

# Healthy together

Care and coverage that fits your life

# Welcome to care that fits your life

This Kaiser Permanente for Individuals and Families enrollment guide can help you choose the right health plan for your needs. Here's a look at what you'll get with all of our plans.



## Right care, right time

Get the care you need when you need it with routine, specialty, urgent, and emergency care. If you're ever unsure where to go, call us for 24/7 care advice by phone.



## Many services under one roof

Do more in less time. In most of our facilities, you can see your doctor, get a lab test, and pick up prescriptions – all in a single trip. Find a location near you at [kp.org/facilities](https://kp.org/facilities).



## Your doctor, your choice

Choose your doctor based on what's important to you. Go to [kp.org/searchdoctors](https://kp.org/searchdoctors) for details about education, specialties, languages spoken, and more. You can also change doctors at any time.



## More care options

How you get care is up to you. Choose a phone appointment or video visit,<sup>1</sup> email your doctor's office with nonurgent questions, or come see us in person.<sup>2</sup>



## Video

Chat online. Connect in real time with a Kaiser Permanente physician. Log on to [kp.org](https://kp.org) and click "Chat."

<sup>1</sup>When appropriate and available.

<sup>2</sup>These features are available when you get care at Kaiser Permanente facilities.



# Choosing your health plan

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 is different.

## Copay plans – gold

Copay plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

## Deductible plans – gold, silver, bronze, catastrophic

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – 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 reach your deductible.

## HSA-qualified high deductible health plans – silver and bronze

HSA-qualified high deductible health plans (HDHPs) are deductible plans that give you the option of setting up a health savings account (HSA) to pay for eligible health care costs, including copays, coinsurance, and deductible payments. 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, like eyeglasses, adult dental care, or chiropractic services.\* If you have money left in your HSA at the end of the year, it will 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 750 network providers, including your choice of any of the 1,200 Kaiser Permanente doctors in Colorado.

### 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](https://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 UCHealth 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](https://irs.gov).

# Example of your costs for care

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

Plan name	Office visit	X-ray	Generic drug
KP CO Gold 0/20 RX Copay (no deductible)	\$20	35%	\$10*
KP Silver 4500/20 X (\$4,500 deductible)	\$20	40% after deductible	\$15*
KP Bronze 5500/30% HSA (\$5,500 deductible)	30% after deductible	30% after deductible	\$35*

\*After you reach your deductible.

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

## Important open enrollment dates for 2020

- The open enrollment period for 2020 coverage runs from November 1, 2019, through January 15, 2020.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Connect for Health Colorado.
- For coverage that starts on January 1, 2020, we must receive your Application for Health Coverage and first month's premium no later than December 15, 2019.

## Enrolling during a special enrollment period

- Are you getting married, having a baby, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit [kp.org/specialenrollment](https://kp.org/specialenrollment) for a list of qualifying life events and instructions.

### Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit [ConnectforHealthCO.com](https://ConnectforHealthCO.com) for details.

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

# Understanding the plans: 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>KP</div> <div>KP CO Silver 2500/25 X KP Select CO Silver 2500/25 X</div>
Plan type	Deductible
<b>Features</b>	
Annual medical deductible (individual/family)	\$2,500/\$5,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300
<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	\$25
Specialty care office visit	\$75
Most X-rays	35% after deductible
Most lab tests	35% after deductible
MRI, CT, PET	35% after deductible
Outpatient surgery	25% after deductible ambulatory surgery center 35% after deductible outpatient department of hospital
Mental health visit	\$25
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible
<b>Maternity</b>	
Routine prenatal care visit, first postpartum visit	35% after deductible
Delivery and inpatient well-baby care	35% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	35% after deductible
Urgent care visit	\$100
<b>Prescription drugs (up to a 30-day supply)</b>	
Generic	\$15
Preferred brand	\$85 after \$750 pharmacy deductible*
Non-preferred brand	35% after \$750 pharmacy deductible
Specialty	35% after \$750 pharmacy deductible
<b>Whole health</b>	
Healthy services	Chiropractic care \$25 per visit (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 \$2,500 for yourself or \$5,000 for your family. Then you'd start paying copays or coinsurance.

### Annual out-of-pocket maximum

This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$8,150 for yourself and no more than \$16,300 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 \$25 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

### Coinsurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 35% after deductible of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

### Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd pay a \$100 copay for urgent care visits, whether or not you have met your deductible.

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	<b>KP</b> <b>M</b> KP CO Bronze 7000/50 KP Select CO Bronze 7000/50	<b>KP</b> <b>M</b> KP CO Bronze 5500/50 KP Select CO Bronze 5500/50	<b>KP</b> <b>M</b> KP CO Bronze 5500/30%/HSA KP Select CO Bronze 5500/ 30%/HSA
Plan type	Deductible	Deductible	HSA-qualified
<b>Features</b>			
Annual medical deductible (individual/family)	\$7,000/\$14,000	\$5,500/\$11,000	\$5,500/\$11,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$8,150/\$16,300	\$6,750/\$13,500
<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 2 visits \$50; additional visits 50% after deductible <sup>†</sup>	First 3 visits \$50; additional visits 40% after deductible <sup>†</sup>	30% after deductible
Specialty care office visit	50% after deductible	40% after deductible	30% after deductible
Most X-rays	50% after deductible	40% after deductible	30% after deductible
Most lab tests	50% after deductible	40% after deductible	30% after deductible
MRI, CT, PET	50% after deductible	40% after deductible	30% after deductible
Outpatient surgery	40% after deductible after deductible ambulatory surgery center 50% after deductible outpatient department of hospital	30% after deductible after deductible ambulatory surgery center 40% after deductible outpatient department of hospital	20% after deductible ambulatory surgery center 30% after deductible outpatient department of hospital
Mental health visit	First 2 visits \$50; additional visits 50% after deductible <sup>†</sup>	First 3 visits \$50; additional visits 40% after deductible <sup>†</sup>	30% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	40% after deductible	30% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	50% after deductible	40% after deductible	30% after deductible
Delivery and inpatient well-baby care	50% after deductible	40% after deductible	30% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	50% after deductible	40% after deductible	30% after deductible
Urgent care visit	50% after deductible	40% after deductible	30% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	50% after deductible	40% after deductible	\$35 after deductible
Preferred brand	50% after deductible	40% after deductible	30% after deductible
Non-preferred brand	50% after deductible	40% after deductible	30% after deductible
Specialty	50% after deductible	40% after deductible	30% after deductible
<b>Whole health</b>			
Healthy services	Chiropractic care 50% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 40% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 30% 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.

<sup>†</sup>The KP CO/KP Select CO Bronze 5500/50 plans include 3 office visits at \$50 and KP CO/KP Select CO Bronze 7000/50 RX Copay & 6000/50 plans include 2 office visits at \$50 before you reach your deductible which includes primary care visits and outpatient mental health care visits.

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	<b>KP</b> <b>M</b> KP CO Bronze 6000/50 RX Copay KP Select CO Bronze 6000/50 RX Copay	<b>KP</b> <b>M</b> KP CO Silver 4500/20 KP Select CO Silver 4500/20 KP CO Silver 4500/20 X KP Select CO Silver 4500/20 X	<b>KP</b> <b>M</b> KP CO Silver 3000/ 20%/HSA KP Select CO Silver 3000/20%/HSA KP CO Silver 3000/ 20%/HSA X KP Select CO Silver 3000/20%/HSA X	<b>KP</b> <b>M</b> KP CO Silver 3500/ 30 RX Copay KP Select CO Silver 3500/ 30 RX Copay KP CO Silver 3500/ 30 RX Copay X KP Select CO Silver 3500/ 30 RX Copay X
Plan type	Deductible	Deductible	HSA-qualified	Deductible
<b>Features</b>				
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$4,500/\$9,000	\$3,000/\$6,000	\$3,500/\$7,000
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$8,150/\$16,300	\$6,500/\$13,000	\$8,150/\$16,300
<b>Benefits</b>				
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	First 2 visits \$50; additional visits 40% after deductible <sup>†</sup>	\$20	20% after deductible	\$30
Specialty care office visit	40% after deductible	\$75	20% after deductible	\$80
Most X-rays	40% after deductible	40% after deductible	20% after deductible	35% after deductible
Most lab tests	40% after deductible	40% after deductible	20% after deductible	35% after deductible
MRI, CT, PET	40% after deductible	40% after deductible	20% after deductible	35% after deductible
Outpatient surgery	30% after deductible ambulatory surgery center 40% after deductible outpatient department of hospital	30% after deductible ambulatory surgery center 40% after deductible outpatient department of hospital	10% after deductible ambulatory surgery center 20% after deductible outpatient department of hospital	25% after deductible ambulatory surgery center 35% after deductible outpatient department of hospital
Mental health visit	First 2 visits \$50; additional visits 40% after deductible <sup>†</sup>	\$20	20% after deductible	\$30
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	40% after deductible	20% after deductible	35% after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	40% after deductible	40% after deductible	20% after deductible	35% after deductible
Delivery and inpatient well-baby care	40% after deductible	40% after deductible	20% after deductible	35% after deductible
<b>Emergency and urgent care</b>				
Emergency Department visit	40% after deductible	40% after deductible	20% after deductible	35% after deductible
Urgent care visit	40% after deductible	\$100	20% after deductible	\$100
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$30*	\$15*	\$15 after deductible*	\$15*
Preferred brand	\$150*	\$85 after deductible*	\$85 after deductible*	\$85*
Non-preferred brand	\$450*	40% after deductible	20% after deductible	\$400*
Specialty	\$650*	40% after deductible	20% after deductible	\$600*
<b>Whole health</b>				
Healthy services	Chiropractic care 40% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 20% after deductible (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.

<sup>†</sup>The KP CO/KP Select CO Bronze 5500/50 plans include 3 office visits at \$50 and KP CO/KP Select CO Bronze 7000/50 RX Copay & 6000/50 plans include 2 office visits at \$50 before you reach your deductible which includes primary care visits and outpatient mental health care visits.

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	<b>KP</b> <b>M</b> KP CO Silver 2500/25 KP Select CO Silver 2500/25 KP CO Silver 2500/25 X KP Select CO Silver 2500/25 X	<b>KP</b> <b>M</b> KP CO Gold 1750/20 KP Select CO Gold 1750/20	<b>KP</b> <b>M</b> KP CO Gold 1250/20 KP Select CO Gold 1250/20	<b>KP</b> <b>M</b> Kaiser KP CO Gold 0/20 RX Copay KP Select CO Gold 0/20 RX Copay	<b>KP</b> <b>M</b> KP CO Catastrophic** KP Select CO Catastrophic**
Plan type	Deductible	Deductible	Deductible	Copayment	Deductible
<b>Features</b>					
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$1,750/\$3,500	\$1,250/\$2,500	None	\$8,150/\$16,300
Annual out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$7,800/\$15,600	\$7,350/\$14,700	\$7,300/\$14,600	\$8,150/\$16,300
<b>Benefits</b>					
<b>Preventive care</b>					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
Primary care office visit	\$25	\$20	\$20	\$20	"First 3 office visits no charge;†† additional visits no charge after deductible"
Specialty care office visit	\$75	\$50	\$50	\$50	No charge after deductible
Most X-rays	35% after deductible	30% after deductible	25% after deductible	35%	No charge after deductible
Most lab tests	35% after deductible	30% after deductible	25% after deductible	35%	No charge after deductible
MRI, CT, PET	35% after deductible	30% after deductible	25% after deductible	\$500	No charge after deductible
Outpatient surgery	25% after deductible ambulatory surgery center 35% after deductible outpatient department of hospital	20% after deductible ambulatory surgery center 30% after deductible outpatient department of hospital	15% after deductible ambulatory surgery center 25% after deductible outpatient department of hospital	25% coinsurance ambulatory surgery center 35% coinsurance outpatient department of hospital	No charge after deductible
Mental health visit	\$25	\$20	\$20	\$20	First 3 office visits no charge;†† additional visits no charge after deductible
<b>Inpatient hospital care</b>					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	25% after deductible	35%	No charge after deductible
<b>Maternity</b>					
Routine prenatal care visit, first postpartum visit	35% after deductible	30% after deductible	25% after deductible	35%	No charge after deductible
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	25% after deductible	35%	No charge after deductible
<b>Emergency and urgent care</b>					
Emergency Department visit	35% after deductible	30% after deductible	25% after deductible	\$750	No charge after deductible
Urgent care visit	\$100	\$75	\$75	\$75	No charge after deductible
<b>Prescription drugs (up to a 30-day supply)</b>					
Generic	\$15*	\$10*	\$10*	\$10*	No charge after deductible
Preferred brand	\$85 after \$750 pharmacy deductible*	\$30 after \$300 pharmacy deductible*	\$30*	\$30*	No charge after deductible
Non-preferred brand	35% after \$750 pharmacy deductible	30% after \$300 pharmacy deductible	25%	\$200*	No charge after deductible
Specialty	35% after \$750 pharmacy deductible	30% after \$300 pharmacy deductible	25%	\$600*	No charge after deductible
<b>Whole health</b>					
Healthy services	Chiropractic care \$25 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care no charge after deductible per visit (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.

†The KP CO/KP Select CO Bronze 5500/50 plans include 3 office visits at \$50 and KP CO/KP Select CO Bronze 7000/50 RX Copay & 6000/50 plans include 2 office visits at \$50 before you reach your deductible which includes primary care visits and outpatient mental health care visits.

\*\*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](https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf) and follow the instructions.

††The KP CO/KP Select CO Catastrophic plan includes 3 office visits (including primary care and outpatient mental health) at no charge before you reach your deductible.

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### Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through [ConnectforHealthCO.com](https://connectforhealthco.com).

	<b>M</b> KP CO Silver 3400/20/73% CSR KP Select CO Silver 3400/20/73% CSR	<b>M</b> KP CO Silver 800/20/87% CSR KP Select CO Silver 800/20/87% CSR	<b>M</b> KP CO Silver 150/10/94% CSR KP Select CO Silver 150/10/94% CSR
Plan type	CSR Deductible	CSR Deductible	CSR Deductible
<b>Features</b>			
Annual medical deductible (individual/family)	\$3,400/\$6,800	\$800/\$1,600	\$150/\$300
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,700/\$5,400	\$2,700/\$5,400
<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	\$20	\$10
Specialty care office visit	\$75	\$45	\$25
Most X-rays	35% after deductible	30% after deductible	10% after deductible
Most lab tests	35% after deductible	30% after deductible	10% after deductible
MRI, CT, PET	35% after deductible	30% after deductible	10% after deductible
Outpatient surgery	25% coinsurance ambulatory surgery center 35% coinsurance outpatient department of hospital	20% after deductible ambulatory surgery center 30% after deductible outpatient department of hospital	10% after deductible
Mental health visit	\$20	\$20	\$10
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	35% after deductible	30% after deductible	10% after deductible
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	35% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15*	\$15*	\$5*
Preferred brand	\$60 after deductible*	\$50*	\$10*
Non-preferred brand	35% after deductible	30%	10%
Specialty	35% after deductible	30%	10%
<b>Whole health</b>			
Healthy services	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$10 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes

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### Cost Share Reduction (CSR) Plans

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	<b>M</b> KP CO Silver 2300/20%/73% CSR KP Select CO Silver 2300/20%/73% CSR	<b>M</b> KP CO Silver 750/10%/87% CSR KP Select CO Silver 750/10%/87% CSR	<b>M</b> KP CO Silver 275/5%/94% CSR KP Select CO Silver 275/5%/94% CSR
Plan type	CSR Deductible	CSR Deductible	CSR Deductible
<b>Features</b>			
Annual medical deductible (individual/family)	\$2,300/\$4,600	\$750/\$1,500	\$275/\$550
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,700/\$5,400	\$2,700/\$5,400
<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	10% after deductible ambulatory surgery center 20% after deductible outpatient department of hospital	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	\$55 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% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 10% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 5% 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.

\*The KP CO/KP Select CO Bronze 5500/50 plans include 3 office visits at \$50 and KP CO/KP Select CO Bronze 7000/50 RX Copay & 6000/50 plans include 2 office visits at \$50 before you reach your deductible which includes primary care visits and outpatient mental health care visits.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement, Disclosure Form, and Evidence of Coverage (EOC)* for complete details on your plan or for specific limitations and exclusions. To request a copy of the EOC, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-464-4000, or contact your broker. For services subject to the 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.

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

### Cost Share Reduction (CSR) Plans

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	<b>M</b> KP CO Silver 3400/30/73% CSR KP Select CO Silver 3400/30/73% CSR	<b>M</b> KP CO Silver 500/20/87% CSR KP Select CO Silver 500/20/87% CSR	<b>M</b> KP CO Silver 75/10/94% CSR KP Select CO Silver 75/10/94% CSR
Plan type	CSR Deductible	CSR Deductible	CSR Deductible
<b>Features</b>			
Annual medical deductible (individual/family)	\$3,400/\$6,800	\$500/\$1,000	\$75/\$150
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,700/\$5,400	\$2,700/\$5,400
<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	\$30	\$20	\$10
Specialty care office visit	\$75	\$60	\$20
Most X-rays	35% after deductible	30% after deductible	10% after deductible
Most lab tests	35% after deductible	30% after deductible	10% after deductible
MRI, CT, PET	35% after deductible	30% after deductible	10% after deductible
Outpatient surgery	25% coinsurance ambulatory surgery center 35% coinsurance outpatient department of hospital	20% after deductible ambulatory surgery center 30% after deductible outpatient department of hospital	10% after deductible
Mental health visit	\$30	\$20	\$10
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	35% after deductible	30% after deductible	10% after deductible
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	35% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15*	\$10*	\$5*
Preferred brand	\$85*	\$75*	\$10*
Non-preferred brand	\$400*	\$150*	\$150*
Specialty	\$600*	\$400*	\$250*
<b>Whole health</b>			
Healthy services	Chiropractic care \$30 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$20 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$10 per visit (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.

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### Cost Share Reduction (CSR) Plans

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Plan type	CSR Deductible	CSR Deductible	CSR Deductible
<b>Features</b>			
Annual medical deductible (individual/family)	\$2,400/\$4,800	\$400/\$800	\$125/\$250
Annual out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$2,700/\$5,400	\$2,700/\$5,400
<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	\$25	\$25	\$5
Specialty care office visit	\$70	\$60	\$10
Most X-rays	35% after deductible	30% after deductible	10% after deductible
Most lab tests	35% after deductible	30% after deductible	10% after deductible
MRI, CT, PET	35% after deductible	30% after deductible	10% after deductible
Outpatient surgery	25% coinsurance ambulatory surgery center 35% coinsurance outpatient department of hospital	20% after deductible ambulatory surgery center 30% after deductible outpatient department of hospital	10% after deductible
Mental health visit	\$25	\$25	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	35% after deductible	30% after deductible	10% after deductible
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency Department visit	35% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15*	\$15*	\$5*
Preferred brand	\$85 after \$700 pharmacy deductible*	\$70*	\$10*
Non-preferred brand	35% after \$700 pharmacy deductible	30%	10%
Specialty	35% after \$700 pharmacy deductible	30%	10%
<b>Whole health</b>			
Healthy services	Chiropractic care \$25 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$25 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$5 per visit (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.

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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 2,400 PPO 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.

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

## Notes

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# Helpful websites and phone numbers

Have questions about enrolling or getting started with Kaiser Permanente? Want to learn more about our services? Use this information to explore the resources available to members, or to get answers to any questions you have.

## Kaiser Permanente

Discover Kaiser Permanente..... [kp.org/thrive](https://kp.org/thrive)

## Enrollment resources

Apply online ..... [buykp.org/apply](https://buykp.org/apply)

Get started if you're a new member ..... [kp.org/newmember](https://kp.org/newmember)

Enroll during a special enrollment period ..... [kp.org/specialenrollment](https://kp.org/specialenrollment)

## Member resources

Manage your care ..... [kp.org](https://kp.org)

Find a location near you..... [kp.org/facilities](https://kp.org/facilities)

Choose your doctor ..... [kp.org/searchdoctors](https://kp.org/searchdoctors)

Create your online account ..... [kp.org/registernow](https://kp.org/registernow)

Get an idea of what your care will cost ..... [kp.org/treatmentestimates](https://kp.org/treatmentestimates)

Get an estimate of what you'll pay for your care..... [kp.org/costestimates](https://kp.org/costestimates)

Get a copy of your *Evidence of Coverage*..... [kp.org/plandocuments](https://kp.org/plandocuments)

## Additional resources

Find resources for healthier living ..... [kp.org/healthyliving](https://kp.org/healthyliving)

## Get in touch with us by phone

Get general information about Kaiser Permanente..... **1-800-494-5314**

# The right choice for a healthier you

Having a good health plan is important. So is getting quality care. With Kaiser Permanente, you get both.

## Want to learn more?

Visit [kp.org](https://kp.org) or call us at 1-800-494-5314 (TTY 711).

### Stay connected to good health



[facebook.com/kpthrive](https://facebook.com/kpthrive)



[youtube.com/kaiserpermanenteorg](https://youtube.com/kaiserpermanenteorg)



@kpthrive, @aboutkp, @kptotalhealth



Colorado state law requires that an Access Plan be available that describes Kaiser Foundation Health Plan of Colorado's network of provider Services.

To obtain a copy, please call Member Services or visit [kp.org](https://kp.org).

**Kaiser Foundation Health Plan of Colorado**  
10350 E. Dakota Ave.  
Denver, CO 80247