

# Healthy together

See how our care and coverage can help you thrive



Kaiser Permanente for  
Individuals and Families

# Experience the Kaiser Permanente difference

As a Kaiser Permanente member, you'll enjoy access to one-of-a-kind health care and a rewarding coverage experience. Find out how you're at the center of care that brings together top-notch doctors, conveniently located medical offices, innovative technology, and industry-leading research, all designed to help keep you at your healthy best.

		Advantages across Colorado
	<b>Choosing your doctor</b>	<b>You get to choose</b> Denver/Boulder members can choose from more than 1,000 Kaiser Permanente doctors. Members in the Northern, Southern, and Mountain Colorado service areas can choose from Kaiser Permanente doctors and from a local network of providers and specialists.
	<b>Choosing how you get care</b>	<b>Technology to connect with your doctor</b> Access your Kaiser Permanente doctor and care team virtually – with video visits, phone consultations, or by emailing your doctor's office with nonurgent questions.*
	<b>Making a routine appointment</b>	<b>We've got an app for that</b> Members who see a Kaiser Permanente doctor can schedule routine appointments using the secure features of My Health Manager online at <a href="https://kp.org">kp.org</a> , by using the Kaiser Permanente mobile app, or through a computer or tablet.* Members who see a network doctor can call their office to schedule appointments directly.
	<b>Calling for medical advice</b>	<b>Easy access to care</b> Specially trained Kaiser Permanente nurses can offer medical advice by phone, 24/7, making sure that you get the right care, at the right location, and at the right time.
	<b>Getting the convenient care you need</b>	<b>Save time, gas, and money</b> You're at the center of your care. Your Kaiser Permanente doctors, nurses, and specialists work together to make it easy to get care when you need it, all under one roof – including primary care, laboratory, imaging, and more.*
	<b>Viewing your medical records and test results</b>	<b>Easy online health management</b> When you register on <a href="https://kp.org">kp.org</a> , you can view your past visit summaries and most lab test results online whenever you want.*
	<b>Getting care in your language</b>	<b>We speak your language</b> We have multilingual Kaiser Permanente doctors and staff, and we offer interpretation services by phone in 150+ languages.

\*These features are available when you get care at Kaiser Permanente facilities with Kaiser Permanente doctors.

# Important deadlines

There’s a deadline to apply for health care coverage, whether you apply during open enrollment or during a special enrollment period.

## Get started today

This booklet will show you how to find a new plan that best fits your needs.

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## Enrolling during the 2017 open enrollment period

You may change or apply for 2017 coverage during the open enrollment period, which runs from **November 1, 2016, through January 31, 2017.**

To start coverage on:	Your completed application and premium must be received by:
January 1, 2017	December 15, 2016
February 1, 2017	January 15, 2017
March 1, 2017	January 31, 2017

## Enrolling during a special enrollment period

You may enroll or change your coverage if you experience what’s known as a triggering event. Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you and/or your dependents. If you know that you’ll be losing coverage, you may be able to apply for new coverage 60 days in advance.

For more information, please refer to the Enrolling During a Special Enrollment Period guide. If you didn’t receive this guide, contact your broker.



To enroll during this open enrollment period, you must make sure we receive your completed Application for Health Coverage – along with your first month’s premium – **no later than January 31, 2017.**

**Have questions?** Call your broker. Your broker will help you choose a Kaiser Permanente health plan.

# Understanding health plans

We offer a variety of plans to fit your needs and budget. All of them offer the same quality care, but the way they split the costs between the member and the health plan is different.

## Copay and coinsurance plans

Copay and coinsurance plans are the simplest. You know in advance how much you'll pay for things like doctor visits and prescriptions. Your monthly rate is higher, but you'll pay much less when you actually get care.

## Deductible plans

With a deductible plan, your monthly rate is lower, but you'll have to reach a deductible. This means you'll pay the full charges for covered services until you reach a set amount known as your deductible. Then you'll start paying less – just a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you meet your deductible.

## HSA-qualified deductible plans

HSA-qualified deductible plans are deductible plans with a special feature. With this plan, you can set up a health savings account (HSA) to pay for health costs like copays, coinsurance, and deductible payments. And you won't pay federal taxes on the money in this account.

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, such as eyeglasses, adult dental care, or chiropractic services.\* And if you have money left in your HSA at the end of the year, it'll roll over for you to use the next year.

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

If you live in Colorado Springs or the surrounding area, your Kaiser Permanente health plan will be in the KP Select network. As a KP Select member, you'll have the choice of more than 400 network providers in the KP Select network, including your choice of any Kaiser Permanente doctor.

### Choosing a doctor

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

### Prescription benefits

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

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

### Hospital care

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

\*For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](http://irs.gov).

**Have questions?** Call your broker. Your broker will help you choose a Kaiser Permanente health plan.

# Choosing a plan based on your care needs

If you need a lot of care, you may want a plan with a higher monthly rate so that you pay less when you come in for care. If you don't go to the doctor much, you may want a plan with a lower monthly rate, keeping in mind you'll pay more if and when you do get care.

## Monthly rate versus out-of-pocket costs

Metal name	What you pay for your monthly rate	What you pay when you get care (Emergency Department visit, lab test, etc.)
Gold		
Silver		
Bronze		

## An example of costs when you get care

Let's say you hurt your ankle. You visit your primary care doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's a sample of what you would pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
<b>KP CO Gold 0/20</b> Copay plan (No deductible)	\$20	30%	\$10
<b>KP CO Silver 3000/30</b> Deductible plan (\$3,000 deductible)	\$30	30%*	\$15
<b>KP CO Bronze 5500/30%/HSA</b> HSA-qualified deductible plan (\$5,500 deductible)	30%*	30%*	\$20*

\*If you've met your deductible

The cost estimates above are from our estimate tools website, [kp.org/treatmentestimates](http://kp.org/treatmentestimates). Visit this site anytime to get an idea of what the charges for common services might be before you meet your deductible.

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# Pediatric dental care

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

## A reason to smile

Pediatric dental benefits are provided by Delta Dental of Colorado, one of the nation's largest and most experienced dental providers. Delta Dental provides members with the convenience of local customer service and a statewide network of 21,000 dental providers.

## Finding a dentist

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

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

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

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

## Important to note

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

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

## Benefits

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

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

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

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# Health plan benefit highlights

The charts on the next few pages show you a sample of each plan’s benefits. Review the diagram below to help you understand how to read those charts.

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

<div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">KP</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">M</span> </div> KP CO Silver 2000/30 KP Select CO Silver 2000/30	
Plan type	Deductible
<b>Features</b>	
Annual medical deductible (individual/family)	\$2,000/\$4,000
Annual out-of-pocket maximum (individual/family)	\$7,150/\$14,300
<b>Benefits</b>	
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
Primary care office visit	First office visit at no charge. Additional visits at \$30.
Specialty care office visit	\$50
Most X-rays	30% after deductible
Most lab tests	30% after deductible
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	First office visit at no charge. Additional visits at \$30.
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
<b>Maternity</b>	
Routine prenatal care visit, first postpartum visit	30% after deductible
Delivery and inpatient well-baby care	30% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	30% after deductible
Urgent care visit	\$75
<b>Prescription drugs (up to a 30-day supply)</b>	
Generic	\$15
Preferred brand	\$55 after \$500 pharmacy deductible
Non-preferred brand	30% after \$500 pharmacy deductible
Specialty	30% after \$500 pharmacy deductible
<b>Whole health</b>	
Healthy services	Chiropractic care \$30 (up to 20 visits), wellness coaching, fitness club discounts, health education classes

**KP** Offered through Kaiser Permanente

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

**Annual deductible**  
 You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charges for covered services until you reach \$2,000 for yourself or \$4,000 for your family. Then you’d start paying copays or coinsurance.

**Annual out-of-pocket maximum**  
 This is the most you’ll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you’d never pay more than \$7,150 for yourself and no more than \$14,300 for your family for your copays, coinsurance, and deductible in a calendar year.

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

**Covered before you reach the deductible**  
 With some services, you’ll only pay a copay or coinsurance, regardless of whether you’ve reached your deductible. Under this plan, primary care visits are covered at a \$30 copay— (first office visit is at no charge) even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

**Copayment**  
 This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you’d start paying a \$75 copay for urgent care visits, whether or not you have met your deductible.

**Coinsurance**  
 After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you’d pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

This plan summary is intended to highlight only some of the most asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement*, please visit [kp.org/plandocuments](http://kp.org/plandocuments), call us, or contact your broker. For Denver/Boulder, call 303-338-3800; for Northern Colorado, call 1-844-201-5824; for Mountain Colorado, call 1-844-837-6885; and for Southern Colorado, call 1-888-681-7878. For services subject to a deductible, you’ll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

**KP** Offered through Kaiser Permanente

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

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

	<b>KP</b> <b>M</b> KP CO Bronze 6500/50 KP Select CO Bronze 6500/50	<b>KP</b> <b>M</b> KP CO Bronze 6000/50 KP Select CO Bronze 6000/50	<b>KP</b> <b>M</b> KP CO Bronze 5500/30%/HSA KP Select CO Bronze 5500/30%/HSA	<b>KP</b> <b>M</b> KP CO Bronze 5250/40 KP Select CO Bronze 5250/40	<b>KP</b> <b>M</b> KP CO Silver 3000/30 KP Select CO Silver 3000/30
<b>Plan type</b>	<b>Deductible</b>	<b>Deductible</b>	<b>HSA-qualified</b>	<b>Deductible</b>	<b>Deductible</b>
<b>Features</b>					
<b>Annual medical deductible (individual/family)</b>	\$6,500/\$13,000	\$6,000/\$12,000	\$5,500/\$11,000	\$5,250/\$10,500	\$3,000/\$6,000
<b>Annual out-of-pocket maximum (individual/family)</b>	\$7,150/\$14,300	\$7,150/\$14,300	\$6,550/\$13,100	\$7,150/\$14,300	\$7,150/\$14,300
<b>Benefits</b>					
<b>Preventive care</b>					
<b>Routine physical exam, mammograms, etc.</b>	No charge				
<b>Outpatient services (per visit or procedure)</b>					
<b>Primary care office visit</b>	First 2 office visits at \$50. Additional visits at 50% after deductible.**	First 2 office visits at \$50. Additional visits at 40% after deductible.**	30% after deductible	First 2 office visits at \$40. Additional visits at 40% after deductible.†	First office visit at no charge. Additional visits at \$30.
<b>Specialty care office visit</b>	50% after deductible	40% after deductible	30% after deductible	40% after deductible	\$50
<b>Most X-rays</b>	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible
<b>Most lab tests</b>	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible
<b>MRI, CT, PET</b>	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible
<b>Outpatient surgery</b>	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible
<b>Mental health visit</b>	First 2 office visits at \$50. Additional visits at 50% after deductible.**	First 2 office visits at \$50. Additional visits at 40% after deductible.**	30% after deductible	First 2 office visits at \$40. Additional visits at 40% after deductible.†	First office visit at no charge. Additional visits at \$30.
<b>Inpatient hospital care</b>					
<b>Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care</b>	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible
<b>Maternity</b>					
<b>Routine prenatal care visit, first postpartum visit</b>	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible
<b>Delivery and inpatient well-baby care</b>	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible
<b>Emergency and urgent care</b>					
<b>Emergency Department visit</b>	50% after deductible	40% after deductible	30% after deductible	40% after deductible	30% after deductible
<b>Urgent care visit</b>	50% after deductible	40% after deductible	30% after deductible	40% after deductible	\$75
<b>Prescription drugs (up to a 30-day supply)*</b>					
<b>Generic</b>	50% after deductible	\$25	\$20 after deductible	40% after deductible	\$15
<b>Preferred brand</b>	50% after deductible	\$110	30% after deductible	40% after deductible	\$55
<b>Non-preferred brand</b>	50% after deductible	\$250	30% after deductible	40% after deductible	\$150
<b>Specialty</b>	50% after deductible	\$570	30% after deductible	40% after deductible	\$570
<b>Whole health</b>					
<b>Healthy services</b>	Chiropractic care 50% (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 40% (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 30% (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 40% (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$30 (up to 20 visits), wellness coaching, fitness club discounts, health education classes

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply. Visit [kp.org/formulary](http://kp.org/formulary) to view the formulary that your doctor uses to help determine the safest, most effective drugs to prescribe for you. You can also see if a medication is available as a generic drug.

\*\*The KP CO/KP Select CO Bronze 6500/50 and KP CO/KP Select CO Bronze 6000/50 plans include 2 office visits at \$50 before you reach your deductible. Primary care visits and outpatient mental health care visits are considered office visits.

†The KP CO/KP Select CO Bronze 5250/40 plan includes 2 office visits at \$40 before you reach your deductible. Primary care visits and outpatient mental health care visits are considered office visits.

All plans are offered and underwritten by Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Avenue, Denver, CO 80247.

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

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	<b>KP</b> <b>M</b> KP CO Silver 2750/20%/HSA KP Select CO Silver 2750/20%/HSA	<b>KP</b> <b>M</b> KP CO Silver 2000/30 KP Select CO Silver 2000/30	<b>KP</b> <b>M</b> KP CO Gold 1250/20 KP Select CO Gold 1250/20	<b>KP</b> <b>M</b> KP CO Gold 0/20 KP Select CO Gold 0/20	<b>KP</b> <b>M</b> KP CO Catastrophic <sup>†</sup> KP Select CO Catastrophic <sup>†</sup>
Plan type	HSA-qualified	Deductible	Deductible	Copay	Deductible
Features					
Annual medical deductible (individual/family)	\$2,750/\$5,500	\$2,000/\$4,000	\$1,250/\$2,500	\$0	\$7,150/\$14,300
Annual out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$7,150/\$14,300	\$6,850/\$13,700	\$6,350/\$12,700	\$7,150/\$14,300
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	20% after deductible	First office visit at no charge. Additional visits at \$30.	\$20	\$20	First 3 office visits at no charge. Additional visits at no charge after deductible. <sup>††</sup>
Specialty care office visit	20% after deductible	\$50	\$40	\$40	No charge after deductible
Most X-rays	20% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Most lab tests	20% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
MRI, CT, PET	20% after deductible	30% after deductible	20% after deductible	\$500	No charge after deductible
Outpatient surgery	20% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Mental health visit	20% after deductible	First office visit at no charge. Additional visits at \$30.	\$20	\$20	First 3 office visits at no charge. Additional visits at no charge after deductible. <sup>††</sup>
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	20% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Delivery and inpatient well-baby care	20% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Emergency and urgent care					
Emergency Department visit	20% after deductible	30% after deductible	20% after deductible	\$500	No charge after deductible
Urgent care visit	20% after deductible	\$75	\$75	\$75	No charge after deductible
Prescription drugs (up to a 30-day supply)*					
Generic	\$15 after deductible	\$15	\$10	\$10	No charge after deductible
Preferred brand	\$55 after deductible	\$55 after \$500 pharmacy deductible	\$30	\$30	No charge after deductible
Non-preferred brand	20% after deductible	30% after \$500 pharmacy deductible	20%	\$150	No charge after deductible
Specialty	20% after deductible	30% after \$500 pharmacy deductible	20%	\$500	No charge after deductible
Whole health					
Healthy services	Chiropractic care 20% (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$30 (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care no charge after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply. Visit [kp.org/formulary](http://kp.org/formulary) to view the formulary that your doctor uses to help determine the safest, most effective drugs to prescribe for you. You can also see if a medication is available as a generic drug.

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

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

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

## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through ConnectforHealthCO.com.

	<b>M</b> KP CO Silver 2000/30/73% CSR KP Select CO Silver 2000/30/73% CSR	<b>M</b> KP CO Silver 200/20/87% CSR KP Select CO Silver 200/20/87% CSR	<b>M</b> KP CO Silver 0/10/94% CSR KP Select CO Silver 0/10/94% CSR
Plan type	CSR Deductible	CSR Deductible	CSR Copay
<b>Features</b>			
Annual medical deductible (individual/family)	\$2,000/\$4,000	\$200/\$400	\$0
Annual out-of-pocket maximum (individual/family)	\$5,700/\$11,400	\$2,350/\$4,700	\$2,250/ \$4,500
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	First office visit, no charge. Additional visits \$30.	First office visit, no charge. Additional visits \$20.	First office visit, no charge. Additional visits \$10.
Specialty care office visit	\$50	\$40	\$20
Most X-rays	30% after deductible	30% after deductible	10% coinsurance
Most lab tests	30% after deductible	30% after deductible	10% coinsurance
MRI, CT, PET	30% after deductible	30% after deductible	10% coinsurance
Outpatient surgery	30% after deductible	30% after deductible	10% coinsurance
Mental health visit	First office visit, no charge. Additional visits \$30.	First office visit, no charge. Additional visits \$20.	First office visit, no charge. Additional visits \$10.
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	10% coinsurance
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	30% after deductible	30% after deductible	10% coinsurance
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	10% coinsurance
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	30% after deductible	10% coinsurance
Urgent care visit	\$75	\$50	\$50
<b>Prescription drugs (up to a 30-day supply)*</b>			
Generic	\$15	\$10	\$5
Preferred brand	\$55	\$45	\$10
Non-preferred brand	\$150	\$150	\$150
Specialty	\$570	\$400	\$250
<b>Whole health</b>			
Healthy services	Chiropractic care \$30 (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$10 (up to 20 visits), wellness coaching, fitness club discounts, health education classes

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply. Visit [kp.org/formulary](http://kp.org/formulary) to view the formulary that your doctor uses to help determine the safest, most effective drugs to prescribe for you. You can also see if a medication is available as a generic drug.

All plans are offered and underwritten by Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Avenue, Denver, CO 80247.

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

## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through ConnectforHealthCO.com.

	<b>M</b> KP CO Silver 1900/20%/73% CSR <sup>†</sup> KP Select CO Silver 1900/20%/73% CSR <sup>†</sup>	<b>M</b> KP CO Silver 500/10%/87% CSR <sup>†</sup> KP Select CO Silver 500/10%/87% CSR <sup>†</sup>	<b>M</b> KP CO Silver 200/5%/94% CSR <sup>†</sup> KP Select CO Silver 200/5%/94% CSR <sup>†</sup>
Plan type	CSR Deductible	CSR Deductible	CSR Deductible
<b>Features</b>			
Annual medical deductible (individual/family)	\$1,900/\$3,800	\$500/\$1,000	\$200/\$400
Annual out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$2,350/\$4,700	\$2,250/\$4,500
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	20% after deductible	10% after deductible	5% after deductible
Specialty care office visit	20% after deductible	10% after deductible	5% after deductible
Most X-rays	20% after deductible	10% after deductible	5% after deductible
Most lab tests	20% after deductible	10% after deductible	5% after deductible
MRI, CT, PET	20% after deductible	10% after deductible	5% after deductible
Outpatient surgery	20% after deductible	10% after deductible	5% after deductible
Mental health visit	20% after deductible	10% after deductible	5% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	10% after deductible	5% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	20% after deductible	10% after deductible	5% after deductible
Delivery and inpatient well-baby care	20% after deductible	10% after deductible	5% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	20% after deductible	10% after deductible	5% after deductible
Urgent care visit	20% after deductible	10% after deductible	5% after deductible
<b>Prescription drugs (up to a 30-day supply)*</b>			
Generic	\$10 after deductible	\$10 after deductible	\$5 after deductible
Preferred brand	\$45 after deductible	\$30 after deductible	\$10 after deductible
Non-preferred brand	20% after deductible	10% after deductible	5% after deductible
Specialty	20% after deductible	10% after deductible	5% after deductible
<b>Whole health</b>			
Healthy services	Chiropractic care 20% (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 10% (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 5% (up to 20 visits), wellness coaching, fitness club discounts, health education classes

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply. Visit [kp.org/formulary](http://kp.org/formulary) to view the formulary that your doctor uses to help determine the safest, most effective drugs to prescribe for you. You can also see if a medication is available as a generic drug.

<sup>†</sup>This plan is no longer qualified to be paired with an optional tax-advantaged HSA account.

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

## Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through ConnectforHealthCO.com.

	<b>M</b> KP CO Silver 1800/30/73% CSR KP Select CO Silver 1800/30/73% CSR	<b>M</b> KP CO Silver 0/30/87% CSR KP Select CO Silver 0/30/87% CSR	<b>M</b> KP CO Silver 0/5/94% CSR KP Select CO Silver 0/5/94% CSR
Plan type	CSR Deductible	CSR Copay	CSR Copay
<b>Features</b>			
Annual medical deductible (individual/family)	\$1,800/\$3,600	\$0	\$0
Annual out-of-pocket maximum (individual/family)	\$5,700/\$11,400	\$2,350/\$4,700	\$2,250/ \$4,500
<b>Benefits</b>			
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	First office visit, no charge. Additional visits \$30.	First office visit, no charge. Additional visits \$30.	First office visit, no charge. Additional visits \$5.
Specialty care office visit	\$50	\$50	\$10
Most X-rays	30% after deductible	30% coinsurance	20% coinsurance
Most lab tests	30% after deductible	30% coinsurance	20% coinsurance
MRI, CT, PET	30% after deductible	30% coinsurance	20% coinsurance
Outpatient surgery	30% after deductible	30% coinsurance	20% coinsurance
Mental health visit	First office visit, no charge. Additional visits \$30.	First office visit, no charge. Additional visits \$30.	First office visit, no charge. Additional visits \$5.
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% coinsurance	20% coinsurance
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	30% after deductible	30% coinsurance	20% coinsurance
Delivery and inpatient well-baby care	30% after deductible	30% coinsurance	20% coinsurance
<b>Emergency and urgent care</b>			
Emergency Department visit	30% after deductible	30% coinsurance	20% coinsurance
Urgent care visit	\$75	\$50	\$50
<b>Prescription drugs (up to a 30-day supply)*</b>			
Generic	\$15	\$15	\$5
Preferred brand	\$55 after \$500 pharmacy deductible	\$55	\$10
Non-preferred brand	30% after \$500 pharmacy deductible	30% coinsurance	20% coinsurance
Specialty	30% after \$500 pharmacy deductible	30% coinsurance	20% coinsurance
<b>Whole health</b>			
Healthy services	Chiropractic care \$30 (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$30 (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$5 (up to 20 visits), wellness coaching, fitness club discounts, health education classes

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply. Visit [kp.org/formulary](http://kp.org/formulary) to view the formulary that your doctor uses to help determine the safest, most effective drugs to prescribe for you. You can also see if a medication is available as a generic drug.

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# You may qualify for federal financial assistance

Do you need help paying for health care? Under health care reform, the federal government will provide federal financial assistance for many people, depending on their income. Learn more below.

## 3 things to know:

- Financial assistance is available for premiums and out-of-pocket expenses.
- If you qualify for assistance, the federal government will pay it directly to us.
- Assistance is available on a sliding scale, based on income and family size.

## Determine if you qualify

Contact your broker. Your broker can help you determine if you qualify for assistance from the federal government.

Both your eligibility and the exact amount of your financial assistance will be determined by Connect for Health Colorado.

To quickly check if you may be eligible, use this chart, which shows the estimated 2016 family income levels that qualify people for help with paying premiums.

Number of people in household	Annual family income level
1	\$47,520 or below
2	\$64,080 or below
3	\$80,640 or below
4	\$97,200 or below
5	\$113,760 or below
6	\$130,320 or below
7	\$146,920 or below
8	\$163,560 or below

You can also use our online calculator to find out if you may qualify. Just go to [buykp.org](http://buykp.org).

## If you do qualify

If you qualify, your broker can help you enroll in a plan through Connect for Health Colorado.

Keep in mind that enrolling in a new plan will not end any other coverage you have through Connect for Health Colorado or Kaiser Permanente. Don't want to pay for 2 plans? Be sure to end your current plan the day before your new plan starts. That way, you'll avoid paying 2 premiums and having a gap in your coverage.

## If you don't qualify

Even if you can't get assistance from the federal government, you can buy a Kaiser Permanente plan from us or through Connect for Health Colorado.

**Have questions?** Call your broker. Your broker will help you choose a Kaiser Permanente health plan.

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

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

If you need these services, call the number provided below.

Colorado	1-800-632-9700
TTY	711

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Kaiser Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, telephone number: 1-800-632-9700. You can file a grievance by mail or phone. If you need help filing a grievance, the Kaiser Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

# Help in your Language

**English:** You have the right to get help in your language at no cost. If you have questions about your application or coverage through Kaiser Permanente, or if this is a notice that requires you to take action by a specific date, call the number provided for your state or region to talk to an interpreter.

**አማርኛ (Amharic):** ያለምንም ክፍያ በራስዎ ቋንቋ እገዛ የማግኘት መብት አለዎት። ስለ ማመልከቻዎ ወይም ከኪሰር ፐርማኒንቴ Kaiser Permanente ስለሚያገኙት ሽፋን ማንኛውም ጥያቄዎች ካሉዎት፣ ወይም ይህ ማሳወቂያ በግልፅ በተጠቀሰ ቀን ማድረግ ያለብዎ ነገር እንዳለ የሚያስገድድዎ ከሆነ፣ በተጠቀሰው የስልክ ቁጥር ለስቴትዎ ወይም ለክልልዎ ደውለው ከአስተርጓሚ ጋር ይነጋገሩ።

**العربية (Arabic):** لك الحق في الحصول على المساعدة بلغتك دون تحمل أي تكاليف. إذا كانت لديك استفسارات بشأن طلبك أو تغطيتك التي تقدمها Kaiser Permanente، أو إذا كان هذا الإشعار الذي يتطلب منك اتخاذ إجراء خلال تاريخ محدد، يُرجى الاتصال بالرقم المخصص لولايتك أو منطقتك للتحدث إلى مترجم فوري.

**Հայերեն (Armenian):** Դուք ունեք Ձեր լեզվով անվճար օգնություն ստանալու իրավունք: Եթե Դուք հարցեր ունեք Ձեր դիմումի կամ Kaiser Permanente-ի վիզոցով Ձեր ծածկույթի վերաբերյալ, կամ եթե սա ծանուցում է, որը պարտադրում է Ձեզ, որպեսզի գործուղություններ ձեռնարկեք մինչև որոշակի ամսաթիվ, ապա զանգահարեք Ձեր նահանգի կամ շրջանի համար տրամադրված հեռախոսահամարով՝ թարգմանչի հետ խոսելու համար:

**Bàsòò Wùdù (Bassa):** Ɔ mò nì kpé bɛ̀ m̀ ké gbo-kpá-kpá dyé dé nì miòùn niìn bídí-wùdù mú pídyi. Ɔ jũ ké m̀ dyi dyi-diè-dè bɛ̀ bédé bá nì céè-dè m̀ tò bó dɛ̀ zò jè dyíé ní, mɔɔ jũ bá nì kũùn kpɔ̀ jè dyí dyiìn dé Kaiser Permanente múé ní, mɔɔ ɔ̀ dyi b̃́ dò jũ bɛ̀ m̀ ké dɛ̀ dò nyu bó wé jéé dò kɔ̀ nì, níí, d́á nɔ̀bà bɛ̀ wa tòà bó nì bóđóò mɔɔ nì gbɛ̀ɛ̀ò bíìe, ké nì mu nyo-wuđúún-zà-nyò dò gbo wùdùùn.

**বাংলা (Bengali):** বিনা খরচে আপনার নিজের ভাষায় সাহায্য পাওয়ার অধিকার আপনার আছে। আপনার যদি আপনার আবেদন বা Kaiser Permanente-এর মাধ্যমে পাওয়া কভারেজ নিয়ে কোনো প্রশ্ন থাকে বা এটি যদি কোনো নোটিস হয় যার ফলে আপনার একটি নির্ধারিত দিনের মধ্যে কোনো পদক্ষেপ গ্রহণ করার প্রয়োজন হয়, তাহলে দোভাষীর সাথে কথা বলতে আপনার রাজ্য বা অঞ্চলের জন্য প্রদত্ত নম্বরটিতে ফোন করুন।

California	1-800-464-4000
Colorado	1-800-632-9700
District of Columbia	1-800-777-7902
Georgia	1-888-865-5813
Hawaii	1-800-966-5955
Maryland	1-800-777-7902
Oregon	1-800-813-2000
Virginia	1-800-777-7902
Washington	1-800-813-2000
TTY	711

Kaiser Foundation Health Plan, Inc., in Northern and Southern California and Hawaii • Kaiser Foundation Health Plan of Colorado • Kaiser Foundation Health Plan of Georgia, Inc., Nine Piedmont Center, 3495 Piedmont Road NE, Atlanta, GA 30305, 404-364-7000 • Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., in Maryland, Virginia, and Washington, D.C., 2101 E. Jefferson St., Rockville, MD 20852 • Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

**Cebuano (Bisaya):** Anaa moy katungod nga mangayo og tabang sa inyo pinulongan ug kini walay bayad. Kung naa mo pangutana bahin sa inyo aplikasyon o coverage sa Kaiser Permanente, o kung kining pahibalo nanginahanglan sa inyo paglihok sa dili pa usa ka pihon nga petsa, palihug lang pagtawag sa mga numero sa telepono nga gihatag sa imong estado ("state") o rehiyon ("region") para makigstorya sa usa ka interpreter.

**中文 (Chinese):** 您有權免費以您的語言獲得幫助。如果您對您的Kaiser Permanente申請或承保有任何疑問，或者如果本通知要求您在具體日期之前採取措施，請致電您所在的州或地區的電話，與口譯員進行溝通。

**Chuuk (Chukese):** Mei wor omw pwuung omw kopwe angei aninis non foosun fonuomw (Chuukese), ese kamo. Ika mei wor omw kapas eis usun omw apilikeison me/ika policy fan nemenien Kaiser Permanente, are ika ei esinesin a erenuk pwe kopwe fori pwan ekoch foror, ka tongeni omw kopwe kori ewe nampa mei kawor faniten omw state ika fonu (asan) iwe eman chon chiakku epwe anisuk non kapasen fonuomw.

**Français (French):** Une assistance gratuite dans votre langue est à votre disposition. Si vous avez des questions à propos de votre demande d'inscription ou de la couverture par Kaiser Permanente, ou si cet avis vous demande de prendre des mesures à une date précise, appelez le numéro indiqué pour votre Etat ou votre région pour parler à un interprète.

**Deutsch (German):** Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Falls Sie Fragen bezüglich Ihres Antrags oder Ihres Krankenversicherungsschutzes durch Kaiser Permanente haben oder falls Sie aufgrund dieser Benachrichtigung bis zu bestimmten Stichtagen handeln müssen, rufen Sie die für Ihren Bundesstaat oder Ihre Region aufgeführte Nummer an, um mit einem Dolmetscher zu sprechen.

**ગુજરાતી (Gujarati):** તમને કોઈ પણ ખર્ચ વગર તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. જો તમને Kaiser Permanente મારફતે તમારી અરજી અથવા કવરેજ વિશે પ્રશ્નો હોય, અથવા જો આ નોટિસ હોય જેમાં તમને કોઈ ચોક્કસ તારીખથી પગલાં લેવાની જરૂર હોય, તો દુભાષિયા સાથે વાત કરવા તમારા સ્ટેટ અથવા રીજીયન માટે પૂરા પાડવામાં આવેલ નંબર પર ફોન કરો.

**Kreyòl Ayisyen (Haitian Creole):** Ou gen dwa pou jwenn èd nan lang ou gratis. Si ou gen nenpòt kesyon sou aplikasyon ou an oswa asirans ou ak Kaiser Permanente, oswa si nan avni sa a gen bagay ou sipoze fè sa a avan yon sèten dat, rele nimewo nou mete pou Eta oswa rejyon ou a pou w ka pale ak yon entèprèt.

**‘ōlelo Hawai‘i (Hawaiian):** He pono a ua loa‘a no kekahi kōkua me kāu ‘ōlelo inā makemake a he manuahi no ho‘i. Inā he mau nīnau kāu e pili ana i kāu palapala noi ‘inikua ola kino a i ‘ole i kōkua ma‘ō ka polokalamu kōkua ola kino Kaiser Permanente, a i ‘ole inā ke ha‘i nei paha kēia leka nei iā‘oe e hana koke aku i kēia ma mua o kekahi lā i waiho ‘ia, e kelepona aku i ka helu i loa‘a ma kēia leka nei no kāu moku‘āina a i ‘ole pana‘āina no ka wala‘au ‘ana me kekahi kanaka unuhi ‘ōlelo.

**हिन्दी (Hindi):** आपको बिना किसी कीमत चुकाए आपकी भाषा में सहायता पाने का अधिकार है। यदि आप आपके आवेदन पत्र के विषय में या Kaiser Permanente के कवरेज के विषय में कुछ पूछना चाहते हैं या यदि यह एक नोटिस है जिसके कारण आपको किसी विशेष तिथि तक कारवाई करनी पड़ेगी तो आपके राज्य या क्षेत्र के लिए दिए गए नंबर पर फोन करके किसी दुभाषिये से बात करें।

**Hmoob (Hmong):** Koj muaj cai kom tau txais kev pab uas hais koj hom lus yam tsis tau them nqi. Yog koj muaj lus nug txog koj daim ntawv thov los yog cov kev pab them nyiaj tim Kaiser Permanente, los yog tias daim ntawv no yog ib tsab ntawv ceebtoom uas yuav kom koj ua ib yam dabtsi raws li hnuv tau teev tseg, hu rau tus nab npawb xovtooj uas tau muab rau koj lub xeev lossis cheeb tsam kom tau tham nrog tus kws txhais lus.

**Igbo (Igbo):** ! nwere ikike inweta enyemaka n'asusụ gi na akwughị ugwo ọ bụla. Ọ bụrụ na ị nwere ajụjụ gbasara akwụkwọ anamachoihe gi ma ọ bụ mkpuchi si na Kaiser Permanente, ma ọ bụ ọ bụrụ na nke bụ ọkwa a chọrọ ka ị mee ihe tupu otu ụbọchi, kpọọ nomba enyere maka steeti ma ọ bụ mpaghara gi iji kwukọrịta okwu n'etiti onye ọkọwa okwu.

**Iloko (Ilocano):** Adda ti karbenganyo a dumawat iti tulong iti pagsasaoyo nga awan ti bayadanyo. No addaankayo kadagiti saludsod maipanggep ti aplikasionyo wenno coverage babaen ti Kaiser Permanente, wenno no daytoy ket maysa a pakdaar a kalikagumanna a rumbeng nga aramidenyo ti addang iti espesipiko a petsa, tawagan ti numero nga inpaay para ti estado wenno rehiyon tapno makipatang ti maysa mangipatarus iti pagsasao.

**Italiano (Italian):** Hai il diritto di ricevere assistenza nella tua lingua gratuitamente. In caso di domande riguardanti la tua richiesta o la copertura attraverso Kaiser Permanente, o se occorre intervenire entro una data specifica secondo quanto indicato in questa comunicazione, chiama il numero fornito per il tuo stato o la tua regione per parlare con un interprete.

**日本語 (Japanese):** あなたは、費用負担なしでご使用の言語で支援を受ける権利を保持しています。お申し込みまたはKaiser Permanenteの担保範囲に関してご質問があるか、または本通知により、あなたが特定の日付までに行動を起こすよう依頼されている場合、お住まいの州または地域に対して提供された電話番号に電話して、通訳とお話ください。

**ខ្មែរ (Khmer):** អ្នកមានសិទ្ធិទទួលបានជំនួយជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ បើសិនអ្នកមានសំណួរណាមួយអំពីពាក្យស្នើសុំប្រការធានារ៉ាប់រងតាមរយៈ Kaiser Permanente ឬប្រសិនបើជាលិខិតជូនដំណឹងដែលតម្រូវឱ្យអ្នកចាត់វិធានការត្រឹមកាលបរិច្ឆេទជាក់លាក់ សូមទូរស័ព្ទទៅលេខដែលបានផ្តល់ជូនសម្រាប់រដ្ឋឬតំបន់របស់អ្នកដើម្បីនិយាយទៅកាន់អ្នកបកប្រែ។

**한국어 (Korean):** 귀하에게는 한국어 통역서비스를 무료로 받으실 수 있는 권리가 있습니다. Kaiser Permanente를 통한 귀하의 보험 신청서나 보험 보장 범위에 관해 질문이 있을 경우 또는 이 통지서의 요구대로 어느 날짜까지 조치를 취해야만 하는 경우, 귀하의 주 및 지역의 제공된 전화번호로 연락해 통역사와 통화하십시오.

**ລາວ (Laotian):** ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໂດຍບໍ່ເສັຽຄ່າ. ຖ້າວ່າ ທ່ານມີຄໍາຖາມກ່ຽວກັບການສະໝັກຂອງທ່ານ ຫຼື ການຄຸ້ມຄອງຜ່ານ Kaiser Permanente, ຫຼື ຖ້າອັນນີ້ເປັນແຈ້ງການທີ່ຮຽກຮ້ອງໃຫ້ທ່ານດໍາເນີນການພາຍໃນວັນທີ່ທີ່ເຈາະຈົງໃດໜຶ່ງ, ໃຫ້ໂທຕາມໝາຍເລກທີ່ໃຫ້ໄວ້ສໍາລັບລັດ ຫຼື ເຂດຂອງທ່ານ ເພື່ອຂໍລິມັດຖານພາສາ.

**Kajin Majōl (Marshallese):** Ewōr jimwe eo aṃ in bōk jipaṃ ilo kajin eo aṃ ejjelōk wōṇāān. Ńe ewōr aṃ kajitōk kōn peba in aplaiki eo aṃ ak insurance eo aṃ jān Kaiser Permanente, ak Ńe enaan in kōjeļā in ej aikuj bwe kwōn ṃakūtūt ṃokta jān juon raan eo eṃōj an kallikkar, kaļok nōṃba eo ej leļok Ńian state eo aṃ ak jikūṃ bwe kwōn maroŃ kōnono ippān juon ri-ukōt.

**Naabeehó (Navajo):** T'áá ni nizaad bee níká i'doolwoł doo bik'é asíníłáágóó éí bee náhaz'á. Kaiser Permanente áká aná'álwo' ná bik'é azláadoo yíníkeedgo naaltsoos hadinílaa, éí bína'ídíłkíd doogo, éí doodago díí naaltsoos haa'ída yookáałgo hait'áoda í'díłíł níłniigo éí nitsaa hahoodzojí éí doodago t'áá aadi nahós'a'di ata' dahalne'ígíí bich'í' hólne'go bee bíł ahíł hódíłnih.

**नेपाली (Nepali):** तपाईंसंग कुनै शुल्क नदिइ आफ्नो भाषामा सहायता पाउने अधिकार छ । तपाईंसंग आफ्नो आवेदन बारे वा Kaiser Permanente माफत कवरेज बारेमा कुनै प्रश्नहरू भए, वा यो नोटिस अनुसार तपाईंले कुनै निर्धारित मितिमा कुनै कार्यवाही गर्नु पर्ने आवश्यकता भएमा, दोभाषेसंग कुराकानी गर्न तपाईंको राज्य वा क्षेत्रका लागि दिइएको नम्बरमा कल गर्नुहोस् ।

**Afaan Oromoo (Oromo):** Baasii malee afaan keetiin gargaarsa argachuudhaaf mirga qabda. Waa'ee iyyata keetii yookaan tajaajila Kaiser Permanente hammatu ilaalchisee gaaffii yoo qabaatte, yookaan yoo kun beeksisa guyyaa murtaa'e irratti tarkaanfii akka ati fudhattu gaafatu ta'e, lakkoofsa bilbilaa naannoo yookaan goodina keetiif kenname bilbiluudhaan turjumaana haasofsiisi.

**فارسی (Persian):** شما حق دارید که بدون هیچ هزینه ای به زبان خود کمک دریافت کنید. اگر درباره درخواست یا پوشش خود در Kaiser Permanente سوالی داشته یا بر اساس این اعلامیه باید تا تاریخ مشخصی اقدامی بعمل آورید، برای صحبت با یک مترجم شفاهی با شماره تلفن ارائه شده برای ایالت یا منطقه خود تماس بگیرید.

**lokaiahn Pohnpei (Pohnpeian):** Komw anehki pwung en rapahki sounkawehwe en omw palien lokaia ni sohte isaihs. Ma mie iren owmi kalelapak ohng aplikeisin de iren audepe kan ohng Kaiser Permanente, de ma pakair wet me anahne komwi en mwekid ohng rahn me kileledi, ah komw anahne koahl nempe me sansalehr ohng owmi palien wehi pwe komwi en lokaiaienng owmi tungoal soun kawehwe.

**Português (Portuguese):** Você tem o direito de obter ajuda em seu idioma sem nenhum custo. Se você tiver dúvidas sobre sua solicitação ou cobertura por meio da Kaiser Permanente, ou se este aviso exigir que você tome alguma medida até uma data específica, ligue para o número fornecido para seu estado ou região para falar com um intérprete.

**ਪੰਜਾਬੀ (Punjabi):** ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੇ ਸੁਲਕ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਮਦਦ ਪਾਉਣ ਦਾ ਹੱਕ ਹੈ। ਜੇਕਰ ਤੁਹਾਡੇ ਆਪਣੀ ਅਰਜ਼ੀ ਜਾਂ Kaiser Permanente ਰਾਹੀਂ ਕਵਰੇਜ ਬਾਰੇ ਸਵਾਲ ਹਨ, ਜਾਂ ਇਸ ਨੋਟਿਸ ਵਜੋਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਨਿਸ਼ਚਿਤ ਮਿਤੀ ਤੱਕ ਕਾਰਵਾਈ ਕਰਨ ਦੀ ਲੋੜ ਪਵੇ, ਤਾਂ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ ਆਪਣੇ ਰਾਜ ਜਾਂ ਇਲਾਕੇ ਲਈ ਮੁਹੱਈਆ ਕਰਵਾਏ ਗਏ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ।

**Română (Romanian):** Aveți dreptul de a solicita ajutor care să vă fie oferit în mod gratuit în limba dumneavoastră. Dacă aveți întrebări legate de solicitarea dumneavoastră sau de acoperirea oferită de Kaiser Permanente sau dacă acest aviz vă solicită să luați măsuri până la o anumită dată, sunați la numărul de telefon furnizat pentru statul sau regiunea dumneavoastră pentru a sta de vorbă cu un interpret.

**Русский (Russian):** У вас есть право получить бесплатную помощь на своем языке. Если у вас имеются вопросы относительно вашего заявления или медицинского страхования в Kaiser Permanente, либо если такое уведомление требует от вас каких-либо действий к определенной дате, позвоните по номеру телефона для своего штата или региона, чтобы поговорить с переводчиком.

**Faa-Samoa (Samoan):** E iai lou 'aia e maua se fesoasoani i lou gagana e aunoa ma le totogi. Afai e iai ni fesili e uiga i lou tusi apalai po o puipuiga e ala mai Kaiser Permanente, po o lenei tusi e manaomia ona e gaoioi i se taimi atofaina, vili le numera ua fuafuaina mo lou setete po o oganuu e fesoota'i i se faaliliu.

**Español (Spanish):** Usted tiene derecho a obtener ayuda en su idioma sin costo alguno. Si tiene preguntas acerca de su solicitud o cobertura a través de Kaiser Permanente, o si este es un aviso que requiere que usted tome alguna medida antes de una fecha determinada, llame al número de teléfono que se proporciona para su estado o región para hablar con un intérprete.

**Tagalog (Tagalog):** Mayroon kang karapatang humingi ng tulong sa iyong wika nang walang bayad. Kung mayroon kang mga katanungan tungkol sa iyong aplikasyon o coverage sa pamamagitan ng Kaiser Permanente, o kung ito ay abisong nangangailangan ng iyong aksyon sa tiyak na petsa, tumawag sa numerong ibinigay para sa iyong estado o rehiyon para makipag-usap sa isang interpreter.

**ไทย (Thai):** ท่านมีสิทธิที่จะได้รับความช่วยเหลือในภาษาของท่านโดยไม่เสียค่าใช้จ่าย หากท่านมีคำถามเกี่ยวกับการสมัครของท่าน หรือความคุ้มครองผ่าน Kaiser Permanente หรือหากนี่คือหนังสือที่ต้องการให้ท่านดำเนินการภายในวันที่ที่กำหนดไว้ โปรดติดต่อหมายเลขที่ให้ไว้สำหรับรัฐหรือเขตพื้นที่ของท่านเพื่อคุยกับล่าม

**Lea Faka-Tonga (Tongan):** 'Oku 'ia ho totonu ke ke ma'u ha fakatonulea ta'etotongi. Kapau 'oku 'i ai ha'o fehu'i ki ho tohi kole na'e fakafonu ki he malu'i 'inisiua 'a e Kaiser Permanente, pea kapau ko e tohina 'oku fiema'u keke fai ha me'a ki ai pe ko ha 'aho na'e tuku pau atu ke fai ia, taa ki he fika kuo 'oatu ki ho siteiti pe ko e vahefonua 'oku ke 'i ai ke talanoa mo ha tokotaha tene fakatonu lea atu kiate koe.

**Українська (Ukrainian):** У Вас є право на отримання допомоги безкоштовно на Вашій рідній мові. Якщо Ви маєте питання стосовно Вашого звернення чи страхового покриття в Kaiser Permanente, чи якщо відповідно до такого повідомлення Вам треба буде здійснити певну дію до конкретної дати, подзвоніть по номеру, що відповідає Вашій країні чи регіону, щоб поговорити з перекладачем.

**اردو (Urdu):** آپ کو کوئی بھی قیمت ادا کرنے بغیر اپنی زبان میں مدد حاصل کرنے کا حق ہے۔ اگر آپ کے ذہن میں اپنی درخواست یا Kaiser Permanente کے ذریعہ کوریج کے متعلق کوئی بھی سوالات ہیں، یا اگر اس نوٹس کی وجہ سے آپ کو کسی مخصوص تاریخ تک عمل انجام دینے کی ضرورت ہوگی تو، کسی مترجم سے بات چیت کرنے کے لئے آپ کی ریاست یا علاقہ کے لئے فراہم کئے گئے نمبر پر کال کریں۔

**Tiếng Việt (Vietnamese):** Quý vị có quyền được nhận trợ giúp miễn phí bằng ngôn ngữ của mình. Nếu quý vị có các câu hỏi về mẫu đơn hoặc mức bảo hiểm của mình thông qua Kaiser Permanente, hoặc đây là thông báo yêu cầu quý vị thực hiện vào một ngày cụ thể, hãy gọi đến số điện thoại được cung cấp cho bang hoặc khu vực của quý vị để trò chuyện với phiên dịch viên.

**Yorùbá (Yoruba):** O ní ètò ò láti rí ìràn l'owó gbà nípa èdè rẹ láìsán owó. Bí o bá ní ìbèèrè nípa iwé tí o kọ tàbí ìsèdédédé nípa sẹ̀ Kaiser Permanente, tàbí ifitonilétí yíì jẹ̀ èyí o nílò láti ìgbésẹ̀ kan ní ojò kan patọ̀, pé n'om̀bà tí a pèsè fún ìpínlẹ̀ tàbí agbègbè rẹ̀ láti bá ò̀ngbifọ̀ kan sọ̀rọ̀.





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