

## PLAN TYPES

Kaiser Permanente offers a variety of types of health coverage for individuals and families. All feature quality care – the main difference is how you pay for your coverage. See which plan type may work best for you by matching your lifestyle and financial needs to one of the descriptions below.

### COPAYMENT PLAN (PAGES 14–15)

Our copayment plan enables you to know in advance your out-of-pocket costs for doctor visits and other covered services.

**Have a family?** Need to see a doctor more frequently? Have young children? You may prefer a plan with **set costs for care**. With our copayment plan, you have a higher monthly premium than with a deductible plan, but you pay a fixed copayment for most services from your first day of coverage.

### DEDUCTIBLE PLANS (PAGES 16–19)

Our deductible plans offer affordable monthly premiums in exchange for having you pay an annual deductible, plus copayments or coinsurance when you receive certain services.

**Single?** Rarely need a doctor's care? Want health coverage only for the big things? You may prefer our plans **with affordable monthly premiums**. Choose one of our deductible plans, where your monthly charges are lower, but you're responsible for meeting a deductible before you're eligible to pay coinsurance for most care. However, you do not have to pay a deductible for certain preventive care services, primary care office visits, and certain other services. These are available for a copayment from your first day of coverage.

For a listing of these nondeductible services, see the "Deductible plans—features at a glance" section starting on page 16.

### HSA-QUALIFIED PLANS (PAGES 20–22)

If you enroll in an HSA-qualified deductible plan and open a health savings account, or HSA, you can save money on a tax-free basis for current and future qualified medical expenses.<sup>1</sup>

Want to **save money on a tax-free basis** for current and future medical expenses? If so, an **HSA-qualified plan** might work for you. If you choose one of these plans and open an HSA, you can set aside money on a tax-free basis to pay for certain medical expenses. When you put money in your HSA, your contributions can be subtracted from your taxable income, your invested funds can grow tax free, and your withdrawals are tax free when used to pay for qualified medical expenses.

To learn more, see our HSA section beginning on page 23.

 **OPEN THIS PAGE TO SEE AN OVERVIEW OF EACH PLAN WE OFFER**

<sup>1</sup>Tax references relate to federal income tax only.

## COPAYMENT PLAN – FEATURES AT A GLANCE

For more detailed information, refer to the *Health Plan Description Form*, which you may obtain by calling **1-800-634-4579**. Once you become a member, you will receive your *Membership Agreement*, which can be used to determine the exact terms and conditions of your coverage.

| FEATURES  | \$30 COPAYMENT PLAN   |
|---|---|
| <b>Annual deductible</b><br>Individual<br>Family                                  | No deductible<br>No deductible  |
| <b>Annual out-of-pocket maximum</b><br>Individual<br>Family                       | \$3,000<br>\$7,500  |
| <b>Lifetime maximum paid by the Plan for all care</b>                             | No lifetime maximum   |
| <b>Benefit maximums</b>   | The transplant lifetime benefit maximum is \$1 million and the lifetime benefit maximum for bone marrow searches is \$25,000.   |
| <b>Routine medical office visits</b>  | \$30 per primary care office visit<br>\$40 per specialist office visit  |
| <b>Preventive services<sup>1</sup></b><br>Children's services<br>Adults' services | No charge<br>No charge  |
| <b>Maternity</b><br>Prenatal care<br>Delivery and inpatient well-baby care        | Not covered<br>Not covered  |
| <b>Prescription drugs</b>   | Not covered   |
| <b>Inpatient hospital</b>   | 20% coinsurance per admission   |
| <b>Outpatient/ambulatory surgery</b>  | \$150 per visit   |
| <b>Laboratory and X-ray</b>   | Diagnostic lab and X-ray: no charge<br>Therapeutic X-ray: \$40 per visit<br>MRI/CT/PET: \$100 per procedure   |
| <b>Emergency care</b>   | \$150 per visit at a designated Kaiser Permanente emergency room or a non-Plan emergency room. Copayment is waived if admitted as an inpatient.                         |
| <b>Ambulance</b>  | 20% coinsurance up to a maximum of \$500 per trip   |
| <b>Urgent, nonroutine, and after-hours care</b>                                   | \$30 per visit at a Kaiser Permanente medical office during office hours<br><br>\$75 per after-hours visit at a designated Kaiser Permanente after-hours medical office |

# COPAYMENT PLAN – RATES AT A GLANCE

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The monthly rate you pay for your coverage depends on the age of the oldest applicant, the number of family members applying, the plan chosen, and the rates in effect on the enrollment date. The oldest applicant will become the subscriber on the account. All family members applying must pass a medical review to qualify for these rates. Rates are effective January 1, 2007, and are subject to change.

When the subscriber's age changes from one age band to the next during the course of the year, the subscriber will be charged the rate of the higher age band for his or her family status, effective the first of the following month.

Family members may apply for different plans, which may result in a lower combined monthly premium. See page 9 for details.

## Monthly rates for \$30 Copayment Plan

| Age                | Single subscriber | Subscriber + spouse | Subscriber + child(ren) | Subscriber + family |
|--------------------|-------------------|---------------------|-------------------------|---------------------|
| <20                | \$140.50          | \$281.02            | \$323.15                | \$463.66            |
| 20–24              | \$140.50          | \$281.02            | \$323.15                | \$463.66            |
| 25–29              | \$146.13          | \$292.29            | \$328.80                | \$474.92            |
| 30–34              | \$171.44          | \$342.83            | \$360.00                | \$531.42            |
| 35–39              | \$178.47          | \$356.92            | \$365.85                | \$544.33            |
| 40–44              | \$196.72          | \$393.42            | \$383.59                | \$580.32            |
| 45–49              | \$224.80          | \$449.61            | \$415.89                | \$640.68            |
| 50–54              | \$281.03          | \$562.03            | \$449.64                | \$730.65            |
| 55–59              | \$351.31          | \$702.62            | \$526.96                | \$878.26            |
| 60–64 <sup>2</sup> | \$421.53          | \$843.05            | \$590.14                | \$1,011.65          |

<sup>1</sup>Preventive services include adult preventive care exams, adult preventive care screenings, well-woman care, immunizations, and well-child care.

<sup>2</sup>If you are 65+ years of age and Medicare eligible, or are under age 65 and entitled to Medicare on the basis of Social Security disability, call **1-800-509-7570** for information about our Kaiser Permanente Senior Advantage plans.

# DEDUCTIBLE PLANS – FEATURES AT A GLANCE

For more detailed information, refer to the *Health Plan Description Form*, which you may obtain by calling **1-800-634-4579**. Once you become a member, you will receive your *Membership Agreement*, which can be used to determine the exact terms and conditions of your coverage.

| FEATURES  | \$2,000 DEDUCTIBLE PLAN (70%) WITH Rx   | \$2,000 DEDUCTIBLE PLAN (70%)   | \$5,000 DEDUCTIBLE PLAN (70%)   |
|---|---|---|---|
| <b>Annual deductible</b><br>Individual<br>Family                                  | <b>The deductible applies to all services unless otherwise noted.</b><br>\$2,000 <sup>1</sup><br>\$6,000 <sup>1</sup>   | <b>The deductible applies to all services unless otherwise noted.</b><br>\$2,000 <sup>1</sup><br>\$6,000 <sup>1</sup>                   | <b>The deductible applies to all services unless otherwise noted.</b><br>\$5,000 <sup>1</sup><br>\$15,000 <sup>1</sup>                  |
| <b>Out-of-pocket annual maximum</b><br>Individual<br>Family                       | The out-of-pocket maximum excludes deductible and copayments.<br>\$5,000<br>\$10,000  | The out-of-pocket maximum excludes deductible and copayments.<br>\$5,000<br>\$10,000  | The out-of-pocket maximum excludes deductible and copayments.<br>\$5,000<br>\$10,000  |
| <b>Lifetime maximum paid by the Plan for all care</b>                             | No lifetime maximum   | No lifetime maximum   | No lifetime maximum   |
| <b>Benefit maximums</b>   | The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.  | The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.          | The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.          |
| <b>Routine medical office visits</b>  | \$30 per primary care office visit <sup>2</sup><br>\$50 per specialist office visit <sup>2</sup>  | \$30 per primary care office visit <sup>2</sup><br>\$50 per specialist office visit <sup>2</sup>  | \$30 per primary care office visit <sup>2</sup><br>\$50 per specialist office visit <sup>2</sup>  |
| <b>Procedures received during office visits</b>                                   | 30% coinsurance per procedure   | 30% coinsurance per procedure   | 30% coinsurance per procedure   |
| <b>Preventive services<sup>3</sup></b><br>Children's services<br>Adults' services | No charge <sup>2</sup><br>No charge <sup>2</sup>  | No charge <sup>2</sup><br>No charge <sup>2</sup>  | No charge <sup>2</sup><br>No charge <sup>2</sup>  |
| <b>Maternity</b><br>Prenatal care<br>Delivery and inpatient well-baby care        | Not covered<br>Not covered  | Not covered<br>Not covered  | Not covered<br>Not covered  |
| <b>Prescription drugs<sup>4</sup></b>   | After \$200 deductible is met, up to 30-day supply. 90-day refill supply is available by mail order.<br>\$15 copay—preferred generic<br>\$30 copay—preferred brand name<br>50% copay—nonpreferred | Not covered   | Not covered   |
| <b>Inpatient hospital</b>   | 30% coinsurance per admission<br>30% coinsurance for inpatient professional visits  | 30% coinsurance per admission<br>30% coinsurance for inpatient professional visits  | 30% coinsurance per admission<br>30% coinsurance for inpatient professional visits  |
| <b>Outpatient/ambulatory surgery</b>  | 30% coinsurance per admission   | 30% coinsurance per admission   | 30% coinsurance per admission   |
| <b>Laboratory and X-ray</b>   | Diagnostic lab: no charge <sup>2</sup><br>X-ray, including therapeutic:<br>30% coinsurance<br>MRI/CT/PET: 30% coinsurance per procedure   | Diagnostic lab: no charge <sup>2</sup><br>X-ray, including therapeutic:<br>30% coinsurance<br>MRI/CT/PET: 30% coinsurance per procedure | Diagnostic lab: no charge <sup>2</sup><br>X-ray, including therapeutic:<br>30% coinsurance<br>MRI/CT/PET: 30% coinsurance per procedure |

# DEDUCTIBLE PLANS – FEATURES AT A GLANCE

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| FEATURES   | \$2,000 DEDUCTIBLE PLAN (70%) WITH Rx  | \$2,000 DEDUCTIBLE PLAN (70%)  | \$5,000 DEDUCTIBLE PLAN (70%)  |
|--|--|--|--|
| <b>Emergency care</b>  | 30% coinsurance per visit at a designated Kaiser Permanente emergency room or a non-Plan emergency room  | 30% coinsurance per visit at a designated Kaiser Permanente emergency room or a non-Plan emergency room  | 30% coinsurance per visit at a designated Kaiser Permanente emergency room or a non-Plan emergency room  |
| <b>Ambulance</b>   | 30% coinsurance up to a maximum of \$500 per trip <sup>2</sup>   | 30% coinsurance up to a maximum of \$500 per trip <sup>2</sup>   | 30% coinsurance up to a maximum of \$500 per trip <sup>2</sup>   |
| <b>Urgent, nonroutine, and after-hours care</b>                            | <p>\$30 per visit at a Kaiser Permanente medical office during office hours<sup>2</sup></p> <p>\$75 per after-hours visit at a designated Kaiser Permanente after-hours medical office<sup>2</sup></p> | <p>\$30 per visit at a Kaiser Permanente medical office during office hours<sup>2</sup></p> <p>\$75 per after-hours visit at a designated Kaiser Permanente after-hours medical office<sup>2</sup></p> | <p>\$30 per visit at a Kaiser Permanente medical office during office hours<sup>2</sup></p> <p>\$75 per after-hours visit at a designated Kaiser Permanente after-hours medical office<sup>2</sup></p> |
| <b>Procedures received during urgent, nonroutine, and after-hours care</b> | 30% coinsurance per procedure  | 30% coinsurance per procedure  | 30% coinsurance per procedure  |

<sup>1</sup>Deductible does not apply toward out-of-pocket maximum.

<sup>2</sup>Not subject to deductible

<sup>3</sup>Preventive services include adult preventive care exams, adult preventive care screenings, well-woman care, immunizations, and well-child care.

<sup>4</sup>Kaiser Permanente uses a list of preferred drugs referred to as our formulary. For coverage to apply, a prescription must be written by your Kaiser Permanente doctor or by your dentist (for acute conditions) and be in our formulary. To learn more about preferred drugs in our formulary, contact our Clinical Pharmacy Call Center at **303-338-4503**.

## DEDUCTIBLE PLANS – RATES AT A GLANCE

The monthly rate you pay for your coverage depends on the age of the oldest applicant, the number of family members applying, the plan chosen, and the rates in effect on the enrollment date. The oldest applicant will become the subscriber on the account. All family members applying must pass a medical review to qualify for these rates. Rates are effective January 1, 2007, and are subject to change.

When the subscriber's age changes from one age band to the next during the course of the year, the subscriber will be charged the rate of the higher age band for his or her family status, effective the first of the following month.

Family members may apply for different plans, which may result in a lower combined monthly premium. See page 9 for details.

### Monthly rates for \$2,000 Deductible Plan (70%) with Rx

| Age                | Single subscriber | Subscriber + spouse | Subscriber + child(ren) | Subscriber + family |
|--------------------|-------------------|---------------------|-------------------------|---------------------|
| <20                | \$99.48           | \$198.94            | \$228.79                | \$328.24            |
| 20–24              | \$99.48           | \$198.94            | \$228.79                | \$328.24            |
| 25–29              | \$103.45          | \$206.90            | \$232.76                | \$336.21            |
| 30–34              | \$121.37          | \$242.73            | \$254.86                | \$376.22            |
| 35–39              | \$126.33          | \$252.69            | \$259.03                | \$385.36            |
| 40–44              | \$139.27          | \$278.55            | \$271.56                | \$410.84            |
| 45–49              | \$159.15          | \$318.33            | \$294.44                | \$453.59            |
| 50–54              | \$198.95          | \$397.90            | \$318.33                | \$517.27            |
| 55–59              | \$248.71          | \$497.39            | \$373.05                | \$621.76            |
| 60–64 <sup>1</sup> | \$298.43          | \$596.84            | \$417.80                | \$716.22            |

### Monthly rates for \$2,000 Deductible Plan (70%)

| Age                | Single subscriber | Subscriber + spouse | Subscriber + child(ren) | Subscriber + family |
|--------------------|-------------------|---------------------|-------------------------|---------------------|
| <20                | \$91.27           | \$182.51            | \$209.90                | \$301.14            |
| 20–24              | \$91.27           | \$182.51            | \$209.90                | \$301.14            |
| 25–29              | \$94.91           | \$189.82            | \$213.54                | \$308.45            |
| 30–34              | \$111.35          | \$222.69            | \$233.82                | \$345.16            |
| 35–39              | \$115.90          | \$231.83            | \$237.64                | \$353.54            |
| 40–44              | \$127.77          | \$255.55            | \$249.14                | \$376.92            |
| 45–49              | \$146.01          | \$292.05            | \$270.13                | \$416.14            |
| 50–54              | \$182.52          | \$365.05            | \$292.05                | \$474.56            |
| 55–59              | \$228.17          | \$456.32            | \$342.25                | \$570.42            |
| 60–64 <sup>1</sup> | \$273.79          | \$547.56            | \$383.30                | \$657.08            |

# DEDUCTIBLE PLANS – RATES AT A GLANCE

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## Monthly rates for \$5,000 Deductible Plan (70%)

| Age                | Single subscriber | Subscriber + spouse | Subscriber + child(ren) | Subscriber + family |
|--------------------|-------------------|---------------------|-------------------------|---------------------|
| <20                | \$71.82           | \$143.64            | \$165.19                | \$237.00            |
| 20–24              | \$71.82           | \$143.64            | \$165.19                | \$237.00            |
| 25–29              | \$74.70           | \$149.38            | \$168.05                | \$242.75            |
| 30–34              | \$87.63           | \$175.27            | \$184.01                | \$271.64            |
| 35–39              | \$91.21           | \$182.45            | \$187.02                | \$278.23            |
| 40–44              | \$100.56          | \$201.12            | \$196.08                | \$296.64            |
| 45–49              | \$114.91          | \$229.83            | \$212.59                | \$327.51            |
| 50–54              | \$143.65          | \$287.29            | \$229.83                | \$373.47            |
| 55–59              | \$179.57          | \$359.13            | \$269.36                | \$448.92            |
| 60–64 <sup>1</sup> | \$215.47          | \$430.93            | \$301.67                | \$517.13            |

<sup>1</sup>If you are 65+ years of age and Medicare eligible, or are under age 65 and entitled to Medicare on the basis of Social Security disability, call **1-800-509-7570** for information about our Kaiser Permanente Senior Advantage plans.

# HSA-QUALIFIED PLANS – FEATURES AT A GLANCE

For more detailed information, refer to the *Health Plan Description Form*, which you may obtain by calling **1-800-634-4579**. Once you become a member, you will receive your *Membership Agreement*, which can be used to determine the exact terms and conditions of your coverage.

| FEATURES  | \$2,000 DEDUCTIBLE PLAN WITH HSA OPTION (80%)   | \$2,000 DEDUCTIBLE PLAN WITH HSA OPTION (100%)  |
|---|---|---|
| <b>Annual deductible</b>                              | <b>The deductible applies to all services unless otherwise noted.</b>   | <b>The deductible applies to all services unless otherwise noted.</b>   |
| Individual  | \$2,000 <sup>1</sup>  | \$2,000 <sup>1</sup>  |
| Family  | \$4,000 <sup>1</sup>  | \$4,000 <sup>1</sup>  |
| <b>Annual out-of-pocket maximum</b>                   | The out-of-pocket maximum includes deductible and coinsurance.  | The out-of-pocket maximum includes deductible.  |
| Individual  | \$5,000   | \$2,000   |
| Family  | \$10,000  | \$4,000   |
| <b>Lifetime maximum paid by the Plan for all care</b> | No lifetime maximum   | No lifetime maximum   |
| <b>Benefit maximums</b>                               | The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.  | The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.  |
| <b>Routine medical office visits</b>                  | 20% coinsurance per primary care office visit after deductible is met<br>20% coinsurance per specialist office visit after deductible is met  | No charge per primary care office visit after deductible is met<br>No charge per specialist office visit after deductible is met  |
| <b>Procedures received during office visits</b>       | 20% coinsurance per procedure after deductible is met   | No charge after deductible is met   |
| <b>Preventive services<sup>2</sup></b>                |   |   |
| Children's services                                   | No charge <sup>3</sup>  | No charge <sup>3</sup>  |
| Adults' services                                      | No charge <sup>3</sup>  | No charge <sup>3</sup>  |
| <b>Maternity</b>                                      |   |   |
| Prenatal care   | Not covered   | Not covered   |
| Delivery and inpatient well-baby care                 | Not covered   | Not covered   |
| <b>Prescription drugs<sup>4</sup></b>                 | Not covered   | No charge after deductible is met, up to a 30-day supply. 90-day refill supply available by mail order.   |
| <b>Inpatient hospital</b>                             | 20% coinsurance per admission after deductible is met<br>20% coinsurance for inpatient professional visits after deductible is met  | No charge per admission after deductible is met<br>No charge for inpatient professional visits after deductible is met  |
| <b>Outpatient/ambulatory surgery</b>                  | 20% coinsurance per admission after deductible is met   | No charge per admission after deductible is met   |
| <b>Laboratory and X-ray</b>                           | Diagnostic lab: 20% coinsurance after deductible is met<br>X-ray, including therapeutic: 20% coinsurance after deductible is met<br>MRI/CT/PET: 20% coinsurance per procedure after deductible is met | Diagnostic lab: no charge after deductible is met<br>X-ray, including therapeutic: no charge after deductible is met<br>MRI/CT/PET: no charge per procedure after deductible is met |

# HSA-QUALIFIED PLANS – FEATURES AT A GLANCE

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| FEATURES   | \$2,000 DEDUCTIBLE PLAN WITH HSA OPTION (80%)   | \$2,000 DEDUCTIBLE PLAN WITH HSA OPTION (100%)  |
|--|---|---|
| <b>Emergency care</b>  | 20% coinsurance per visit at a designated Kaiser Permanente emergency room or a non-Plan emergency room, after deductible is met  | No charge per visit at a designated Kaiser Permanente emergency room or a non-Plan emergency room, after deductible is met  |
| <b>Ambulance</b>   | 20% coinsurance per trip after deductible is met  | No charge per trip after deductible is met  |
| <b>Urgent, nonroutine, and after-hours care</b>                            | 20% coinsurance per visit at a Kaiser Permanente medical office during office hours, after deductible is met<br>20% coinsurance per after-hours visit at a designated Kaiser Permanente after-hours medical office, after deductible is met | No charge per visit at a Kaiser Permanente medical office during office hours, after deductible is met<br>No charge per after-hours visit at a designated Kaiser Permanente after-hours medical office, after deductible is met |
| <b>Procedures received during urgent, nonroutine, and after-hours care</b> | 20% coinsurance per procedure after deductible is met   | No charge per procedure after deductible is met   |

<sup>1</sup>Deductible applies toward out-of-pocket maximum.

<sup>2</sup>Preventive services include adult preventive care exams, adult preventive care screenings, well-woman care, immunizations, and well-child care.

<sup>3</sup>Not subject to deductible

<sup>4</sup>Kaiser Permanente uses a list of preferred drugs referred to as our formulary. For coverage to apply, a prescription must be written by your Kaiser Permanente doctor or by your dentist (for acute conditions) and be in our formulary. To learn more about preferred drugs in our formulary, contact our Clinical Pharmacy Call Center at **303-338-4503**.

# HSA-QUALIFIED PLANS – RATES AT A GLANCE

The monthly rate you pay for your coverage depends on the age of the oldest applicant, the number of family members applying, the plan chosen, and the rates in effect on the enrollment date. The oldest applicant will become the subscriber on the account. All family members applying must pass a medical review to qualify for these rates. Rates are effective January 1, 2007, and are subject to change.

When the subscriber's age changes from one age band to the next during the course of the year, the subscriber will be charged the rate of the higher age band for his or her family status, effective the first of the following month.

Family members may apply for different plans, which may result in a lower combined monthly premium. See page 9 for details.

## Monthly rates for \$2,000 Deductible Plan with HSA Option (80%)

| Age                | Single subscriber | Subscriber + spouse | Subscriber + child(ren) | Subscriber + family |
|--------------------|-------------------|---------------------|-------------------------|---------------------|
| <20                | \$95.82           | \$191.64            | \$220.38                | \$316.20            |
| 20-24              | \$95.82           | \$191.64            | \$220.38                | \$316.20            |
| 25-29              | \$99.66           | \$199.31            | \$224.22                | \$323.86            |
| 30-34              | \$116.92          | \$233.84            | \$245.51                | \$362.42            |
| 35-39              | \$121.70          | \$243.42            | \$249.51                | \$371.22            |
| 40-44              | \$134.16          | \$268.32            | \$261.61                | \$395.77            |
| 45-49              | \$153.32          | \$306.64            | \$283.65                | \$436.95            |
| 50-54              | \$191.65          | \$383.30            | \$306.64                | \$498.29            |
| 55-59              | \$239.58          | \$479.14            | \$359.36                | \$598.94            |
| 60-64 <sup>1</sup> | \$287.48          | \$574.94            | \$402.47                | \$689.93            |

## Monthly rates for \$2,000 Deductible Plan with HSA Option (100%)

| Age                | Single subscriber | Subscriber + spouse | Subscriber + child(ren) | Subscriber + family |
|--------------------|-------------------|---------------------|-------------------------|---------------------|
| <20                | \$120.16          | \$240.31            | \$276.36                | \$396.51            |
| 20-24              | \$120.16          | \$240.31            | \$276.36                | \$396.51            |
| 25-29              | \$124.97          | \$249.93            | \$281.17                | \$406.13            |
| 30-34              | \$146.61          | \$293.22            | \$307.87                | \$454.47            |
| 35-39              | \$152.61          | \$305.25            | \$312.89                | \$465.50            |
| 40-44              | \$168.24          | \$336.47            | \$328.05                | \$496.29            |
| 45-49              | \$192.26          | \$384.53            | \$355.69                | \$547.93            |
| 50-54              | \$240.33          | \$480.66            | \$384.53                | \$624.84            |
| 55-59              | \$300.43          | \$600.84            | \$450.64                | \$751.08            |
| 60-64 <sup>1</sup> | \$360.50          | \$720.97            | \$504.69                | \$865.18            |

<sup>1</sup>If you are 65+ years of age and Medicare eligible, or are under age 65 and entitled to Medicare on the basis of Social Security disability, call **1-800-509-7570** for information about our Kaiser Permanente Senior Advantage plans.