

# Healthy together

Care and coverage that fits your life



# Welcome to care that fits your life



\*When appropriate and available.

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

# 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.

## Simple steps to apply

Use this guide to help you find a plan that works for you. Then, apply online or fill out a paper application.

**Choose your health plan .....3**

**Pediatric dental care .....12**



Visit **buykp.org/apply** to compare plans, see if you qualify for federal financial assistance, calculate your rate, or apply online.

## Important deadline for open enrollment

The open enrollment period for 2019 coverage runs from **November 1, 2018, through January 15, 2019.**

You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Connect for Health Colorado.

For coverage that starts on January 1, 2019, we must receive your Application for Health Coverage and first month's premium **no later than December 15, 2018.**

## Enrolling during a special enrollment period

Are you getting married, having a baby, or losing your health coverage? You may also enroll or change your coverage throughout the year if you have a qualifying life event.

Visit **kp.org/specialenrollment** for a list of qualifying life events and instructions.

# Your care, your way

Get care where, when, and how you want it. With more options to choose from, it's easier to stay on top of your health.

## Choose how you connect to care



### Online

Stay on top of your care at **kp.org**. Once you're registered, you can view your medical record, refill most prescriptions, schedule routine appointments, and more. Email your doctor's office anytime with nonurgent questions. You'll usually get a response within 2 business days.



### Phone

Have a condition that doesn't require an in-person exam? Save yourself a trip to the office by scheduling a call with a Kaiser Permanente doctor.



### In person

Most of our locations have many services under one roof, so you can see your doctor, get lab services or X-rays, and pick up a prescription – all in the same trip.



### Online wellness tools

Visit **kp.org/healthyliving** for wellness information, health calculators, fitness videos, podcasts, and recipes from world-class chefs.



### Chat Online

Connect in real time with a Kaiser Permanente physician. Log on to **kp.org** and click "Chat."



### Video

Want a convenient, secure way to see a doctor wherever you are? Meet face-to-face online. Call us or email your doctor's office to see if video visits are available to you.

Some features are available only when you get 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.

# Choose your health plan

## 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 is different. Learn more below.

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### Copay plans

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#### Gold

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

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### Deductible plans

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#### Gold, Silver, Bronze, Catastrophic

With a deductible plan, your monthly premium is lower, but you'll have to reach a deductible. This means you'll pay the full charges for most 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.

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### HSA-qualified deductible plans

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#### 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.

## If you live in Colorado Springs or the surrounding area

If you live in Colorado Springs or the surrounding area, your Kaiser Permanente health plan will be in the KP Select network. As a KP Select member, you'll have the choice of more than 750 network providers, including your choice of any of the 1,200 Kaiser Permanente doctors in Colorado.

### Choosing a doctor

As a KP Select member, you'll choose a doctor from the KP Select network. To find a list of KP Select providers, visit [kp.org](https://kp.org) and click "Locate our services," then "Find doctors and locations."

### Prescription benefits

Your first fill of any prescription and those for acute conditions, such as antibiotics for infections and medication for pain, are done at a Kaiser Permanente medical office pharmacy or network

pharmacy. Prescription refills for maintenance medications, such as for birth control, diabetes, or cholesterol, are done at a Kaiser Permanente medical office pharmacy or through Kaiser Permanente mail order.

### Hospital care







For scheduled inpatient hospital care, you have access to Memorial Hospital Central and Memorial Hospital North in Colorado Springs, and UCHealth Pikes Peak Regional Hospital in Woodland Park.

\*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://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

Plan level	What you pay for your monthly rate	What you pay when you get care (Emergency Department 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
<b>KP Gold 0/20 Rx Copay plan</b> (No deductible)	\$20	35%	\$10
<b>KP CO Silver 4500/30 X Deductible plan</b> (\$4,500 deductible)	\$30	35%*	\$15
<b>KP Bronze 5500/30% HSA-qualified deductible plan</b> (\$5,500 deductible)	30%*	30%*	\$20*

\*If you've met your deductible

The cost estimates above are from our estimate tools website, [kp.org/treatmentestimates](https://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.

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# Understanding the plans: 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> KP CO Silver 2500/25 X KP Select CO Silver 2500/25 X
Plan type	Deductible
<b>Features</b>	
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000
<b>Benefits</b>	
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
Primary care office visit	\$25
Specialty care office visit	\$60
Most X-rays	35% after deductible
Most lab tests	35% after deductible
MRI, CT, PET	35% after deductible
Outpatient surgery	35% after deductible
Mental health visit	\$25
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible
<b>Maternity</b>	
Routine prenatal care visit, first postpartum visit	35% after deductible
Delivery and inpatient well-baby care	35% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	35% after deductible
Urgent care visit	\$100
<b>Prescription drugs (up to a 30-day supply)</b>	
Generic	\$15
Preferred brand	\$60 after \$500 pharmacy deductible
Non-preferred brand	35% after \$500 pharmacy deductible
Specialty	35% after \$500 pharmacy deductible
<b>Whole health</b>	
Healthy services	Chiropractic care \$25 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes

**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 \$2,500 for yourself or \$5,000 for your family. Then you'd start paying copays or coinsurance.

**Annual out-of-pocket maximum**  
This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$7,500 for yourself and no more than \$15,000 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 \$25 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

**Coinurance**  
After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 35% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

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

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	<b>KP</b> <b>M</b> KP CO Bronze 6500/50 KP Select CO Bronze 6500/50	<b>KP</b> <b>M</b> KP CO Bronze 6000/50 RX Copay KP Select CO Bronze 6000/50 RX Copay	<b>KP</b> <b>M</b> KP CO Bronze 5500/30%/HSA KP Select CO Bronze 5500/30%/HSA	<b>KP</b> <b>M</b> KP CO Bronze 5250/50 KP Select CO Bronze 5250/50
Plan type	Deductible	Deductible	HSA-qualified	Deductible
<b>Features</b>				
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$6,000/\$12,000	\$5,500/\$11,000	\$5,250/\$10,500
Annual out-of-pocket maximum (individual/family)	\$7,850/\$15,700	\$7,850/\$15,700	\$6,650/\$13,300	\$7,850/\$15,700
<b>Benefits</b>				
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	First 2 office visits \$50; additional visits 50% after deductible <sup>†</sup>	First 2 office visits \$50; additional visits 40% after deductible <sup>†</sup>	30% after deductible	First 2 office visits \$50; additional visits 40% after deductible <sup>†</sup>
Specialty care office visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible
Most X-rays	50% after deductible	40% after deductible	30% after deductible	40% after deductible
Most lab tests	50% after deductible	40% after deductible	30% after deductible	40% after deductible
MRI, CT, PET	50% after deductible	40% after deductible	30% after deductible	40% after deductible
Outpatient surgery	50% after deductible	40% after deductible	30% after deductible	40% after deductible
Mental health visit	First 2 office visits \$50; additional visits 50% after deductible <sup>†</sup>	First 2 office visits \$50; additional visits 40% after deductible <sup>†</sup>	30% after deductible	First 2 office visits \$50; additional visits 40% after deductible <sup>†</sup>
<b>Inpatient hospital care</b>				
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
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible
Delivery and inpatient well-baby care	50% after deductible	40% after deductible	30% after deductible	40% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible
Urgent care visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	50% after deductible	\$30*	\$20 after deductible*	40% after deductible
Preferred brand	50% after deductible	\$150*	30% after deductible	40% after deductible
Non-preferred brand	50% after deductible	\$350*	30% after deductible	40% after deductible
Specialty	50% after deductible	\$570*	30% after deductible	40% after deductible
<b>Whole health</b>				
Healthy services	Chiropractic care 50% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 40% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 30% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 40% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes

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

<sup>†</sup>The KP CO/KP Select CO Bronze 5250/50 plans include 2 office visits at \$50 and KP CO/KP Select CO Bronze 6000/50 RX Copay & 6500/50 plans include 2 office visits at \$50 before you reach your deductible, which includes primary care visits and outpatient mental health care visits.

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

<sup>††</sup>The KP CO/KP Select CO Catastrophic plan includes 3 office visits (including primary care and outpatient mental health) at no charge before you reach your deductible.

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	<b>KP</b> <b>M</b>	<b>KP</b> <b>M</b>	<b>KP</b> <b>M</b>	<b>KP</b> <b>M</b>
	KP CO Silver 4500/30 KP Select CO Silver 4500/30 KP CO Silver 4500/30 X KP Select CO Silver 4500/30 X	KP CO Silver 3500/30 RX Copay KP Select CO Silver 3500/30 RX Copay KP CO Silver 3500/30 RX Copay X KP Select CO Silver 3500/30 RX Copay X	KP CO Silver 3000/20%/HSA KP Select CO Silver 3000/20%/HSA KP CO Silver 3000/20%/HSA X KP Select CO Silver 3000/20%/HSA X	KP CO Silver 2500/25 KP Select CO Silver 2500/25 KP CO Silver 2500/25 X KP Select CO Silver 2500/25 X
Plan type	Deductible	Deductible	HSA-qualified	Deductible
<b>Features</b>				
Annual medical deductible (individual/family)	\$4,500/\$9,000	\$3,500/\$7,000	\$3,000/\$6,000	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$7,500/\$15,000	\$5,500/\$11,000	\$7,500/\$15,000
<b>Benefits</b>				
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$30	\$30	20% after deductible	\$25
Specialty care office visit	\$60	\$60	20% after deductible	\$60
Most X-rays	35% after deductible	35% after deductible	20% after deductible	35% after deductible
Most lab tests	35% after deductible	35% after deductible	20% after deductible	35% after deductible
MRI, CT, PET	35% after deductible	35% after deductible	20% after deductible	35% after deductible
Outpatient surgery	35% after deductible	35% after deductible	20% after deductible	35% after deductible
Mental health visit	\$30	\$30	20% after deductible	\$25
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	35% after deductible	20% after deductible	35% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	35% after deductible	35% after deductible	20% after deductible	35% after deductible
Delivery and inpatient well-baby care	35% after deductible	35% after deductible	20% after deductible	35% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	35% after deductible	35% after deductible	20% after deductible	35% after deductible
Urgent care visit	\$100	\$100	20% after deductible	\$100
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$15*	\$15*	\$15 after deductible*	\$15*
Preferred brand	\$60 after \$500 pharmacy deductible*	\$60*	\$55 after deductible*	\$60 after \$500 pharmacy deductible*
Non-preferred brand	35% after \$500 pharmacy deductible	\$350*	20% after deductible	35% after \$500 pharmacy deductible
Specialty	35% after \$500 pharmacy deductible	\$570*	20% after deductible	35% after \$500 pharmacy deductible
<b>Whole health</b>				
Healthy services	Chiropractic care \$30 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$30 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 20% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$25 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes

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

†The KP CO/KP Select CO Bronze 5250/50 plans include 2 office visits at \$50 and KP CO/KP Select CO Bronze 6000/50 RX Copay & 6500/50 plans include 2 office visits at \$50 before you reach your deductible, which includes primary care visits and outpatient mental health care visits.

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

††The KP CO/KP Select CO Catastrophic plan includes 3 office visits (including primary care and outpatient mental health) at no charge before you reach your deductible.

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	<b>KP</b> <b>M</b> KP CO Gold 1500/20 KP Select CO Gold 1500/20	<b>KP</b> <b>M</b> KP CO Gold 1000/20 KP Select CO Gold 1000/20	<b>KP</b> <b>M</b> KP CO Gold 0/20 RX Copay KP Select CO Gold 0/20 RX Copay	<b>KP</b> <b>M</b> KP CO Catastrophic** KP Select CO Catastrophic**
Plan type	Deductible	Deductible	Copay	Deductible
<b>Features</b>				
Annual medical deductible (individual/family)	\$1,500/\$3,000	\$1,000/\$2,000	\$0	\$7,900/\$15,800
Annual out-of-pocket maximum (individual/family)	\$7,350/\$14,700	\$6,850/\$13,700	\$6,750/\$13,500	\$7,900/\$15,800
<b>Benefits</b>				
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$20	\$20	\$20	First 3 office visits no charge; <sup>††</sup> additional visits no charge after deductible
Specialty care office visit	\$40	\$40	\$40	No charge after deductible
Most X-rays	30% after deductible	25% after deductible	35%	No charge after deductible
Most lab tests	30% after deductible	25% after deductible	35%	No charge after deductible
MRI, CT, PET	30% after deductible	25% after deductible	\$500	No charge after deductible
Outpatient surgery	30% after deductible	25% after deductible	35%	No charge after deductible
Mental health visit	\$20	\$20	\$20	First 3 office visits no charge; <sup>††</sup> additional visits no charge after deductible
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	25% after deductible	35%	No charge after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	30% after deductible	25% after deductible	35%	No charge after deductible
Delivery and inpatient well-baby care	30% after deductible	25% after deductible	35%	No charge after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	30% after deductible	25% after deductible	\$500	No charge after deductible
Urgent care visit	\$75	\$75	\$75	No charge after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$10*	\$10*	\$10*	No charge after deductible
Preferred brand	\$30 after \$200 pharmacy deductible*	\$30*	\$30*	No charge after deductible
Non-preferred brand	30% after \$200 pharmacy deductible	25%	\$150*	No charge after deductible
Specialty	30% after \$200 pharmacy deductible	25%	\$500*	No charge after deductible
<b>Whole health</b>				
Healthy services	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care no charge after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes

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

<sup>†</sup>The KP CO/KP Select CO Bronze 5250/50 plans include 2 office visits at \$50 and KP CO/KP Select CO Bronze 6000/50 RX Copay & 6500/50 plans include 2 office visits at \$50 before you reach your deductible, which includes primary care visits and outpatient mental health care visits.

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<sup>††</sup>The KP CO/KP Select CO Catastrophic plan includes 3 office visits (including primary care and outpatient mental health) at no charge before you reach your deductible.

**M** Offered through the Marketplace,  
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## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Connect for Health Colorado.

	<b>KP</b> <b>M</b> KP CO Silver 3250/30/73% CSR KP Select CO Silver 3250/30/73% CSR	<b>KP</b> <b>M</b> KP CO Silver 600/20/87% CSR KP Select CO Silver 600/20/87% CSR	<b>KP</b> <b>M</b> KP CO Silver 100/10/94% CSR KP Select CO Silver 100/10/94% CSR	<b>KP</b> <b>M</b> KP CO Silver 2250/25/73% CSR KP Select CO Silver 2250/25/73% CSR
Plan type	CSR Deductible	CSR Copay	CSR Copay	CSR Deductible
<b>Features</b>				
Annual medical deductible (individual/family)	\$3,250/\$6,500	\$600/\$1,200	\$100/\$200	\$2,250/\$4,500
Annual out-of-pocket maximum (individual/family)	\$6,300/\$12,600	\$2,600/\$5,200	\$2,600/\$5,200	\$6,300/\$12,600
<b>Benefits</b>				
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$30	\$20	\$10	\$25
Specialty care office visit	\$60	\$40	\$20	\$50
Most X-rays	35% after deductible	30% after deductible	10% after deductible	35% after deductible
Most lab tests	35% after deductible	30% after deductible	10% after deductible	35% after deductible
MRI, CT, PET	35% after deductible	30% after deductible	10% after deductible	35% after deductible
Outpatient surgery	35% after deductible	30% after deductible	10% after deductible	35% after deductible
Mental health visit	\$30	\$20	\$10	\$25
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10% after deductible	35% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	35% after deductible	30% after deductible	10% after deductible	35% after deductible
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	10% after deductible	35% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	35% after deductible	30% after deductible	10% after deductible	35% after deductible
Urgent care visit	\$100	\$75	\$50	\$100
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$15*	\$15*	\$5*	\$15*
Preferred brand	\$60 after \$500 pharmacy deductible*	\$45*	\$15*	\$60 after \$450 pharmacy deductible*
Non-preferred brand	35% after \$500 pharmacy deductible	30%	10%	35% after \$450 pharmacy deductible
Specialty	35% after \$500 pharmacy deductible	30%	10%	35% after \$450 pharmacy deductible
<b>Whole health</b>				
Healthy services	Chiropractic care \$30 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$10 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$25 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes

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

† The KP CO/KP Select CO Bronze 5250/50 plans include 2 office visits at \$50 and KP CO/KP Select CO Bronze 6000/50 RX Copay & 6500/50 plans include 2 office visits at \$50 before you reach your deductible, which includes primary care visits and outpatient mental health care visits.

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

†† The KP CO/KP Select CO Catastrophic plan includes 3 office visits (including primary care and outpatient mental health) at no charge before you reach your deductible.

**M** Offered through the Marketplace,  
Connect for Health Colorado

## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Connect for Health Colorado.

	<b>KP</b> <b>M</b> KP CO Silver 200/25/87% CSR KP Select CO Silver 200/25/87% CSR	<b>KP</b> <b>M</b> KP CO Silver 100/5/94% CSR KP Select CO Silver 100/5/94% CSR	<b>KP</b> <b>M</b> KP CO Silver 3100/30/73% CSR KP Select CO Silver 3100/30/73% CSR	<b>KP</b> <b>M</b> KP CO Silver 500/20/87% CSR KP Select CO Silver 500/20/87% CSR
Plan type	CSR Copay	CSR Copay	CSR Deductible	CSR Deductible
<b>Features</b>				
Annual medical deductible (individual/family)	\$200/\$400	\$100/\$200	\$3,100/\$6,200	\$500/\$1,000
Annual out-of-pocket maximum (individual/family)	\$2,600/\$5,200	\$2,600/\$5,200	\$6,300/\$12,600	\$2,600/\$5,200
<b>Benefits</b>				
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$25	\$5	\$30	\$20
Specialty care office visit	\$50	\$10	\$55	\$40
Most X-rays	30% after deductible	10% after deductible	35% after deductible	30% after deductible
Most lab tests	30% after deductible	10% after deductible	35% after deductible	30% after deductible
MRI, CT, PET	30% after deductible	10% after deductible	35% after deductible	30% after deductible
Outpatient surgery	30% after deductible	10% after deductible	35% after deductible	30% after deductible
Mental health visit	\$25	\$5	\$30	\$20
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	10% after deductible	35% after deductible	30% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	30% after deductible	10% after deductible	35% after deductible	30% after deductible
Delivery and inpatient well-baby care	30% after deductible	10% after deductible	35% after deductible	30% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	30% after deductible	10% after deductible	35% after deductible	30% after deductible
Urgent care visit	\$75	\$50	\$100	\$75
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$15*	\$5*	\$15*	\$10*
Preferred brand	\$55*	\$10*	\$55*	\$45*
Non-preferred brand	30%	10%	\$350*	\$150*
Specialty	30%	10%	\$570*	\$400*
<b>Whole health</b>				
Healthy services	Chiropractic care \$25 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$5 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$30 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes

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

†The KP CO/KP Select CO Bronze 5250/50 plans include 2 office visits at \$50 and KP CO/KP Select CO Bronze 6000/50 RX Copay & 6500/50 plans include 2 office visits at \$50 before you reach your deductible, which includes primary care visits and outpatient mental health care visits.

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

††The KP CO/KP Select CO Catastrophic plan includes 3 office visits (including primary care and outpatient mental health) at no charge before you reach your deductible.

**M** Offered through the Marketplace,  
Connect for Health Colorado

## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Connect for Health Colorado.

	<b>KP</b> <b>M</b> KP CO Silver 50/10/94% CSR KP Select CO Silver 50/10/94% CSR	<b>KP</b> <b>M</b> KP CO Silver 2100/20%/73% CSR KP Select CO Silver 2100/20%/73% CSR	<b>KP</b> <b>M</b> KP CO Silver 700/10%/87% CSR KP Select CO Silver 700/10%/87% CSR	<b>KP</b> <b>M</b> KP CO Silver 250/5%/94% CSR KP Select CO Silver 250/5%/94% CSR
Plan type	CSR Copay	CSR Deductible	CSR Deductible	CSR Deductible
<b>Features</b>				
Annual medical deductible (individual/family)	\$50/\$100	\$2,100/\$4,200	\$700/\$1,400	\$250/\$500
Annual out-of-pocket maximum (individual/family)	\$2,600/\$5,200	\$5,500/\$11,000	\$2,600/\$5,200	\$2,600/\$5,200
<b>Benefits</b>				
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	\$10	20% after deductible	10% after deductible	5% after deductible
Specialty care office visit	\$20	20% after deductible	10% after deductible	5% after deductible
Most X-rays	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Most lab tests	10% after deductible	20% after deductible	10% after deductible	5% after deductible
MRI, CT, PET	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Outpatient surgery	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Mental health visit	\$10	20% after deductible	10% after deductible	5% after deductible
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible	20% after deductible	10% after deductible	5% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Delivery and inpatient well-baby care	10% after deductible	20% after deductible	10% after deductible	5% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	10% after deductible	20% after deductible	10% after deductible	5% after deductible
Urgent care visit	\$50	20% after deductible	10% after deductible	5% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$5*	\$10 after deductible*	\$10 after deductible*	\$5 after deductible*
Preferred brand	\$10*	\$55 after deductible*	\$30 after deductible*	\$10 after deductible*
Non-preferred brand	\$150*	20% after deductible	10% after deductible	5% after deductible
Specialty	\$250*	20% after deductible	10% after deductible	5% after deductible
<b>Whole health</b>				
Healthy services	Chiropractic care \$10 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 20% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 10% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 5% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes

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

† The KP CO/KP Select CO Bronze 5250/50 plans include 2 office visits at \$50 and KP CO/KP Select CO Bronze 6000/50 RX Copay & 6500/50 plans include 2 office visits at \$50 before you reach your deductible, which includes primary care visits and outpatient mental health care visits.

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†† The KP CO/KP Select CO Catastrophic plan includes 3 office visits (including primary care and outpatient mental health) at no charge before you reach your deductible.

# Pediatric dental care

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

## A reason to smile

Pediatric dental benefits are provided by Delta Dental of Colorado, one of the nation's largest and most experienced dental providers. Delta Dental provides members with the convenience of local customer service and a statewide network of 2,400 PPO providers.

## Finding a dentist

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

- **Website.** Visit [deltadentalco.com](http://deltadentalco.com) and use the Find a Dentist search tool. Search by city, state, or ZIP code for a listing in your area. Make sure the dentist information says "This provider participates in: Delta Dental PPO."
- **Mobile app.** With Delta Dental's mobile app for Android and iOS, you can search for dentists,

download an ID card, and look at benefits coverage and claims.

- **Phone.** Call Delta Dental of Colorado at **1-800-610-0201**. You can speak with a customer service agent Monday through Friday, 8 a.m. to 6 p.m., or get automated assistance 24/7.

## Important to note

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

Kaiser Permanente health plans do not include dental benefits for adults 19 and older. If you want adult dental benefits, you may purchase separate adult dental benefits from Connect for Health Colorado or another health insurance carrier. The Kaiser Permanente Catastrophic plan does not include pediatric dental benefits.

## Benefits

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

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

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

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

## NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## HELP IN YOUR LANGUAGE

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

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

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

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

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**)。

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

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

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

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

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-632-9700** (TTY: **711**) まで、お電話にてご連絡ください。

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: **711**) 번으로 전화해 주십시오.

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

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

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

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

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

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  
Tumawag sa **1-800-632-9700** (TTY: **711**).

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: **711**).

**Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: **711**).

# Care is just a click away

## Online tools designed to make your life easier

### New member?

Visit **kp.org/newmember** to get started. It's easy to register at **kp.org**, choose your doctor, transfer your prescriptions, and schedule your first routine appointment. And if you need help, just give us a call.

### Already a member?

Manage your care online anytime at **kp.org**. If you haven't already, go to **kp.org/registernow** so you can start emailing your doctor's office with nonurgent questions, schedule routine appointments, order most prescription refills, and more.

# The right choice for a healthier you

Having a good health plan is important. So is getting quality care.  
With Kaiser Permanente, you get both.

## Want to learn more?

Visit **kp.org** or call us at **1-800-494-5314**. (For TTY, call **711**.)

### Stay connected to good health



facebook.com/kpthrive



youtube.com/kaiserpermanenteorg



@kpthrive, @kpshare, @kptotalhealth



**KAISER PERMANENTE®**

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

**Kaiser Foundation Health Plan of Colorado**  
10350 E. Dakota Ave.  
Denver, CO 80247