

Find your healthy place

With care designed to help you thrive





Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for the whole you. Welcome to care that fits your life.

Important open enrollment dates for 2022

- The open enrollment period for 2022 coverage runs from November 1, 2021, through January 15, 2022.
- 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, 2022, we must receive your Application for Health Coverage and first month's premium no later than December 15, 2021.

Enrolling during a special enrollment period

- Are you getting married, moving, 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 for a list of qualifying life events and instructions.

Want to talk? We're here to help.

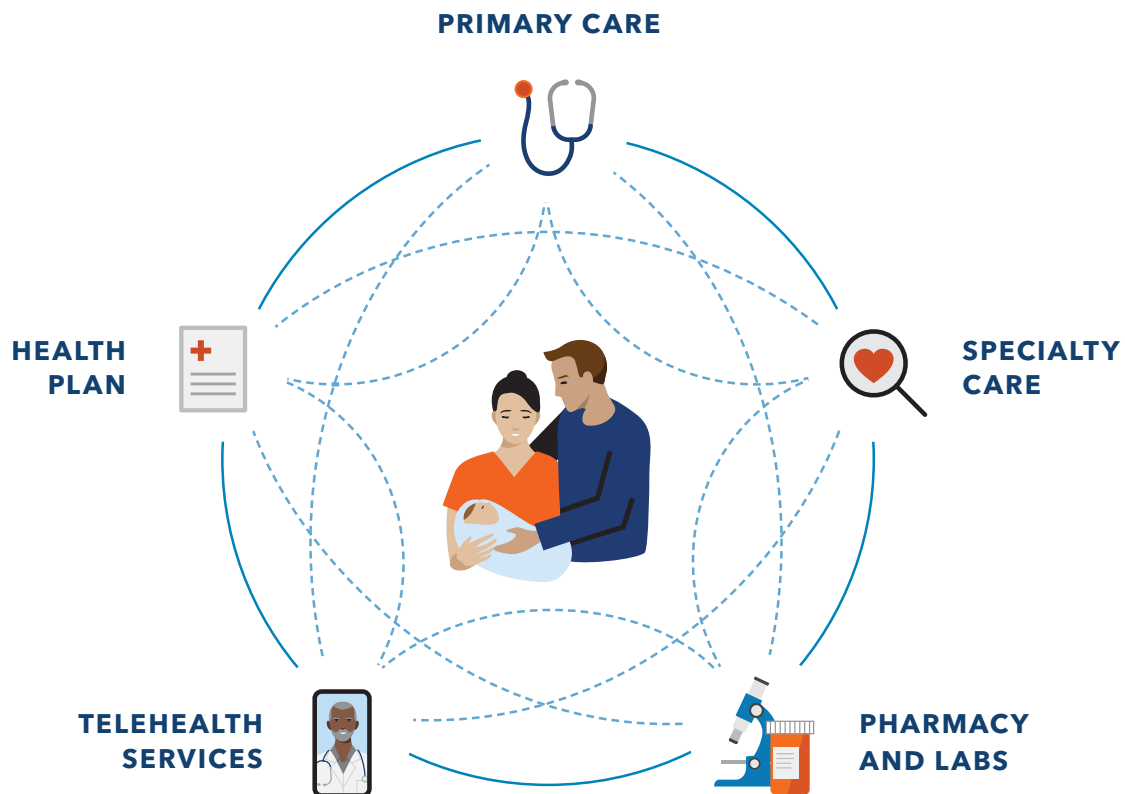
A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY 711).



Built to make your life easier

Kaiser Permanente combines care and coverage – which makes us different than your other health care options. Your doctors, hospitals, and health plan work together to make quality health care easier to get. That means you'll have peace of mind knowing care for your total health is there when and where you need it – from your doctor's office to your living room.

To see what it's like to be a member, visit kp.org/myhealthplace.



Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to make sure the care you get is tailored to your needs. Your Kaiser Permanente care team is all part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

Your healthy place should reflect who you are

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Hire doctors and staff who speak more than one language
- Offer phone interpretation services in more than 150 languages
- Improved health outcomes among diverse populations for conditions like high blood pressure, diabetes, and colon cancer¹

Get care with the help of your electronic health record



Share your health history and any concerns with your personal doctor.



Your doctor coordinates your care, so you don't have to worry about where to go or who to call next.



Future care teams have a full picture of your Kaiser Permanente health history – without you having to repeat your story.



With your health records in hand, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

Convenient ways to get what you need

You've got more ways to get quality care than ever before, so it's easier to stay on top of your health.



Video or phone appointment

Schedule a face-to-face video visit or phone appointment with a Kaiser Permanente care professional and any specialists you've been referred to.^{2,9}



In-person care

We offer same-day, next-day, after-hours, and weekend services at many of our locations.³



Email

Message your Kaiser Permanente doctor's office with nonurgent questions and get a reply usually within 2 business days.



Prescription delivery

Use the Kaiser Permanente app to fill prescriptions for delivery or same-day pickup.⁴



24/7 advice

Get on-demand support with 24/7 care advice by phone.



E-visit

Use our online symptom checker for certain conditions and get personalized care advice within a few hours.



Care away from home

You're covered for emergency care anywhere in the world. When you're not in a Kaiser Permanente area, get urgent care from any provider, including MinuteClinic locations (in select CVS and Target stores) or Concentra urgent care centers.

Telehealth is covered at no additional cost with most plans⁵

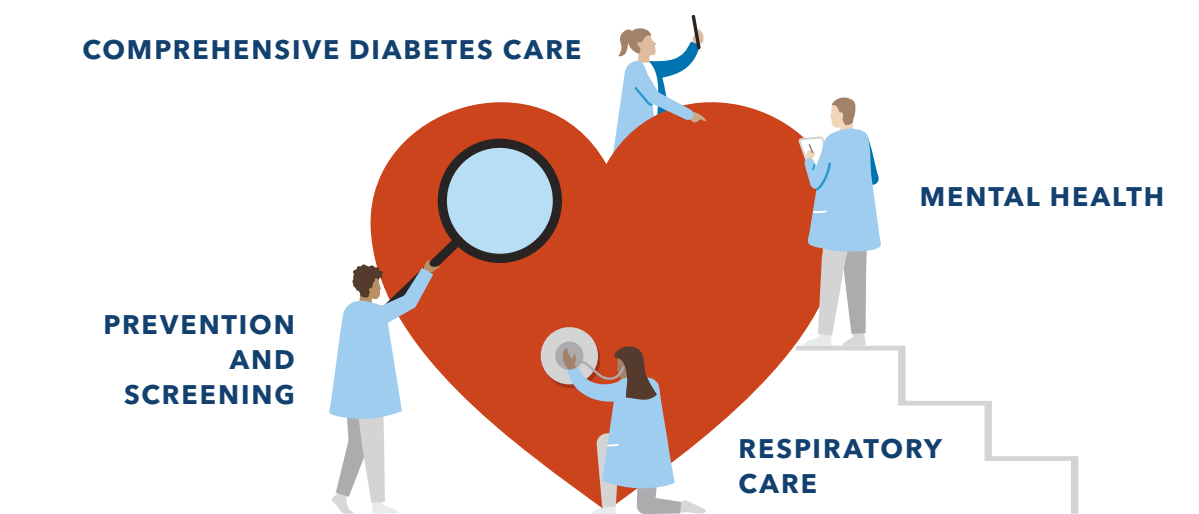
Telehealth has been part of how we deliver care for years, making it easier for our members to connect virtually to care during the pandemic. Our members had 15 million more care encounters in 2020 than in 2019.⁶



Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our specialty care has you covered.

In 2020, Kaiser Permanente led the nation as the top performer in 34 effectiveness-of-care measures. The closest national competitor led in only 17.⁷



Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

A comprehensive approach to care

With one of the largest multispecialty medical groups in the country, we can help connect you with the right specialist who will create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/specialtycare.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you can enroll in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you get the care you need without missing a beat.



Search profiles to find the right doctor

Our online doctor profiles let you browse the many doctors and locations in your area, even before you enroll. So you can join knowing you've found a doctor who fits your needs.



Transition your care

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. From day one, you'll have the support you need to help reach your health goals.



Connect to care online

After you enroll, create an account at **kp.org** and download the Kaiser Permanente app.⁹ Then manage your health on your schedule – whenever, wherever.

Health care doesn't have to be confusing

If you don't know an HMO from an HSA, you're not alone. But rest assured – we're here to make health care easier to understand. Get help learning the basics at **kp.org/learnthebasics**.



Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.⁸ Many of these resources are available at no additional cost.



Kaiser Permanente app

Manage your health 24/7 – schedule appointments, email your doctor's office with nonurgent questions, order most prescription refills, see most test results, read your doctor's notes, and more.⁹



Acupuncture and chiropractic care

Enjoy reduced rates on services to help you stay healthy.



Chat online

Get medical advice online in real time from a Kaiser Permanente clinician or mental health specialist, or chat with a financial counselor or pharmacist.¹⁵



Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more.



Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

Extras for your total health



Use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Set mental health goals, track progress, and get support managing depression, anxiety, and more.

CLASSPASS

Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.

Care meets you where you are

When you're a member, you get access to our doctors and facilities – conveniently located near where you live, work, and play. And when you can't come to us, you can get the care you need when you need it.²

95M

VIRTUAL CONNECTIONS

between members and their care teams in 2020¹⁰



12.5M

MEMBERS

covered for care needs in mind and body



23,597

DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements



39M

PRESCRIPTION DELIVERIES

to members' homes in 2020, usually within 3 to 5 days

763

HOSPITALS AND MEDICAL OFFICES

with many services often under one roof, so you can get everything done quickly



9

AREAS

to get Kaiser Permanente care in person – California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.



Your choice of doctors and locations

Visit kp.org/doctors to see all Kaiser Permanente locations near you and browse our online doctor profiles. You can choose your personal doctor and change anytime, for any reason.



Doctor and facility counts include affiliated medical professionals and locations. These statistics are from multiple Kaiser Permanente locations in various states.

Choosing your health plan

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

Network options

Kaiser Permanente now offers 2 network options for health plans in the Denver/Boulder area, with a single network offering for plans in Colorado Springs, Pueblo, and Northern Colorado.

With both the Kaiser Permanente Colorado and the Kaiser Permanente Select¹² networks, members can receive care:

- From primary care providers and specialists at any of the 30 Kaiser Permanente medical offices throughout Colorado, including our new state-of-the-art Premier Medical Offices in Colorado Springs.
- Through Kaiser Permanente's robust offering of virtual options, including online Chat and 24/7 on-demand video visits.

If you live in Colorado Springs or the surrounding area, your plan will be in the KP Select network. As a KP Select member, you'll have the choice of 1,200+ Kaiser Permanente providers and 1,400+ affiliated providers,¹³ as well as several hospitals¹⁴ in the Colorado Springs and Denver/Boulder areas.

In Denver/Boulder you have 2 network options. The Kaiser Permanente Colorado network is the option for individuals and families who would like a greater choice among affiliated providers¹³ and hospitals. For those looking for an option where their premiums may be lower, **KP Select¹²** offers a more tailored network of affiliated providers and hospitals.¹⁴ **In Pueblo and Northern Colorado,** your plan will be in the **Kaiser Permanente Colorado network**. The Select tailored network is not available in your area.

For information about doctors and locations in your area, go to kp.org/doctors. To see if the Select network is available in your area, visit kp.org/kpselect/co.

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, and 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 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 or adult dental.¹¹ And 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.

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 Preferred Provider/ \$40 Affiliated Provider [†]	35%	\$10*
KP CO Silver 5000/25 X (\$5,000 deductible)	\$25 Preferred Provider/ \$45 Affiliated Provider [†]	40% after deductible	\$15*
KP CO Bronze 6500/35%/HSA (\$6,500 deductible)	35% after deductible Preferred Provider/50% after deductible Affiliated Provider [†]	35% after deductible	\$35 after deductible*

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

[†]Affiliated Providers practice outside Kaiser Permanente medical offices. Visit kp.org/doctors for a list of participating providers.

The cost estimates above are from 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.



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 buykp.org/apply for details.

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

Benefit highlights		<div>KP</div> <div>KP CO Silver 2500/25 X KP Select CO Silver 2500/25 X</div>
Plan type	Deductible	
Annual medical deductible (individual/family)	\$2,500/\$5,000	
Annual out-of-pocket maximum (individual/family)	\$8,550/\$17,100	
Benefits		
Virtual care		
Chat, Email, E-visit, Phone, and Video visit	No charge	
Preventive care		
Routine physical exam, mammograms, etc.	No charge	
Outpatient services (per visit or procedure)		
Primary care office visit	\$25 Preferred Provider/ \$45 Affiliated Provider†	
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	
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	
Maternity		
Routine prenatal care visit, first postpartum visit	35% after deductible	
Delivery and inpatient well-baby care	35% after deductible	
Emergency and urgent care		
Emergency department visit	35% after deductible	
Urgent care visit	\$100	
Prescription drugs (up to a 30-day supply)		
Generic	\$15*	
Preferred brand	\$85 after \$750 pharmacy deductible*	
Non-preferred brand	35% after \$750 pharmacy deductible	
Specialty	35% after \$750 pharmacy deductible	
Whole health		
Healthy services	Chiropractic care \$25 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes.	

KP

Offered through Kaiser Permanente

E

Offered through the health benefit exchange, 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 \$8,550 for yourself and no more than \$17,100 for your family for your copays, coinsurance, and deductible in a calendar year.

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 at a Kaiser Permanente medical office or at a \$45 copay at an affiliated provider—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% 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 start paying a \$100 copay for urgent care visits, whether or not you have met your deductible.

Prescription fill

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

[†]Affiliated Providers practice outside Kaiser Permanente medical offices. Visit kp.org/doctors for a list of participating providers.

After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

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 \$8,550 for yourself and no more than \$17,100 for your family for your copays, coinsurance, and deductible in a calendar year.

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 at a Kaiser Permanente medical office or at a \$45 copay at an affiliated provider—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% 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 start paying a \$100 copay for urgent care visits, whether or not you have met your deductible.

Prescription fill

New prescriptions for maintenance medications can be filled at any plan pharmacy. Refills for maintenance medications must be filled at Kaiser Permanente medical office pharmacies or through our mail-order program.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange,
Connect for Health Colorado

Financial assistance options are available for certain plans, and for
Native Alaskans and American Indians on connectforhealthco.com.

Benefit highlights	KP E KP CO Bronze 8500/50 KP Select CO Bronze 8500/50	KP E KP CO Bronze 7000/50 RX Copay KP Select CO Bronze 7000/50 RX Copay	KP E KP CO Bronze 6500/50 KP Select CO Bronze 6500/50
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$8,500/\$17,000	\$7,000/\$14,000	\$6,500/\$13,000
Annual out-of-pocket maximum (individual/family)	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	First office visit \$50 Preferred Provider/ \$70 Affiliated Provider [†] ; additional visits no charge after deductible	First 2 office visits \$50 Preferred Provider/ \$70 Affiliated Provider [†] ; additional visits no charge after deductible	First 3 office visits \$50 Preferred Provider/ \$70 Affiliated Provider [†] ; additional visits no charge after deductible
Specialty care office visit	50% after deductible	45% after deductible	40% after deductible
Most X-rays	50% after deductible	45% after deductible	40% after deductible
Most lab tests	50% after deductible	45% after deductible	40% after deductible
MRI, CT, PET	50% after deductible	45% after deductible	40% after deductible
Outpatient surgery	40% after deductible ambulatory surgery center/50% after deductible outpatient department of hospital	35% after deductible ambulatory surgery center/45% after deductible outpatient department of hospital	30% after deductible ambulatory surgery center/40% after deductible outpatient department of hospital
Mental health visit	No charge after deductible	No charge after deductible	No charge after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	45% after deductible	40% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	50% after deductible	45% after deductible	40% after deductible
Delivery and inpatient well-baby care	50% after deductible	45% after deductible	40% after deductible
Emergency and urgent care			
Emergency department visit	50% after deductible	45% after deductible	40% after deductible
Urgent care visit	First office visit \$150; additional visits 50% after deductible	First 2 office visits \$150; additional visits 45% after deductible	First 3 office visits \$150; additional visits 40% after deductible
Prescription drugs (up to a 30-day supply)			
Generic	\$30*	\$30*	\$30*
Preferred brand	50% after deductible	\$150*	40% after deductible
Non-preferred brand	50% after deductible	\$450*	40% after deductible
Specialty	50% after deductible	\$650*	40% after deductible
Whole health			
Healthy services	Chiropractic care 50% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care 45% 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

*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

[†]Affiliated Providers practice outside Kaiser Permanente medical offices. Visit kp.org/doctors for a list of participating providers.

After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

This plan summary is intended to highlight only some of the most frequently asked questions about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement*, please visit kp.org/plandocuments, call us at 1-800-632-9700, 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.

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Native Alaskans and American Indians on connectforhealthco.com.

Benefit highlights	KP E KP CO Bronze 6500/35%/HSA KP Select CO Bronze 6500/35%/HSA	KP KP CO Silver 6000/45 X KP Select CO Silver 6000/45 X	KP E KP CO Silver 5000/25 KP Select CO Silver 5000/25 KP CO Silver 5000/25 X KP Select CO Silver 5000/25 X
Plan type	HSA Qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$6,000/\$12,000	\$5,000/\$10,000
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$8,700/\$17,400	\$8,550/\$17,100
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge after deductible	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	35% after deductible Preferred Provider/ 50% after deductible Affiliated Provider [†]	\$45 Preferred Provider/ \$65 Affiliated Provider [†]	\$25 Preferred Provider/ \$45 Affiliated Provider [†]
Specialty care office visit	35% after deductible	\$100	\$80
Most X-rays	35% after deductible	40% after deductible	40% after deductible
Most lab tests	35% after deductible	40% after deductible	40% after deductible
MRI, CT, PET	35% after deductible	40% after deductible	40% after deductible
Outpatient surgery	25% after deductible ambulatory surgery center/35% after deductible outpatient department of hospital	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
Mental health visit	35% after deductible	\$45	\$25
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	40% after deductible	40% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	35% after deductible	40% after deductible	40% after deductible
Delivery and inpatient well-baby care	35% after deductible	40% after deductible	40% after deductible
Emergency and urgent care			
Emergency department visit	35% after deductible	40% after deductible	40% after deductible
Urgent care visit	35% after deductible	\$100	\$100
Prescription drugs (up to a 30-day supply)			
Generic	\$35 after deductible*	\$25*	\$15*
Preferred brand	35% after deductible	\$100	\$85 after deductible*
Non-preferred brand	35% after deductible	40% after deductible	40% after deductible
Specialty	35% after deductible	40% after deductible	40% after deductible
Whole health			
Healthy services	Chiropractic care 35% after deductible (up to 20 visits), wellness coaching, fitness club discounts, health education classes	Chiropractic care \$45 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

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	KP	E	KP	E	KP	E
Benefit highlights	KP CO Silver 4000/30 RX Copay KP Select CO Silver 4000/30 RX Copay KP CO Silver 4000/30 RX Copay X KP Select CO Silver 4000/30 RX Copay X		KP CO Silver 3500/20%/HSA KP Select CO Silver 3500/20%/HSA KP CO Silver 3500/20%/HSA X KP Select CO Silver 3500/20%/HSA X		KP CO Silver 2500/25 KP Select CO Silver 2500/25 KP CO Silver 2500/25 X KP Select CO Silver 2500/25 X	
Plan type	Deductible		HSA Qualified		Deductible	
Annual medical deductible (individual/family)	\$4,000/\$8,000		\$3,500/\$7,000		\$2,500/\$5,000	
Annual out-of-pocket maximum (individual/family)	\$8,700/\$17,400		\$7,000/\$14,000		\$8,550/\$17,100	
Benefits						
Virtual care						
Chat, Email, E-visit, Phone, and Video visit	No charge		No charge after deductible		No charge	
Preventive care						
Routine physical exam, mammograms, etc.	No charge		No charge		No charge	
Outpatient services (per visit or procedure)						
Primary care office visit	\$30 Preferred Provider/ \$50 Affiliated Provider [†]		20% after deductible Preferred Provider/ 40% after deductible Affiliated Provider [†]		\$25 Preferred Provider/ \$45 Affiliated Provider [†]	
Specialty care office visit	\$80		20% after deductible		\$75	
Most X-rays	35% after deductible		20% after deductible		35% after deductible	
Most lab tests	35% after deductible		20% after deductible		35% after deductible	
MRI, CT, PET	35% after deductible		20% after deductible		35% after deductible	
Outpatient surgery	25% after deductible ambulatory surgery center/35% 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	\$30		20% after deductible		\$25	
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible		20% after deductible		35% after deductible	
Maternity						
Routine prenatal care visit, first postpartum visit	35% after deductible		20% after deductible		35% after deductible	
Delivery and inpatient well-baby care	35% after deductible		20% after deductible		35% after deductible	
Emergency and urgent care						
Emergency department visit	35% after deductible		20% after deductible		35% after deductible	
Urgent care visit	\$100		20% after deductible		\$100	
Prescription drugs (up to a 30-day supply)						
Generic	\$20*		\$15 after deductible*		\$15*	
Preferred brand	\$90*		\$85 after deductible*		\$85 after \$750 pharmacy deductible*	
Non-preferred brand	\$400*		20% after deductible		35% after \$750 pharmacy deductible	
Specialty	\$650*		20% after deductible		35% after \$750 pharmacy deductible	
Whole health						
Healthy services	Chiropractic care \$30 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 \$25 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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KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Connect for Health Colorado

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on connectforhealthco.com.

Benefit highlights	KP E KP CO Gold 2000/20 KP Select CO Gold 2000/20	KP E KP CO Gold 1500/20 KP Select CO Gold 1500/20	KP E KP CO Gold 0/20 RX Copay KP Select CO Gold 0/20 RX Copay	KP E KP CO Catastrophic** KP Select CO Catastrophic**
Plan type	Deductible	Deductible	Copayment	Deductible
Annual medical deductible (individual/family)	\$2,000/\$4,000	\$1,500/\$3,000	None/None	\$8,700/\$17,400
Annual out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$8,000/\$16,000	\$7,500/\$15,000	\$8,700/\$17,400
Benefits				
Virtual care				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge after deductible
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$20 Preferred Provider/ \$40 Affiliated Provider†	\$20 Preferred Provider/ \$40 Affiliated Provider†	\$20 Preferred Provider/ \$40 Affiliated Provider†	First 3 office visits no charge; additional visits no charge after deductible
Specialty care office visit	\$60	\$60	\$55	No charge after deductible
Most X-rays	35% after deductible	25% after deductible	35%	No charge after deductible
Most lab tests	35% after deductible	25% after deductible	35%	No charge after deductible
MRI, CT, PET	35% 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	15% after deductible ambulatory surgery center/25% after deductible outpatient department of hospital	25% ambulatory surgery center/35% outpatient department of hospital	No charge after deductible
Mental health visit	\$20	\$20	\$20	No charge after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	25% after deductible	35%	No charge after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	35% after deductible	25% after deductible	35%	No charge after deductible
Delivery and inpatient well-baby care	35% after deductible	25% after deductible	35%	No charge after deductible
Emergency and urgent care				
Emergency department visit	35% after deductible	25% after deductible	\$750	No charge after deductible
Urgent care visit	\$75	\$75	\$75	No charge after deductible
Prescription drugs (up to a 30-day supply)				
Generic	\$10*	\$10*	\$10*	No charge after deductible
Preferred brand	\$40 after \$300 pharmacy deductible*	\$40*	\$35*	No charge after deductible
Non-preferred brand	35% after \$300 pharmacy deductible	25%	\$375*	No charge after deductible
Specialty	35% after \$300 pharmacy deductible	25%	\$600*	No charge after deductible
Whole health				
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 \$20 per visit (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.

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**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 and follow the instructions.

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E Offered through the health benefit exchange,
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.

Benefit highlights	E KP CO Silver 3650/20/73% CSR KP Select CO Silver 3650/20/73% CSR	E KP CO Silver 1200/20/87% CSR KP Select CO Silver 1200/20/87% CSR	E KP CO Silver 125/10/94% CSR KP Select CO Silver 125/10/94% CSR
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,650/\$7,300	\$1,200/\$2,400	\$125/\$250
Annual out-of-pocket maximum (individual/family)	\$6,800/\$13,600	\$2,850/\$5,700	\$2,700/\$5,400
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$20 Preferred Provider/ \$40 Affiliated Provider [†]	\$20 Preferred Provider/ \$40 Affiliated Provider [†]	\$10 Preferred Provider/ \$15 Affiliated Provider [†]
Specialty care office visit	\$75	\$45	\$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% 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	10% after deductible
Mental health visit	\$20	\$20	\$10
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10% after deductible
Maternity			
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
Emergency and urgent care			
Emergency department visit	35% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
Prescription drugs (up to a 30-day supply)			
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%
Whole health			
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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E Offered through the health benefit exchange,
Connect for Health Colorado

Cost Share Reduction (CSR) Plans—You must qualify for and enroll
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Benefit highlights	E KP CO Silver 3500/30 RX Copay 73% CSR KP Select CO Silver 3500/30 RX Copay 73% CSR	E KP CO Silver 650/20 RX Copay 87% CSR KP Select CO Silver 650/20 RX Copay 87% CSR	E KP CO Silver 75/5 RX Copay 94% CSR KP Select CO Silver 75/5 RX Copay 94% CSR
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,500/\$7,000	\$650/\$1,300	\$75/\$150
Annual out-of-pocket maximum (individual/family)	\$6,950/\$13,900	\$2,900/\$5,800	\$2,900/\$5,800
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$30 Preferred Provider/ \$50 Affiliated Provider [†]	\$20 Preferred Provider/ \$40 Affiliated Provider [†]	\$5 Preferred Provider/ \$10 Affiliated Provider [†]
Specialty care office visit	\$80	\$70	\$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% 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	10% after deductible
Mental health visit	\$30	\$20	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10% after deductible
Maternity			
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
Emergency and urgent care			
Emergency department visit	35% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
Prescription drugs (up to a 30-day supply)			
Generic	\$20*	\$15*	\$5*
Preferred brand	\$90*	\$80*	\$10*
Non-preferred brand	\$400*	\$200*	\$150*
Specialty	\$600*	\$400*	\$250*
Whole health			
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 \$5 per visit (up to 20 visits), wellness coaching, fitness club discounts, health education classes

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Connect for Health Colorado

Cost Share Reduction (CSR) Plans—You must qualify for and enroll
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	E	E	E
Benefit highlights	KP CO Silver 2500/20%/73% CSR KP Select CO Silver 2500/20%/73% CSR	KP CO Silver 950/10%/87% CSR KP Select CO Silver 950/10%/87% CSR	KP CO Silver 275/5%/94% CSR KP Select CO Silver 275/5%/94% CSR
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$950/\$1,900	\$275/\$550
Annual out-of-pocket maximum (individual/family)	\$6,950/\$13,900	\$2,900/\$5,800	\$2,600/\$5,200
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	20% after deductible Preferred Provider/ 40% after deductible Affiliated Provider†	10% after deductible Preferred Provider/ 30% after deductible Affiliated Provider†	5% after deductible Preferred Provider/ 10% after deductible Affiliated Provider†
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
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	10% after deductible	5% after deductible
Maternity			
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
Emergency and urgent care			
Emergency department visit	20% after deductible	10% after deductible	5% after deductible
Urgent care visit	20% after deductible	10% after deductible	5% after deductible
Prescription drugs (up to a 30-day supply)			
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
Whole health			
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

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Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,400/\$4,800	\$400/\$800	\$125/\$250
Annual out-of-pocket maximum (individual/family)	\$6,750/\$13,500	\$2,850/\$5,700	\$2,700/\$5,400
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	\$25 Preferred Provider/ \$45 Affiliated Provider [†]	\$25 Preferred Provider/ \$45 Affiliated Provider [†]	\$5 Preferred Provider/ \$10 Affiliated Provider [†]
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% 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	10% after deductible
Mental health visit	\$25	\$25	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10% after deductible
Maternity			
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
Emergency and urgent care			
Emergency department visit	35% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
Prescription drugs (up to a 30-day supply)			
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%
Whole health			
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

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Find your rate

Use the monthly rates chart on the following pages or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- If you qualify for federal financial assistance. Visit buykp.org/apply or call us at **1-800-494-5314** to see if you may qualify.
- If you use tobacco

Interested in a family plan?

Find the rate for each family member, based on his or her age on the start date.

Family members include:

- You
- Your spouse/domestic partner
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge.

The rates in the monthly rates chart apply to these ZIP codes in the following pages. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

KP Select and KP CO health plans are available in the ZIP codes below.

Rate area 1 for KP Select and KP CO plans									
County: Boulder									
80020	80301-310	80403	80455	80471	80481	80501-504	80510	80513	80516
80533	80540	80544	80025-027	80314	80422	80466			

Rate area 3 for KP Select and KP CO plans									
County: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson									
80001-007	80040-042	80107-113	80137-138	80165-166	80241	80259-266	80290-291	80419	80433
80444	80470	80640	80010-024	80044-047	80116-117	80150-151	80201-212	80243-244	80271
80293-294	80422	80436	80452-454	80474	80642-643	80030-031	80102	80120-131	80155
80214-233	80246-251	80273-274	80299	80425	80437	80457	80601-03	80654	80033-038
80033-038	80104	80134-135	80160-163	80234	80256-257	80281	80401-403	80427	80439
80465	80614								

KP Select health plans are available in the ZIP codes below.

Rate area 2 for KP Select plans				
County: El Paso, Teller				
80106	80816-817	80831-833	80866	80949-951
80977	80132-133	80819	80840-841	80901-939
80960	80995	80808-809	80827	80860
80941-942	80962	80997	80813-814	80829
80863-864	80946-947	80970		

Rate area 7 for KP Select plans				
County: Pueblo				
80817				

Rate area 3 for KP Select plans				
County: Douglas, Elbert, Park				
80106	80118	80808	80816	80820
80827	80831-833			

Rate area 8 for KP Select plans				
County: Lincoln, Fremont				
80832-833	80926			

KP CO health plans are available in the ZIP codes below.

Rate area 2 for KP CO plans				
County: El Paso, Teller				
80135	81008			

Rate area 6 for KP CO plans				
County: Weld				
69128	80524	80549-551	80638-639	80742
69145	80530	80603	80642-646	80754
80504	80534	80610-612	80648-652	82082
80513-514	80537	80615	80654	
80516	80542-543	80620-624	80729	
80520	80546	80631-634	80732	

Rate area 3 for KP CO plans				
County: Park				
80421	80470			

Rate area 7 for KP CO plans				
County: Pueblo				
81001-012	81022-023	81039	81069	81253
81019	81025	81062		

Rate area 4 for KP Select plans				
County: Larimer				
80503-504	80517	80534-541	80549-550	82063
80510-513	80521-528	80545	80553	82070
80515	80532	80547	80612	

Rate area 8 for KP CO plans				
County: Crowley, Custer, Fremont, Huerfano, Las Animas, Morgan, Otero				
80649	81039	81212	81226	81244
80654	81062	81215	81232-233	81253
80742	81069	81221-223	81240	81290

2022 Monthly rates

RATE AREA 1 and 3 KP Select plans

Please note: These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Age on 2022 effective date	Non Tobacco User												
	KP Select CO Bronze 8500/50	KP Select CO Bronze 7000/50 RX Copay	KP Select CO Bronze 6500/50	KP Select CO Bronze 6500/35%/HSA	KP Select CO Silver 6000/45 X	KP Select CO Silver 5000/25 X	KP Select CO Silver 4000/30 RX Copay X	KP Select CO Silver 3500/20%/HSA X	KP Select CO Silver 2500/25 X	KP Select CO Gold 2000/20	KP Select CO Gold 1500/20	KP Select CO Gold 0/20 RX Copay	KP Select CO Catastrophic
0-14	\$170.89	\$188.84	\$180.64	\$184.84	\$189.29	\$195.65	\$207.41	\$204.30	\$208.11	\$216.43	\$236.62	\$253.51	\$146.13
15	186.08	205.63	196.69	201.27	206.12	213.04	225.85	222.46	226.61	235.67	257.66	276.04	159.12
16	191.89	212.05	202.83	207.55	212.55	219.69	232.90	229.41	233.68	243.02	265.70	284.66	164.09
17	197.70	218.47	208.97	213.83	218.98	226.34	239.95	236.35	240.76	250.38	273.74	293.28	169.06
18	203.95	225.38	215.59	220.60	225.91	233.50	247.54	243.83	248.37	258.30	282.40	302.55	174.41
19	210.21	232.29	222.20	227.36	232.84	240.66	255.13	251.31	255.99	266.22	291.06	311.83	179.76
20	216.69	239.45	229.04	234.37	240.02	248.08	262.99	259.05	263.88	274.43	300.03	321.44	185.30
21	223.39	246.85	236.13	241.62	247.44	255.75	271.13	267.06	272.04	282.91	309.31	331.39	191.03
22	223.39	246.85	236.13	241.62	247.44	255.75	271.13	267.06	272.04	282.91	309.31	331.39	191.03
23	223.39	246.85	236.13	241.62	247.44	255.75	271.13	267.06	272.04	282.91	309.31	331.39	191.03
24	223.39	246.85	236.13	241.62	247.44	255.75	271.13	267.06	272.04	282.91	309.31	331.39	191.03
25	224.28	247.84	237.07	242.59	248.43	256.77	272.21	268.13	273.13	284.05	310.55	332.71	191.79
26	228.75	252.78	241.80	247.42	253.38	261.89	277.63	273.47	278.57	289.70	316.73	339.34	195.61
27	234.11	258.70	247.46	253.22	259.32	268.03	284.14	279.88	285.10	296.49	324.16	347.29	200.20
28	242.82	268.33	256.67	262.64	268.97	278.00	294.71	290.30	295.71	307.53	336.22	360.22	207.65
29	249.97	276.23	264.23	270.37	276.89	286.19	303.39	298.84	304.41	316.58	346.12	370.82	213.76
30	253.55	280.18	268.01	274.24	280.85	290.28	307.73	303.12	308.77	321.11	351.07	376.12	216.81
31	258.91	286.10	273.67	280.04	286.78	296.42	314.24	309.53	315.30	327.90	358.49	384.08	221.40
32	264.27	292.03	279.34	285.84	292.72	302.55	320.74	315.94	321.83	334.69	365.91	392.03	225.98
33	267.62	295.73	282.88	289.46	296.43	306.39	324.81	319.94	325.91	338.93	370.55	397.00	228.85
34	271.19	299.68	286.66	293.33	300.39	310.48	329.15	324.21	330.26	343.46	375.50	402.30	231.91
35	272.98	301.66	288.55	295.26	302.37	312.53	331.32	326.35	332.44	345.72	377.98	404.95	233.43
36	274.77	303.63	290.44	297.19	304.35	314.57	333.49	328.49	334.61	347.99	380.45	407.60	234.96
37	276.55	305.61	292.33	299.13	306.33	316.62	335.65	330.62	336.79	350.25	382.93	410.25	236.49
38	278.34	307.58	294.22	301.06	308.31	318.67	337.82	332.76	338.96	352.51	385.40	412.91	238.02
39	281.92	311.53	297.99	304.92	312.27	322.76	342.16	337.03	343.32	357.04	390.35	418.21	241.07
40	285.49	315.48	301.77	308.79	316.23	326.85	346.50	341.31	347.67	361.57	395.30	423.51	244.13
41	290.85	321.40	307.44	314.59	322.17	332.99	353.01	347.72	354.20	368.35	402.72	431.46	248.72
42	295.99	327.08	312.87	320.15	327.86	338.87	359.24	353.86	360.46	374.86	409.84	439.09	253.11
43	303.14	334.98	320.43	327.88	335.78	347.05	367.92	362.40	369.16	383.92	419.73	449.69	259.22
44	312.07	344.86	329.87	337.54	345.67	357.28	378.76	373.09	380.04	395.23	432.11	462.94	266.86
45	322.57	356.46	340.97	348.90	357.30	369.30	391.51	385.64	392.83	408.53	446.64	478.52	275.84
46	335.08	370.28	354.19	362.43	371.16	383.63	406.69	400.59	408.06	424.37	463.96	497.08	286.54
47	349.16	385.83	369.07	377.65	386.75	399.74	423.77	417.42	425.20	442.20	483.45	517.95	298.57
48	365.24	403.61	386.07	395.05	404.57	418.15	443.29	436.65	444.79	462.57	505.72	541.81	312.33
49	381.10	421.13	402.83	412.20	422.13	436.31	462.54	455.61	464.10	482.65	527.68	565.34	325.89
50	398.97	440.88	421.73	431.53	441.93	456.77	484.23	476.97	485.87	505.29	552.43	591.85	341.17
51	416.62	460.38	440.38	450.62	461.48	476.98	505.65	498.07	507.36	527.64	576.86	618.03	356.26
52	436.05	481.86	460.92	471.64	483.00	499.23	529.24	521.31	531.03	552.25	603.77	646.86	372.88
53	455.71	503.58	481.70	492.90	504.78	521.73	553.10	544.81	554.97	577.15	630.99	676.03	389.69
54	476.93	527.04	504.13	515.86	528.29	546.03	578.86	570.18	580.81	604.02	660.38	707.51	407.84
55	498.16	550.49	526.57	538.81	551.79	570.32	604.61	595.55	606.65	630.90	689.76	738.99	425.99
56	521.17	575.91	550.89	563.70	577.28	596.67	632.54	623.06	634.67	660.04	721.62	773.12	445.66
57	544.40	601.59	575.44	588.83	603.01	623.26	660.74	650.83	662.97	689.46	753.79	807.59	465.53
58	569.19	628.99	601.66	615.65	630.48	651.65	690.83	680.48	693.16	720.87	788.12	844.37	486.73
59	581.48	642.56	614.64	628.94	644.09	665.72	705.74	695.16	708.12	736.43	805.13	862.60	497.24
60	606.28	669.96	640.85	655.76	671.55	694.11	735.84	724.81	738.32	767.83	839.47	899.38	518.44
61	627.72	693.66	663.52	678.95	695.31	718.66	761.87	750.45	764.44	794.99	869.16	931.19	536.78
62	641.79	709.21	678.40	694.17	710.90	734.77	778.95	767.27	781.58	812.81	888.65	952.07	548.82
63	659.44	728.72	697.05	713.26	730.44	754.98	800.37	788.37	803.07	835.16	913.08	978.25	563.91
64+	670.16	740.55	708.38	724.85	742.31	767.24	813.37	801.18	816.12	848.73	927.92	994.15	573.07

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2022, through December 31, 2022.

744546012 CO 2022

2022 Monthly rates

RATE AREA 1 and 3 KP CO plans

Please note: These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non Tobacco User													
Age on 2022 effective date	KP CO Bronze 8500/50	KP CO Bronze 7000/50 RX Copay	KP CO Bronze 6500/50	KP CO Bronze 6500/35%/HSA	KP CO Silver 6000/45 X	KP CO Silver 5000/25 X	KP CO Silver 4000/30 RX Copay X	KP CO Silver 3500/20%/HSA X	KP CO Silver 2500/25 X	KP CO Gold 2000/20	KP CO Gold 1500/20	KP CO Gold 0/20 RX Copay	KP CO Catastrophic
0-14	\$180.72	\$199.68	\$191.03	\$195.45	\$200.19	\$206.91	\$219.34	\$216.07	\$220.07	\$228.86	\$250.20	\$268.10	\$154.54
15	196.79	217.43	208.01	212.83	217.98	225.30	238.84	235.27	239.63	249.21	272.45	291.93	168.27
16	202.93	224.22	214.50	219.47	224.78	232.33	246.29	242.61	247.11	256.99	280.95	301.04	173.53
17	209.07	231.00	220.99	226.11	231.59	239.36	253.75	249.96	254.59	264.76	289.45	310.16	178.78
18	215.69	238.31	227.99	233.27	238.92	246.94	261.78	257.87	262.65	273.14	298.61	319.97	184.43
19	222.30	245.62	234.98	240.42	246.24	254.51	269.81	265.77	270.70	281.52	307.77	329.78	190.09
20	229.15	253.19	242.22	247.83	253.83	262.35	278.12	273.97	279.04	290.19	317.25	339.94	195.95
21	236.24	261.02	249.71	255.49	261.68	270.47	286.72	282.44	287.67	299.17	327.07	350.46	202.01
22	236.24	261.02	249.71	255.49	261.68	270.47	286.72	282.44	287.67	299.17	327.07	350.46	202.01
23	236.24	261.02	249.71	255.49	261.68	270.47	286.72	282.44	287.67	299.17	327.07	350.46	202.01
24	236.24	261.02	249.71	255.49	261.68	270.47	286.72	282.44	287.67	299.17	327.07	350.46	202.01
25	237.18	262.07	250.71	256.52	262.73	271.55	287.87	283.57	288.82	300.37	328.37	351.86	202.82
26	241.91	267.29	255.70	261.63	267.96	276.96	293.60	289.22	294.58	306.35	334.91	358.87	206.86
27	247.58	273.55	261.70	267.76	274.24	283.45	300.48	296.00	301.48	313.53	342.76	367.28	211.71
28	256.79	283.73	271.44	277.72	284.45	294.00	311.67	307.01	312.70	325.20	355.52	380.95	219.58
29	264.35	292.08	279.43	285.90	292.82	302.65	320.84	316.05	321.91	334.77	365.99	392.16	226.05
30	268.13	296.26	283.42	289.99	297.01	306.98	325.43	320.57	326.51	339.56	371.22	397.77	229.28
31	273.80	302.53	289.41	296.12	303.29	313.47	332.31	327.35	333.41	346.74	379.07	406.18	234.13
32	279.47	308.79	295.41	302.25	309.57	319.96	339.19	334.13	340.32	353.92	386.92	414.59	238.98
33	283.01	312.70	299.15	306.08	313.49	324.02	343.49	338.36	344.63	358.40	391.82	419.85	242.01
34	286.79	316.88	303.15	310.17	317.68	328.35	348.08	342.88	349.24	363.19	397.06	425.46	245.24
35	288.68	318.97	305.15	312.21	319.77	330.51	350.37	345.14	351.54	365.58	399.67	428.26	246.85
36	290.57	321.06	307.14	314.26	321.87	332.68	352.67	347.40	353.84	367.98	402.29	431.06	248.47
37	292.46	323.15	309.14	316.30	323.96	334.84	354.96	349.66	356.14	370.37	404.91	433.87	250.09
38	294.35	325.23	311.14	318.35	326.06	337.00	357.26	351.92	358.44	372.76	407.52	436.67	251.70
39	298.13	329.41	315.13	322.43	330.24	341.33	361.84	356.44	363.04	377.55	412.76	442.28	254.94
40	301.91	333.59	319.13	326.52	334.43	345.66	366.43	360.96	367.65	382.34	417.99	447.89	258.17
41	307.58	339.85	325.12	332.65	340.71	352.15	373.31	367.74	374.55	389.52	425.84	456.30	263.02
42	313.02	345.85	330.87	338.53	346.73	358.37	379.91	374.23	381.17	396.40	433.36	464.36	267.66
43	320.58	354.21	338.86	346.71	355.10	367.02	389.08	383.27	390.37	405.97	443.83	475.57	274.13
44	330.02	364.65	348.85	356.93	365.57	377.84	400.55	394.57	401.88	417.94	456.91	489.59	282.21
45	341.13	376.92	360.58	368.93	377.87	390.56	414.03	407.84	415.40	432.00	472.28	506.06	291.70
46	354.36	391.53	374.57	383.24	392.52	405.70	430.08	423.66	431.51	448.75	490.60	525.69	303.01
47	369.24	407.98	390.30	399.34	409.01	422.74	448.15	441.45	449.63	467.60	511.20	547.77	315.74
48	386.25	426.77	408.28	417.73	427.85	442.21	468.79	461.79	470.35	489.14	534.75	573.00	330.28
49	403.02	445.30	426.01	435.87	446.43	461.42	489.15	481.84	490.77	510.38	557.97	597.88	344.63
50	421.92	466.19	445.98	456.31	467.36	483.06	512.09	504.44	513.79	534.32	584.14	625.92	360.79
51	440.58	486.81	465.71	476.50	488.04	504.42	534.74	526.75	536.51	557.95	609.98	653.60	376.75
52	461.14	509.52	487.43	498.73	510.80	527.95	559.68	551.32	561.54	583.98	638.43	684.09	394.32
53	481.93	532.49	509.41	521.21	533.83	551.75	584.91	576.18	586.85	610.31	667.21	714.94	412.10
54	504.37	557.28	533.13	545.48	558.69	577.45	612.15	603.01	614.18	638.73	698.28	748.23	431.29
55	526.81	582.08	556.85	569.75	583.55	603.14	639.39	629.84	641.51	667.15	729.36	781.52	450.48
56	551.14	608.97	582.57	596.07	610.50	631.00	668.92	658.93	671.14	697.96	763.04	817.62	471.29
57	575.71	636.11	608.54	622.64	637.72	659.13	698.74	688.30	701.06	729.08	797.06	854.07	492.30
58	601.93	665.09	636.26	651.00	666.76	689.15	730.57	719.65	732.99	762.28	833.36	892.97	514.72
59	614.93	679.44	650.00	665.05	681.16	704.03	746.34	735.19	748.82	778.74	851.35	912.24	525.83
60	641.15	708.42	677.71	693.41	710.20	734.05	778.16	766.54	780.75	811.95	887.66	951.14	548.25
61	663.83	733.47	701.69	717.94	735.32	760.01	805.69	793.65	808.36	840.67	919.05	984.79	567.64
62	678.71	749.92	717.42	734.04	751.81	777.05	823.75	811.45	826.49	859.51	939.66	1,006.87	580.37
63	697.38	770.54	737.14	754.22	772.48	798.42	846.40	833.76	849.21	883.15	965.50	1,034.55	596.33
64+	708.70	783.06	749.12	766.47	785.03	811.39	860.16	847.31	863.01	897.50	981.19	1,051.37	606.02

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2022, through December 31, 2022.

744546012 CO 2022

2022 Monthly rates

RATE AREA 2

KP Select plans

Please note: These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non Tobacco User													
Age on 2022 effective date	KP Select CO Bronze 8500/50	KP Select CO Bronze 7000/50 RX Copay	KP Select CO Bronze 6500/50	KP Select CO Bronze 6500/35%/HSA	KP Select CO Silver 6000/45 X	KP Select CO Silver 5000/25 X	KP Select CO Silver 4000/30 RX Copay X	KP Select CO Silver 3500/20%/HSA X	KP Select CO Silver 2500/25 X	KP Select CO Gold 2000/20	KP Select CO Gold 1500/20	KP Select CO Gold 0/20 RX Copay	KP Select CO Catastrophic
0-14	\$172.60	\$190.73	\$182.44	\$186.69	\$191.18	\$197.61	\$209.49	\$206.35	\$210.19	\$218.59	\$238.99	\$256.04	\$147.60
15	187.94	207.69	198.66	203.28	208.18	215.17	228.11	224.69	228.88	238.02	260.23	278.80	160.72
16	193.81	214.17	204.86	209.63	214.68	221.89	235.23	231.70	236.02	245.45	268.35	287.51	165.73
17	199.68	220.65	211.06	215.97	221.17	228.60	242.35	238.71	243.16	252.88	276.48	296.21	170.75
18	205.99	227.63	217.74	222.80	228.17	235.84	250.01	246.27	250.86	260.88	285.22	305.58	176.15
19	212.31	234.61	224.42	229.64	235.17	243.07	257.68	253.82	258.55	268.88	293.97	314.95	181.55
20	218.85	241.84	231.33	236.71	242.42	250.56	265.62	261.64	266.52	277.17	303.03	324.66	187.15
21	225.62	249.32	238.49	244.04	249.91	258.31	273.84	269.73	274.76	285.74	312.40	334.70	192.94
22	225.62	249.32	238.49	244.04	249.91	258.31	273.84	269.73	274.76	285.74	312.40	334.70	192.94
23	225.62	249.32	238.49	244.04	249.91	258.31	273.84	269.73	274.76	285.74	312.40	334.70	192.94
24	225.62	249.32	238.49	244.04	249.91	258.31	273.84	269.73	274.76	285.74	312.40	334.70	192.94
25	226.52	250.32	239.44	245.01	250.91	259.34	274.93	270.81	275.86	286.89	313.65	336.04	193.71
26	231.04	255.31	244.21	249.89	255.91	264.51	280.41	276.21	281.36	292.60	319.90	342.73	197.57
27	236.45	261.29	249.94	255.75	261.91	270.71	286.98	282.68	287.95	299.46	327.40	350.76	202.20
28	245.25	271.01	259.24	265.27	271.66	280.78	297.66	293.20	298.67	310.60	339.58	363.82	209.72
29	252.47	278.99	266.87	273.08	279.65	289.05	306.42	301.83	307.46	319.75	349.58	374.53	215.90
30	256.08	282.98	270.69	276.98	283.65	293.18	310.81	306.15	311.86	324.32	354.58	379.88	218.98
31	261.50	288.97	276.41	282.84	289.65	299.38	317.38	312.62	318.45	331.18	362.08	387.92	223.61
32	266.91	294.95	282.13	288.69	295.65	305.58	323.95	319.09	325.04	338.03	369.57	395.95	228.24
33	270.30	298.69	285.71	292.36	299.40	309.45	328.06	323.14	329.17	342.32	374.26	400.97	231.14
34	273.91	302.68	289.53	296.26	303.40	313.59	332.44	327.46	333.56	346.89	379.26	406.32	234.22
35	275.71	304.67	291.43	298.21	305.40	315.65	334.63	329.61	335.76	349.18	381.76	409.00	235.77
36	277.52	306.67	293.34	300.16	307.40	317.72	336.82	331.77	337.96	351.46	384.26	411.68	237.31
37	279.32	308.66	295.25	302.12	309.39	319.79	339.01	333.93	340.16	353.75	386.75	414.36	238.86
38	281.13	310.66	297.16	304.07	311.39	321.85	341.20	336.09	342.35	356.04	389.25	417.03	240.40
39	284.74	314.65	300.97	307.97	315.39	325.99	345.58	340.40	346.75	360.61	394.25	422.39	243.49
40	288.35	318.64	304.79	311.88	319.39	330.12	349.96	344.72	351.15	365.18	399.25	427.75	246.57
41	293.76	324.62	310.51	317.73	325.39	336.32	356.54	351.19	357.74	372.04	406.75	435.78	251.20
42	298.95	330.35	316.00	323.35	331.14	342.26	362.84	357.40	364.06	378.61	413.93	443.48	255.64
43	306.17	338.33	323.63	331.16	339.13	350.52	371.60	366.03	372.85	387.75	423.93	454.19	261.81
44	315.19	348.30	333.17	340.92	349.13	360.86	382.55	376.82	383.84	399.18	436.43	467.57	269.53
45	325.80	360.02	344.38	352.39	360.88	373.00	395.42	389.50	396.76	412.61	451.11	483.31	278.60
46	338.43	373.99	357.73	366.05	374.87	387.46	410.76	404.60	412.14	428.62	468.60	502.05	289.40
47	352.65	389.69	372.76	381.43	390.62	403.74	428.01	421.59	429.45	446.62	488.29	523.13	301.56
48	368.89	407.64	389.93	399.00	408.61	422.33	447.72	441.01	449.24	467.19	510.78	547.23	315.45
49	384.91	425.35	406.86	416.33	426.35	440.67	467.17	460.17	468.74	487.48	532.96	571.00	329.15
50	402.96	445.29	425.94	435.85	446.35	461.34	489.07	481.74	490.73	510.34	557.95	597.77	344.58
51	420.79	464.99	444.78	455.13	466.09	481.75	510.71	503.05	512.43	532.91	582.63	624.21	359.83
52	440.41	486.68	465.53	476.36	487.83	504.22	534.53	526.52	536.34	557.77	609.81	653.33	376.61
53	460.27	508.62	486.52	497.83	509.83	526.95	558.63	550.26	560.51	582.92	637.30	682.79	393.59
54	481.70	532.31	509.18	521.02	533.57	551.49	584.64	575.88	586.62	610.06	666.98	714.58	411.92
55	503.14	555.99	531.83	544.20	557.31	576.03	610.66	601.51	612.72	637.21	696.66	746.38	430.25
56	526.38	581.67	556.40	569.34	583.05	602.63	638.86	629.29	641.02	666.64	728.84	780.85	450.12
57	549.84	607.60	581.20	594.72	609.04	629.50	667.34	657.34	669.60	696.36	761.33	815.66	470.19
58	574.89	635.28	607.67	621.80	636.78	658.17	697.74	687.28	700.09	728.08	796.00	852.81	491.60
59	587.29	648.99	620.79	635.23	650.53	672.38	712.80	702.12	715.21	743.79	813.18	871.22	502.21
60	612.34	676.66	647.26	662.31	678.27	701.05	743.20	732.06	745.70	775.51	847.86	908.37	523.63
61	634.00	700.60	670.16	685.74	702.26	725.85	769.48	757.95	772.08	802.94	877.85	940.50	542.15
62	648.21	716.31	685.18	701.12	718.01	742.12	786.74	774.94	789.39	820.94	897.53	961.59	554.31
63	666.04	736.00	704.02	720.39	737.75	762.53	808.37	796.25	811.10	843.52	922.21	988.03	569.55
64+	676.86	747.96	715.46	732.10	749.73	774.91	821.50	809.19	824.28	857.22	937.20	1,004.09	578.80

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2022, through December 31, 2022.

744546012 CO 2022

2022 Monthly rates

RATE AREA 2 KP CO plans

Please note: These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non Tobacco User													
Age on 2022 effective date	KP CO Bronze 8500/50	KP CO Bronze 7000/50 RX Copay	KP CO Bronze 6500/50	KP CO Bronze 6500/35%/HSA	KP CO Silver 6000/45 X	KP CO Silver 5000/25 X	KP CO Silver 4000/30 RX Copay X	KP CO Silver 3500/20%/HSA X	KP CO Silver 2500/25 X	KP CO Gold 2000/20	KP CO Gold 1500/20	KP CO Gold 0/20 RX Copay	KP CO Catastrophic
0-14	\$182.53	\$201.68	\$192.94	\$197.41	\$202.19	\$208.98	\$221.54	\$218.23	\$222.27	\$231.15	\$252.71	\$270.78	\$156.08
15	198.75	219.61	210.09	214.96	220.16	227.55	241.23	237.62	242.03	251.70	275.17	294.85	169.96
16	204.96	226.46	216.65	221.66	227.03	234.66	248.76	245.04	249.58	259.56	283.76	304.05	175.26
17	211.16	233.31	223.20	228.37	233.90	241.76	256.29	252.46	257.14	267.41	292.35	313.26	180.57
18	217.84	240.70	230.27	235.60	241.30	249.41	264.40	260.45	265.27	275.87	301.60	323.17	186.28
19	224.52	248.08	237.33	242.82	248.70	257.06	272.50	268.43	273.41	284.33	310.85	333.08	191.99
20	231.44	255.72	244.64	250.31	256.37	264.98	280.90	276.71	281.83	293.10	320.43	343.34	197.91
21	238.60	263.63	252.21	258.05	264.30	273.17	289.59	285.26	290.55	302.16	330.34	353.96	204.03
22	238.60	263.63	252.21	258.05	264.30	273.17	289.59	285.26	290.55	302.16	330.34	353.96	204.03
23	238.60	263.63	252.21	258.05	264.30	273.17	289.59	285.26	290.55	302.16	330.34	353.96	204.03
24	238.60	263.63	252.21	258.05	264.30	273.17	289.59	285.26	290.55	302.16	330.34	353.96	204.03
25	239.55	264.69	253.22	259.08	265.36	274.27	290.75	286.40	291.71	303.37	331.66	355.38	204.84
26	244.33	269.96	258.26	264.24	270.64	279.73	296.54	292.11	297.52	309.41	338.26	362.46	208.93
27	250.05	276.29	264.31	270.44	276.98	286.28	303.49	298.96	304.50	316.66	346.19	370.95	213.82
28	259.36	286.57	274.15	280.50	287.29	296.94	314.78	310.08	315.83	328.45	359.08	384.76	221.78
29	266.99	295.01	282.22	288.76	295.75	305.68	324.05	319.21	325.13	338.12	369.65	396.08	228.31
30	270.81	299.22	286.26	292.89	299.98	310.05	328.68	323.77	329.77	342.95	374.93	401.75	231.57
31	276.54	305.55	292.31	299.08	306.32	316.61	335.63	330.62	336.75	350.20	382.86	410.24	236.47
32	282.26	311.88	298.36	305.27	312.66	323.16	342.58	337.47	343.72	357.46	390.79	418.74	241.37
33	285.84	315.83	302.14	309.14	316.63	327.26	346.93	341.75	348.08	361.99	395.74	424.05	244.43
34	289.66	320.05	306.18	313.27	320.86	331.63	351.56	346.31	352.73	366.82	401.03	429.71	247.69
35	291.57	322.16	308.20	315.34	322.97	333.82	353.88	348.59	355.05	369.24	403.67	432.54	249.32
36	293.48	324.27	310.22	317.40	325.09	336.00	356.19	350.87	357.38	371.66	406.31	435.37	250.96
37	295.39	326.38	312.23	319.47	327.20	338.19	358.51	353.16	359.70	374.08	408.96	438.21	252.59
38	297.30	328.49	314.25	321.53	329.32	340.37	360.83	355.44	362.03	376.49	411.60	441.04	254.22
39	301.11	332.70	318.29	325.66	333.54	344.74	365.46	360.00	366.67	381.33	416.88	446.70	257.48
40	304.93	336.92	322.32	329.79	337.77	349.11	370.10	364.57	371.32	386.16	422.17	452.36	260.75
41	310.66	343.25	328.37	335.98	344.12	355.67	377.05	371.41	378.30	393.41	430.10	460.86	265.65
42	316.15	349.31	334.17	341.92	350.20	361.95	383.71	377.97	384.98	400.36	437.70	469.00	270.34
43	323.78	357.75	342.25	350.17	358.65	370.69	392.97	387.10	394.28	410.03	448.27	480.33	276.87
44	333.32	368.29	352.33	360.50	369.22	381.62	404.56	398.51	405.90	422.12	461.48	494.49	285.03
45	344.54	380.69	364.19	372.62	381.65	394.46	418.17	411.92	419.56	436.32	477.01	511.12	294.62
46	357.90	395.45	378.31	387.07	396.45	409.76	434.38	427.89	435.83	453.24	495.50	530.94	306.04
47	372.93	412.06	394.20	403.33	413.10	426.97	452.63	445.87	454.13	472.28	516.31	553.24	318.90
48	390.11	431.04	412.36	421.91	432.13	446.64	473.48	466.41	475.05	494.03	540.10	578.73	333.59
49	407.05	449.76	430.27	440.23	450.89	466.03	494.04	486.66	495.68	515.49	563.55	603.86	348.07
50	426.14	470.85	450.44	460.88	472.04	487.89	517.21	509.48	518.92	539.66	589.98	632.18	364.40
51	444.99	491.68	470.37	481.26	492.92	509.47	540.08	532.02	541.88	563.53	616.08	660.14	380.51
52	465.75	514.61	492.31	503.71	515.91	533.23	565.28	556.83	567.15	589.82	644.82	690.94	398.26
53	486.75	537.81	514.50	526.42	539.17	557.27	590.76	581.94	592.72	616.41	673.89	722.08	416.22
54	509.41	562.86	538.46	550.94	564.28	583.22	618.27	609.04	620.33	645.11	705.27	755.71	435.60
55	532.08	587.90	562.42	575.45	589.39	609.17	645.78	636.14	647.93	673.82	736.65	789.34	454.98
56	556.66	615.06	588.40	602.03	616.61	637.31	675.61	665.52	677.85	704.94	770.67	825.80	476.00
57	581.47	642.47	614.63	628.87	644.09	665.72	705.73	695.19	708.07	736.37	805.03	862.61	497.22
58	607.95	671.74	642.62	657.51	673.43	696.04	737.87	726.85	740.32	769.91	841.70	901.90	519.87
59	621.08	686.24	656.50	671.70	687.97	711.07	753.80	742.54	756.30	786.52	859.86	921.37	531.09
60	647.56	715.50	684.49	700.35	717.31	741.39	785.95	774.20	788.55	820.06	896.53	960.66	553.73
61	670.47	740.81	708.70	725.12	742.68	767.61	813.75	801.59	816.45	849.07	928.24	994.64	573.32
62	685.50	757.42	724.59	741.38	759.33	784.82	831.99	819.56	834.75	868.11	949.06	1,016.94	586.17
63	704.35	778.24	744.52	761.76	780.21	806.40	854.87	842.10	857.71	891.98	975.15	1,044.90	602.29
64+	715.79	790.89	756.61	774.14	792.88	819.51	868.76	855.78	871.64	906.47	991.00	1,061.88	612.08

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2022, through December 31, 2022.

744546012 CO 2022

2022 Monthly rates

RATE AREA 4 and 6 KP CO plans

Please note: These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non Tobacco User													
Age on 2022 effective date	KP CO Bronze 8500/50	KP CO Bronze 7000/50 RX Copay	KP CO Bronze 6500/50	KP CO Bronze 6500/35%/HSA	KP CO Silver 6000/45 X	KP CO Silver 5000/25 X	KP CO Silver 4000/30 RX Copay X	KP CO Silver 3500/20%/HSA X	KP CO Silver 2500/25 X	KP CO Gold 2000/20	KP CO Gold 1500/20	KP CO Gold 0/20 RX Copay	KP CO Catastrophic
0-14	\$194.82	\$215.26	\$205.93	\$210.70	\$215.80	\$223.05	\$236.45	\$232.92	\$237.24	\$246.72	\$269.72	\$289.01	\$166.59
15	212.14	234.39	224.23	229.43	234.98	242.87	257.47	253.62	258.32	268.65	293.70	314.70	181.40
16	218.76	241.71	231.23	236.59	242.32	250.45	265.51	261.54	266.39	277.03	302.86	324.53	187.06
17	225.38	249.02	238.23	243.75	249.65	258.03	273.54	269.46	274.45	285.42	312.03	334.35	192.72
18	232.51	256.90	245.77	251.46	257.55	266.20	282.20	277.98	283.13	294.45	321.90	344.93	198.82
19	239.64	264.78	253.31	259.17	265.45	274.36	290.85	286.51	291.82	303.48	331.77	355.50	204.92
20	247.02	272.94	261.11	267.16	273.63	282.82	299.81	295.33	300.81	312.83	342.00	366.46	211.23
21	254.66	281.38	269.19	275.42	282.09	291.56	309.09	304.47	310.11	322.50	352.58	377.79	217.77
22	254.66	281.38	269.19	275.42	282.09	291.56	309.09	304.47	310.11	322.50	352.58	377.79	217.77
23	254.66	281.38	269.19	275.42	282.09	291.56	309.09	304.47	310.11	322.50	352.58	377.79	217.77
24	254.66	281.38	269.19	275.42	282.09	291.56	309.09	304.47	310.11	322.50	352.58	377.79	217.77
25	255.68	282.51	270.26	276.52	283.22	292.73	310.32	305.69	311.35	323.79	353.99	379.31	218.64
26	260.78	288.14	275.65	282.03	288.86	298.56	316.50	311.78	317.56	330.24	361.04	386.86	222.99
27	266.89	294.89	282.11	288.64	295.63	305.56	323.92	319.08	325.00	337.98	369.50	395.93	228.22
28	276.82	305.86	292.61	299.38	306.63	316.93	335.98	330.96	337.09	350.56	383.25	410.66	236.71
29	284.97	314.87	301.22	308.20	315.66	326.26	345.87	340.70	347.02	360.88	394.53	422.75	243.68
30	289.04	319.37	305.53	312.61	320.18	330.93	350.81	345.57	351.98	366.04	400.17	428.80	247.16
31	295.16	326.12	311.99	319.22	326.95	337.92	358.23	352.88	359.42	373.78	408.64	437.86	252.39
32	301.27	332.88	318.45	325.83	333.72	344.92	365.65	360.19	366.86	381.52	417.10	446.93	257.62
33	305.09	337.10	322.49	329.96	337.95	349.29	370.29	364.75	371.51	386.36	422.39	452.60	260.88
34	309.16	341.60	326.79	334.36	342.46	353.96	375.23	369.63	376.48	391.52	428.03	458.64	264.37
35	311.20	343.85	328.95	336.57	344.72	356.29	377.70	372.06	378.96	394.10	430.85	461.66	266.11
36	313.24	346.10	331.10	338.77	346.97	358.62	380.18	374.50	381.44	396.68	433.67	464.69	267.85
37	315.27	348.35	333.25	340.97	349.23	360.96	382.65	376.93	383.92	399.26	436.49	467.71	269.59
38	317.31	350.60	335.41	343.18	351.49	363.29	385.12	379.37	386.40	401.84	439.31	470.73	271.34
39	321.39	355.10	339.71	347.58	356.00	367.95	390.07	384.24	391.36	407.00	444.95	476.78	274.82
40	325.46	359.61	344.02	351.99	360.51	372.62	395.01	389.11	396.32	412.16	450.59	482.82	278.30
41	331.57	366.36	350.48	358.60	367.28	379.62	402.43	396.42	403.77	419.90	459.05	491.89	283.53
42	337.43	372.83	356.67	364.94	373.77	386.32	409.54	403.42	410.90	427.32	467.16	500.58	288.54
43	345.58	381.84	365.29	373.75	382.80	395.65	419.43	413.16	420.82	437.64	478.45	512.67	295.51
44	355.77	393.09	376.06	384.77	394.08	407.32	431.79	425.34	433.23	450.54	492.55	527.78	304.22
45	367.74	406.32	388.71	397.71	407.34	421.02	446.32	439.65	447.80	465.70	509.12	545.53	314.45
46	382.00	422.07	403.78	413.13	423.14	437.35	463.63	456.70	465.17	483.76	528.86	566.69	326.65
47	398.04	439.80	420.74	430.49	440.91	455.71	483.10	475.89	484.71	504.07	551.08	590.49	340.37
48	416.38	460.06	440.12	450.32	461.22	476.71	505.36	497.81	507.03	527.29	576.46	617.69	356.05
49	434.46	480.04	459.23	469.87	481.25	497.41	527.30	519.42	529.05	550.19	601.50	644.52	371.51
50	454.83	502.55	480.77	491.91	503.82	520.73	552.03	543.78	553.86	575.99	629.70	674.74	388.93
51	474.95	524.78	502.04	513.66	526.10	543.77	576.45	567.83	578.36	601.47	657.55	704.59	406.13
52	497.11	549.26	525.45	537.63	550.64	569.13	603.34	594.32	605.34	629.53	688.23	737.45	425.08
53	519.52	574.02	549.14	561.86	575.47	594.79	630.54	621.12	632.63	657.91	719.26	770.70	444.24
54	543.71	600.75	574.72	588.03	602.27	622.49	659.90	650.04	662.09	688.55	752.75	806.59	464.93
55	567.90	627.48	600.29	614.19	629.07	650.19	689.26	678.97	691.55	719.18	786.25	842.48	485.62
56	594.13	656.46	628.01	642.56	658.12	680.22	721.10	710.33	723.49	752.40	822.56	881.39	508.05
57	620.62	685.73	656.01	671.21	687.46	710.54	753.24	741.99	755.74	785.94	859.23	920.68	530.69
58	648.89	716.96	685.89	701.78	718.77	742.91	787.55	775.79	790.17	821.74	898.36	962.62	554.87
59	662.89	732.44	700.70	716.93	734.29	758.94	804.55	792.53	807.22	839.48	917.76	983.40	566.84
60	691.16	763.67	730.58	747.50	765.60	791.31	838.86	826.33	841.65	875.28	956.89	1,025.33	591.02
61	715.61	790.68	756.42	773.94	792.68	819.30	868.53	855.56	871.42	906.24	990.74	1,061.60	611.92
62	731.65	808.41	773.38	791.29	810.45	837.66	888.01	874.74	890.95	926.55	1,012.95	1,085.40	625.64
63	751.77	830.64	794.64	813.05	832.74	860.70	912.42	898.79	915.45	952.03	1,040.81	1,115.25	642.84
64+	763.98	844.14	807.55	826.26	846.27	874.68	927.25	913.40	930.33	967.50	1,057.72	1,133.37	653.29

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2022, through December 31, 2022.

744546012 CO 2022

2022 Monthly rates

RATE AREA 7 and 8 KP Select plans

Please note: These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Age on 2022 effective date	Non Tobacco User												
	KP Select CO Bronze 8500/50	KP Select CO Bronze 7000/50 RX Copay	KP Select CO Bronze 6500/50	KP Select CO Bronze 6500/35%/HSA	KP Select CO Silver 6000/45 X	KP Select CO Silver 5000/25 X	KP Select CO Silver 4000/30 RX Copay X	KP Select CO Silver 3500/20%/HSA X	KP Select CO Silver 2500/25 X	KP Select CO Gold 2000/20	KP Select CO Gold 1500/20	KP Select CO Gold 0/20 RX Copay	KP Select CO Catastrophic
0-14	\$196.01	\$216.60	\$207.19	\$212.01	\$217.12	\$224.41	\$237.90	\$234.34	\$238.70	\$248.24	\$271.41	\$290.78	\$167.62
15	213.44	235.86	225.61	230.86	236.42	244.36	259.05	255.17	259.92	270.31	295.53	316.62	182.52
16	220.10	243.22	232.65	238.06	243.80	251.98	267.13	263.13	268.04	278.75	304.75	326.50	188.21
17	226.76	250.58	239.69	245.27	251.18	259.61	275.22	271.09	276.15	287.19	313.98	336.39	193.91
18	233.93	258.51	247.28	253.03	259.12	267.83	283.93	279.67	284.89	296.27	323.91	347.03	200.04
19	241.11	266.44	254.86	260.79	267.07	276.04	292.63	288.25	293.62	305.36	333.85	357.67	206.18
20	248.54	274.65	262.71	268.82	275.30	284.55	301.65	297.13	302.67	314.77	344.14	368.70	212.53
21	256.23	283.14	270.84	277.14	283.81	293.35	310.98	306.32	312.03	324.50	354.78	380.10	219.11
22	256.23	283.14	270.84	277.14	283.81	293.35	310.98	306.32	312.03	324.50	354.78	380.10	219.11
23	256.23	283.14	270.84	277.14	283.81	293.35	310.98	306.32	312.03	324.50	354.78	380.10	219.11
24	256.23	283.14	270.84	277.14	283.81	293.35	310.98	306.32	312.03	324.50	354.78	380.10	219.11
25	257.25	284.28	271.92	278.25	284.95	294.52	312.23	307.55	313.28	325.80	356.20	381.62	219.98
26	262.38	289.94	277.34	283.79	290.63	300.39	318.45	313.67	319.52	332.29	363.29	389.22	224.37
27	268.53	296.73	283.84	290.44	297.44	307.43	325.91	321.02	327.01	340.08	371.81	398.34	229.62
28	278.52	307.78	294.40	301.25	308.51	318.87	338.04	332.97	339.18	352.73	385.64	413.17	238.17
29	286.72	316.84	303.07	310.12	317.59	328.25	347.99	342.77	349.16	363.12	397.00	425.33	245.18
30	290.82	321.37	307.40	314.55	322.13	332.95	352.96	347.67	354.16	368.31	402.67	431.41	248.69
31	296.97	328.16	313.90	321.20	328.94	339.99	360.43	355.03	361.65	376.10	411.19	440.53	253.94
32	303.12	334.96	320.40	327.85	335.75	347.03	367.89	362.38	369.13	383.89	419.70	449.66	259.20
33	306.96	339.20	324.47	332.01	340.01	351.43	372.56	366.97	373.81	388.75	425.02	455.36	262.49
34	311.06	343.73	328.80	336.45	344.55	356.12	377.53	371.87	378.81	393.95	430.70	461.44	266.00
35	313.11	346.00	330.97	338.66	346.82	358.47	380.02	374.32	381.30	396.54	433.54	464.48	267.75
36	315.16	348.27	333.13	340.88	349.09	360.82	382.51	376.78	383.80	399.14	436.38	467.52	269.50
37	317.21	350.53	335.30	343.10	351.36	363.16	385.00	379.23	386.30	401.73	439.22	470.56	271.25
38	319.26	352.80	337.47	345.31	353.63	365.51	387.48	381.68	388.79	404.33	442.05	473.60	273.01
39	323.36	357.33	341.80	349.75	358.17	370.20	392.46	386.58	393.78	409.52	447.73	479.68	276.51
40	327.46	361.86	346.13	354.18	362.71	374.90	397.44	391.48	398.78	414.72	453.41	485.77	280.02
41	333.61	368.65	352.63	360.83	369.53	381.94	404.90	398.83	406.27	422.50	461.92	494.89	285.28
42	339.50	375.16	358.86	367.21	376.05	388.68	412.05	405.88	413.44	429.97	470.08	503.63	290.32
43	347.70	384.22	367.53	376.08	385.14	398.07	422.00	415.68	423.43	440.35	481.43	515.79	297.33
44	357.95	395.55	378.36	387.16	396.49	409.80	434.44	427.93	435.91	453.33	495.63	531.00	306.09
45	369.99	408.86	391.09	400.19	409.83	423.59	449.06	442.33	450.57	468.58	512.30	548.86	316.39
46	384.34	424.71	406.26	415.71	425.72	440.02	466.47	459.48	468.05	486.75	532.17	570.15	328.66
47	400.48	442.55	423.32	433.17	443.60	458.50	486.07	478.78	487.71	507.20	554.52	594.09	342.46
48	418.93	462.94	442.82	453.12	464.04	479.62	508.46	500.84	510.17	530.56	580.06	621.46	358.24
49	437.12	483.04	462.05	472.80	484.19	500.45	530.54	522.58	532.33	553.60	605.25	648.45	373.80
50	457.62	505.69	483.72	494.97	506.89	523.92	555.41	547.09	557.29	579.56	633.63	678.86	391.32
51	477.86	528.06	505.12	516.86	529.31	547.09	579.98	571.29	581.94	605.20	661.66	708.88	408.63
52	500.15	552.69	528.68	540.97	554.01	572.61	607.04	597.94	609.09	633.43	692.53	741.95	427.70
53	522.70	577.61	552.51	565.36	578.98	598.43	634.40	624.90	636.55	661.99	723.75	775.40	446.98
54	547.04	604.51	578.24	591.69	605.94	626.29	663.95	654.00	666.19	692.81	757.45	811.51	467.79
55	571.39	631.41	603.97	618.02	632.91	654.16	693.49	683.10	695.83	723.64	791.16	847.62	488.61
56	597.78	660.57	631.87	646.56	662.14	684.38	725.52	714.65	727.97	757.07	827.70	886.77	511.18
57	624.42	690.02	660.04	675.38	691.66	714.88	757.86	746.50	760.42	790.81	864.59	926.30	533.96
58	652.87	721.45	690.10	706.15	723.16	747.45	792.38	780.51	795.06	826.83	903.98	968.49	558.28
59	666.96	737.02	704.99	721.39	738.77	763.58	809.49	797.35	812.22	844.68	923.49	989.40	570.34
60	695.40	768.45	735.06	752.15	770.27	796.14	844.01	831.36	846.85	880.70	962.87	1,031.59	594.66
61	720.00	795.63	761.06	778.76	797.52	824.30	873.86	860.76	876.81	911.85	996.93	1,068.08	615.69
62	736.14	813.47	778.12	796.22	815.40	842.78	893.45	880.06	896.47	932.30	1,019.28	1,092.02	629.49
63	756.38	835.84	799.52	818.11	837.82	865.96	918.02	904.26	921.12	957.93	1,047.31	1,122.05	646.80
64+	768.67	849.42	812.51	831.40	851.43	880.03	932.94	918.95	936.09	973.50	1,064.33	1,140.29	657.31

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2022, through December 31, 2022.

744546012 CO 2022

2022 Monthly rates

RATE AREA 7 and 8
KP CO plans

Please note: These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non Tobacco User													
Age on 2022 effective date	KP CO Bronze 8500/50	KP CO Bronze 7000/50 RX Copay	KP CO Bronze 6500/50	KP CO Bronze 6500/35%/HSA	KP CO Silver 6000/45 X	KP CO Silver 5000/25 X	KP CO Silver 4000/30 RX Copay X	KP CO Silver 3500/20%/HSA X	KP CO Silver 2500/25 X	KP CO Gold 2000/20	KP CO Gold 1500/20	KP CO Gold 0/20 RX Copay	KP CO Catastrophic
0-14	\$207.29	\$229.04	\$219.11	\$224.18	\$229.61	\$237.32	\$251.59	\$247.83	\$252.42	\$262.51	\$286.99	\$307.51	\$177.25
15	225.71	249.39	238.59	244.11	250.02	258.42	273.95	269.86	274.86	285.84	312.49	334.85	193.01
16	232.76	257.18	246.03	251.73	257.83	266.48	282.50	278.28	283.44	294.76	322.25	345.30	199.03
17	239.80	264.96	253.48	259.35	265.63	274.55	291.05	286.70	292.02	303.69	332.00	355.75	205.06
18	247.39	273.35	261.50	267.56	274.04	283.24	300.26	295.77	301.26	313.29	342.51	367.00	211.55
19	254.98	281.73	269.52	275.76	282.44	291.92	309.47	304.84	310.49	322.90	353.01	378.26	218.03
20	262.84	290.41	277.83	284.26	291.14	300.92	319.00	314.24	320.06	332.85	363.89	389.92	224.75
21	270.97	299.39	286.42	293.05	300.15	310.23	328.87	323.96	329.96	343.15	375.14	401.98	231.70
22	270.97	299.39	286.42	293.05	300.15	310.23	328.87	323.96	329.96	343.15	375.14	401.98	231.70
23	270.97	299.39	286.42	293.05	300.15	310.23	328.87	323.96	329.96	343.15	375.14	401.98	231.70
24	270.97	299.39	286.42	293.05	300.15	310.23	328.87	323.96	329.96	343.15	375.14	401.98	231.70
25	272.05	300.59	287.56	294.22	301.35	311.47	330.19	325.25	331.28	344.52	376.64	403.58	232.63
26	277.47	306.58	293.29	300.09	307.35	317.67	336.76	331.73	337.88	351.38	384.15	411.62	237.26
27	283.97	313.76	300.17	307.12	314.56	325.12	344.66	339.51	345.80	359.62	393.15	421.27	242.83
28	294.54	325.44	311.34	318.55	326.26	337.22	357.48	352.14	358.67	373.00	407.78	436.95	251.86
29	303.21	335.02	320.50	327.93	335.87	347.14	368.01	362.51	369.23	383.98	419.79	449.81	259.28
30	307.55	339.81	325.08	332.61	340.67	352.11	373.27	367.69	374.51	389.47	425.79	456.24	262.98
31	314.05	347.00	331.96	339.65	347.87	359.55	381.16	375.47	382.43	397.71	434.79	465.89	268.54
32	320.55	354.18	338.83	346.68	355.08	367.00	389.05	383.24	390.34	405.94	443.80	475.54	274.11
33	324.62	358.67	343.13	351.08	359.58	371.65	393.99	388.10	395.29	411.09	449.42	481.57	277.58
34	328.95	363.46	347.71	355.77	364.38	376.61	399.25	393.28	400.57	416.58	455.42	488.00	281.29
35	331.12	365.86	350.00	358.11	366.78	379.10	401.88	395.88	403.21	419.33	458.43	491.21	283.14
36	333.29	368.25	352.29	360.45	369.18	381.58	404.51	398.47	405.85	422.07	461.43	494.43	285.00
37	335.45	370.65	354.59	362.80	371.58	384.06	407.14	401.06	408.49	424.82	464.43	497.65	286.85
38	337.62	373.04	356.88	365.14	373.99	386.54	409.77	403.65	411.13	427.56	467.43	500.86	288.70
39	341.96	377.83	361.46	369.83	378.79	391.51	415.03	408.83	416.41	433.05	473.43	507.29	292.41
40	346.29	382.62	366.04	374.52	383.59	396.47	420.30	414.02	421.69	438.54	479.43	513.73	296.12
41	352.80	389.81	372.92	381.55	390.79	403.91	428.19	421.79	429.61	446.78	488.44	523.37	301.68
42	359.03	396.70	379.50	388.29	397.70	411.05	435.75	429.24	437.20	454.67	497.07	532.62	307.01
43	367.70	406.28	388.67	397.67	407.30	420.98	446.28	439.61	447.76	465.65	509.07	545.48	314.42
44	378.54	418.25	400.13	409.39	419.31	433.39	459.43	452.57	460.96	479.38	524.08	561.56	323.69
45	391.27	432.32	413.59	423.17	433.41	447.97	474.89	467.79	476.47	495.50	541.71	580.45	334.58
46	406.45	449.09	429.63	439.58	450.22	465.34	493.31	485.94	494.94	514.72	562.72	602.96	347.56
47	423.52	467.95	447.67	458.04	469.13	484.88	514.02	506.35	515.73	536.34	586.35	628.29	362.15
48	443.03	489.51	468.29	479.14	490.74	507.22	537.70	529.67	539.49	561.05	613.36	657.23	378.84
49	462.27	510.76	488.63	499.95	512.05	529.25	561.05	552.67	562.92	585.41	640.00	685.77	395.29
50	483.94	534.72	511.54	523.39	536.07	554.06	587.36	578.59	589.31	612.86	670.01	717.93	413.82
51	505.35	558.37	534.17	546.54	559.78	578.57	613.34	604.18	615.38	639.97	699.64	749.68	432.13
52	528.92	584.41	559.09	572.04	585.89	605.56	641.95	632.36	644.09	669.82	732.28	784.66	452.29
53	552.77	610.76	584.29	597.83	612.30	632.86	670.90	660.87	673.12	700.02	765.29	820.03	472.68
54	578.51	639.20	611.50	625.67	640.82	662.33	702.14	691.65	704.47	732.62	800.93	858.22	494.69
55	604.25	667.65	638.71	653.51	669.33	691.80	733.38	722.42	735.82	765.22	836.57	896.41	516.70
56	632.16	698.48	668.21	683.69	700.25	723.76	767.25	755.79	769.80	800.56	875.21	937.81	540.57
57	660.34	729.62	698.00	714.17	731.46	756.02	801.46	789.48	804.12	836.25	914.23	979.62	564.66
58	690.42	762.85	729.79	746.70	764.78	790.46	837.96	825.44	840.74	874.34	955.87	1,024.23	590.38
59	705.32	779.32	745.55	762.81	781.29	807.52	856.05	843.26	858.89	893.21	976.50	1,046.34	603.13
60	735.40	812.55	777.34	795.34	814.60	841.95	892.55	879.22	895.52	931.30	1,018.14	1,090.96	628.84
61	761.41	841.29	804.83	823.48	843.42	871.74	924.13	910.32	927.19	964.24	1,054.15	1,129.55	651.09
62	778.48	860.16	822.88	841.94	862.33	891.28	944.84	930.73	947.98	985.86	1,077.79	1,154.88	665.69
63	799.89	883.81	845.51	865.09	886.04	915.79	970.82	956.32	974.05	1,012.97	1,107.42	1,186.63	683.99
64+	812.89	898.17	859.24	879.15	900.44	930.67	986.60	971.86	989.88	1,029.43	1,125.42	1,205.92	695.10

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2022, through December 31, 2022.

744546012 CO 2022

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 more than 2,500 Delta Dental PPO™ providers.

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 individual and family 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.

Finding a dentist

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

- **Website.** Visit 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."
- **Email:** Contact us at customer_service@ddpco.com
- **Mobile app.** With Delta Dental's free 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, 7:30 a.m. to 5 p.m., or get automated assistance 24/7.

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 of 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*

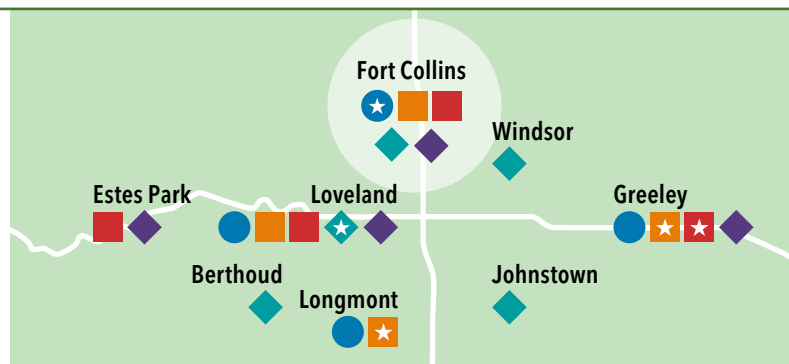
*Dental deductible does not apply to Native Americans or Native Alaskans.

Find a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or visit kp.org/facilities to find the one nearest you.

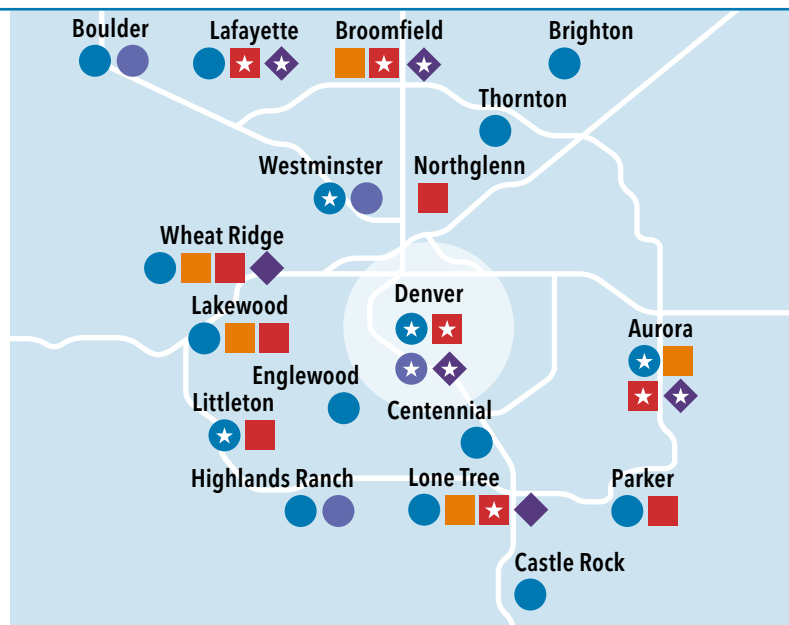
Northern

5	Kaiser Permanente medical offices	●
6	Affiliated providers with extended hours	◆
6	Urgent care facilities	■
5	Emergency care facilities	■
4	Affiliated hospital/in-patient care	◆



Central

20	Kaiser Permanente medical offices	●
5	Urgent care facilities	■
16	Emergency care facilities	■
5	Behavioral health offices	●
9	Affiliated hospital/in-patient care	◆



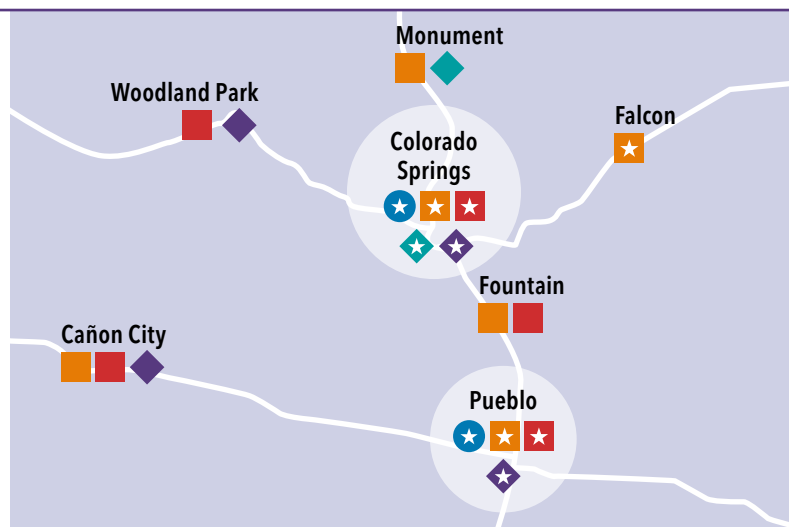
Find doctors and locations across Colorado



There are **1,200+** Kaiser Permanente providers, and **12,300** affiliated providers at locations across Colorado.¹ For a full list of providers included in your plan, visit kp.org/locations.

Southern

5	Kaiser Permanente medical offices	●
3	Affiliated providers with extended hours	◆
23	Urgent care facilities	■
15	Emergency care facilities	■
9	Affiliated hospital/in-patient care	◆



★ Indicates multiple facilities

1. Choice of providers varies by plan, service area, and availability at the time of selection and is subject to change. Provider and location information is current at the time of publication and is subject to change. In an emergency, call **911** or go to the nearest emergency department.

Kaiser Permanente Medical Offices

All Kaiser Permanente Medical
Offices are in-network for
KP Select plans.

Central

Aurora

Aurora Centrepont

14701 E. Exposition Ave.
Aurora, CO 80012

Smoky Hill

16290 E. Quincy Ave.
Aurora, CO 80015

Boulder

Baseline

580 Mohawk Drive
Boulder, CO 80303

Brighton

Brighton

859 S. 4th Ave.
Brighton, CO 80601

Castle Rock

Castle Rock

4318 Trail Boss Drive
Castle Rock, CO 80104

Centennial

Arapahoe

5555 E. Arapahoe Road
Centennial, CO 80122

Denver

East Denver

10400 E. Alameda Ave.
Denver, CO 80247

Franklin

2045 Franklin St.
Denver, CO 80205

Midtown Med. Office Building

1960 N. Ogden St.
Denver, CO 80218

Skyline

1375 E. 20th Ave.
Denver, CO 80205

Englewood

Englewood

2955 S. Broadway
Englewood, CO 80113

Highlands Ranch

Highlands Ranch

9285 Hepburn St.
Highlands Ranch, CO 80129

Lafayette

Rock Creek

280 Exempla Circle
Lafayette, CO 80026

Lakewood

Lakewood

8383 W. Alameda Ave.
Lakewood, CO 80226

Littleton

Ken Caryl

7600 Shaffer Parkway
Littleton, CO 80127

Southwest

5257 S. Wadsworth Blvd.
Littleton, CO 80123

Lone Tree

Lone Tree

10240 Park Meadows Drive
Lone Tree, CO 80124

Parker

Parker

10168 Parkglenn Way
Parker, CO 80138

Westminster

Hidden Lake

7701 Sheridan Blvd.
Westminster, CO 80003

Westminster

11245 Huron St.
Westminster, CO 80234

Wheat Ridge

Wheat Ridge

4803 Ward Road
Wheat Ridge, CO 80033

Northern

Fort Collins

Fort Collins

2950 E. Harmony Road, Suite 190
Fort Collins, CO 80528

Spring Creek

1136 E. Stuart St.,
Building 3, Suite 200
Fort Collins, CO 80525

Greeley

Greeley

2429 35th Ave.
Greeley, CO 80634

Longmont

Longmont

2345 Bent Way
Longmont, CO 80503

Loveland

Loveland

4901 Thompson Parkway
Loveland, CO 80534-6426

Southern

Colorado Springs

Briargate

4105 Briargate Parkway, Suite 125
Colorado Springs, CO 80920

Parkside

215 Parkside Drive
Colorado Springs, CO 80910

Premier

3920 North Union Blvd.
Colorado Springs, CO 80907

Pueblo

Acero

2625 W. Pueblo Blvd.
Pueblo, CO 81004

Pueblo North

3670 Parker Blvd., Suite 200
Pueblo, CO 81008

Urgent Care

If you have an urgent care need,
call us for advice. We can help
you determine what type of care
is most appropriate or help you
schedule an appointment, if
appropriate. Call **303-338-4545**
or **1-800-218-1059 (TTY 711)**.

● In-network for members on
KP Select plans.

Central

Aurora

Aurora Centrepont Medical Offices

14701 E. Exposition Ave.
Aurora, CO 80012

Lakewood

Lakewood Medical Offices

8383 W. Alameda Ave.
Lakewood, CO 80226

Lone Tree

Lone Tree Medical Offices

10240 Park Meadows Drive
Lone Tree, CO 80124

**Pediatric care (only) available
at the following facilities**

Children's Hospital Colorado

North Campus, Broomfield ●

469 W. State Highway 7
Broomfield, CO 80023

720-777-1340

Children's Hospital Colorado,

Wheat Ridge ●

3455 N. Lutheran Parkway, Suite 230
Wheat Ridge, CO 80033

720-777-1370

Urgent Care at Home

DispatchHealth delivers high-quality
health care to your home. Available
7 days a week, from 8 a.m.-10 p.m.,
303-500-1518 (TTY 711). ●

Northern

Fort Collins

Banner Urgent Care
3617 S. College Ave., Suite C
Fort Collins, CO 80525
970-821-1500

Greeley

Banner Urgent Care
2015 35th Ave.
Greeley, CO 80634
970-810-4155

NextCare Urgent Care
1011 39th Ave Suite A
Greeley, CO 80634
970-351-8181

Loveland

**Banner Health Clinic–
Skyline Urgent Care**
2555 E. 13th St., Suite 110
Loveland, CO 80537
970-820-4264

Longmont

NextCare Urgent Care
2144 Main St., Suite 8
Longmont, CO 80501
303-772-0041

UCHealth Urgent Care – Main Street
2101 Main Street
Longmont, CO 80501
720-745-8030

Southern

Cañon City

Centura Health Urgent Care
3245 East US Highway 50, Unit E
Canon City, CO 81212
719-285-2888

Colorado Springs

Alliance Urgent Care ●
9320 Grand Cordera Parkway,
Suite 100
Colorado Springs, CO 80924
719-282-6337

Centura Health Urgent Care
3027 N. Circle Drive
Colorado Springs, CO 80909
719-776-3216

**Centura Health Urgent Care
Broadmoor**
1263 Lake Plaza Drive, Suite 120
Colorado Springs, CO 80906
719-776-3330

**Centura Health Urgent Care
Powers Pointe**
5607 Barnes Road, Suite 140
Colorado Springs, CO 80917
719-776-3750

Concentra Urgent Care ●
2322 S. Academy Blvd.
Colorado Springs, CO 80916
719-390-1727

Concentra Urgent Care ●
4083 Austin Bluffs Parkway
Colorado Springs, CO 80918
719-594-0046

Concentra Urgent Care ●
402 W. Bijou St.
Colorado Springs, CO 80905
719-302-6942

Concentra Urgent Care ●
5320 Mark Dabbling Blvd.
Building 7, Suite 100
Colorado Springs, CO 80918
719-592-1584

Concentra Urgent Care ●
6011 E Woodmen Road, Suite 100
Colorado Springs, CO 80923
719-571-8888

UCHealth Urgent Care ●
1035 Garden of the Gods Road,
Suite 120
Colorado Springs, CO 80907
719-329-1000

UCHealth Urgent Care ●
4323 Integrity Center Point
Colorado Springs, CO 80917
719-591-2558

UCHealth Urgent Care ●
2767 Janitell Road
Colorado Springs, CO 80906
719-365-2888

UCHealth Urgent Care ●
13445 Voyager Parkway
Colorado Springs, CO 80921
719-219-0333

Urgent Care at Home

DispatchHealth delivers high-quality health care to your home. Available 7 days a week, from 8 a.m.-10 p.m., **719-270-0805 (TTY 711).** ●

Falcon

Falcon Urgent Care ●
7475 McLaughlin Road
Falcon, CO 80831
719-495-9994

UCHealth Urgent Care ●
11605 Meridian Market View, Suite 184
Falcon, CO 80831
719-364-9560

Fountain

Centura Health Urgent Care Fountain
7955 Fountain Mesa Road
Fountain, CO 80817
719-776-3737

Monument

**Centura Health Urgent Care –
Tri Lakes**
17230 Jackson Creek Parkway,
Suite 120
Monument, CO 80132
719-571-7070

Pueblo

Concentra Urgent Care ●
4117 N. Elizabeth St.
Pueblo, CO 81008
719-545-0788

Concentra Urgent Care ●
4112 Outlook Blvd, Suite 325
Pueblo, CO 81008
719-562-6300

Southern Colorado Clinic, PC
3676 Parker Blvd., Suite 220
Pueblo, CO 81008
719-553-2208

Southern Colorado Clinic, PC
3937 Ivywood Lane
Pueblo, CO 81005
719-553-0111

Southern Colorado Clinic, PC
109 S Burlington Dr.
Pueblo West, CO 81007
719-553-2200

Emergency Care

If you think you are experiencing an emergency medical condition, call **911** or, if time and safety permit, go to the nearest emergency room. Your care will be covered. For a complete definition of an emergency medical condition, please refer to your Evidence of Coverage, Membership Agreement, or Certificate of Insurance.

- In-network for members on KP Select plans.

Central

Aurora

HealthONE The Medical Center of Aurora-South Campus

1501 S. Potomac St.
Aurora, CO 80012

Denver

HealthONE Presbyterian/ St. Luke's Medical Center

1719 E. 19th Ave.
Denver, CO 80218

SCL Health

Saint Joseph Hospital ●

1375 E. 19th Ave.
Denver, CO 80218

Englewood

HealthONE Swedish Medical Center

501 E. Hampden Ave.
Englewood, CO 80113

Lafayette

SCL Health Good Samaritan Medical Center ●

200 Exempla Circle
Lafayette, CO 80026

Lakewood

HealthONE Swedish Belmar ER

260 S. Wadsworth Blvd.
Lakewood, CO 80226

Littleton

HealthONE Swedish Southwest ER

6196 S. Ammons Way
Littleton, CO 80123

Lone Tree

HealthONE Sky Ridge Medical Center

10101 RidgeGate Parkway
Lone Tree, CO 80124

Northglenn

SCL Health Saint Joseph Emergency

Northglenn ●
11900 Grant St.
Northglenn, CO 80233

Parker

HealthONE Sky Ridge South Parker ER

12223 Pine Bluffs Way
Parker, CO 80134

Thornton

HealthONE North Suburban Northeast ER

12793 Holly St.
Thornton, CO 80241

Wheat Ridge

SCL Health Lutheran Medical Center ●

8300 W. 38th Ave
Wheat Ridge, CO 80033

Pediatric care (only) available at the following facilities

Children's Hospital Colorado Anschutz Medical Campus ●

13123 E. 16th Ave.
Aurora, CO 80045

Children's Hospital North Campus ●

469 W. State Highway 7
Broomfield, CO 80023
720-777-1340

Rocky Mountain Hospital for Children

2001 N. High St.
Denver, CO 80205

HealthONE Sky Ridge Medical Center

Pediatric ER
10101 Ridgeway Parkway
Lone Tree, CO 80124
720-225-5439

Northern

Estes Park

Estes Park Medical Center

555 Prospect Ave.
Estes Park, CO 80517
970-586-2317

Fort Collins

Banner Fort Collins Medical Center

4700 Lady Moon Drive
Fort Collins, CO 80528
970-821-4000

Greeley

Banner North Colorado Emergency Care

2000 70th Ave.
Greeley, CO 80634
970-810-2636

Banner North Colorado Medical Center

1801 16th St.
Greeley, CO 80631
970-810-4121

Loveland

Banner McKee Medical Center

2000 N. Boise Ave.
Loveland, CO 80538
970-820-4640

Southern

Cañon City

St. Thomas More Hospital
1338 Phay Ave.
Cañon City, CO 81212
719-285-2000

Colorado Springs

Children's Hospital Colorado, Colorado Springs ●
4090 Briargate Parkway
Colorado Springs, CO 80920
719-305-1234

Penrose Hospital²
2222 N. Nevada Ave.
Colorado Springs, CO 80907
719-776-5000

St. Francis Medical Center²
6001 E. Woodmen Road
Colorado Springs, CO 80923
719-571-5000

UCHealth ER ●
3790 E. Woodmen Road
Colorado Springs, CO 80920
719-264-5080

UCHealth Memorial Hospital Central ●
1400 E. Boulder St.
Colorado Springs, CO 80909
719-365-6820

UCHealth Memorial Hospital North ●
4050 Briargate Parkway
Colorado Springs, CO 80920
719-364-3368

UCHealth ER ●
13510 Meadowgrass Drive
Colorado Springs, CO 80921
719-487-2060

UCHealth ER ●
2770 N. Powers Blvd.
Colorado Springs, CO 80922
719-638-3000

UCHealth Grandview Hospital ●
5623 Pulpit Peak View
Colorado Springs, CO 80918
719-272-3600

Fountain

UCHealth ER ●
7890 Fountain Mesa Ridge
Fountain, CO 80817
719-390-2680

Pueblo

Parkview Medical Center
400 W. 16th St.
Pueblo, CO 81003
719-584-4000

Parkview–Pueblo West Emergency Services
899 E. Industrial Blvd.
Pueblo West, CO 81007
719-288-2100

St. Mary–Corwin Medical Center
1008 Minnequa Ave.
Pueblo, CO 81004
719-557-4000

Woodland Park

UCHealth Pikes Peak Regional Hospital ●
16420 W. U.S. Highway 24
Woodland Park, CO 80863
719-687-9999

Extended Hours *from affiliated providers*

● In-network for members on KP Select plans.

Northern

Berthoud

Banner Health Clinic–Berthoud
401 10th St.
Berthoud, CO 80513
970-532-4910

Fort Collins

Banner Health Clinic–Family Practice
702A W. Drake Road
Fort Collins, CO 80526
970-821-4600

Johnstown

Banner Health Clinic–Family Practice
222 Johnstown Center Drive
Johnstown, CO 80534
970-587-4974

Loveland

Banner Health Clinic–Southwest Loveland
1230 14th St. SW
Loveland, CO 80537
970-820-3999

Banner Health Clinic–Columbine
2701 Madison Square Drive
Loveland, CO 80537
970-820-5000

Windsor

Banner Health Clinic–Windsor
1300 Main St.
Windsor, CO 80550
970-686-5646

Southern

Colorado Springs

Optum Medical Group (DaVita) ●
1633 Medical Center Point
Colorado Springs, CO 80907
719-636-2999

Optum Medical Group (DaVita) ●
600 S. 21st St.
Colorado Springs, CO 80903
719-635-5900

Monument

Optum Medical Group (DaVita) ●
15909 Jackson Creek Parkway
Monument, CO 80132
719-488-9933

2. Medicare not accepted at these locations.

● Behavioral Health

The following are in-network for KP Select plans.

Central

To schedule an appointment, call our Behavioral Health Access Center at **303-471-7700** (TTY **711**), Monday through Friday, 8:30 a.m. to 5 p.m.

Boulder

Baseline Behavioral Health
580 Mohawk Drive
Boulder, CO 80303

Denver

Highline Behavioral Health
10350 E. Dakota Ave.
Denver, CO 80247

Entrance located on east side of building

Skyline Medical Offices
1375 E. 20th Ave.
Denver, CO 80205

Highlands Ranch

Ridgeline Behavioral Health Center
9139 S. Ridgeline Blvd.
Highlands Ranch, CO 80129

Westminster

Hidden Lake Behavioral Health
7701 Sheridan Blvd.
Westminster, CO 80003

Northern

Call the Kaiser Permanente Behavioral Health Access Center at **1-866-359-8299** (TTY **711**), Monday through Friday, 8:30 a.m. to 5 p.m., for assistance.

Southern

Call **Beacon Health Options** at **1-866-702-9026** (TTY **1-866-835-2755**), anytime, day or night for behavioral health and chemical dependency services.

◆ In-patient Hospital Care

If you require a scheduled hospitalization, your doctor will most likely refer you to one of the following in-plan hospitals. For questions about your hospital admission copayment, deductible, or coinsurance, please review your Evidence of Coverage, Membership Agreement, or Certificate of Insurance. See previous page for hospital addresses.

● In-network for members on KP Select plans.

Central

Aurora

Children's Hospital Colorado
Anschutz Medical Campus ●
HealthONE The Medical Center of Aurora

Broomfield

Children's Hospital Colorado
North Campus ●

Denver

Rocky Mountain Hospital for Children

Englewood

HealthONE Swedish Medical Center

Lafayette

SCL Health Good Samaritan Medical Center ●

Lone Tree

HealthONE Sky Ridge Medical Center
SCL Health Saint Joseph Hospital – Denver ●

Wheat Ridge

SCL Health Lutheran Medical Center ●

Northern

Estes Park

Estes Park Medical Center

Fort Collins

Banner Fort Collins Medical Center

Greeley

Banner North Colorado Medical Center

Loveland

Banner McKee Medical Center

Southern

Cañon City

St. Thomas More Hospital

Colorado Springs

Children's Hospital Colorado, Colorado Springs ●

Penrose Hospital²

St. Francis Medical Center²

UCHealth Grandview Hospital ●

UCHealth Memorial Hospital Central ●

UCHealth Memorial Hospital North ●

Pueblo

Parkview Medical Center

Woodland Park

UCHealth Pikes Peak Regional Hospital ●



For the latest information on all of our facilities, including hours and department listings, visit **kp.org/locations**.

1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 2. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. In the case of a pandemic, some facilities may be closed or offer limited hours and services. 4. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. 5. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 6. Source: Kaiser Permanente Telehealth Insights Dashboard. These statistics are from multiple Kaiser Permanente locations in various states. 7. Kaiser Permanente 2020 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2020 and is used with the permission of NCQA. Quality Compass 2020 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 8. Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice. myStrength® is a trademark of Livongo Health, Inc., a wholly owned subsidiary of Teladoc Health, Inc. 9. These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org. 10. See note 6. 11. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at irs.gov. 12. Available in select ZIP codes. 13. Affiliated providers practice outside Kaiser Permanente medical offices. Visit kp.org/findadoctor for a list of participating providers. Primary care visits with an affiliated provider may have a higher copay and coinsurance than visits with a Kaiser Permanente primary care provider. 14. If you think you are experiencing an emergency medical condition, call 911, or if time and safety permit, go to the nearest emergency room. Your care will be covered. For a complete definition of an emergency medical condition, please refer to your *Evidence of Coverage*, *Membership Agreement*, or *Certificate of Insurance* at kp.org/eoc. 15. No cost for most health plans. HSA-qualified high deductible health plan (HDHP) members must meet your deductible first before chat online, phone, and video visits are provided at no cost.

NONDISCRIMINATION NOTICE

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 **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 by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**)፡

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY: **711**)፡

Bàsòò Wùdù (Bassa) Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̀ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béin m̀ gbo kpáa. Đá **1-800-632-9700** (TTY: **711**)

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY: **711**) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-632-9700** (TTY: **711**).

Igbo (Igbo) NRUBAMA: O buru na i na asu Igbo, oru enyemaka asusu, n'efu, diiri gi.
Kpoo **1-800-632-9700** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-632-9700** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: **711**) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éi ná hóló, koji' hódíílnih **1-800-632-9700** (TTY: **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: **711**) फोन गर्नुहोस् ।

Afaan Oromoo (Oromo) XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-632-9700** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: **711**).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: **711**).

Notes

Notes



Let us help you find your healthy place

Having a good health plan is important for peace of mind. So is getting quality care. With Kaiser Permanente, you can get both.

Want to learn more?

Talk to an enrollment specialist today about specialty care, extra features, and more. Call **1-800-494-5314** (TTY 711).

Visit **kp.org/myhealthyplace** to see how we can make your care experience better, no matter what stage of life you're in.

Current members with questions can call our Member Service Contact Center at **1-800-632-9700** (TTY 711).



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youtube.com/kaiserpermanenteorg



@kpthrive

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**.

buykp.org

 **KAISER PERMANENTE®**