

# GOOD HEALTH

## STARTS HERE

A quick guide to plans, benefits, and tools to help you enhance your health



### IN THIS BROCHURE

- Introducing Kaiser Permanente
- Finding a plan
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# Choose good health.



Choosing good health is not a single decision, but a lifetime of little decisions: Steamed broccoli or creamed corn? Watch TV or go for a walk?

Today, you're taking a big step toward good health by choosing health care. We can help.

When you choose Kaiser Permanente, you enjoy a world of healthy choices. All you have to do is choose.

## Choose your own personal physician.

At Kaiser Permanente, your primary care physician works *with* you and *for* you. Because our doctors are not burdened with claim forms and the other paperwork involved in a private practice, they can focus on being doctors. Their most important job is to listen and take care of you.

## Choose to be connected.

You can manage many health care needs from your computer. Plus, your electronic health record—a Kaiser Permanente innovation—helps your doctors coordinate your care effectively in our own medical offices.

## Choose to live well.

With Kaiser Permanente, your health care goes beyond checkups. You can design a fitness program online and share your fitness goals with your Kaiser Permanente doctor using your electronic health record.

## Choose convenience.

Getting the care you need is easy. Most of our Kaiser Permanente medical offices feature doctors' offices, lab, X-ray, and pharmacy in one location so you don't have to visit a separate facility for every need. After-hours, weekend, and urgent care appointments are also available at some locations. You're covered 24/7.

## Choose to take charge.

With Kaiser Permanente, you are in charge of your health. You choose your doctor. You choose the medical office most convenient for you. You choose the plan that's right for you or your family. In fact, our entire health system—doctors, medical facilities, technology—is centered around you and your personal needs.

## Choose for yourself.

We offer a wide selection of plans and plan types designed to fit your health and financial priorities. Take a look at what we offer.

**And if you're still not sure, call your broker, who will offer assistance in explaining your plan choices and will work with you to help you decide what is best for you. It's that simple.**

**We wish you good health. Choose to apply now.**

# Invest in yourself.

These days it's more important than ever to take good care of what you have. Your health—and your family's health—are assets that deserve nurturing. So you're wise to be looking for ways to ensure and maintain good health.



Today, you want value for your money. You need a choice of affordable plans that provide high-quality care.

That's why we offer a wide range of plans and plan types—all featuring the benefits you need as well as affordable preventive care available from the first day of coverage.

## **Whatever your situation, we're sure to have a good fit.**

Here's how to get started.

- Review the enclosed materials to see which plan works best for you.
- Or just speak to your broker and explain what you want.
- Your broker can help you find the plan that fits your needs *and* your budget.
- Then simply fill out an application for enrollment in the plan of your choice.

And the really good news? The informed choice you make is a choice for good health. All your plan choices offer care from dedicated physicians you can trust. Plus, our approach to care puts you and your health needs first.

Whatever your situation—whether you are looking for your first plan, are between jobs, or are no longer covered through your employer—we have a plan designed to fit your needs.

## **Your health—it's the most vital investment you'll ever make.**

# Choose a health plan.



We offer several types of health care coverage for individuals and families. All feature quality care—the main difference is how you pay for it.

See which plan type may work best for you by matching your lifestyle and financial situation to one of the descriptions on the right.

## Have a family?

- Do you:**  have small children?  
 want predictable out-of-pocket expenses?  
 need to see a doctor more frequently?

If so, our copayment plans, which have no medical deductible, may be just what you're looking for. See the *Copayment Plans* brochure for details.

### Our copayment plans:

- \$35 Copayment Plan with Rx
- \$40 Copayment Plan with Rx

## Want to cover only a child?

- Do you:**  not need family coverage?  
 have a dependent child?  
 want benefits appropriate for a child's needs?

We offer a deductible plan designed just for children. This single-subscriber plan offers the services a child would need most—such as preventive care and urgent care visits—for a copay before the deductible is met. See the *Deductible Plans* brochure for more information.

### Our children's plan:

- \$5,000 Deductible Plan (60%) with Rx

## Single?

- Do you:**  rarely need a doctor's advice?  
 mostly need preventive care?  
 want lower premiums in exchange for a deductible?

If these statements apply to you, you might be interested in our deductible plans. These plans offer lower monthly premiums in exchange for your sharing more of the costs in copayments, deductibles, and coinsurance. See the *Deductible Plans* brochure for more information.

### Our deductible plans:

- \$1,000 Deductible Plan (80%) with Rx
- \$1,500 Deductible Plan (80%) with Rx
- \$2,000 Deductible Plan (70%) with Rx
- \$2,000 Deductible Plan (70%)
- \$3,000 Deductible Plan (70%) with Rx
- \$5,000 Deductible Plan (70%)

## Want a savings plan for medical expenses?

- Do you:**  mostly see a doctor for preventive care?  
 want low premiums?  
 prefer to pay for health care with tax-deductible dollars?

If this sounds like you, check out our HSA-qualified deductible HMO plans. These plans offer quality medical coverage, some of our lowest premiums, and a tax-free way to build savings for qualified medical expenses.<sup>1</sup> See the *HSA-Qualified Deductible HMO Plans* brochure for details.

### Our HSA-qualified plans:

- \$2,000 HSA-Qualified Deductible HMO Plan (80%)
- \$2,000 HSA-Qualified Deductible HMO Plan (100%)
- \$2,500 HSA-Qualified Deductible HMO Plan (100%)
- \$3,000 HSA-Qualified Deductible HMO Plan (100%)
- \$4,000 HSA-Qualified Deductible HMO Plan (100%)
- \$5,000 HSA-Qualified Deductible HMO Plan (100%)

## Key terms

**Coinsurance:** This is the percentage of charges you pay when you receive a covered service. Coinsurance amounts vary depending on the plan and the service.

**Copayment (copay):** This is the specific dollar amount you pay when you receive certain covered services or prescriptions. Copayments vary depending on the plan and the service.

**Deductible:** In a deductible plan, the deductible is the fixed amount you must pay in a calendar year before Kaiser Permanente will cover certain services in that calendar year.

**Health savings account (HSA):** An HSA is a savings account intended to be used for qualified medical expenses. HSAs have certain federal tax advantages as well as certain restrictions.

**HSA-qualified deductible HMO plans:** These are deductible plans eligible to be paired with an optional health savings account. They are similar to deductible plans but work differently in certain respects.

**Not subject to deductible:** In deductible plans, some medical services are covered immediately and therefore are *not subject to deductible*. This means that from your first day of coverage, you can receive these services for a copayment or coinsurance, without having to first satisfy the deductible.

**Out-of-pocket maximum (OOPM):** The OOPM is the maximum amount you will have to pay for most covered medical services in a calendar year.

**Premium:** This is the amount you pay every month for health care coverage.

**Preventive care:** Our goal is to help you enjoy the best possible health for you. That's why we provide preventive care services that monitor you when you're well and can give an advance warning when you're at risk of becoming ill. Preventive care services include routine checkups, immunizations, and preventive labs and X-rays.

Note: For more detailed definitions, please consult your *Membership Agreement*, available upon request.

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

# My Health Manager

My Health Manager, available to members at [kp.org](http://kp.org), makes managing your health easier!

Imagine e-mailing your doctor's office with a question you forgot to ask, or checking your lab results as soon as they're available. You can manage your health on your schedule, your way.



From the convenience of your own computer, you can manage many of your health needs. My Health Manager is a secure link on [kp.org](http://kp.org) where you can access many areas of your health record or request routine appointments—all at a time that's convenient for you. My Health Manager is available 24 hours a day, seven days a week—and registering is quick and easy.

## With My Health Manager, you can:

- E-mail your doctor's office.
- View most test results as soon as they're available.
- Receive reminders for checkups and immunizations.
- Order prescription refills (most can be mailed to you postage-paid).
- Request, cancel, or review routine appointments.
- Review recent office visits, including recommended follow-up steps.

These free, time-saving features can help you spend less time managing your health and more time enjoying it. With My Health Manager, you're in charge of your own health.

# Choose to **stay healthy.**

Staying healthy is the ultimate benefit. We believe preventive care is the foundation of good health, and we back that up with our coverage. Our preventive health care services are available for no charge. And you don't have to meet a deductible first.

## A sampling of our preventive care services

- Immunizations
- Well-woman care
- Adult preventive care exams
- Adult preventive care screenings
- Well-child care
- Colorectal cancer screenings

See your *Membership Agreement* for details.

## Tools for good health

As a Kaiser Permanente member, you will have access to personalized wellness programs like **HealthMedia® Succeed™**, which helps you create a customized health improvement plan specific to your needs.<sup>1</sup> You can even include the results in your electronic health record so your physician can work with you to reach your health goals.

Many of our hospitals and medical offices offer Healthy Living classes on topics such as parenting and nutrition.<sup>2</sup> Visit us at [kp.org](https://kp.org) to find out more.

For a nominal fee, we also offer a large selection of wellness programs designed to help you:

- lose weight
- reduce stress
- quit smoking

And there's much more for you to explore and discover at [kp.org](https://kp.org).

Kaiser Permanente membership offers steps to a healthy way of life. Apply today!

<sup>1</sup>Offered in collaboration with HealthMedia, Inc.

<sup>2</sup>Classes vary by location. Some classes may charge a fee.

# Frequently asked questions

Some of the most common questions people have about our plans are here. If you have questions about a specific type of plan or a particular benefit, please see “Benefit Highlights” in the accompanying brochures or call your local broker.

## Applying

### Is a physical exam required to qualify?

No. All you have to do is complete the medical questionnaire included in your application.

### Can I enroll only my children?

Yes. You can apply for coverage for just your children, just your spouse, just yourself, or any combination of you and your dependents who live in our service area.

We also offer a plan designed just for children, the \$5,000 Deductible Plan (60%) with Rx. This plan is designed for single subscribers. So if you enroll more than one child, each would have his or her own plan with rates reflecting each child’s age. (Although this plan is designed for children, people of any age can apply.)

### Can family members apply for different plans?

Yes. Just complete a separate application for each plan you or your family members apply for.

## Plan types

### Do you offer any catastrophic plans?

Catastrophic plans are designed primarily for costly emergency situations, such as accidents or serious health conditions. These plans generally have high deductibles and low premiums.

We do offer this type of plan. And the good news is that all our plans—including these—offer benefits such as preventive care that are available for no charge and are not subject to a deductible. In other



words, you won’t have to wait for an emergency before you can use your health care.

For more information, consult the “Benefit Highlights” section of the *Deductible Plans* and the *HSA-Qualified Deductible HMO Plans* brochures.

### How do HSA-qualified deductible HMO plans work?

HSA-qualified plans are a type of deductible plan designed to work with a health savings account, or HSA. The advantage of an HSA-qualified plan is that you can deposit tax-deductible dollars into the account that you can later use to pay for qualified medical expenses.<sup>1</sup> Plus, any interest the HSA might earn is tax free. And any funds you don’t use in one year will roll over to the next. There’s no “use it or lose it” with HSAs.

For more information, see the *HSA-Qualified Deductible HMO Plans* brochure.

### Do I have a copay or coinsurance on a deductible plan?

In a deductible plan, you must meet your deductible before you are eligible to pay coinsurance for most covered services. However, you can pay a copayment from the first day of membership for certain preventive services, such as annual checkups, well-child visits, mammograms, etc.

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

## What is the difference between the deductible and the out-of-pocket maximum (OOPM)?

In a deductible plan and an HSA-qualified deductible plan, the **deductible** is the **set amount** you must pay in a calendar year before we will begin to cover certain services. Once you pay that amount out of pocket, you are eligible to pay coinsurance. Some plans also have a drug deductible. The drug deductible does not contribute toward the medical deductible.

Deductible plans with family coverage have both an individual deductible and a family deductible. That means an individual in a family plan can meet the lower individual deductible and qualify for coinsurance before the higher family deductible is satisfied.

In HSA-qualified plans with family coverage, there is no individual deductible. That means the family deductible must be met before any family member is eligible to pay coinsurance for most services.

The **out-of-pocket maximum**, or OOPM, is the **maximum amount** of copayments and/or coinsurance you will have to pay for certain covered services in a calendar year. In a copayment or deductible plan with family coverage, there is both an individual OOPM and a family OOPM. In an HSA-qualified deductible plan with family coverage, there is no individual OOPM. That means the family OOPM must be met by an individual family member or by a combination of family members.

The OOPM is calculated differently for different types of plans.

- For copayment plans, certain copayments and coinsurance contribute toward the OOPM.
- For deductible plans, your coinsurance payments contribute toward the OOPM. Your deductible does not contribute toward the OOPM.
- In HSA-qualified plans, your copayments, coinsurance, and deductible all contribute toward your OOPM.

For more information, see your *Membership Agreement*.

## Coverage

### What if I need care when I'm traveling?

You're covered for emergency care anywhere in the world. If you're temporarily outside your service area, you're also covered for urgent care to prevent serious deterioration of your health if the care cannot be delayed until you return to your service area.

### To what age can my children be covered on my plan?

Your children can be covered as dependents on your plan until they reach age 19. If they are enrolled in school full-time, they can be covered until age 24.

### I have children away at school. Are they covered outside the service area?

A dependent attending school outside our service area is eligible only for urgent and emergency out-of-area benefits, just as when you are traveling.

### Are prescription medications covered? How do I get my prescriptions filled? Can I order my prescriptions by mail?

Most of our plans offer a prescription coverage option. You can order most refills online with My Health Manager and pick them up at your medical office or receive them by mail at no extra charge.

### Are preventive services such as mammograms and colonoscopies covered?

Yes. They are available for no charge from the first day of coverage. You don't have to meet a deductible first for many preventive services. For a full list of preventive services, please see your *Membership Agreement*.

### Are alternative services, such as chiropractic and massage therapy, covered?

Centers for Complementary Medicine (CCM), located at three of our medical offices, provide alternative and nontraditional therapies that treat the whole you. Services include acupuncture, chiropractic, massage therapy, and mind-body medicine, as well as yoga classes.<sup>1</sup> You don't need a referral because our CCM practitioners work within the same Kaiser Permanente health program as your personal doctor.

<sup>1</sup>These products and services are provided on a fee-for-service basis and are neither offered nor guaranteed under your Kaiser Permanente health plan. Results of services vary among patients. Kaiser Permanente does not endorse or make any representations regarding the quality or medical efficacy of products and services offered by other entities, nor the financial integrity of those entities.

# How to find us

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.

Here's a quick look at our medical offices and hospitals. For a more detailed directory of primary care providers, specialists, and medical office locations, please refer to the *Important Details and Notices* brochure. Or, for the most current information, visit [kp.org](http://kp.org) and click on "Locate our services."

## Medical offices

- Arapahoe Medical Offices, Centennial<sup>1</sup>
- Aurora Centrepoint Medical Offices, Aurora
- Baseline Medical Offices, Boulder
- East Denver Medical Offices, Denver<sup>1</sup>
- Englewood Medical Offices, Englewood
- Franklin Medical Offices, Denver
- Hidden Lake Medical Offices, Arvada
- Highlands Ranch Medical Offices, Highlands Ranch
- Ken Caryl Medical Offices, Littleton
- Lakewood Medical Offices, Lakewood<sup>1</sup>
- Longmont Medical Offices, Longmont
- Parker Medical Offices, Parker
- Rock Creek Medical Offices, Lafayette
- Skyline Medical Offices, Denver
- Smoky Hill Medical Offices, Aurora
- Southwest Medical Offices, Littleton
- Westminster Medical Offices, Westminster<sup>1</sup>
- Wheat Ridge Medical Offices, Wheat Ridge

## Plan hospitals

Kaiser Permanente's full-service contracted hospitals provide complete, coordinated emergency room and inpatient care services. Kaiser Permanente physicians, specialists, and other clinicians have easy access to your medical history, as well as to your personal physician, at these plan hospitals.

- Exempla Good Samaritan Medical Center, Lafayette<sup>2</sup>
- Exempla Saint Joseph Hospital, Denver
- The Children's Hospital, Aurora

## Emergency care hospitals

Kaiser Permanente contracts for emergency services with the following hospitals. If you're admitted as an inpatient to one of these contracted emergency hospitals or to any other out-of-plan hospital following an emergency, please let us know as soon as possible (preferably within 24 hours) so we may assist in coordinating your care and reducing your risk of incurring noncovered inpatient charges.

Call us toll free at **1-800-632-9700**, 8 a.m. to 5 p.m., Monday through Friday. For TTY service, contact **Relay Colorado** toll free at **1-800-659-2656** or dial **711**.

<sup>1</sup>These medical offices also offer weekend and after-hours care.

<sup>2</sup>Exempla Good Samaritan Medical Center is both an emergency room and an after-hours care location. You will be assessed a copayment/coinsurance depending on the level of care you receive, not on the time of day during which you seek treatment. Lab work, X-rays, suturing, and casting are considered emergency-level care.

- HealthONE Sky Ridge Medical Center, Lone Tree
- HealthONE Swedish Medical Center, Englewood
- HealthONE Centennial Medical Plaza, Centennial
- HealthONE Swedish Southwest ER, Littleton
- The Children's Hospital at St. Joseph ER, Denver

### Behavioral health offices

We also have three behavioral health offices where we provide support for all mental health issues, chemical dependency, and eating disorders.

- Executive Center Behavioral Health, Wheat Ridge
- Hidden Lake Behavioral Health, Arvada
- Highline Behavioral Health, Denver



- ◆ Plan hospital
- Medical offices
- ▲ Behavioral Health Center
- Emergency care services
- ★ Regional administrative office

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