

Kaiser Permanente for
Individuals and Families

2016 Enrollment Guide
Hawaii

together in good health

see how easy healthy can be



Making good health easier

Experience the Kaiser Permanente difference

The experience ...	Without Kaiser Permanente	With Kaiser Permanente*
 Choosing your doctor	All you know is that your doctor accepts your insurance.	You can search our doctor profiles on kp.org and choose the one who's right for you. You can even change your doctor anytime.
 Getting care in your language	Some health plans have few multilingual doctors.	We have multilingual doctors and staff, and we offer interpretation services by phone in 140+ languages.
 Choosing how you get care	Even for minor concerns, you usually make an appointment, drive to the doctor's office, and sit in the waiting room.	For minor concerns, you can request a phone appointment or email your doctor's office with routine questions.
 Calling for advice	When your child has a late-night fever, there's often no medical advice available.	Specially trained Kaiser Permanente nurses can offer medical advice by phone, 24/7.
 Making an appointment	Calling and waiting to schedule an appointment can take forever.	You can schedule routine appointments from your computer or mobile device – anytime, anywhere.
 Seeing your doctor	Your doctor may need to flip through your files, hunting for details and looking for answers you've already given.	Your doctor has your medical history and prescriptions right at his or her fingertips through your electronic health record.
 Remembering what your doctor said	Take lots of notes during your visit or trust your memory later.	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.

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 answers 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 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 our online doctor profiles where you can find information related to education, credentials, and specialties, as well as our doctors' interest areas and if they are accepting new patients.

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



Care under one roof

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.
- In most locations, 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 or turn to page 19 for a map of our locations.

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 doctor's office with nonurgent questions.
- Schedule and cancel routine appointments.
- Print vaccination records for school, sports, and camp.
- Manage a family member's health.

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

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

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

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 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.



Active&Fit® by Kaiser Permanente

Fitness facility or home exercise? Choose the program that works best for you. You can also change programs each year.

- The Active&Fit® Basic Program is \$75 per year. The Active&Fit® network includes over 10,000 fitness facilities across the nation.
- The Active&Fit® Home Exercise Program is \$10 per year. Work out anytime with our convenient home exercise kits. Choose any 2 from a variety of dynamic workout kits equipped with a motivational DVD, instructional booklet, and quick start guide.

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

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Chiropractic, Acupuncture, and Massage plans

Plus plans include the Active&Fit® benefits in addition to chiropractic, acupuncture, and massage therapy benefits. As a Kaiser Permanente Plus plan member, you get up to 12 combined visits per calendar year to participating chiropractors, acupuncturists, and massage therapists – all for a low \$20 copay per visit. Services are provided by American Specialty Health, Inc., practitioners. As an added benefit, no referrals are required for chiropractic and acupuncture services. Visit ashlink.com/ash/KaiserHIC to find a practitioner near you.

 Chiropractic and manual manipulation services	 Acupuncture services	 Massage therapy services
<ul style="list-style-type: none"> ▪ New patient exam ▪ Established patient exams ▪ Office visits with chiropractic manipulation ▪ \$50 allowance per calendar year toward chiropractic supports and appliances ▪ Adjunctive physiotherapy modalities and procedures ▪ X-rays, radiological consultations, and clinical laboratory services ▪ Covered conditions: neuromusculoskeletal disorders 	<ul style="list-style-type: none"> ▪ New patient exam ▪ Established patient exams ▪ Office visits with acupuncture treatment ▪ Adjunctive physiotherapy modalities and procedures ▪ Covered conditions: pain, nausea, and musculoskeletal and related disorders 	<ul style="list-style-type: none"> ▪ Initial therapy assessment ▪ Reassessments ▪ Massage therapy sessions require a referral. ▪ Covered conditions: myofascial/ musculoskeletal disorders, musculoskeletal functional disorders, and/or pain syndromes

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

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 Marketplaces.



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, high medical bills can wipe out savings and even lead to personal bankruptcy.

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 the Health Insurance Marketplace 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.

If you know you are going to have a triggering event, you may be able to apply for new coverage ahead of time.

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.

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

Simple steps to enroll



1. Choose a plan

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



2. Calculate your rate

Use the rate calculator on page 16 to find out what your monthly rate would be for the plan you choose.



3. 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 14 for more information.



4. 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 the Health Insurance Marketplace. Call us at **1-800-823-7423**.



5. 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.



6. Sign the application form

If your application is missing any documentation, signatures, or other information, it may be canceled.



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

- **Online:** For the fastest response, enroll online today at buykp.org/apply. Or if you're working with an agent or broker, use the personalized link he or she has provided.
- **Fax:** **1-866-920-6470** (if paying by debit or credit card)
- **Mail:** Membership Administration Dept.

Kaiser Permanente Individuals and Families Plans
P.O. Box 23219
San Diego, CA 92193-9921

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 plans

Platinum, Gold

Copay 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 certain 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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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 I \$20 Fit (No deductible)	\$20	30% coinsurance	10*/\$5* preventive generic
KP Silver II \$30 Fit (\$1,500 deductible)	\$30	\$30	15*/\$5* preventive generic
KP Bronze I \$50 Fit (\$6,000 deductible)	\$50	\$60	\$25* preventive generic

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

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>
	KP Silver III \$30 Fit
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$2,500/\$5,000
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	\$30
Specialty care office visit	\$40
Most X-rays	\$30
Most lab tests	\$30
MRI, CT, PET	\$300 after deductible
Outpatient surgery	20% after deductible
Mental health visit	\$30 primary/\$40 specialty
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	20% after deductible
Emergency and urgent care	
Emergency Department visit	20% after deductible
Urgent care visit (outside/inside service area)	20% applicable charges/ \$30 primary or \$40 specialty
Ambulance services	20% coinsurance
Prescription drugs (up to a 30-day supply)	
Generic	\$15*/\$5* preventive generic
Preferred brand	50%
Non-preferred brand	50%
Specialty	50%

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



Offered through Kaiser Permanente



Offered through the Health Insurance Marketplace

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 \$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

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 \$30 copay for urgent care visits, whether or not you have met your deductible.

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KP Offered through Kaiser Permanente

M Offered through the Health Insurance Marketplace

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on healthcare.gov.

Fit Plans	KP M KP Bronze I \$50 Fit	KP M KP Silver III \$30 Fit	KP M KP Silver II \$30 Fit
Plan type	Deductible	Deductible	Deductible
Features			
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$2,500/\$5,000	\$1,500/\$3,000
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$6,850/\$13,700	\$6,350/\$12,700
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	\$50	\$30	\$30
Specialty care office visit	\$75	\$40	\$40
Most X-rays	\$60	\$30	\$30
Most lab tests	\$60	\$30	\$30
MRI, CT, PET	40% after deductible	\$300 after deductible	\$300 after deductible
Outpatient surgery	40% after deductible	20% after deductible	20% after deductible
Mental health visit	\$50 primary/\$75 specialty	\$30 primary/\$40 specialty	\$30 primary/\$40 specialty
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	20% 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	40% after deductible	20% after deductible	20% after deductible
Emergency and urgent care			
Emergency Department visit	40% after deductible	20% after deductible	20% after deductible
Urgent care visit (outside/inside service area)	20% after deductible/ \$50 primary or \$75 specialty	20% applicable charges/ \$30 primary or \$40 specialty	20% applicable charges/ \$30 primary or \$40 specialty
Ambulance services	20% coinsurance	20% coinsurance	20% coinsurance
Prescription drugs			
Generic	\$25*/\$25* preventive generic	\$15*/\$5* preventive generic	\$15*/\$5* preventive generic
Preferred brand	50% after \$750 pharmacy deductible	50% coinsurance	50% after \$250 pharmacy deductible
Non-preferred brand	50% after \$750 pharmacy deductible	50% coinsurance	50% after \$250 pharmacy deductible
Specialty	50% after \$750 pharmacy deductible	50% coinsurance	50% after \$250 pharmacy deductible
Other services			
Active&Fit®	Participating fitness center membership: \$75 per calendar year, or Home fitness program: \$10 per calendar year for 2 home kits	Participating fitness center membership: \$75 per calendar year, or Home fitness program: \$10 per calendar year for 2 home kits	Participating fitness center membership: \$75 per calendar year, or Home fitness program: \$10 per calendar year for 2 home kits

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

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

‡Waived if admitted.

The 2016 Kaiser Permanente for Individuals and Families rates and benefits are still pending state regulatory review and may be subject to change. If rates are revised, we will send you those revised rates as soon as they are available. Benefits are for effective dates beginning January 1, 2016, and are subject to change.

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copayments, 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 will have to pay health care expenses out-of-pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

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

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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 healthcare.gov.

Fit Plans	KP M KP Gold III \$20 Fit	KP M KP Gold I \$20 Fit	KP M KP Platinum \$10 Fit
Plan type	Deductible	Copayment	Copayment
Features			
Annual medical deductible (individual/family)	\$1,000/\$2,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000
Benefits			
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	\$20	\$20	\$10
Specialty care office visit	\$20	\$30	\$20
Most X-rays	\$30	30% coinsurance	15% coinsurance
Most lab tests	\$30	30% coinsurance	15% coinsurance
MRI, CT, PET	\$250 after deductible	\$300	\$150
Outpatient surgery	\$300 after deductible	30% coinsurance	\$150
Mental health visit	\$20 primary/\$20 specialty	\$20 primary/\$30 specialty	\$10 primary/\$20 specialty
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$500 per day after deductible	\$500 per day up to 4 days [†]	\$300 per day up to 4 days [†]
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	\$500 per day after deductible	\$500 per day up to 4 days [†]	\$300 per day up to 4 days [†]
Emergency and urgent care			
Emergency Department visit	\$250 [‡] after deductible	\$300 [‡]	\$250 [‡]
Urgent care visit (outside/inside service area)	20% applicable charges/ \$20 primary or \$20 specialty	20% applicable charges/ \$20 primary or \$30 specialty	20% applicable charges/ \$10 primary or \$20 specialty
Ambulance services	20% coinsurance	20% coinsurance	20% coinsurance
Prescription drugs			
Generic	\$15*/\$5* preventive generic	\$10*/\$5* preventive generic	\$10*/\$5* preventive generic
Preferred brand	\$45 after \$250 pharmacy deductible	\$50	\$45
Non-preferred brand	\$45 after \$250 pharmacy deductible	\$50	\$45
Specialty	\$75 after \$250 pharmacy deductible	\$75	\$75
Other services			
Active&Fit®	Participating fitness center membership: \$75 per calendar year, or Home fitness program: \$10 per calendar year for 2 home kits	Participating fitness center membership: \$75 per calendar year, or Home fitness program: \$10 per calendar year for 2 home kits	Participating fitness center membership: \$75 per calendar year, or Home fitness program: \$10 per calendar year for 2 home kits

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

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ChiroAcuMassage Plans	KP M KP Bronze I \$50 ChiroAcuMassage - Fit	KP M KP Silver II \$30 ChiroAcuMassage - Fit	KP M KP Gold I \$20 ChiroAcuMassage - Fit	KP M KP Platinum \$10 ChiroAcuMassage - Fit
Plan type	Deductible	Deductible	Copayment	Copayment
Features				
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$1,500/\$3,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services				
Primary care office visit	\$50	\$30	\$20	\$10
Specialty care office visit	\$75	\$40	\$30	\$20
Most X-rays	\$60	\$30	30% coinsurance	15% coinsurance
Most lab tests	\$60	\$30	30% coinsurance	15% coinsurance
MRI, CT, PET	40% after deductible	\$300 after deductible	\$300	\$150
Outpatient surgery	40% after deductible	20% after deductible	30% coinsurance	\$150
Mental health visit	\$50 primary/\$75 specialty	\$30 primary/\$40 specialty	\$20 primary/\$30 specialty	\$10 primary/\$20 specialty
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	20% after deductible	\$500 per day up to 4 days ¹	\$300 per day up to 4 days ¹
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	20% after deductible	\$500 per day up to 4 days ¹	\$300 per day up to 4 days ¹
Emergency and urgent care				
Emergency Department visit	40% after deductible	20% after deductible	\$300 ²	\$250 ²
Urgent care visit (outside/inside service area)	20% applicable charges/ \$50 primary or \$75 specialty	20% applicable charges/ \$30 primary or \$40 specialty	20% applicable charges/ \$20 primary or \$30 specialty	20% applicable charges/ \$10 primary or \$20 specialty
Ambulance services	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Prescription drugs				
Generic	\$25*/\$25* preventive generic	\$15*/\$5* preventive generic	\$10*/\$5* preventive generic	\$10*/\$5* preventive generic
Preferred brand	50% after \$750 pharmacy deductible	50% after \$250 pharmacy deductible	\$50	\$45
Non-preferred brand	50% after \$750 pharmacy deductible	50% after \$250 pharmacy deductible	\$50	\$45
Specialty	50% after \$750 pharmacy deductible	50% after \$250 pharmacy deductible	\$75	\$75
Other services				
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²Waived if admitted.

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This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copayments, 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 will have to pay health care expenses out-of-pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

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 the Health Insurance Marketplace 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 the Health Insurance Marketplace.

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	\$54,200 or below
2	\$73,320 or below
3	\$94,440 or below
4	\$111,560 or below
5	\$130,680 or below
6	\$149,800 or below
7	\$168,920 or below
8	\$188,040 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 the Health Insurance Marketplace. 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 the Health Insurance Marketplace, 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 the Health Insurance Marketplace.

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 your plan options, or apply on kp.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:

- The plan you select
- Where you live
- Your age on your start date (effective date)
- Whether you use tobacco
- If you already have pediatric dental coverage for children 18 and younger

Rates are determined based on each person's age on the plan's start date, whether they apply individually or as a family. For example, if your 29th birthday is on February 14 and you submit your completed application on January 15, you'll have a start date of February 1 and the rate for a 28-year-old.

However, if you submit your application on January 16, your start date will be March 1. Since this is after your birthday, you'll have the rate for a 29-year-old.

Although family members can enroll in different plans, there are some advantages to enrolling family members in the same plan:

- 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 dependent 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 17 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			
96701	96759-96774	96828	96853-54
96703-96710	96776-96786	96830	96857-61
96712-96722	96788-96793	96836-41	96863
96725-96734	96795-96797	96843-44	
96737-96757	96801-96826	96846-50	

Please verify that your ZIP code is listed above. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

Pediatric dental care benefits

When you purchase a health plan direct from Kaiser Permanente, your plan includes Hawaii Dental Service (HDS) pediatric dental benefits for children age 18 and younger. The pediatric dental plan includes 2 free examinations, cleanings, and fluoride treatments per calendar year. Plus you'll have access to the large HDS network of dentists – 9 out of 10 of Hawaii's licensed, practicing dentists accept HDS.

If you buy your health plan through healthcare.gov, individuals on your plan aged 18 and younger must still have pediatric dental benefits. You can purchase the same HDS pediatric dental plan on healthcare.gov by selecting the pediatric dental plan named "HDS 2990."

Pediatric dental plan feature	You pay
Examination - twice per calendar year	\$0
Bitewing X-rays - twice per calendar year	70%
Cleanings - twice per calendar year	\$0
Sealants	\$0
Fillings	70%
Fluoride - twice per calendar year	\$0

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.

1. On the worksheet below, list everyone you want to cover:

- Yourself
- Your spouse
- Each adult child 21 through 25
- Your 3 oldest children under 21 (other children under 21 are covered at no charge)

2. Find the plan you're considering in the rate chart on the next page.

3. Find the rate for each family member, based on his or her age on the start date.

4. 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.

5. 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		\$	\$	\$
Pediatric dental plan (add the rate per child 18 and younger)		____ × \$24.56 = \$____	____ × \$24.56 = \$____	____ × \$24.56 = \$____
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.

2016 Monthly rates

Do you qualify for federal financial assistance?

If so, you may pay lower rates than those listed in this chart.
See page 14 for details.

Fit plans						
Age on 2016 effective date	KP Bronze I \$50 - Fit	KP Silver III - \$30 - Fit	KP Silver II \$30 - Fit	KP Gold III \$20 - Fit	KP Gold I \$20 - Fit	KP Platinum \$10 - Fit
0-18	\$117.38	\$130.12	\$135.10	\$147.54	\$159.34	\$172.17
19-20	117.38	130.12	135.10	147.54	159.34	172.17
21	184.85	204.91	212.76	232.35	250.93	271.13
22	184.85	204.91	212.76	232.35	250.93	271.13
23	184.85	204.91	212.76	232.35	250.93	271.13
24	184.85	204.91	212.76	232.35	250.93	271.13
25	185.59	205.73	213.61	233.28	251.93	272.21
26	189.29	209.83	217.86	237.93	256.95	277.63
27	193.73	214.75	222.97	243.50	262.97	284.14
28	200.93	222.74	231.27	252.57	272.76	294.72
29	206.85	229.30	238.08	260.00	280.79	303.39
30	209.81	232.58	241.48	263.72	284.80	307.73
31	214.24	237.50	246.59	269.30	290.83	314.24
32	218.68	242.41	251.69	274.87	296.85	320.74
33	221.45	245.49	254.88	278.36	300.61	324.81
34	224.41	248.77	258.29	282.08	304.63	329.15
35	225.89	250.41	259.99	283.93	306.63	331.32
36	227.37	252.04	261.69	285.79	308.64	333.49
37	228.85	253.68	263.39	287.65	310.65	335.66
38	230.33	255.32	265.10	289.51	312.66	337.82
39	233.28	258.60	268.50	293.23	316.67	342.16
40	236.24	261.88	271.90	296.95	320.69	346.50
41	240.68	266.80	277.01	302.52	326.71	353.01
42	244.93	271.51	281.90	307.87	332.48	359.24
43	250.84	278.07	288.71	315.30	340.51	367.92
44	258.24	286.27	297.22	324.60	350.55	378.76
45	266.93	295.90	307.22	335.52	362.34	391.51
46	277.28	307.37	319.14	348.53	376.39	406.69
47	288.92	320.28	332.54	363.17	392.20	423.77
48	302.23	335.03	347.86	379.89	410.27	443.29
49	315.36	349.58	362.96	396.39	428.08	462.54
50	330.15	365.98	379.98	414.98	448.16	484.23
51	344.75	382.16	396.79	433.34	467.98	505.65
52	360.83	399.99	415.30	453.55	489.81	529.24
53	377.10	418.02	434.03	474.00	511.89	553.10
54	394.66	437.49	454.24	496.07	535.73	578.86
55	412.22	456.96	474.45	518.14	559.57	604.61
56	431.26	478.06	496.36	542.08	585.41	632.54
57	450.48	499.38	518.49	566.24	611.51	660.74
58	471.00	522.12	542.11	592.03	639.36	690.83
59	481.17	533.39	553.81	604.81	653.16	705.74
60	501.69	556.14	577.42	630.60	681.02	735.84
61	519.43	575.81	597.85	652.91	705.11	761.87
62	531.08	588.72	611.25	667.55	720.91	778.95
63	545.68	604.91	628.06	685.90	740.74	800.37
64+	554.55	614.73	638.27	697.05	752.78	813.38

Rates are effective January 1, 2016, through December 31, 2016.

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2016 Monthly rates

Do you qualify for federal financial assistance?

If so, you may pay lower rates than those listed in this chart.
See page 14 for details.

ChiroAcuMassage plans				
Age on 2016 effective date	KP Bronze I \$50 - ChiroAcuMassage - Fit	KP Silver II \$30 - ChiroAcuMassage - Fit	KP Gold I \$20 - ChiroAcuMassage - Fit	KP Platinum \$10 - ChiroAcuMassage - Fit
0-18	\$119.01	\$136.73	\$160.95	\$173.79
19-20	119.01	136.73	160.95	173.79
21	187.41	215.32	253.46	273.69
22	187.41	215.32	253.46	273.69
23	187.41	215.32	253.46	273.69
24	187.41	215.32	253.46	273.69
25	188.16	216.18	254.47	274.78
26	191.91	220.48	259.54	280.26
27	196.41	225.65	265.63	286.82
28	203.72	234.05	275.51	297.50
29	209.71	240.94	283.62	306.26
30	212.71	244.38	287.68	310.63
31	217.21	249.55	293.76	317.20
32	221.71	254.72	299.84	323.77
33	224.52	257.95	303.64	327.88
34	227.52	261.39	307.70	332.26
35	229.02	263.12	309.73	334.45
36	230.52	264.84	311.76	336.63
37	232.02	266.56	313.78	338.82
38	233.51	268.28	315.81	341.01
39	236.51	271.73	319.87	345.39
40	239.51	275.17	323.92	349.77
41	244.01	280.34	330.00	356.34
42	248.32	285.29	335.83	362.63
43	254.32	292.18	343.94	371.39
44	261.81	300.80	354.08	382.34
45	270.62	310.92	366.00	395.20
46	281.12	322.98	380.19	410.53
47	292.92	336.54	396.16	427.77
48	306.42	352.04	414.41	447.48
49	319.72	367.33	432.40	466.91
50	334.72	384.56	452.68	488.80
51	349.52	401.57	472.70	510.43
52	365.83	420.30	494.75	534.24
53	382.32	439.25	517.06	558.32
54	400.12	459.70	541.14	584.32
55	417.93	480.16	565.21	610.32
56	437.23	502.33	591.32	638.51
57	456.72	524.73	617.68	666.97
58	477.52	548.63	645.81	697.35
59	487.83	560.47	659.75	712.41
60	508.63	584.37	687.89	742.79
61	526.63	605.04	712.22	769.06
62	538.43	618.60	728.19	786.30
63	553.24	635.61	748.21	807.92
64+	562.23	645.95	760.38	821.06

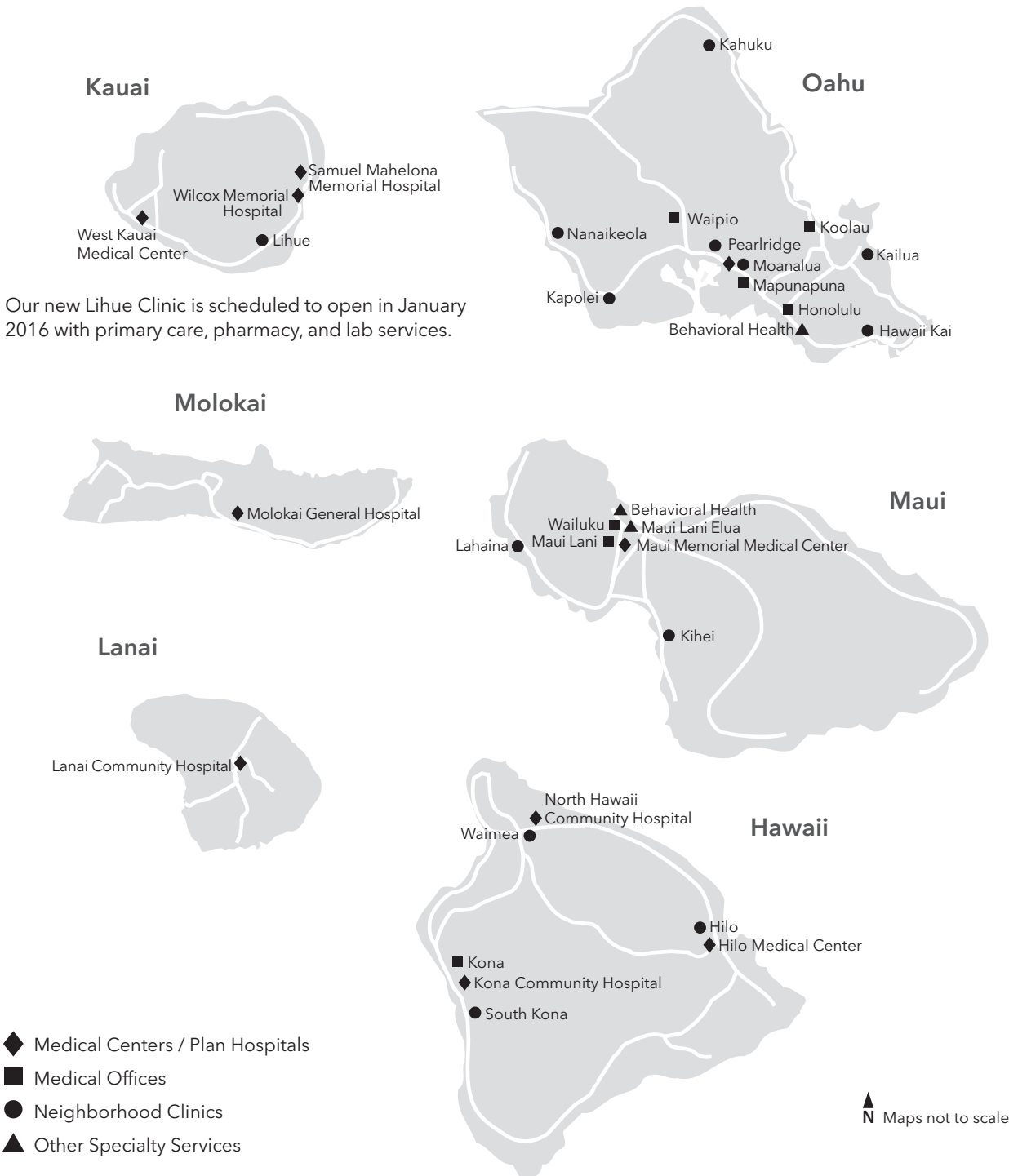
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Find a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or search for a facility by ZIP code or keywords at buykp.org/facilities to find the one nearest you.



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

NOTES

The right choice for a healthier you

Learn more about all that Kaiser Permanente has to offer. Visit kp.org/thrive or call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays).

- **1-800-494-5314** (English)
- **711** (TTY for the deaf, hard of hearing, or speech impaired)



Kaiser Foundation Health Plan, Inc.

kp.org