doctor who suits your individual needs is our top priority. When you have a doctor you connect with, it's easier to stay healthy.

Finding the right doctor

Browse our online doctor profiles at kp.org/searchdoctors to see your options. You'll find information on a wide range of great doctors, including their education, credentials, and specialties. Then choose the one who's right for you.

You can choose your doctor from:

- Adult medicine/internal medicine
- Family medicine
- Pediatrics/family medicine (for children up to 18)

Choose 1 doctor for your whole family or a different doctor for each family member. You can also change your doctor anytime.

Seeing specialists, often without a referral

You don't need a referral for **obstetrics-gynecology, optometry, psychiatry, chemical dependency, or addiction medicine**. For other specialties, your doctor can easily refer you.



Easy access for easier care

With convenient hours and locations, it's simple to get the care you and your family need. Many of our locations offer same-day or next-day, after-hours, and weekend services, along with ob-gyn, pediatrics, and other specialty departments.

Many services under one roof

Most of our facilities offer a wide variety of care and services, so you can take care of several health care needs in one visit. You can see your doctor or specialist, get a lab test or an X-ray, and pick up your medications, all without leaving the building.



Manage your health – anytime, anywhere

Online at kp.org or with our mobile app, it's easy to stay on top of the care you get at our facilities, 24/7:

- Schedule and cancel routine appointments.
- View most lab results as soon as they're available.
- Email your doctor's office with nonurgent questions.
- Print vaccination records for school, sports, or camp.
- Manage a family member's health.*
- Use tools to help manage your coverage and costs.
- Refill most prescriptions with no charge for shipping.

Visit kp.org/experience to see how it works.

*Due to privacy laws, certain features may not be available if they're being accessed on behalf of a child younger than 18. Your child's physician may also be prevented from giving you certain information without your child's consent.

Great care, great results

Get the care you need to stay your healthiest. Whether it's time for a preventive screening or you need help while traveling away from home, we're here for you.

Preventive care at no cost

To catch problems early, before they get serious, we offer preventive screenings, routine appointments, and more. No matter which Kaiser Permanente plan you choose, there's no cost for most preventive care services.

Through your electronic health record, your care team knows what you're due for and can help keep you up-to-date. With this focus on prevention, our members can rely on impressive results.

Leading the way in prevention

89% of members diagnosed with high blood pressure now have it under control, compared to 63% nationally.*

More stats to come

Getting care away from home

Travel with the peace of mind of knowing you're covered for emergency and urgent care anywhere in the world. You can also get help planning your trip at kp.org/travel. You'll find important steps you can take before, during, and after your trip. And you can get travel resources including claim forms, in case you need to file a claim for reimbursement after you get back.

Healthy resources

Take advantage of a wide range of convenient tools to help you stay well – from health classes at our locations to personal support from a wellness coach.

- **Health classes:** Choose from many classes and support groups offered at our facilities.†
- **Healthy lifestyle programs:** Our personalized online programs can help you lose weight, reduce stress, quit smoking, and more – at no cost to members.
- **Wellness coaching:** Our wellness coaches will work one-on-one with you to help you achieve your health goals – at no additional cost to members and with no referrals needed.
- **Special rates for members:** Get reduced rates on a variety of products and services, like gym membership and massage therapy through ChooseHealthy™.
- **Online wellness tools:** You can find health calculators, podcasts, recipes, fitness videos, and more at kp.org/livehealthy.

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

†Classes vary at each Kaiser Permanente facility and some may require a fee.

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

Legally, most U.S. residents must have health coverage. If you don't, you may have to pay a tax penalty to the federal government.

~~If you had health coverage in 2016, you will receive a form that shows you had coverage to avoid the penalty, or show proof that you don't need to have coverage because you qualify for an exemption.~~

Why choose Kaiser Permanente?

- All the plans in this guide meet the standards of health care reform. They 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 Marketplaces.

Health coverage – why you need it

Almost everyone gets sick or hurt, or needs medical care at some point. Health coverage helps you pay for the care you need to get better – like seeing a doctor, staying in a hospital, or taking medication.

Health coverage also covers care that helps you stay healthy. Preventive care – like mammograms and cholesterol tests – can help catch health problems early, when they're easier to treat.

Without coverage, paying for all this care can be difficult. High medical bills can even wipe out savings or lead to personal bankruptcy.

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

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, 2017.**

Enrolling during the 2017 open enrollment period

You may change or apply for 2017 coverage during the open enrollment period, which runs from **November 1, 2016, through January 31, 2017.** You can do so either through **exchange** or through Kaiser Permanente.

To start coverage on:	Send your completed application and premium by:
January 1, 2017	December 15, 2016
February 1, 2017	January 15, 2017
March 1, 2017	January 31, 2017

Enrolling during a special enrollment period

You also 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. If you know that you'll be losing coverage, you can also apply for new coverage 60 days in advance.

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

Applying for health coverage is easy. Choose a plan that puts you on the road to better health. Just follow these steps and see the rest of this guide for helpful information.



Choose a plan

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



Calculate your rate

Use the rate calculator on page 15 to find out what your monthly rate would be for the plan you choose.



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 paying monthly premiums or out-of-pocket costs, such as copays, coinsurance, or deductibles. See "You may qualify for federal financial assistance" on page 16 for more information.



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 [exchange name](#). Call us at 1-800-494-5314.

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

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. Learn more below.

Copay and coinsurance plans

Platinum, Gold

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.

Deductible plans

Gold, Silver, Bronze

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.

HSA-qualified deductible plans

Silver, Bronze

HSA-qualified deductible plans are deductible plans with a special feature. 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.

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.

*For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://www.irs.gov).

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 (Emergency Department visit, lab test, etc.)
Platinum	\$\$\$	\$
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 Gold 8 HMO 0/30 (No deductible)	\$0	\$50	\$15
KP Silver HMO 1250/40 (\$1,000 deductible)	\$40	\$88 or \$40*	\$20
KP Bronze 60 HSA 3500/30 (\$3,500 deductible)	\$100 or \$30*	\$88 or \$30*	\$24 or \$15*

*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

	<div> <div>KP</div> <div>M</div> </div> <div> <div>KP Silver</div> <div>1500/30/Dental</div> </div>
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$1,500/\$3,000
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	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	30% after deductible
Inpatient hospital care	
Room and board, surgery, anesthesia, X-ray, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	\$350
Urgent care visit	\$350
Ambulance service	\$\$\$
Prescription drugs (up to a 30-day supply)	
Generic	\$15/\$10 preventive generic
Preferred brand	\$45 after \$250 pharmacy deductible
Non-preferred brand	30% after \$250 pharmacy deductible
Specialty	30% after \$250 pharmacy deductible

KP Offered through Kaiser Permanente

M Offered through the Marketplace, **exchange name**

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 **\$1,500** for yourself or **\$3,000** for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than **\$6,350** for yourself and no more than **\$12,700** 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

With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, primary care visits are covered at a **\$30** copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

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 **\$50** copay for urgent care visits, whether or not you have met your deductible.

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Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on [exchange website](#).

	<div>KP</div> <div>M</div> <div>KP Bronze 5000/30%/HSA</div>	<div>KP</div> <div>KP Bronze 4500/50/HSA</div>	<div>M</div> <div>KP Bronze 4500/50</div>	<div>KP</div> <div>KP Silver 1750/25%/HSA</div>
Plan type	HSA-qualified	HSA-qualified	Deductible	HSA-qualified
Features				
Annual medical deductible (individual/family)	\$5,000/\$10,000	\$4,500/\$9,000	\$4,500/\$9,000	\$1,750/\$3,500
Annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700	\$4,750/\$9,500
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	\$50	25% after deductible
Specialty care office visit	30% after deductible	\$70 after deductible	\$70	25% after deductible
Most X-rays	30% after deductible	30% after deductible	20% after deductible	25% after deductible
Most lab tests	30% after deductible	30% after deductible	20% after deductible	25% after deductible
MRI, CT, PET	30% after deductible	\$500 after deductible	\$500	25% after deductible
Outpatient surgery	30% after deductible	30% after deductible	20% after deductible	25% after deductible
Mental health visit	30% after deductible	\$50 after deductible	\$50	25% after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	\$500 per day (up to \$2,000) after deductible	20% after deductible	25% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	\$500 per day (up to \$2,000) after deductible	20% after deductible	25% after deductible
Emergency and urgent care				
Emergency Department visit	30% after deductible	\$500 after deductible	\$400	25% after deductible
Urgent care visit	30% after deductible	\$70 after deductible	\$70	25% after deductible
Prescription drugs (up to a 30-day supply)				
Generic	\$20*/\$15* preventive generic all after deductible	\$20*/\$15* preventive generic all after deductible	\$30*/\$25* preventive generic	\$15*/\$10* preventive generic all after deductible
Preferred brand	\$50* after deductible	\$50* after deductible	\$90* after \$500 pharmacy deductible	\$45* after deductible
Non-preferred brand	30% after deductible	30% after deductible	50% after \$500 pharmacy deductible	30% after deductible
Specialty	30% after deductible	30% after deductible	50% after \$500 pharmacy deductible	30% after deductible
Whole health				
Additional benefits	\$20*/\$15* preventive generic all after deductible	\$20*/\$15* preventive generic all after deductible	\$30*/\$25* preventive generic	\$15*/\$10* preventive generic all after deductible

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

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the Evidence of Coverage for more details on your plan or for specific limitations and exclusions. To request a copy of the Evidence of Coverage, please call us at 1-800-634-4579 or contact your broker. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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	<div>KP</div>	<div>M</div>	<div>KP</div>	<div>M</div>	
	KP Silver 2500/30		KP Silver 1500/30		KP Gold 1000/20
Plan type	Deductible		Deductible		Deductible
Features					
Annual medical deductible (individual/family)	\$2,500/\$5,000		\$1,500/\$3,000		\$1,000/\$2,000
Annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700		\$6,350/\$12,700		\$4,650/\$9,300
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge		No charge		No charge
Outpatient services (per visit or procedure)					
Primary care office visit	\$30		\$30		\$20
Specialty care office visit	\$50		\$50		\$40
Most X-rays	30% after deductible		30% after deductible		20% after deductible
Most lab tests	30% after deductible		30% after deductible		20% after deductible
MRI, CT, PET	\$300		\$150		\$150
Outpatient surgery	30% after deductible		30% after deductible		20% after deductible
Mental health visit	\$30		\$30		\$20
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
Maternity					
Routine prenatal care visit, first postpartum visit	No charge		No charge		No charge
Delivery and inpatient well-baby care	30% after deductible		30% after deductible		20% after deductible
Emergency and urgent care					
Emergency Department visit	\$400		\$350		\$250
Urgent care visit	\$50		\$50		\$40
Prescription drugs (up to a 30-day supply)					
Generic	\$5*/\$10* preventive generic		\$15*/\$10* preventive generic		\$10*/\$5* preventive generic
Preferred brand	\$45* after \$250 pharmacy deductible		\$45* after \$250 pharmacy deductible		\$30*
Non-preferred brand	30% after \$250 pharmacy deductible		30% after \$250 pharmacy deductible		20%
Specialty	30% after \$250 pharmacy deductible		30% after \$250 pharmacy deductible		20%
Whole health					
Additional benefits	\$15*/\$10* preventive generic		\$15*/\$10* preventive generic		\$10*/\$5* preventive generic

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

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M Offered through the Marketplace,
exchange name

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through exchange name.

	M KP Silver 1500/30/73% CSR KP Silver 3000/30/73% CSR	M KP Silver 1500/30/87% CSR KP Silver 3000/30/87% CSR	M KP Silver 1500/30/94% CSR KP Silver 3000/30/94% CSR
Plan type	HSA-qualified	HSA-qualified	Not deductible
Features			
Annual medical deductible (individual/family)	\$5,000/\$10,000	\$4,500/\$9,000	\$4,500/\$9,000
Annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$6,350/\$12,700	\$6,350/\$12,700
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	30% after deductible	\$50 after deductible	\$50
Specialty care office visit	30% after deductible	\$70 after deductible	\$70
Most X-rays	30% after deductible	30% after deductible	20% after deductible
Most lab tests	30% after deductible	30% after deductible	20% after deductible
MRI, CT, PET	30% after deductible	\$500 after deductible	\$500
Outpatient surgery	30% after deductible	30% after deductible	20% after deductible
Mental health visit	30% after deductible	\$50 after deductible	\$50
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	\$500 per day (up to \$2,000) after deductible	20% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	\$500 per day (up to \$2,000) after deductible	20% after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	\$500 after deductible	\$400
Urgent care visit	30% after deductible	\$70 after deductible	\$70
Prescription drugs (up to a 30-day supply)			
Generic	\$0*/\$15* preventive generic all after deductible	\$20*/\$15* preventive generic all after deductible	\$30*/\$25* preventive generic
Preferred brand	\$50* after deductible	\$50* after deductible	\$90* after \$500 pharmacy deductible
Non-preferred brand	30% after deductible	30% after deductible	50% after \$500 pharmacy deductible
Specialty	30% after deductible	30% after deductible	50% after \$500 pharmacy deductible
Whole health			
Additional benefits	\$20*/\$15* preventive generic all after deductible	\$20*/\$15* preventive generic all after deductible	\$30*/\$25* preventive generic

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

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M Offered through the Marketplace,
exchange name

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through exchange name.

	M KP Standard Silver Plan 73% CSR	M KP Standard Silver Plan 87% CSR	M KP Standard Silver Plan 94% CSR
Plan type	Deductible	Deductible	Deductible
Features			
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$1,500/\$3,000	\$1,000/\$2,000
Annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$6,350/\$12,700	\$4,650/\$9,300
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$30	\$30	\$20
Specialty care office visit	\$50	\$50	\$40
Most X-rays	30% after deductible	30% after deductible	20% after deductible
Most lab tests	30% after deductible	30% after deductible	20% after deductible
MRI, CT, PET	\$300	\$250	\$150
Outpatient surgery	30% after deductible	20% after deductible	20% after deductible
Mental health visit	\$30	\$40	\$20
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
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	20% after deductible
Emergency and urgent care			
Emergency Department visit	\$400	\$350	\$250
Urgent care visit	\$50	\$50	\$40
Prescription drugs (up to a 30-day supply)			
Generic	\$5*/\$10* preventive generic	\$15*/\$10* preventive generic	\$10*/\$5* preventive generic
Preferred brand	\$45* after \$250 pharmacy deductible	\$45* after \$250 pharmacy deductible	\$30*
Non-preferred brand	30% after \$250 pharmacy deductible	30% after \$250 pharmacy deductible	20%
Specialty	30% after \$250 pharmacy deductible	30% after \$250 pharmacy deductible	20%
Whole health			
Additional benefits	\$15*/\$10* preventive generic	\$15*/\$10* preventive generic	\$10*/\$5* preventive generic

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

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the Evidence of Coverage for more details on your plan or for specific limitations and exclusions. To request a copy of the Evidence of Coverage, please call us at 1-800-634-4579 or contact your broker. For services subject to the deductible, you'll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

Dental and vision care

We emphasize healthy smiles through preventive care. Kaiser Permanente health plans provide essential health benefits, including pediatric dental benefits for those 18 and younger, in addition to a Preventive Dental Plan for adults 19 and older. Dental benefits are administered through Dominion Dental Services USA, Inc. (Dominion Dental).

A reason to smile

In the Preventive Dental Plan, adults pay a \$30 copay for preventive care procedures such as routine cleanings, oral examinations, and topical fluoride, plus bitewing X-rays.

More extensive care is provided at savings of up to 70% or less compared with the usual and customary charges for these services. You pay only the amount listed on the Dominion fee schedule. The combination of predictable costs, no deductibles, and no annual maximums helps you plan for out-of-pocket fees.

Choosing a dentist

You may choose any general dentist from the list of participating dental providers. Specialty care is also available. To see a participating specialist, you'll need a referral from a participating general dentist. These dentists are conveniently located throughout the community.

To locate a participating provider, please visit domiondental.com/kaiserdentists or call Dominion at 1-888-518-5338.

Quality dental care

With the Preventive Dental Plan, you can be confident that your dentist was carefully selected. All dentists go through a quality assurance program developed in accordance with the National Committee for Quality Assurance (NCQA). This process confirms that each dentist has the required credentials and has passed a thorough on-site office evaluation.

Enhanced adult dental benefits

For an additional premium of \$15.02 per month, adults 19 and older can choose to enroll in an enhanced dental plan that offers orthodontic coverage, a \$10 copay for most preventive care procedures, and even lower fees on more extensive care than the Preventive Dental Plan. To enroll, select the option on your application to enhance your dental coverage with the dental HMO rider.

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 it directly to us.
- 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 [exchange website](#) to see if you qualify for assistance. ~~(For TTY for the deaf, hard of hearing, or speech impaired, call 711)~~ Or contact your [agent or broker](#).

Both your eligibility and the exact amount of your financial assistance will be determined by [exchange name](#).

To quickly check if you may be eligible, use this chart, which shows the estimated 2016 family income levels that qualify people for help with paying premiums.

Number of people in household	Annual family income level
1	\$44,520 or below
2	\$64,080 or below
3	\$80,640 or below
4	\$97,200 or below
5	\$113,760 or below
6	\$130,320 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 [exchange name](#). 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)~~.

Keep in mind that enrolling in a new plan will not end any other coverage you have through [exchange name](#) or Kaiser Permanente. Don't want to pay for 2 plans? Be sure to end your current plan the day before your new plan starts. That way, you'll avoid paying 2 premiums and having a gap in your coverage.

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 [exchange name](#).

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

Working out your rate

Use the rate calculator and monthly rates chart on the following pages to help you evaluate our plan options, or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you will need to pay when you get care. See page 8 for more information.

What determines your rate?

Your rate is based on the following:

- Adult medicine/internal medicine
- Where you live, **based on your county and ZIP code**
- Your age on your start date (effective date)
- **Whether you use tobacco**
- **If you already have pediatric dental coverage for children 18 and younger**
- **If you add an optional dental rider for family members 19 and older**

Family plans have advantages:

- Children can be covered under your plan until they reach age 26, whether or not they're in school or living at home.
- If you have more than 3 children under 21 on the same plan, you will only be charged for the 3 oldest. Other children under 21 are covered at no additional cost.
- **If you have a child-only account and everyone on the account is under 21, you will only be charged for the subscriber and the 3 oldest children under 21.**

The rates on page 16 apply to the ZIP codes below. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

ZIP codes for < region name >

20101-05	20104-97	22121-22	22340-41	22534-35
20108-13	22098	22124-25	22360-65	22538
20117-22	22003	22134-35	22320	22544-47
20120-21	22009	22150-51	22323-24	22551
20129-30	22015	22156	22350	22553-56
20131-32	22025-27	22157-61	22401-08	22565
20139-37	22030-44	22172	22412	22567
20141-43	22046	22180-83	22430	22580
20146-49	22048	22185	22443	22720
20151-53	22060-67	22191-95	22448	22728
20155-56	22079	22199	22451	22736
20158-60	22081-82	22201-07	22463	22960
20163-64	22090-96	22209-17	22471	23015
20167-78	22101-03	22219	22481	23024
20180-82	22106-09	22222	22485	23117
20183-84	22116	22225-27	22508	
20187-92	22118-19	22230	22526	

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



Rate calculator

To figure out the total monthly rate for your health plan for you and your family, just follow these steps. Or, if you apply online through buykp.org/apply, your rate will be calculated automatically.

- On the worksheet below, list everyone you want to cover:
 - Yourself
 - Your spouse/**domestic partner**
 - Each adult child 21 through 25
 - Your 3 oldest children under 21 (other children under 21 are covered at no charge)
- Find the plan you're considering in the rate chart on the next page.
- Find the rate for each family member, based on his or her age on the start date.
- Unless you have pediatric dental coverage from another company, please add the pediatric dental plan rate for each of the 3 oldest children 18 and younger.**
- If you are adding the optional dental rider for adults 19 and older, please add \$15.02 per adult to your monthly rates.**
- Add up the rates.

your monthly rate worksheet

Plan choice		A	B	C
Family member name	Family member age	Rate for plan A	Rate for plan B	Rate for plan C
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Subtotal for health plan monthly rate		\$	\$	\$
Optional dental rider (add \$15.02 per adult 19 and older)		$\text{ } \times \$15.02 = \$$	$\text{ } \times \$15.02 = \$$	$\text{ } \times \$15.02 = \$$
Pediatric dental plan (add the rate from page 12 per child 18 and younger)		$\text{ } \times \$ = \$$	$\text{ } \times \$ = \$$	$\text{ } \times \$ = \$$
Total health plan monthly rate		\$	\$	\$

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

2017 Monthly rates

Please note: These rates do not include the federal financial assistance you may be eligible to receive.

Age on 2017 effective date	KP Bronze 5000/30%/HSA Dental	KP Bronze 4500/50/HSA Dental	KP Bronze 4500/50 Dental	KP Silver 1750/25%/HSA Dental	KP Silver 2500/30 Dental	KP Silver 1500/30 Dental	KP Gold 1000/20 Dental	KP Gold 0/20 Dental	KP Catastrophic 6350/0 Dental ¹
21	\$113.62	\$114.48	\$116.36	\$135.96	\$138.28	\$142.86	\$157.31	\$176.88	\$107.34
21	180.08	181.43	184.39	215.26	218.92	226.13	248.88	278.40	170.19
22	180.08	181.43	184.39	215.26	218.92	226.13	248.88	278.40	170.19
23	180.08	181.43	184.39	215.26	218.92	226.13	248.88	278.40	170.19
24	180.08	181.43	184.39	215.26	218.92	226.13	248.88	278.40	170.19
25	180.79	182.15	185.12	216.12	219.79	227.03	249.87	279.51	170.87
26	184.37	185.76	188.79	220.40	224.14	231.39	254.63	285.06	174.55
27	188.67	190.09	193.19	225.54	229.37	236.93	259.77	291.71	178.30
28	195.64	197.12	200.33	233.89	237.86	245.72	270.43	302.52	184.90
29	201.37	202.89	206.20	240.74	244.83	252.90	278.36	311.11	190.31
30	204.23	205.77	209.13	244.17	248.31	256.50	282.32	315.81	193.01
31	208.53	210.10	213.53	249.31	253.54	261.90	288.27	320.09	197.07
32	212.82	214.42	217.92	254.44	258.77	267.30	294.21	329.14	201.13
33	215.50	217.13	220.67	257.66	262.03	270.67	297.97	333.00	203.66
34	218.37	220.01	223.60	261.08	265.53	274.27	301.81	337.74	206.37
35	219.80	221.45	225.07	262.26	266.90	276.07	303.87	339.95	207.72
36	221.23	222.90	226.54	264.51	269.00	277.87	305.81	342.17	209.07
37	222.66	224.34	228.00	266.22	270.74	279.67	307.81	344.39	210.42
38	224.09	225.78	229.47	267.93	272.49	281.47	309.82	346.61	211.78
39	226.96	228.67	232.40	271.36	275.89	285.07	313.78	351.04	214.48
40	229.82	231.55	235.33	274.77	279.45	288.67	317.75	355.48	217.18
41	234.11	235.88	239.70	279.92	284.68	293.74	323.69	362.13	221.24
42	238.23	240.02	243.94	284.85	289.69	299.14	329.39	368.51	225.13
43	243.95	245.79	249.81	291.71	296.66	306.44	337.32	377.38	230.54
44	251.11	253.00	257.14	299.67	305.07	315.44	347.23	388.47	237.30
45	259.52	261.48	265.74	310.33	315.60	326.02	358.87	401.50	245.25
46	269.54	271.57	276.01	322.32	327.60	338.62	372.74	417.03	254.71
47	280.81	282.93	287.55	335.81	341.62	352.79	388.35	434.50	265.36
48	293.70	295.91	300.75	351.22	357.20	368.99	406.18	454.46	277.53
49	306.60	308.71	313.76	366.42	372.66	384.96	423.77	474.14	289.53
50	320.71	323.13	328.42	383.55	390.08	402.96	443.59	496.32	303.06
51	335.85	338.38	342.89	400.47	407.28	420.73	463.16	518.23	316.41
52	350.44	353.06	358.81	419.10	426.23	440.31	484.71	542.35	331.12
53	366.16	368.92	374.86	437.94	445.39	460.10	506.51	566.75	345.99
54	383.16	386.05	392.37	458.28	466.08	481.48	530.05	593.09	362.05
55	401.16	403.18	409.78	478.62	486.77	502.85	553.58	619.42	378.11
56	418.59	421.77	428.65	500.67	509.20	526.02	579.10	647.98	395.52
57	437.19	440.51	447.71	522.94	531.84	549.42	604.86	676.82	413.10
58	457.06	460.51	468.05	546.71	556.02	574.39	632.36	707.59	431.87
59	466.55	470.14	478.12	558.48	567.99	586.77	645.99	722.84	441.16
60	486.78	490.43	498.46	582.25	592.16	611.74	673.48	753.61	459.93
61	503.93	507.74	516.06	602.80	613.07	633.34	697.26	780.23	476.16
62	515.21	519.10	527.60	616.29	626.79	647.51	712.87	797.70	486.80
63	527.44	533.34	542.08	633.21	643.99	665.28	732.44	819.60	500.16
64+	537.93	542.00	550.87	643.49	654.45	676.08	744.33	832.91	508.27

Rates are effective January 1, 2017, through December 31, 2017.



Cost Share Reduction (CSR) Plans 2017 Monthly rates

Please note: You must qualify for and enroll in the CSR plans on this page through **exchange name**.

Age on 2017 effective date	KP Silver 1500/30/73% CSR	KP Silver 3000/30/73% CSR	KP Silver 1500/30/87% CSR	KP Silver 3000/30/87% CSR	KP Silver 1500/30/94% CSR	KP Silver 3000/30/94% CSR	KP Standard Silver Plan 73% CSR	KP Standard Silver Plan 87% CSR	KP Standard Silver Plan 94% CSR
21	\$113.62	\$114.48	\$116.36	\$135.96	\$138.28	\$142.86	\$157.31	\$176.88	\$107.34
21	180.08	181.43	184.39	215.26	218.92	226.13	248.88	283.40	170.19
22	180.08	181.43	184.39	215.26	218.92	226.13	248.88	283.40	170.19
23	180.08	181.43	184.39	215.26	218.92	226.13	248.88	283.40	170.19
24	180.08	181.43	184.39	215.26	218.92	226.13	248.88	283.40	170.19
25	180.79	182.15	185.12	216.12	219.79	227.03	249.87	279.51	170.87
26	184.37	185.76	188.79	220.40	224.14	231.49	254.63	285.06	174.55
27	188.67	190.09	193.19	225.54	229.37	236.93	259.77	291.71	178.30
28	195.64	197.12	200.33	233.89	237.86	245.72	270.43	302.52	184.90
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45	259.52	261.48	265.71	310.33	315.60	326.02	358.87	401.50	245.25
46	269.54	271.51	276.01	322.32	327.60	338.62	372.74	417.03	254.71
47	280.81	282.93	287.55	335.81	341.62	352.79	388.35	434.50	265.36
48	293.70	295.91	300.75	351.22	357.20	368.99	406.18	454.46	277.53
49	306.60	308.71	313.76	366.42	372.66	384.96	423.77	474.14	289.53
50	320.71	323.13	328.42	383.55	390.08	402.96	443.59	496.32	303.06
51	335.85	337.38	342.89	400.47	407.28	420.73	463.16	518.23	316.41
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55	401.16	403.18	409.78	478.62	486.77	502.85	553.58	619.42	378.11
56	418.59	421.71	428.65	500.67	509.20	526.02	579.10	647.98	395.52
57	437.19	440.31	447.71	522.94	531.84	549.42	604.86	676.82	413.10
58	457.06	460.18	468.05	546.71	556.02	574.39	632.36	707.59	431.87
59	466.51	470.44	478.12	558.48	567.99	586.77	645.99	722.84	441.16
60	486.78	490.43	498.46	582.25	592.16	611.74	673.48	753.61	459.93
61	503.93	507.74	516.06	602.80	613.07	633.34	697.26	780.23	476.16
62	515.21	519.10	527.60	616.29	626.79	647.51	712.87	797.70	486.80
63	527.44	533.34	542.08	633.21	643.99	665.28	732.44	819.60	500.16
64+	537.93	542.00	550.87	643.49	654.45	676.08	744.33	832.91	508.27

Rates are effective January 1, 2017, through December 31, 2017.

Finding 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 kp.org/facilities to find the one nearest you.

2017 Plan Brochure
Map F.P.O.
Under Construction

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

Important details and notices

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