

Better Informed Better Together

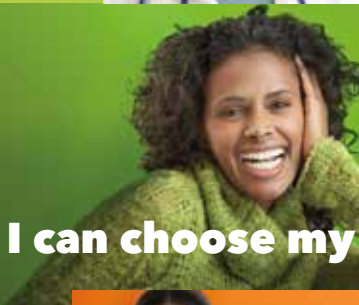
easy to get appointments



test results online



I can choose my doctor



excellent prenatal care

I'm part of the decision



free to focus on my patients



I can email my doctor



a wide range
of specialists



A better choice for good health

With care and coverage working seamlessly together, Kaiser Permanente is uniquely designed to give you the information and support you need to live healthy.



your choice of top doctors

Our doctors are among the best, and caring for people is their passion. Plus, you've got the power to change doctors anytime.



personalized care and attention

Your doctors, nurses, and specialists are connected to your electronic health record, so they can work together to deliver great care that's right for you.



everything under one roof

You can do more and drive less because many of our locations include pharmacy, lab, X-ray services, and more.



lots of healthy extras

Stay at your best with healthy resources like farmers markets and wellness classes, many of which are free.



online access anytime, anywhere

Use your computer, smartphone, or mobile device to email your doctor's office, schedule routine appointments, view lab test results, refill prescriptions, and more.



a better experience

We care about the whole you—body, mind, and spirit. Our doctors, health plans, and medical facilities all work as one, so your experience is smoother and simpler.

kp.org/thrive

Note: Many features discussed in this book are available only to members receiving care at Kaiser Permanente medical facilities.

Better Informed. Better Together.

Welcome to your *Kaiser Permanente for Individuals and Families Enrollment Guide*. This guide will help you understand what health care means for you and how to select the right health plan for your needs. Read on to learn why Kaiser Permanente is the best choice for you and your family.



Important deadline

Open enrollment ends **March 31, 2014**. See page 12 for details, and learn about special situations that may allow you to submit your application for health coverage after this date.

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

Why health care matters

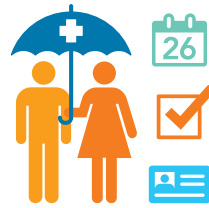
Health care coverage makes it easier to get the care you need to get healthy and stay healthy. There are two parts of health care. One part involves the team (doctors, nurses, specialists) that provides care and the facilities where you receive care. The other part is the coverage you need to pay for that care. At Kaiser Permanente, we offer both parts in one convenient package.



Health care

Almost everyone gets sick or hurt, or needs some kind of medical help. To get better, you usually need care—like seeing a doctor, staying in a hospital, taking medication, or all of the above. Health care includes many important services, such as:

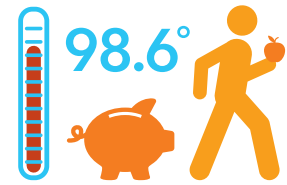
- doctors' office visits
- hospital stays
- emergency room visits
- X-rays
- laboratory tests
- prescription drugs
- preventive care
 - well-baby visits
 - well-woman visits
 - immunizations
 - screenings



Health coverage

Health insurance is a lot like the insurance people have to protect their car or home. Some people get health insurance through their jobs, and some buy it themselves. Without insurance, high medical bills can wipe out savings and even lead to bankruptcy. Insurance helps protect you financially if you have a serious illness or injury that requires extensive care.

- Each month, you pay a premium—your monthly rate—to your insurance company or health plan for your health care coverage. If you qualify for federal financial assistance, you might get help paying this premium. The federal government would pay any financial assistance to Kaiser Permanente on your behalf. See page 4 to learn more.



How you benefit

Here are some of the major advantages of having health care coverage:

- **Peace of mind.** You shouldn't have to worry about how you're going to pay if you get sick, injured, or pregnant. Life is unpredictable, but when you have health coverage, you have more control, and you can rest easy knowing that you're going to get the care you need.
- **Care when you need it.** You can see a doctor when you're sick or just need preventive care. You don't need to ignore symptoms or hope they'll go away. You can get treated before things get worse.
- **Stay on a healthy path.** Preventive care helps you catch minor symptoms before they become problems. Screenings, like mammograms and cholesterol level tests, can catch problems early—when they're easier to treat.

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

What health care reform means for you

On March 23, 2010, the Affordable Care Act (ACA) – also known as health care reform – became federal law. Many of the changes resulting from the law mean more peace of mind for you and your family.

If you have health coverage now, you're probably already enjoying some of the benefits of health care reform, including more preventive care for no charge and being able to keep your children on your plan until they turn 26. If this is your first time shopping for health coverage, or you're switching plans, you'll be getting all of these benefits and more with your new ACA-compliant plan.

Everyone can enroll

Anyone can get coverage. You can no longer be denied coverage because of a medical condition, and you don't have to pass a medical exam to qualify for coverage.

Stay up-to-date with ACA requirements

All of our plans can help you meet the requirement that most U.S. citizens and legal residents have a basic level of health coverage starting January 1, 2014. In most cases, if you don't buy coverage and go without it for three consecutive months or longer, you'll be charged a tax penalty by the government.

Some people don't have to buy insurance. For example, if your income is below a certain level or you have certain religious beliefs, you may not have to purchase insurance. In such cases, you may be able to file for an exemption at the Health Insurance Marketplace.

Marketplaces are open

You can buy your Kaiser Permanente plan directly from us and the Health Insurance Marketplace. Marketplaces are federal- or state-run markets where you can shop, compare, and buy health care coverage. In Colorado, the Marketplace is called Connect for Health Colorado.

The choice is yours

When shopping at the Marketplace for a Kaiser Permanente plan, you'll see three levels of coverage – Bronze, Silver, and Gold. You can choose the plan that best meets your needs.

- All plans will offer the same essential health benefits (such as doctor visits, hospital care, prescriptions, and maternity care) and will include certain preventive services for no charge.
- The main difference is how you pay for care. Our Bronze plans generally offer lower premiums but higher out-of-pocket costs. Gold plans generally have higher premiums and lower out-of-pocket costs.
- There's an additional Catastrophic plan, a high-deductible plan option for applicants under age 30. Applicants age 30 and older may also purchase this plan only if they provide a certificate from Connect for Health Colorado demonstrating hardship or lack of affordable coverage. The Catastrophic plan has the same basic benefits as the Bronze, Silver, and Gold plans. But it has lower premiums and higher out-of-pocket costs (including a higher deductible than the other deductible plans). However, the Catastrophic plan offers a total of three office visits for certain services as well as preventive care services for no charge before the deductible.

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

Do you qualify for financial assistance?

If you need help paying for health care, you may qualify for financial assistance. Under health care reform, the federal government will provide financial assistance for people with qualifying incomes. Here's some information to help you find out whether you may be eligible.

Federal financial assistance available

Starting in October 2013, you'll be able to apply for financial assistance from the federal government to help pay for care and coverage under Kaiser Permanente's new 2014 plans.

- Help with premiums and out-of-pocket expenses (deductibles, copayments, coinsurance) will be available only if you buy your new ACA-compliant Kaiser Permanente coverage through your Health Insurance Marketplace, Connect for Health Colorado.
- If you qualify, the federal government will pay Kaiser Permanente any financial assistance on your behalf.
- Assistance will be on a sliding scale, based on modified adjusted gross income and family size.

Are you eligible for assistance?

There are a few ways to find out:

- Use this chart to get an idea of whether you and your family may qualify:

Number of people in household	2013 annual family income levels to qualify ¹
1	\$45,960 or below
2	\$62,040 or below
3	\$78,120 or below
4	\$94,200 or below
5	\$110,280 or below
6	\$126,360 or below
7	\$142,440 or below
8	\$158,520 or below

¹2013 modified adjusted gross income levels are the latest available; assistance will be based on estimated 2014 modified adjusted gross income.

- Use Kaiser Permanente's online calculator at buykp.org. You'll get an estimate of how much assistance you may receive to help pay your premium.

What should you do next?

Go to connectforhealthco.com for a determination of your total financial assistance eligibility for your premium and out-of-pocket expenses. You'll also be able to enroll in an ACA-compliant Kaiser Permanente plan through Connect for Health Colorado if you qualify for assistance.

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

What if you don't qualify for assistance?

You have two choices:

- You can still purchase an ACA-compliant Kaiser Permanente plan through Connect for Health Colorado.
- Or you can purchase your coverage directly from us – that's easiest.

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

Have questions?

We've got answers. We'll help you decide which Kaiser Permanente plan is best for you, even if you apply through connectforhealthco.com. Call us at **1-800-494-5314**, or contact your agent or broker.

You can also review the "Choosing the right plan for you" section on page 14 and the "Health plan benefit highlights" chart starting on page 18 for helpful details on your health care coverage options. For information on when and how to enroll, see page 12.

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

Your partner for better health

Making smart decisions about your health may be easier than you think, whether you're looking for a new plan or choosing health coverage for the first time. Take a look at all you get with your membership, and you'll see how Kaiser Permanente can help you live a healthier life.

→ **The power to choose**

Make the best choice for you and your family. With many great doctors and convenient facilities to choose from, it's easier to get the care you need when you need it.

→ **Excellent care**

Your electronic health record informs your care team at Kaiser Permanente facilities and enables their teamwork. This way you're treated as a person, not a symptom.

→ **Online access anytime, anywhere**

Stay better informed about your health – and better able to manage it – with online and mobile tools that help you get the support you need.

→ **Convenient classes, resources, and more**

Take your health beyond checkups with a partner that provides the inspiration and information you need to live life to the fullest.

→ **Everything at your fingertips**

Make life easier. Our online and mobile resources can help you to pick the right plan, find locations near you, and get the most out of your coverage.

The power to choose

Stay in charge of your health. It's simple to make the right choice when you've got great doctors, convenient facilities, and care when you need it.



Your choice of top doctors

We've carefully selected our doctors so you can make the right choice for you and your family. Many of our highly respected doctors come from the top medical schools in the country. And it's easy to take your pick—just go online to view our doctor profiles. You can choose or change your doctor anytime.



Under-one-roof convenience

Save time and avoid driving all over town for care. You have many locations to choose from, and most of them offer multiple services under one roof. You can see your doctor, get a lab test or an X-ray, and pick up your medications—all without leaving the building. And when you get care with fewer delays, you can get better faster.



What you need, when you need it

- Email your doctor's office with nonurgent questions.
- Refill most prescriptions online with free shipping.
- Make routine appointments with a call or click.
- View recent office visits and most test results online.
- Get same-day, after-hours, and weekend services at many locations.
- Call for advice from a registered nurse, 24 hours a day.
- Travel freely; you're covered for emergency care worldwide.

See how Kaiser Permanente has helped members at kp.org/carestories.

Your electronic health record brings it all together

Your doctor's office

Your record gets updated with each visit to our Kaiser Permanente facilities, so it's always current.

Pharmacy, lab, X-ray

No need for paperwork when you get services at our facilities.

Many features identified in this book are available only to members receiving care at Kaiser Permanente medical facilities.

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

Excellent care

Teamwork and expertise combined help make our doctors, nurses, and specialists better informed to provide the best care for your needs.



Personalized care and attention

A care team that's informed and focused on you can lead to better health. Supported by your secure electronic health record, your doctors, nurses, and specialists are better prepared to deliver the right care at the right time – even if you go to different Kaiser Permanente locations in your area.



Easy access to specialty care

Our specialists are connected to real-time updates on your electronic health record, so they can diagnose and treat conditions more efficiently. And because they work closely with your doctor, referrals are easier. You can email your doctor's office to request a referral, and once you get it, see any available specialist of your choice.



A focus on you and your family

With medical care and health coverage working together, there are fewer administrative hassles for you and your care team. You're empowered to get the care you need, and your doctors, nurses, and specialists can focus on what they do best. With caring, compassion, and a love for what they do, your team is united by one shared goal – to help you get well and stay well.

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

Specialty care

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

At home or on the go

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

Many features identified in this book are available only to members receiving care at Kaiser Permanente medical facilities.

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

Online access anytime, anywhere

At home or on the go, we've got you covered. Plug into your health with our online and mobile tools that help you get what you want, when you want it.



It's easy to stay connected

Members registered on **kp.org** have secure access to My Health Manager, the online tool that helps you manage your care at our facilities.

- Email your doctor's office.
- Refill most prescriptions.
- View most lab test results.
- Schedule or cancel routine appointments.
- Care for a family member using these features.



A website full of healthy ideas

Get informed and inspired on our award-winning website, **kp.org**. Take charge of your health with articles, wellness topics, and health calculators. Our music channels, podcasts, fitness videos, and recipes from world-class chefs can help you find new ways to live well.



Good health on the go

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

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

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

Top reasons to join Kaiser Permanente

Better care

A care team that's coordinated and focused on you.

Better doctors

Choose from top doctors who are in it because they care.

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

Convenient classes, resources, and more

We have a passion for prevention. That's why we give you lots of healthy extras that can help you stay informed about ways to live healthier in body, mind, and spirit.



Learn something new

Fit wellness into your schedule, no matter how busy you are. With the many health classes offered at our facilities, there's something for everyone. Try classes on yoga, eating well, baby care, specific health conditions, and much more. Classes vary by location and some may require a fee.



Maximize your health

Our personalized online wellness programs can help you lose weight, stay active, reduce stress, sleep better, stop smoking, and much more. You can also download the free Every Body Walk! app for your smartphone or mobile device from the App Store or Google Play. It's a fun, interactive tool to help you create and maintain a daily walking routine.

Find tools, tips, and information for living well at kp.org/livehealthy.

Better access

Email your doctor, call for advice, get appointments when you need them.

Better visits

Doctor, lab, X-rays, and pharmacy all in one place at most of our locations.



Watch members share why they chose Kaiser Permanente at kp.org/thrive.

Many features identified in this book are available only to members receiving care at Kaiser Permanente medical facilities.

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

Everything at your fingertips

We know you have a busy schedule. That’s why we do everything we can to make things simpler for you – whether you’re enrolling in a health plan or looking for a medical facility to get care.



Online enrollment

You’ll find the Colorado *Uniform Application* and the Kaiser Permanente *Supplemental Enrollment Form* included with this guide. These two forms make up the paper application for health coverage.

But for the fastest response, complete your application for health coverage online today at buykp.org/apply. If you’re working with an agent or broker, use the personalized link he or she has provided.



Checking for financial help

Federal financial assistance to help pay for health coverage is available for those who qualify. If you qualify for assistance and purchase a Kaiser Permanente plan through Connect for Health Colorado, the federal government will pay any financial assistance directly to Kaiser Permanente on your behalf. Use our online calculator at buykp.org to get an estimate of how much assistance you may receive to help pay your premium.



Location, location, location

It’s easy to find the care you need, when you need it. Many Kaiser Permanente facilities are located in your area. Visit buykp.org/facilities to find one near your home or office. You can even search our locations when you’re on the go. Just download our free Kaiser Permanente app for your smartphone or mobile device from the App Store or Google Play – then use the location finder.

Search for a facility by ZIP code or keywords at buykp.org/facilities.

We’re always here to help

Call us

Call **1-800-494-5314** to speak with one of our representatives who will be happy to help you understand your options and pick the right Kaiser Permanente health plan for you.

Go online

Ready to purchase a Kaiser Permanente plan? Visit buykp.org/apply to get started, or contact your agent or broker.

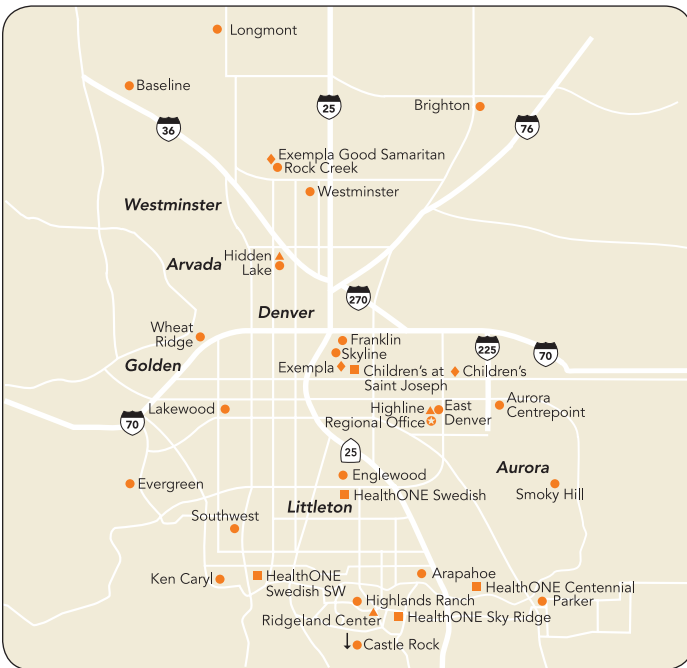
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Have questions? Call us at **1-800-494-5314**. • Go to buykp.org/apply. • Or contact your agent or broker.

Find a facility near you

Whether you need routine care from a physician, inpatient hospital care, or a specialized medical test, Kaiser Permanente offers you many convenient locations to choose from, so it's easy to find a facility near you. For a complete directory of primary care providers, specialists, and medical office locations, visit kp.org. Or, to find a facility near you, visit buykp.org/facilities.

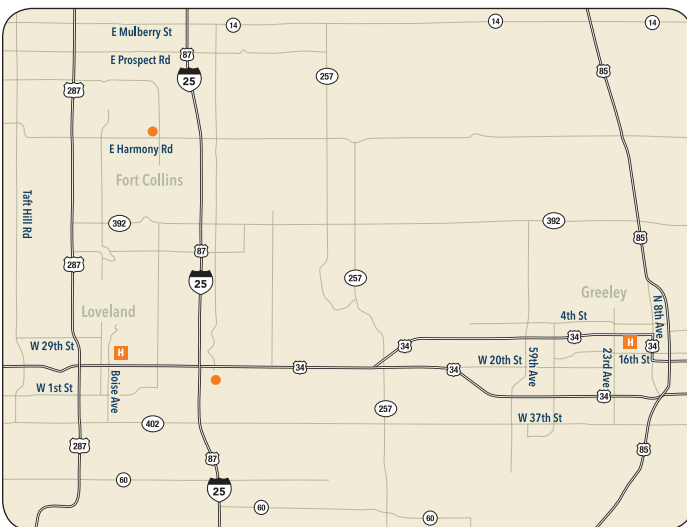
Denver/Boulder









Southern Colorado




Northern Colorado



Legend:

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

 Maps not to scale

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

When to enroll in your plan

Once you understand why you need health care coverage and whether you qualify for financial assistance, the next step is knowing when and how to enroll. Here's an overview of what you need to do to get the plan of your choice.

Open enrollment

There's a deadline to apply for health care coverage. You can apply starting October 1, 2013, through March 31, 2014. This is called the open enrollment period. It's when you can enroll in health plans through Connect for Health Colorado or directly through Kaiser Permanente.

To enroll during this 2014 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 March 31, 2014.

Special enrollment

After open enrollment, you can still enroll during special enrollment periods in the case of certain events that change your status. Special enrollment periods last 60 days after any of these events, which may include the following:

- marriage
- birth or adoption of a child
- divorce
- loss of job and employer-sponsored coverage

Please include proof of your special event with your application.

Open enrollment period – October 1, 2013 through March 31, 2014

If you want your coverage to start on:	Your completed application for health coverage and first month's premium must be received by:
January 1, 2014	October 1, 2013 – December 15, 2013
February 1, 2014	December 16, 2013 – January 15, 2014
March 1, 2014	January 16, 2014 – February 15, 2014
April 1, 2014	February 16, 2014 – March 15, 2014
May 1, 2014	March 16, 2014 – March 31, 2014

Special enrollment period – April 1, 2014 through November 15, 2014

Enrolling outside open enrollment due to a life-changing event

If you want your coverage to start on:	Your completed application for health coverage, first month's premium, and proof of special event must be received by:
May 1, 2014	April 1, 2014 – April 15, 2014
June 1, 2014	April 16, 2014 – May 15, 2014
July 1, 2014	May 16, 2014 – June 15, 2014
August 1, 2014	June 16, 2014 – July 15, 2014
September 1, 2014	July 16, 2014 – August 15, 2014
October 1, 2014	August 16, 2014 – September 15, 2014
November 1, 2014	September 16, 2014 – October 15, 2014
December 1, 2014	October 16, 2014 – November 15, 2014

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

Pick the plan that's right for you. You can cover your entire family under the same plan or separate plans.



2. Confirm your rate area

Check the "Health plan rates" section on page 20 to see whether your home ZIP code is listed. If it isn't, call us at **1-800-494-5314**, or contact your agent or broker.



3. See if you're eligible for financial assistance

You may be eligible for financial assistance from the federal government for your 2014 Kaiser Permanente health plan. If you qualify, the federal government will pay any financial assistance to Kaiser Permanente on your behalf. Help may be available for:

- monthly premiums
- out-of-pocket costs, such as copayments, coinsurance, or deductibles

See the "Do you qualify for financial assistance?" section of this guide on page 4 for more information. If you're eligible, you must purchase your Kaiser Permanente plan through Connect for Health Colorado to get assistance. If you're not eligible, continue to step 4.



4. Complete your application for health coverage

Complete an online application at buykp.org/apply or use the *Uniform Application* and the *Supplemental Enrollment Form*. If you're working with an agent or broker, be sure to complete that section of the application for health coverage.



5. Select your payment method

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



6. Sign the application for health coverage

Please make sure you've signed everywhere indicated on the *Uniform Application* and the *Supplemental Enrollment Form*. If your application for health coverage is missing any information, signatures, documentation, or payment, this may delay your effective date or cancel your application for health coverage.



7. Submit the application for health coverage with payment and all necessary documentation

- **Online:** For the fastest response, enroll online today at buykp.org/apply. Or if you're working with an agent or broker, use the personalized link he or she has provided.
- **Paper:** If you prefer to apply using the paper form of the application for health coverage, complete both the *Uniform Application* and the *Supplemental Enrollment Form* and submit by either of the following methods:

- **Fax:** **1-866-920-6471**

- **Mail:** Kaiser Permanente

California Service Center-KPIF

P.O. Box 23219

San Diego, CA 92193-9921

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

Choosing the right plan for you

Before you buy your plan—whether directly from us or through Connect for Health Colorado—we can help you decide which Kaiser Permanente plan is best for you. That way, you'll know which plan to select as you complete your enrollment. Here's some important information to help you make your decision.

→ **Health plan types**

Learn about our plans, and see examples of how they work. They all offer the same basic health benefits, along with quality care and support. No matter which plan you select, you get top doctors and a care team focused on you—all working together with the latest technology to offer well-coordinated, personalized care.

→ **Comparing health plans**

Get an overview of what you might pay for services under different plans, and get a sense of which one best meets your needs.

→ **Health plan benefit highlights**

Compare plans and benefits.

→ **Health plan rates**

Fill out our rate worksheet so you can determine your monthly rate.

Health plan types

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

Copayment plans

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

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

How it works

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

With the KP CO Gold 0/20/Dental copayment plan, you would pay a separate copayment or coinsurance for each of the covered services you received. You do not have to reach a deductible.

- In this case, you would pay a \$20 copay for the doctor's office visit, 30 percent coinsurance for the X-ray, and a \$10 copay for the generic drug.
- Your copays and coinsurance would contribute to your out-of-pocket maximum.

Pediatric dental benefits

Kaiser Permanente health plans at the Bronze, Silver, and Gold levels include pediatric dental benefits for children age 18 and younger. Benefits are provided by Delta Dental of Colorado, one of the nation's largest and most experienced dental providers.

There are two easy ways to find out if your dentist is one of the more than 1,900 affiliated providers:

- Visit deltadentalco.com and use the Dentist Search feature to get a list of dentists by city, state, or ZIP code.
- Call Delta Dental at **1-800-610-0201**.

If you have questions about your pediatric dental benefits or services, please call **303-741-9305** or **1-800-610-0201**, Monday through Friday, 8 a.m. to 6 p.m.

Deductible plans

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

- Once you've reached your deductible, you'll pay a copayment or coinsurance for most covered services for the rest of the calendar year.
- Most preventive care services will be covered at no charge even before you reach your deductible.

How it works

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

On the KP CO Silver 1500/30/Dental deductible plan, you would have to pay \$1,500 out of your own pocket before being eligible to pay a copay or coinsurance for most covered services. However, our two Silver deductible plans offer generic drugs and office visits for certain services for a copay or coinsurance before the deductible is met.

- In this example, the doctor's office visit and the prescription are available for a copay before you reach your deductible. You would pay just a \$30 copay for the doctor's office visit and a \$15 copay for the generic drug.
- After reaching your deductible, you would pay 30 percent coinsurance for the X-ray.
- Your copays would contribute toward your out-of-pocket maximum but not toward your deductible.

Please note these are only examples of how copayment and deductible plans work. See the "Health plan benefit highlights" chart starting on page 18 for more detailed information.

HSA-qualified deductible plans

HSA-qualified deductible plans allow you to pay for qualified medical expenses with tax-deductible dollars.

- You can contribute tax-deductible dollars into an HSA (health savings account), and use this money to help pay for eligible medical expenses, such as eyeglasses and laser eye surgery, dental care, acupuncture, and chiropractic services. For a complete list of qualified medical expenses, see Publication 502, Medical and Dental Expenses, at irs.gov.
- If you select a plan qualified for an HSA, we'll send you additional information about setting up your account.
- Tax references relate to federal income tax only. For more information, consult your financial or tax adviser. To learn more about health savings accounts, visit irs.gov/publications/p969/ar02.html or call 1-800-829-1040.

How it works

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

With the KP CO Silver 1750/25%/HSA/Dental plan, you would pay full charge for most covered services until you reach your \$1,750 deductible. However, if you open and fund an HSA, you can pay for your deductible, copays, and coinsurance with tax-deductible dollars. Most preventive care services would be covered at no charge even before the deductible is met.

- In the situation above, you would pay the first \$1,750 of your medical and pharmacy expenses out of your own pocket. Then you would start paying a copay or coinsurance for most covered services.
- If you haven't reached your deductible, you would pay full charge for the doctor's office visit, the X-ray, and the medication. After reaching your deductible, you would pay 25 percent coinsurance for the doctor's office visit, 25 percent coinsurance for the X-ray, and a \$15 copay for the generic drug.
- All the charges you pay for covered services would apply to your deductible, and your deductible would contribute to your out-of-pocket maximum.

Please note this is only an example of how an HSA-qualified plan works. See the "Health plan benefit highlights" chart starting on page 18 for more detailed information.

The HSA difference for family plans

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

Deductible plans with family coverage have both an individual deductible and a family deductible. That means that one member of the family can meet the lower individual deductible and be eligible for coinsurance or copayments before the higher family deductible is satisfied. Similarly, one family member can meet the individual out-of-pocket maximum before the family out-of-pocket maximum is met.

However, in HSA-qualified deductible plans with family coverage, there is no individual deductible or out-of-pocket maximum. You can meet the family deductible or out-of-pocket maximum with one family member's expenses or a combination of family members' out-of-pocket costs.

A focus on prevention

Preventive screenings help keep you healthy by providing an early alert for many health conditions. That way, they can be treated before they become serious. Under health care reform, many are available at no charge—even if you have a deductible plan.

Here are some examples of preventive care services:

- routine preventive physical exams
- well-child visits (0-23 months)
- well-woman visits
- immunizations
- annual flu shots
- routine preventive laboratory tests
- flexible sigmoidoscopies and colonoscopies
- bone density scans
- tuberculosis tests
- autism screenings
- mammogram screenings
- contraceptive care and counseling
- breastfeeding support

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

Comparing health plans

See the “Health plan benefit highlights” chart starting on the next page for an overview of what you can expect to pay for services under our plans. This will help you understand which one best meets your needs. For deductible plans, keep in mind that most of the amounts shown apply only after you reach your deductible. To get an idea of what you might pay before reaching your deductible, check out our treatment fee tool and resources at kp.org/treatmentestimates.

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

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

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charge for most services until you reach \$1,500 for yourself or \$3,000 for your family. Then you’d start paying copayments (copays) or coinsurance.

Annual out-of-pocket maximum

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

Preventive care at no charge

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

Not subject to the deductible

Some services are always covered at a copay or coinsurance. Under this plan, primary care visits are covered at a \$30 copay, and this copay is not subject to the deductible.

Coinsurance

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

Copayment

This is the set amount you pay for certain services. Here, you’d pay a \$350 copay for Emergency Department visits.

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

Health plan benefit highlights

	KP CO Bronze 4500/50/Dental	KP CO Bronze 4500/50/HSA/Dental	KP CO Bronze 5000/30%/HSA/Dental	KP CO Silver 1500/30/Dental
Plan type	Deductible	HSA-qualified	HSA-qualified	Deductible
Features				
Individual plan annual deductible (subscriber only)	\$4,500	\$4,500	\$5,000	\$1,500
Family plan annual deductible (individual/family)	\$4,500/\$9,000	\$9,000/\$9,000 ²	\$10,000/\$10,000 ²	\$1,500/\$3,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,350	\$6,350	\$6,350	\$6,350
Family plan annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$12,700/\$12,700 ²	\$12,700/\$12,700 ²	\$6,350/\$12,700
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$50 ¹	\$50 after deductible	30% after deductible	\$30 ¹
Specialty care office visit	\$70 ¹	\$70 after deductible	30% after deductible	\$50 ¹
Most X-rays	20% after deductible	30% after deductible	30% after deductible	30% after deductible
Most lab tests	20% after deductible	30% after deductible	30% after deductible	30% after deductible
MRI, CT, PET	\$500 after deductible	\$500 after deductible	30% after deductible	\$250
Outpatient surgery	20% after deductible	30% after deductible	30% after deductible	30% after deductible
Mental health visit	\$50 ¹	\$50 after deductible	30% after deductible	\$30 ¹
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications	20% after deductible	\$500 per day up to 4 days after deductible ³	30% after deductible	30% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	20% after deductible	No charge after deductible	30% after deductible	30% after deductible
Delivery and inpatient well-baby care	20% after deductible	\$500 per day up to 4 days after deductible ³	30% after deductible	30% after deductible
Emergency and urgent care				
Emergency Department visit	20% after deductible	\$500 after deductible	30% after deductible	\$350
Urgent care visit	\$100 ¹	30% after deductible	30% after deductible	\$75 ¹
Prescription drugs				
Plan pharmacy (up to a 30-day supply)	Generic: \$25 Brand: 45% after \$500 brand deductible	Generic: \$20 Brand: \$50 All after deductible	Generic: \$20 Brand: 30% All after deductible	Generic: \$15 Brand: \$45 after \$250 brand deductible
Mail order (up to a 90-day supply)	Generic: \$50 Brand: 45% after \$500 brand deductible	Generic: \$40 Brand: \$100 All after deductible	Generic: \$40 Brand: 30% All after deductible	Generic: \$30 Brand: \$90 after \$250 brand deductible

This is a summary of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. Detailed information about your plan is in the *Membership Agreement*, which will be mailed to you upon enrollment or upon request. To request a copy of the *Membership Agreement* for a particular plan, please call us at 1-800-634-4579 or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible.

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

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

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

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Health plan benefit highlights

	KP CO Silver 2500/30/Dental	KP CO Silver 1750/25%/HSA/Dental	KP CO Gold 0/20/Dental	KP CO Gold 1000/20/Dental	KP CO Catastrophic 6350/0 ^{4,5,6}
Plan type	Deductible	HSA-qualified	Copayment	Deductible	Deductible
Features					
Individual plan annual deductible (subscriber only)	\$2,500	\$1,750	None	\$1,000	\$6,350
Family plan annual deductible (individual/family)	\$2,500/\$5,000	\$3,500/\$3,500 ²	None/None	\$1,000/\$2,000	\$6,350/\$12,700
Individual plan annual out-of-pocket maximum (subscriber only)	\$6,350	\$5,000	\$6,350	\$6,350	\$6,350
Family plan annual out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$10,000/\$10,000 ²	\$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	No charge	No charge
Outpatient services (per visit or procedure)					
Primary care office visit	\$30 ¹	25% after deductible	\$20	\$20 ¹	First 3 office visits no charge. ⁶ Additional visits no charge after deductible.
Specialty care office visit	\$50 ¹	25% after deductible	\$40	\$40 ¹	No charge after deductible
Most X-rays	30% after deductible	25% after deductible	30%	20% after deductible	No charge after deductible
Most lab tests	30% after deductible	25% after deductible	30%	20% after deductible	No charge after deductible
MRI, CT, PET	\$300	25% after deductible	\$250	\$150	No charge after deductible
Outpatient surgery	30% after deductible	25% after deductible	30%	20% after deductible	No charge after deductible
Mental health visit	\$30 ¹	25% after deductible	\$20	\$20 ¹	First 3 office visits no charge. ⁶ Additional visits no charge after deductible.
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications	30% after deductible	25% after deductible	\$500 per day up to 4 days ³	20% after deductible	No charge after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	30% after deductible	25% after deductible	No charge	20% after deductible	No charge after deductible
Delivery and inpatient well-baby care	30% after deductible	25% after deductible	\$500 per day up to 4 days ³	20% after deductible	No charge after deductible
Emergency and urgent care					
Emergency Department visit	\$400	25% after deductible	\$250	\$250	No charge after deductible
Urgent care visit	\$75 ¹	25% after deductible	\$75	\$75 ¹	No charge after deductible
Prescription drugs					
Plan pharmacy (up to a 30-day supply)	Generic: \$15 Brand: \$45 after \$250 brand deductible	Generic: \$15 Brand: \$45 All after deductible	Generic: \$10 Brand: \$30	Generic: \$10 Brand: \$30	No charge after deductible
Mail order (up to a 90-day supply)	Generic: \$30 Brand: \$90 after \$250 brand deductible	Generic: \$30 Brand: \$90 All after deductible	Generic: \$20 Brand: \$60	Generic: \$20 Brand: \$60	No charge after deductible

This is a summary of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. Detailed information about your plan is in the *Membership Agreement*, which will be mailed to you upon enrollment or upon request. To request a copy of the *Membership Agreement* for a particular plan, please call us at 1-800-634-4579 or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible.

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

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

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

⁴Only applicants under age 30, or applicants age 30 and older who provide a certificate from Connect for Health Colorado demonstrating hardship or lack of affordable coverage, may purchase a KP CO Catastrophic 6350/0 plan.

⁵The KP CO Catastrophic 6350/0 plan does not include coverage of pediatric dental services as required under The Patient Protection and Affordable Care Act, Pub. L. 111-148 and the Health Care and Education Reconciliation Act of 2010, Pub. L. 111-152. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-certified stand-alone dental plan that includes pediatric dental coverage.

⁶The KP CO Catastrophic 6350/0 plan includes three office visits at no charge before you reach your deductible. Office visits include primary care, chemical dependency, and mental health care.

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