

# Care for all that is you



# Experience health care designed with you in mind

Care for ...

Routine checkups, complex treatments, and late-night questions

Building strength, reducing stress, and raising a family

New goals, old habits, and ongoing mental wellness

No matter what your priority is, ours is providing excellent care – for the you who's feeling great, the you who needs support, and every you in between.



# 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 a healthy mind, body, and spirit. Welcome to care for all that is you.

## Important open enrollment dates for 2024

- The open enrollment period for 2024 coverage runs from **November 1, 2023**, through **January 15, 2024**.
- 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, 2024**, we must receive your Application for health coverage no later than **December 15, 2023**.

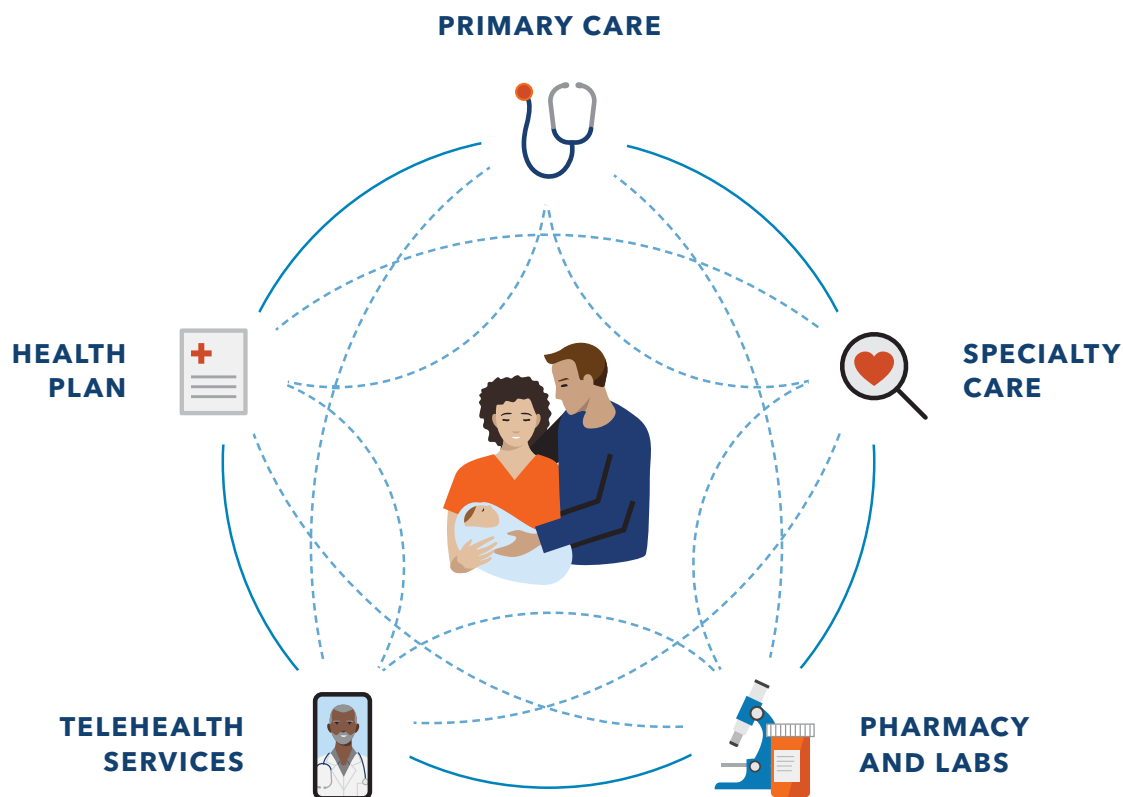
## Enrolling during a special enrollment period

- 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](https://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

Combined care and coverage means your Kaiser Permanente doctors, hospitals, and health plan benefits are all connected and committed to providing you with exceptional care tailored to your needs.

It's easier access to specialists and the latest treatments.

It's predictable costs and less paperwork.

It's the care, when you need it.



Find out how we can help you stay healthy and keep doing what you love.

[kp.org/allthatisyoud](https://kp.org/allthatisyoud)



# Care that's **personalized**

**For the you who deserves to be understood**

Kaiser Permanente doctors have one priority: your health. Your electronic health record connects your care team with your health history, so your doctor can plan the care for your needs. They learn your lifestyle, risks, and goals to understand what matters most to you and be your health advocate.



Explore care that fits your life.

[kp.org/connectedtocare](https://kp.org/connectedtocare)

---

We guide you through every step of your care



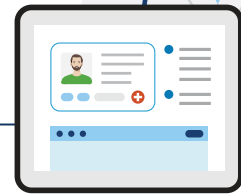
**Your Kaiser Permanente health history lives on your electronic health record.**



**Your doctor guides you through appointments and referrals.**



**Your health record is available to you and your care team 24/7.**



**Your care team lets you know when to schedule checkups and tests.**



# Care that's convenient

## For the you with a busy schedule

Visit [kp.org](https://kp.org) or use our app to make a routine, same-day or next-day appointment in person, or talk to a clinician 24/7 by phone or video.<sup>1</sup> No matter how you connect, you'll talk with a medical professional who can see your health history and pick up where you left off.

### Do more in one visit

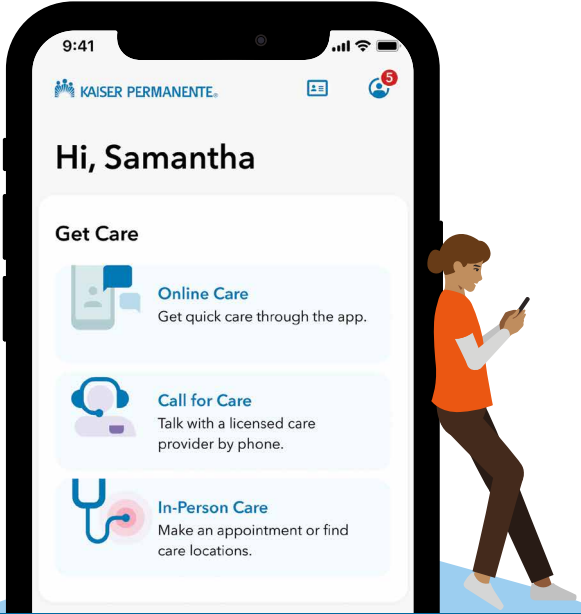
Many of our Kaiser Permanente facilities have pharmacies and labs in the same building, so you can see your doctor, get your tests, and pick up your prescriptions all in one stop.

### Your health at your fingertips

- Get 24/7 virtual care
- Email your care team with non-urgent questions
- View most lab results and doctor's notes
- Refill most prescriptions
- Check in for appointments
- Pay bills and view statements



See how the Kaiser Permanente app puts you in control.  
[kp.org/mobile](https://kp.org/mobile)



**FAST COMPANY**

**THE WEBBY AWARDS**

Our mobile app won Fast Company's 2022 Design Company of the Year and the 2022 People's Voice Webby award for Health and Fitness Apps.

### You're covered while traveling



If you're planning to travel, we can help you manage your vaccinations, refill prescriptions, and more. And once you're on the go, you're covered for emergency care anywhere in the world – even at non-Kaiser Permanente facilities.

# Care that's **world class**

**For the you who expects the best**

No matter your needs – mental health, maternity, cancer care, heart health, and beyond – you have access to doctors, cutting-edge technology, and evidence-based care.



Learn how our doctors and specialists work for you.

[kp.org/specialtycare](https://kp.org/specialtycare)



---

We're a national leader in screening rates and research, and we're among the top-rated health plans in every state we serve.<sup>2,3,4</sup>

Kaiser Permanente members are:



**33%**

**more likely to survive heart disease<sup>5</sup>**

**20%**

**less likely to experience premature death due to cancer<sup>6</sup>**

# Care that's all encompassing

For the you who wants to explore all your health options

Kaiser Permanente members can get help with depression, anxiety, addiction, and mental or emotional health – without a referral. You also have access to self-care apps to help your overall mental wellness.<sup>7,8</sup>



## Calm

The number one app for sleep and meditation<sup>9</sup>



## Ginger

Text one-on-one with an emotional support coach anytime, anywhere<sup>10</sup>



## myStrength

Build a personalized plan to strengthen your emotional health



Find out more about mental health care.  
[kp.org/mentalhealth](https://kp.org/mentalhealth)

---

## Resources for everyday wellness

Take advantage of classes, services, and programs to help you achieve your health and fitness goals.<sup>11</sup>

- Acupuncture, massage therapy, and chiropractic care
- Reduced rates on gym memberships
- Healthy lifestyle programs
- Wellness coaching
- Online fitness with the ClassPass app

## Video counseling

Schedule one-on-one video counseling with an Amwell mental health therapist – no referral needed. You can get treatment and support for conditions like:<sup>12,13</sup>

- Stress
- Depression
- Obsessive-compulsive disorder (OCD)
- Anxiety
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)



# Care that's dependable

For the you who wants a doctor you trust

Your health is a lifelong journey, and we want you to have a doctor to go the distance. We hire doctors and staff who often speak more than one language and deliver care that's sensitive to your culture, ethnicity, and lifestyle. And you can choose or change your doctor anytime.



From finding the right doctor to transitioning care, we'll help you with every step.

[kp.org/newmember](https://kp.org/newmember)

“

Dr. Weniger was relatable, kind, and thorough. By the end of my visit, I knew I made the right choice in Kaiser Permanente.

”

– Aimee, new member

---

**One of Colorado's highest-rated health plans, we've been delivering high-quality, affordable care for more than 50 years.**

- Kaiser Permanente named best health plan in America by Insure.com.<sup>14</sup>
- Kaiser Permanente was rated the highest-performing commercial plan in 43 effectiveness-of-care measures in 2022 by NCQA.<sup>15</sup>

# 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.

## Available plans

Kaiser Permanente offers plans with your choice of 3 provider networks designed to meet different needs and affordability.

- **KP CO plans** are available for individuals and families who would like a greater choice among affiliated providers and hospitals.
- **KP Select CO plans**<sup>16</sup> offer an affordable option with a tailored network of affiliated providers and hospitals in the Denver/Boulder and Colorado Springs area. To learn more about the KP Select plans, visit [kp.org/kpselect/co](https://kp.org/kpselect/co).
- **Colorado Option plans** are standardized plans designed by the State Division of Insurance (DOI). For more information on the Colorado Option plans, go to [kp.org/co-option](https://kp.org/co-option).

With all our plans, members can receive care, including virtual options, from primary care providers and specialists at any of the 30 Kaiser Permanente medical offices throughout the Front Range. The plans vary by participating affiliated providers,<sup>17</sup> hospitals, and urgent and emergency care locations.<sup>18</sup>

The plans are available in different areas based on where you live.

Denver/ Boulder	Northern Colorado & Pueblo	Colorado Springs area
<ul style="list-style-type: none"><li>• KP CO</li><li>• KP Select CO</li><li>• Colorado Option</li></ul>	<ul style="list-style-type: none"><li>• KP CO</li><li>• Colorado Option</li></ul>	<ul style="list-style-type: none"><li>• KP Select CO</li><li>• Colorado Option</li></ul>

For information about doctors and locations in your area, go to [kp.org/doctors](https://kp.org/doctors).

## 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.<sup>19</sup> 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 0/25 RX Copay (no deductible)	\$25	40%	\$15*
KP CO Silver 5000/25 X (\$5,000 deductible)	\$25	40% after deductible	\$15*
KP CO Bronze 6500/35%/HSA (\$6,500 deductible)	35% after deductible	35% after deductible	\$35 after deductible*

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

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



## 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](https://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		KP Offered through Kaiser Permanente
		E Offered through the health benefit exchange, Connect for Health Colorado
Plan type	Deductible	
Annual medical deductible (individual/family)	\$2,200/\$4,400	
Annual out-of-pocket maximum (individual/family)	\$8,800/\$17,600	
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	
Specialty care office visit	\$50	
Most X-rays	35% after deductible	
Most lab tests	\$30	
MRI, CT, PET	\$500	
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	\$20*	
Preferred brand	\$85 after \$1,000 pharmacy deductible*	
Non-preferred brand	35% after \$1,000 pharmacy deductible	
Specialty	35% after \$1,000 pharmacy deductible	
Whole health		
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	

### 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 \$2,200 for yourself or \$4,400 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 \$8,800 for yourself and no more than \$17,600 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—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

### 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 \$2,200 for yourself or \$4,400 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 \$8,800 for yourself and no more than \$17,600 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—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.

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

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

**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](https://connectforhealthco.com).

Benefit highlights	<div>KP</div> <div>E</div> KP CO Bronze 8500/50 KP Select CO Bronze 8500/50	<div>KP</div> <div>E</div> KP CO Bronze 7500/60 RX Copay KP Select CO Bronze 7500/60 RX Copay	<div>KP</div> <div>E</div> KP Colorado Option Bronze
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$8,500/\$17,000	\$7,500/\$15,000	\$7,500/\$15,000
Annual out-of-pocket maximum (individual/family)	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	First visit \$50; additional visits no charge after deductible	First 2 visits \$60; additional visits no charge after deductible	First 3 visits no charge; additional visits \$50 after deductible
Specialty care office visit	50% after deductible	45% after deductible	50% after deductible
Most X-rays	50% after deductible	45% after deductible	50% after deductible
Most lab tests	50% after deductible	45% after deductible	50% after deductible
MRI, CT, PET	50% after deductible	45% after deductible	50% after deductible
Outpatient surgery	40% after deductible Ambulatory Surgery Center/50% after deductible Outpatient Department of hospital	40% after deductible Ambulatory Surgery Center/50% after deductible Outpatient Department of hospital	50% after deductible
Mental health visit	No charge after deductible	No charge	No charge
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	45% after deductible	50% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	50% after deductible	45% after deductible	First 3 visits no charge; additional visits \$50 after deductible
Delivery and inpatient well-baby care	50% after deductible	45% after deductible	50% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	50% after deductible	45% after deductible	50% after deductible
Urgent care visit	First visit \$150; additional visits 50% after deductible	First 2 visits \$150; additional visits 45% after deductible	50% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$30*	\$35*	\$30*
Preferred brand	50% after deductible	\$250*	\$200*
Non-preferred brand	50% after deductible	\$450*	\$350*
Specialty	50% after deductible	\$750*	\$700*
<b>Whole health</b>			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

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

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 highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. 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](https://kp.org/plandocuments), call us at 1-800-632-9700 (TTY 711), 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.



**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](https://connectforhealthco.com).

Benefit highlights	<div>KP</div> <div>E</div> KP CO Bronze 6500/50 KP Select CO Bronze 6500/50	<div>KP</div> <div>E</div> KP CO Bronze 6500/35%/HSA KP Select CO Bronze 6500/35%/HSA	<div>KP</div> KP CO Silver 6000/30 X KP Select CO Silver 6000/30 X
Plan type	Deductible	HSA-qualified	Deductible
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$6,500/\$13,000	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$9,450/\$18,900	\$7,500/\$15,000	\$9,450/\$18,900
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge after deductible	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	First 3 visits \$50; additional visits no charge after deductible	35% after deductible	\$30
Specialty care office visit	40% after deductible	35% after deductible	\$80
Most X-rays	40% after deductible	35% after deductible	40% after deductible
Most lab tests	40% after deductible	35% after deductible	40% after deductible
MRI, CT, PET	40% after deductible	35% after deductible	40% after deductible
Outpatient surgery	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital	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
Mental health visit	No charge after deductible	35% after deductible	\$30
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	35% after deductible	40% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	40% after deductible	35% after deductible	40% after deductible
Delivery and inpatient well-baby care	40% after deductible	35% after deductible	40% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	40% after deductible	35% after deductible	40% after deductible
Urgent care visit	First 3 visits \$150; additional visits 40% after deductible	35% after deductible	\$100
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$30*	\$35 after deductible*	\$25*
Preferred brand	40% after deductible	35% after deductible	\$100*
Non-preferred brand	40% after deductible	35% after deductible	40% after deductible
Specialty	40% after deductible	35% after deductible	40% after deductible
<b>Whole health</b>			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

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

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 highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. 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](https://kp.org/plandocuments), call us at 1-800-632-9700 (TTY 711), 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.

**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](https://connectforhealthco.com).

Benefit highlights	<b>KP</b> <b>E</b> KP CO Silver 5000/25 KP Select CO Silver 5000/25 KP CO Silver 5000/25 X KP Select CO Silver 5000/25 X	<b>KP</b> <b>E</b> KP Colorado Option Silver KP Colorado Option Silver X	<b>KP</b> <b>E</b> KP CO Silver 4500/30 RX Copay KP Select CO Silver 4500/30 RX Copay KP CO Silver 4500/30 RX Copay X KP Select CO Silver 4500/30 RX Copay X
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$5,000/\$10,000	\$4,750/\$9,500	\$4,500/\$9,000
Annual out-of-pocket maximum (individual/family)	\$9,450/\$18,900	\$9,450/\$18,900	\$9,450/\$18,900
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$25	No charge	\$30
Specialty care office visit	\$85	\$80	\$90
Most X-rays	40% after deductible	40% after deductible	40% after deductible
Most lab tests	40% after deductible	40% after deductible	40% after deductible
MRI, CT, PET	40% after deductible	40% after deductible	40% after deductible
Outpatient surgery	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital	40% after deductible	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital
Mental health visit	\$25	No charge	\$30
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	40% after deductible	40% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	40% after deductible	No charge	40% after deductible
Delivery and inpatient well-baby care	40% after deductible	40% after deductible	40% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	40% after deductible	40% after deductible	40% after deductible
Urgent care visit	\$100	\$80	\$100
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15*	\$20*	\$25*
Preferred brand	\$80*	\$125*	\$100*
Non-preferred brand	40% after deductible	\$300*	\$400*
Specialty	40% after deductible	\$650*	\$700*
<b>Whole health</b>			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

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

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 highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. 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](https://kp.org/plandocuments), call us at 1-800-632-9700 (TTY 711), 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.

**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](https://connectforhealthco.com).

Benefit highlights	<b>KP</b> <b>E</b> KP CO Silver 3700/20%/HSA KP Select CO Silver 3700/20%/HSA KP CO Silver 3700/20%/HSA X KP Select CO Silver 3700/20%/HSA X	<b>KP</b> <b>E</b> KP CO Silver 2200/25 KP Select CO Silver 2200/25 KP CO Silver 2200/25 X KP Select CO Silver 2200/25 X	<b>KP</b> <b>E</b> KP CO Gold 2000/20 KP Select CO Gold 2000/20
Plan type	HSA-qualified	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,700/\$7,400	\$2,200/\$4,400	\$2,000/\$4,000
Annual out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$8,800/\$17,600	\$8,500/\$17,000
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge after deductible	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	20% after deductible	\$25	\$20
Specialty care office visit	20% after deductible	\$50	\$50
Most X-rays	20% after deductible	35% after deductible	30% after deductible
Most lab tests	20% after deductible	\$30	30% after deductible
MRI, CT, PET	20% after deductible	\$500	30% after deductible
Outpatient surgery	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	20% after deductible Ambulatory Surgery Center/30% after deductible Outpatient Department of hospital
Mental health visit	20% after deductible	\$25	\$20
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	35% after deductible	30% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	20% after deductible	35% after deductible	30% after deductible
Delivery and inpatient well-baby care	20% after deductible	35% after deductible	30% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	20% after deductible	35% after deductible	30% after deductible
Urgent care visit	20% after deductible	\$100	\$75
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15 after deductible*	\$20*	\$5*
Preferred brand	\$85 after deductible*	\$85 after \$1,000 pharmacy deductible*	\$40 after \$195 pharmacy deductible*
Non-preferred brand	20% after deductible	35% after \$1,000 pharmacy deductible	30% after \$195 pharmacy deductible
Specialty	20% after deductible	35% after \$1,000 pharmacy deductible	30% after \$195 pharmacy deductible
<b>Whole health</b>			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

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

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 highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. 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](https://kp.org/plandocuments), call us at 1-800-632-9700 (TTY 711), 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.

**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](https://connectforhealthco.com).

Benefit highlights	KP Colorado Option Gold	KP CO Gold 1500/20 KP Select CO Gold 1500/20	KP CO Gold 0/25 RX Copay KP Select CO Gold 0/25 RX Copay	KP CO Catastrophic** KP Select CO Catastrophic**
Plan type	Deductible	Deductible	Copayment	Deductible
Annual medical deductible (individual/family)	\$1,700/\$3,400	\$1,500/\$3,000	None/None	\$9,450/\$18,900
Annual out-of-pocket maximum (individual/family)	\$8,700/\$17,400	\$8,500/\$17,000	\$7,500/\$15,000	\$9,450/\$18,900
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	No charge	\$20	\$25	First 3 visits no charge; additional visits no charge after deductible
Specialty care office visit	\$50	\$60	\$60	No charge after deductible
Most X-rays	30% after deductible	25% after deductible	40%	No charge after deductible
Most lab tests	30% after deductible	25% after deductible	40%	No charge after deductible
MRI, CT, PET	30% after deductible	25% after deductible	\$500	No charge after deductible
Outpatient surgery	30% after deductible	15% after deductible Ambulatory Surgery Center/25% after deductible Outpatient Department of hospital	30% Ambulatory Surgery Center/40% Outpatient Department of hospital	No charge after deductible
Mental health visit	No charge	\$20	\$25	No charge after deductible
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	25% after deductible	40%	No charge after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	25% after deductible	40%	No charge after deductible
Delivery and inpatient well-baby care	30% after deductible	25% after deductible	40%	No charge after deductible
Emergency and urgent care				
Emergency department visit	30% after deductible	25% after deductible	\$750	No charge after deductible
Urgent care visit	\$50	\$75	\$75	No charge after deductible
Prescription drugs (up to a 30-day supply)				
Generic	\$10*	\$10*	\$15*	No charge after deductible
Preferred brand	\$50*	\$40*	\$50*	No charge after deductible
Non-preferred brand	\$200*	25% after \$195 pharmacy deductible	\$375*	No charge after deductible
Specialty	\$600*	25% after \$195 pharmacy deductible	\$625*	No charge after deductible
Whole health				
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

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

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

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 highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. 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](https://kp.org/plandocuments), call us at 1-800-632-9700 (TTY 711), 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.

**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](https://connectforhealthco.com).

Benefit highlights	<b>E</b> KP CO Silver 75/10/94% CSR KP Select CO Silver 75/10/94% CSR	<b>E</b> KP Colorado Option Silver 94% AV	<b>E</b> KP CO Silver 50/5 RX Copay 94% CSR KP Select CO Silver 50/5 RX Copay 94% CSR
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$75/\$150	\$100/\$200	\$50/\$100
Annual out-of-pocket maximum (individual/family)	\$2,200/\$4,400	\$1,100/\$2,200	\$2,900/\$5,800
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$10	No charge	\$5
Specialty care office visit	\$20	\$40	\$10
Most X-rays	10% after deductible	20% after deductible	10% after deductible
Most lab tests	10% after deductible	20% after deductible	10% after deductible
MRI, CT, PET	10% after deductible	20% after deductible	10% after deductible
Outpatient surgery	10% after deductible	20% after deductible	10% after deductible
Mental health visit	\$10	No charge	No charge
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10% after deductible	20% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	10% after deductible	No charge	10% after deductible
Delivery and inpatient well-baby care	10% after deductible	20% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	10% after deductible	20% after deductible	10% after deductible
Urgent care visit	\$50	\$40	\$50
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$5*	No charge	\$5*
Preferred brand	\$10*	\$20*	\$10*
Non-preferred brand	10%	\$40*	\$150*
Specialty	10%	\$60*	\$250*
<b>Whole health</b>			
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

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

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 highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. 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](https://kp.org/plandocuments), call us at **1-800-632-9700 (TTY 711)**, 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.



**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](https://connectforhealthco.com).

Benefit highlights	<b>E</b> KP CO Silver 200/5%/94% CSR KP Select CO Silver 200/5%/94% CSR	<b>E</b> KP CO Silver 50/5%/94% CSR KP Select CO Silver 50/5%/94% CSR
Plan type	Deductible	Deductible
Annual medical deductible (individual/family)	\$200/\$400	\$50/\$100
Annual out-of-pocket maximum (individual/family)	\$2,600/\$5,200	\$2,000/\$4,000
<b>Benefits</b>		
<b>Virtual care</b>		
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge
<b>Preventive care</b>		
Routine physical exam, mammograms, etc.	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>		
Primary care office visit	5% after deductible	\$5
Specialty care office visit	5% after deductible	\$15
Most X-rays	5% after deductible	10% after deductible
Most lab tests	5% after deductible	\$5
MRI, CT, PET	5% after deductible	\$25
Outpatient surgery	5% after deductible	10% after deductible
Mental health visit	5% after deductible	\$5
<b>Inpatient hospital care</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	5% after deductible	10% after deductible
<b>Maternity</b>		
Routine prenatal care visit, first postpartum visit	5% after deductible	10% after deductible
Delivery and inpatient well-baby care	5% after deductible	10% after deductible
<b>Emergency and urgent care</b>		
Emergency department visit	5% after deductible	10% after deductible
Urgent care visit	5% after deductible	\$50
<b>Prescription drugs (up to a 30-day supply)</b>		
Generic	\$5 after deductible*	\$5*
Preferred brand	\$10 after deductible*	\$10*
Non-preferred brand	5% after deductible	10%
Specialty	5% after deductible	10%
<b>Whole health</b>		
Healthy services	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit <a href="https://kp.org/healthyliving">kp.org/healthyliving</a> .

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

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 highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. 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](https://kp.org/plandocuments), call us at **1-800-632-9700 (TTY 711)**, 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.

# Find your rate



Apply on [buykp.org/apply](https://buykp.org/apply) to have your rate calculated automatically.

## 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](https://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 apply to these counties. Please check that your county is listed. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

#### KP Select CO plans

**Available in:** Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Gilpin, Jefferson, Park, and Teller

#### KP CO plans

**Available in:** Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Fremont, Gilpin, Jefferson, Larimer, Park, Pueblo, and Weld

#### Colorado Option plans

**Available in:** Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, El Paso, Elbert, Fremont, Gilpin, Jefferson, Larimer, Park, Pueblo, Teller, and Weld

# 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.

## 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 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 2 basic procedures 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.

## Finding a dentist

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

- **Website:** Visit [deltadentalco.com](https://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](mailto: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.

# 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](https://kp.org/facilities) to find the one nearest you.

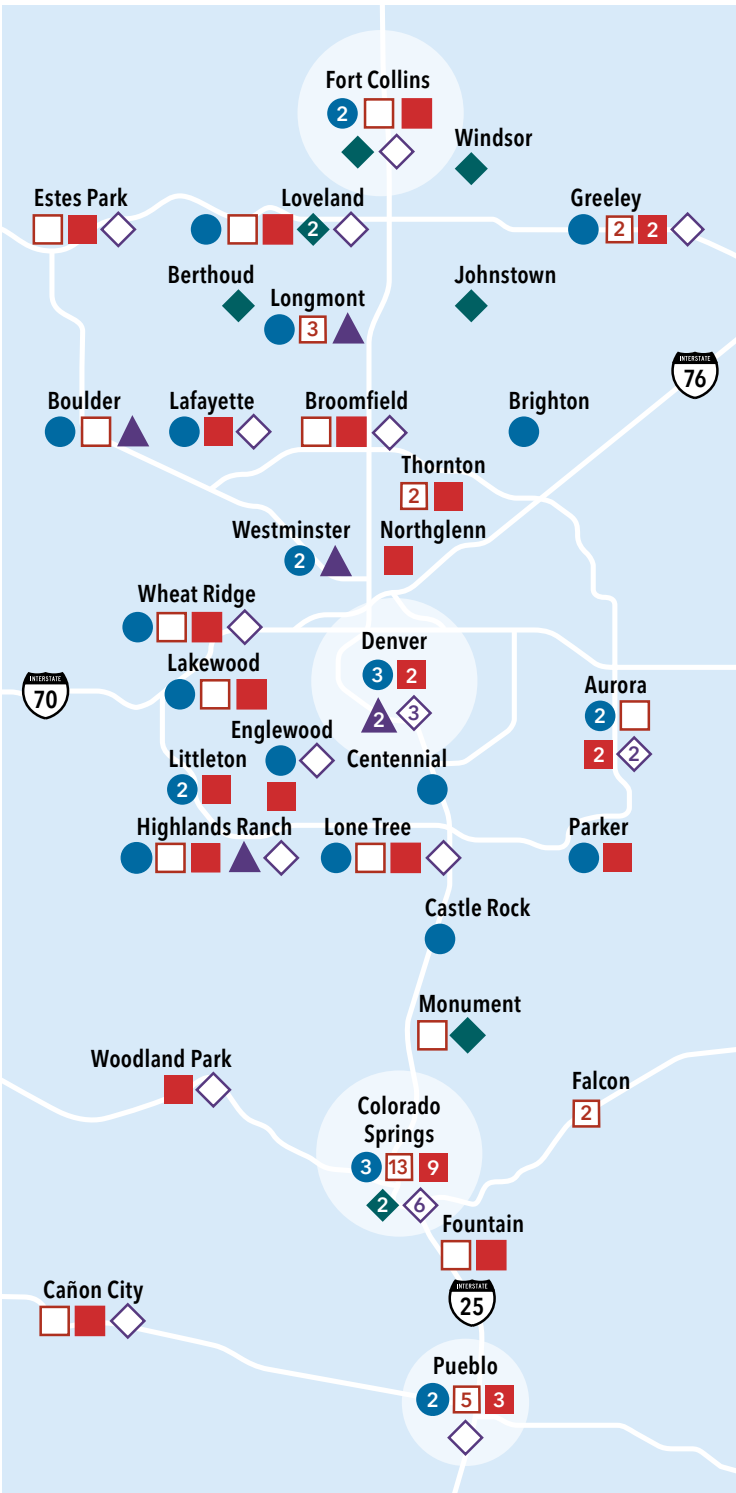
## Colorado medical facilities

30	Kaiser Permanente medical offices	●
40	Urgent care facilities	□
35	Emergency care facilities	■
6	Behavioral health offices	
9	Affiliated providers with extended hours	◆
24	Affiliated hospital/inpatient care	◇

Whether you visit a Kaiser Permanente facility or one of our affiliated providers, you can rest assured you'll get the high-quality care you need. That includes **1,300+** Kaiser Permanente doctors and **14,000+** affiliated plan providers along the Front Range – all screened to meet our rigorous care and safety standards.<sup>20</sup> So you can choose the location and care team that's right for you.



For the most up-to-date list of providers included in your plan, visit [kp.org/locations](https://kp.org/locations).



## Kaiser Permanente medical offices

### Central

#### Aurora

**Aurora Centrepoint**  
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

**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

#### Longmont

**Longmont**  
2345 Bent Way  
Longmont, CO 80503

#### 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

#### Loveland

**Loveland**  
4901 Thompson Parkway  
Loveland, CO 80534

### Southern

#### Colorado Springs

**Briargate**  
4105 Briargate Parkway, Suite 125  
Colorado Springs, CO 80920

**Parkside**  
215 Parkside Drive  
Colorado Springs, CO 80910

**Premier**  
3920 N. 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



# Complete care to help you live a fuller, healthier life

With Kaiser Permanente, you have a trusted partner who considers your health a priority and makes it easier to get the care you need. That's why members stay with Kaiser Permanente nearly 3 times as long as other health plans.<sup>21</sup>

## Want to learn more?



Visit [kp.org/allthatisyou](https://kp.org/allthatisyou) to shop plans and get help with your health care questions.

Call **1-800-494-5314** (TTY **711**) to talk to an enrollment specialist.

Current members with questions can call Member Services at **1-800-632-9700** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m. Mountain time.



1. 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. 2. Kaiser Permanente 2022 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 2022 and is used with the permission of NCQA. Quality Compass 2022 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. 3. 2021 Annual Report, Kaiser Permanente, [about.kaiserpermanente.org/who-we-are/annual-reports/2021-annual-report](https://about.kaiserpermanente.org/who-we-are/annual-reports/2021-annual-report). 4. NCQA's Private Health Insurance Plan Ratings 2022-2023, National Committee for Quality Assurance, 2022: Kaiser Foundation Health Plan of Colorado – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of Georgia, Inc. – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Hawaii – HMO (rated 4 out of 5); Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. – HMO (rated 5 out of 5); Kaiser Foundation Health Plan, Inc., of Northern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of the Northwest – HMO (rated 4 out of 5); Kaiser Foundation Health Plan, Inc., of Southern California – HMO (rated 4.5 out of 5); Kaiser Foundation Health Plan of Washington – HMO (rated 4 out of 5). 5. See note 6. 6. Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," July 20, 2022. 7. The apps and services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. The apps and services may be discontinued at any time. Some classes vary by location and may require fees. 8. Calm and myStrength can be used by members 13 and over. The Ginger app and services are not available to any members under 18 years old. 9. Calm is the #1 app for sleep, meditation, and relaxation, with over 100 million downloads and over 1.5M+ 5-star reviews. Learn more at [calm.com/blog/about](https://calm.com/blog/about). 10. Eligible Kaiser Permanente members can text with a coach using the Ginger app for 90 days per year. After the 90 days, members can continue to access the other services available on the Ginger app for the remainder of the year at no cost. 11. Some of these services may not be covered under your health plan benefits and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. 12. 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. 13. Video visits are offered at no additional cost for most health plans. High deductible plans are still subject to applicable copays, coinsurance, or deductibles for these services. 14. "Best Health Insurance Companies For 2023," Insure.com, April 24, 2023. 15. National Committee for Quality Assurance, 2022. NCQA is a third-party organization that receives clinical quality information (HEDIS) and member survey feedback (CAHPS) to rate health plans nationwide. 16. Available in select counties. 17. Affiliated providers practice outside Kaiser Permanente medical offices. Affiliated providers may or may not have access to your Kaiser Permanente electronic health records. Visit [kp.org/findadoctor](https://kp.org/findadoctor) for a list of participating providers. 18. 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](https://kp.org/eoc). 19. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://irs.gov). 20. 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. 21. Kaiser Permanente internal data, 2019; "12 Trends Influencing the Future of Workplace Benefits," Aflac, 2018; U.S. Bureau of Labor Statistics, 2018.

## 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, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

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**, (TTY **1-800-537-7697**). Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://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) ማሳሰቢያ:** 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 nià kɛ dyédé gbo:** ɔ jũ ké m̀ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò béìn 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 bụrụ na ị na asụ Igbo, ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **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, éí ná hóló, koji' hódíłnih **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)**.

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**.

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