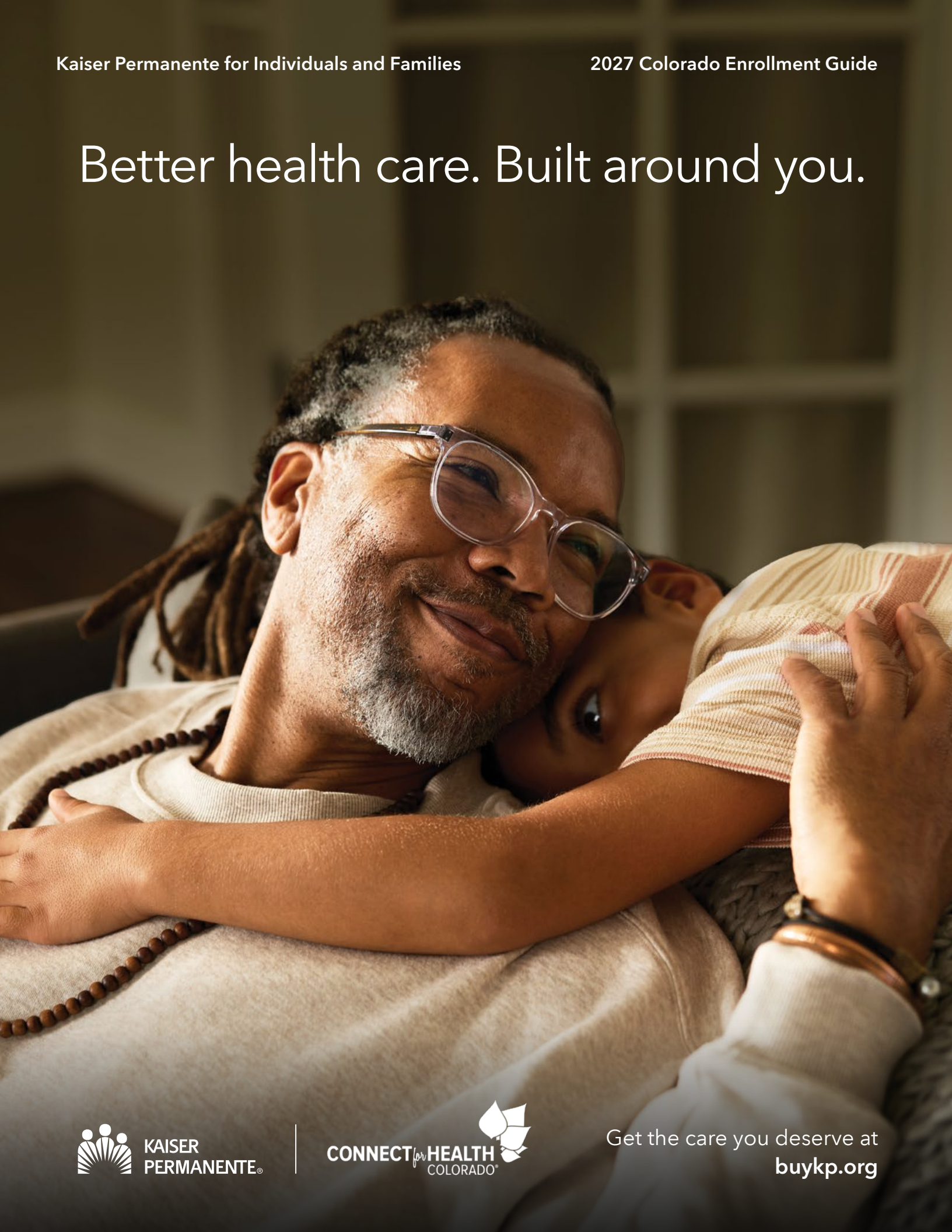
Better health care. Built around you.



KAISER PERMANENTE®

CONNECT for HEALTH COLORADO®

Get the care you deserve at
buykp.org

Health care is better when it all works together

With Kaiser Permanente, you get seamless care and coverage in one plan, so you can focus on your next adventure.

Explore how we support you with:

- **Integrated care teams that connect the dots**
- **Care that works around your schedule**
- **Tools for your mental and physical wellness**
- **Care that makes staying healthy simple**

Care for today. Confidence for tomorrow.

Discover care that moves with you at **kp.org/learnthebasics.**

Seamless care that keeps up with your life

Taking care of your health should be simple. Because your care team shares one connected system, support for your mind and body feels easy. See how Kaiser Permanente's coordinated care helps you confidently take the next step.

Important open enrollment dates for 2027

- The open enrollment period for 2027 coverage runs from **November 1, 2026,** through **January 15, 2027.**
- 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, 2027,** we must receive your application for health coverage and first month's premium no later than **December 15, 2026.**

Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can 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**).



Integrated care teams that connect the dots

Your doctors, hospitals, and health plan all work together. With your team in sync and services often in one place, you get proactive care and holistic support for your mind and body. Managing your health is easy and convenient – and your care is personalized to f t your life.

The difference with Kaiser Permanente is that I was able to do everything so simply. It was so seamless and easy.

–Lauren S., Colorado member

Care that works around your schedule



Virtual care made personal

When you need care in the moment, connect by phone or video with someone who knows your health history.[1]



24/7 control with our award-winning app

Use the Kaiser Permanente app to securely message your care team, manage appointments, refill most prescriptions, view most lab results, and more.[2]



Mail-order pharmacy

Order prescription refills online, and we'll deliver them to you at no extra charge.[3] You can also pick them up in person with same-day service.



Support wherever you travel

You're covered worldwide if you need urgent or emergency care when you're away.



Care when you're away at college

If you're on your parent or guardian's health plan, you're covered for routine and follow-up care anywhere in the U.S., including:[4]

- 10 office visits
- 10 diagnostic X-rays
- 12 prescription drug fills
- 10 therapy visits (combined physical, occupational, and speech)

Holistic support for your physical and mental health

Tools to reach your health goals

Stay healthy with programs tailored to your lifestyle. Take advantage of healthy extras like wellness coaching, digital fitness resources, and gym memberships.[5]

Resilient mind, balanced life

You don't need a referral to access therapy or other mental health support from Kaiser Permanente or affiliated providers for depression, anxiety, stress, and addiction. Feel your best with the help of mindfulness apps and other self-care resources.[6]

Our members are:[7]

4x
more likely to be screened for depression

Nearly 2x
more likely to respond to treatment



World-class care makes getting and staying healthy simple

Most of our plans include preventive screenings, prenatal care, and nutrition counseling – at no extra cost. If you need specialty care, you'll have access to groundbreaking technology, trusted doctors, and proven treatments tailored to your needs.

Guiding you forward

- Your health history stays secure in your electronic health record.
- Your doctor seamlessly handles referrals and appointments.
- You and your care team can view your records anytime.
- Your care team reaches out when it's time for checkups and tests.

Leading Colorado in quality

More top doctors

More Kaiser Permanente doctors were recognized as Top Doctors by 5280 magazine in 2026 than any other health care organization in Colorado.[8]

Highest-rated plan

Of the 7 commercial health plans in Colorado rated by the National Committee for Quality Assurance, ours is the top-rated plan in the state.[9]



Named #1 for value in the nation

Out of 3,500 brands reviewed in Forbes' Best Brands for Value survey, Kaiser Permanente ranked number one – outranking top brands like Costco, Toyota, and Southwest Airlines.

You deserve care that puts your health first



Kaiser Permanente has really taken care of all of me. They've helped me through everything – from a torn ACL to a brain tumor. Now I'm trying to have a baby, and I know they will be here every step of the way.

–Jessica H., Southern California member

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.

Copay or coinsurance plans

These plans have simple copays for many services, and fewer costs that require you to meet your deductible first. They generally have higher premiums.

Deductible plans

These plans have lower monthly premiums, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible.

HSA-Eligible plans

Combine affordable coverage with tax-advantaged savings[10]

A health savings account (HSA) is a tax-advantaged savings account that lets you set aside pre-tax money to pay for out-of-pocket health care costs. To fund an HSA, you must be enrolled in an HSA-eligible health plan. Once you've purchased your health plan, you must create and fund a separate HSA with a financial institution in order to take advantage of the tax benefits of an HSA.

Starting in 2026, most bronze and catastrophic plans, along with some silver and gold plans, are HSA eligible.

Pairing an HSA with a bronze plan may be a good fit if:

- You have room in your budget to regularly set aside extra money for health care, beyond your monthly premiums.
- Saving on federal taxes is important to you.
- You don't receive marketplace financial assistance but want a lower monthly premium.
- You can manage higher costs if you need hospital care or other services subject to the deductible.

How can tax benefits help you?

- **When money goes in:** HSA contributions may reduce your federal taxable income.
- **While your money is in the account:** Interest can grow tax-free.
- **When money comes out:** HSA withdrawals for qualified health care expenses are generally tax-free.

You may get the greatest value from an HSA by contributing regularly and any money you do not spend rolls over from year to year and remains yours, even if you change plans or carriers.

Ready to get started?

Learn more at **healthy.kp.org/pages/hsa-overview**.

Choosing your provider network

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

Available provider networks

- **KP CO network** is available for individuals and families who would like a greater choice among affiliated providers and hospitals.
- **KP Select CO network**[11] offers 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 network, visit **kp.org/kpselect/co**.
- **Colorado Option network** is available for the standardized plans designed by the State Division of Insurance (DOI). For more information on the Colorado Option network, go to **kp.org/co-option**.

With all our networks, members can receive care, including virtual options, from primary care providers and specialists at any of the 29 Kaiser Permanente medical offices throughout the front range. The networks vary by participating affiliated providers,[12] hospitals, and urgent and emergency care locations.[13]

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

Denver/ Boulder	Northern Colorado & Pueblo	Colorado Springs area
• KP CO • KP Select CO • Colorado Option	• KP CO • Colorado Option	• KP Select CO • Colorado Option

For information about doctors and locations in your area, go to **kp.org/doctors**.

Example of your cost 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 0/30 RX Copay (no deductible)	$30	40%	$15*
KP CO Silver 2500/35 X ($2,500 deductible)	$35	35% after deductible	$20*
KP CO Bronze 6500/35%/HSA ($6,500 deductible)	35% after deductible	35% after deductible	$35 after deductible*

You may qualify for federal or state financial assistance

Under health care reform, the federal or state government may provide financial assistance for many people, depending on their income.

- Financial assistance is available for premiums and out-of-pocket expenses.
- Assistance is available based on income and family size.

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit **buykp.org** for details.

*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**. Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.

Understanding the plans: Benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. For help understanding how to read those charts, review the diagram below.

Here's a quick look at how to use the chart

Benefit highlights	KP E KP CO Silver 2500/35 KP Select CO Silver 2500/35 KP CO Silver 2500/35 X KP Select CO Silver 2500/35 X
Plan type	Deductible
Annual medical deductible (individual/family)	$2,500/$5,000
Annual out-of-pocket maximum (individual/family)	$10,250/$20,500
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	$35
Specialty care office visit	$65
Most X-rays	35% after deductible
Most lab tests	$35
MRI, CT, PET	$500
Outpatient surgery	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital
Mental health visit	$35
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 kp.org/healthyliving.

*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

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 $10,250 for yourself and no more than $20,500 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 $35 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.

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/HSA KP Select CO Bronze 8500/50/HSA	KP E KP Colorado Option Bronze	KP E KP CO Bronze 7500/60/HSA RX Copay KP Select CO Bronze 7500/60/HSA RX Copay
Plan type	**HSA-qualified**	**HSA-qualified**	**HSA-qualified**
Annual medical deductible (individual/family)	$8,500/$17,000	$8,100/$16,200	$7,500/$15,000
Annual out-of-pocket maximum (individual/family)	$9,200/$18,400	$11,200/$22,400	$10,150/$20,300
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 visit $50; additional visits no charge after deductible	First 3 visits no charge; additional visits $50 after deductible	First 2 visits $60; additional visits no charge after deductible
Specialty care office visit	50% after deductible	50% after deductible	45% after deductible
Most X-rays	50% after deductible	50% after deductible	45% after deductible
Most lab tests	50% after deductible	50% after deductible	45% after deductible
MRI, CT, PET	50% after deductible	50% after deductible	45% after deductible
Outpatient surgery	40% after deductible Ambulatory Surgery Center/50% after deductible Outpatient Department of hospital	50% after deductible	40% after deductible Ambulatory Surgery Center/50% after deductible Outpatient Department of hospital
Mental health visit	No charge after deductible	No charge	No charge
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	50% after deductible	45% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	50% after deductible	First 3 visits no charge; additional visits $50 after deductible	45% after deductible
Delivery and inpatient well-baby care	50% after deductible	50% after deductible	45% after deductible
Emergency and urgent care			
Emergency department visit	50% after deductible	50% after deductible	45% after deductible
Urgent care visit	First visit $150; additional visits 50% after deductible	50% after deductible	First 2 visits $150; additional visits 45% after deductible
Prescription drugs (up to a 30-day supply)			
Generic	$30*	$30*	$35*
Preferred brand	50% after deductible	$200*	$250*
Non-preferred brand	50% after deductible	$350*	$450*
Specialty	50% after deductible	$700*	$750*
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 **kp.org/healthyliving**.		

*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**, 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.

Benefit highlights	KP E KP CO Bronze 6500/50/HSA KP Select CO Bronze 6500/50/HSA	KP E KP CO Bronze 6500/35%/HSA KP Select CO Bronze 6500/35%/HSA	KP KP CO Silver 5500/35 X KP Select CO Silver 5500/35 X
Plan type	**HSA-qualified**	**HSA-qualified**	**Deductible**
Annual medical deductible (individual/family)	$6,500/$13,000	$6,500/$13,000	$5,500/$11,000
Annual out-of-pocket maximum (individual/family)	$9,200/$18,400	$8,500/$17,000	$10,650/$21,300
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	First 3 visits $50; additional visits no charge after deductible	35% after deductible	$35
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	$35
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	35% after deductible	40% after deductible
Maternity			
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
Emergency and urgent care			
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
Prescription drugs (up to a 30-day supply)			
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
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 **kp.org/healthyliving**.		

*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.

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KP Offered through Kaiser Permanente

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

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Benefit highlights	KP KP CO Silver 5350/0/HSA X KP Select CO Silver 5350/0/HSA X	KP E KP Colorado Option Silver KP Colorado Option Silver X	KP E KP CO Silver 4500/35 RX Copay KP Select CO Silver 4500/35 RX Copay KP CO Silver 4500/35 RX Copay X KP Select CO Silver 4500/35 RX Copay X
Plan type	**HSA-qualified**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$5,350/$10,700	$5,000/$10,000	$4,500/$9,000
Annual out-of-pocket maximum (individual/family)	$8,500/$17,000	$11,450/$22,900	$10,150/$20,300
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	No charge after deductible	No charge	$35
Specialty care office visit	20% after deductible	$90	$90
Most X-rays	20% after deductible	40% after deductible	40% after deductible
Most lab tests	20% after deductible	40% after deductible	40% after deductible
MRI, CT, PET	20% after deductible	40% after deductible	40% after deductible
Outpatient surgery	10% after deductible Ambulatory Surgery Center/20% 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	No charge after deductible	No charge	$35
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	40% after deductible	40% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	20% after deductible	No charge	40% after deductible
Delivery and inpatient well-baby care	20% after deductible	40% after deductible	40% after deductible
Emergency and urgent care			
Emergency department visit	20% after deductible	40% after deductible	40% after deductible
Urgent care visit	20% after deductible	$80	$100
Prescription drugs (up to a 30-day supply)			
Generic	$15 after deductible*	$20*	$15*
Preferred brand	$50 after deductible*	$125*	$100*
Non-preferred brand	20% after deductible	$300*	$400*
Specialty	20% after deductible	$650*	$700*
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 **kp.org/healthyliving**.		

*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.

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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 Silver 4000/30 KP Select CO Silver 4000/30 KP CO Silver 4000/30 X KP Select CO Silver 4000/30 X	KP E KP CO Silver 3800/25%/HSA KP Select CO Silver 3800/25%/HSA KP CO Silver 3800/25%/HSA X KP Select CO Silver 3800/25%/HSA X	KP E KP CO Silver 2500/35 KP Select CO Silver 2500/35 KP CO Silver 2500/35 X KP Select CO Silver 2500/35 X
Plan type	**Deductible**	**HSA-qualified**	**Deductible**
Annual medical deductible (individual/family)	$4,000/$8,000	$3,800/$7,600	$2,500/$5,000
Annual out-of-pocket maximum (individual/family)	$10,500/$21,000	$8,500/$17,000	$10,250/$20,500
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	25% after deductible	$35
Specialty care office visit	$85	25% after deductible	$65
Most X-rays	40% after deductible	25% after deductible	35% after deductible
Most lab tests	40% after deductible	25% after deductible	$35
MRI, CT, PET	40% after deductible	25% after deductible	$500
Outpatient surgery	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital	15% after deductible Ambulatory Surgery Center/25% after deductible Outpatient Department of hospital	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital
Mental health visit	$30	25% after deductible	$35
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	25% after deductible	35% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	40% after deductible	25% after deductible	35% after deductible
Delivery and inpatient well-baby care	40% after deductible	25% after deductible	35% after deductible
Emergency and urgent care			
Emergency department visit	40% after deductible	25% after deductible	35% after deductible
Urgent care visit	$100	25% after deductible	$100
Prescription drugs (up to a 30-day supply)			
Generic	$15*	$15 after deductible*	$20*
Preferred brand	$80*	$85 after deductible*	$85 after $1,000 pharmacy deductible*
Non-preferred brand	40% after deductible	25% after deductible	35% after $1,000 pharmacy deductible
Specialty	40% after deductible	25% after deductible	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 **kp.org/healthyliving**.		

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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**, 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.

Benefit highlights	KP E KP CO Gold 3500/0/HSA KP Select CO Gold 3500/0/HSA	KP E KP Colorado Option Gold	KP E KP CO Gold 2000/25 KP Select CO Gold 2000/25	KP E KP CO Gold 1500/25 KP Select CO Gold 1500/25
Plan type	**HSA-qualified**	**Deductible**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$3,500/$7,000	$2,400/$4,800	$2,000/$4,000	$1,500/$3,000
Annual out-of-pocket maximum (individual/family)	$5,000/$10,000	$10,450/$20,900	$9,200/$18,400	$9,000/$18,000
Benefits				
Virtual care				
Chat, email, e-visit, phone, and video visit	No charge after deductible	No charge	No charge	No charge
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 after deductible	No charge	$25	$25
Specialty care office visit	15% after deductible	$55	$70	$65
Most X-rays	15% after deductible	30% after deductible	30% after deductible	30% after deductible
Most lab tests	15% after deductible	30% after deductible	30% after deductible	30% after deductible
MRI, CT, PET	15% after deductible	30% after deductible	30% after deductible	30% after deductible
Outpatient surgery	5% after deductible Ambulatory Surgery Center/15% after deductible Outpatient Department of hospital	30% after deductible	20% after deductible Ambulatory Surgery Center/30% after deductible Outpatient Department of hospital	20% after deductible Ambulatory Surgery Center/30% after deductible Outpatient Department of hospital
Mental health visit	No charge after deductible	No charge	$25	$25
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	15% after deductible	30% after deductible	30% after deductible	30% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	15% after deductible	No charge	30% after deductible	30% after deductible
Delivery and inpatient well-baby care	15% after deductible	30% after deductible	30% after deductible	30% after deductible
Emergency and urgent care				
Emergency department visit	15% after deductible	30% after deductible	30% after deductible	30% after deductible
Urgent care visit	No charge after deductible	$50	$75	$75
Prescription drugs (up to a 30-day supply)				
Generic	No charge after deductible	$10*	$5*	$10*
Preferred brand	$25 after deductible*	$50*	$50 after $195 pharmacy deductible*	$50*
Non-preferred brand	15% after deductible	$200*	30% after $195 pharmacy deductible	30% after $195 pharmacy deductible
Specialty	15% after deductible	$600*	30% after $195 pharmacy deductible	30% after $195 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 **kp.org/healthyliving**.			

*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.

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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 KP CO Gold 500/30/Dental/Vision KP Select CO Gold 500/30/Dental/Vision	KP E KP CO Gold 0/30 RX Copay KP Select CO Gold 0/30 RX Copay	KP E KP CO Catastrophic /HSA** KP Select CO Catastrophic /HSA**
Plan type	**Deductible**	**Copay**	**HSA-qualified**
Annual medical deductible (individual/family)	$500/$1,000	None/None	$12,000/$24,000
Annual out-of-pocket maximum (individual/family)	$8,500/$17,000	$8,500/$17,000	$12,000/$24,000
Benefits			
Virtual care			
Chat, email, e-visit, phone, and video visit	No charge	No charge	No charge after deductible
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services (per visit or procedure)			
Primary care office visit	$30	$30	First 3 visits no charge; additional visits no charge after deductible
Specialty care office visit	$70	$60	No charge after deductible
Most X-rays	35% after deductible	40%	No charge after deductible
Most lab tests	35% after deductible	40%	No charge after deductible
MRI, CT, PET	35% after deductible	$500	No charge after deductible
Outpatient surgery	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital	30% Ambulatory Surgery Center/40% Outpatient Department of hospital	No charge after deductible
Mental health visit	$30	$30	No charge after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	40%	No charge after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	35% after deductible	40%	No charge after deductible
Delivery and inpatient well-baby care	35% after deductible	40%	No charge after deductible
Emergency and urgent care			
Emergency department visit	35% after deductible	$750	No charge after deductible
Urgent care visit	$75	$75	No charge after deductible
Prescription drugs (up to a 30-day supply)			
Generic	$15*	$15*	No charge after deductible
Preferred brand	$75*	$50*	No charge after deductible
Non-preferred brand	35% after $350 pharmacy deductible	$375*	No charge after deductible
Specialty	35% after $350 pharmacy deductible	$625*	No charge after deductible
Whole health			
Healthy services	Vision exams and glasses or contact lenses for all family members are covered with this plan. Visit our Vision Essentials Optical Centers for your glasses & contacts. Dental exams and cleanings are covered for all family members. Members under age 19 get coverage for additional preventive and basic services. Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit **kp.org/healthyliving**.	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit **kp.org/healthyliving**.	

*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 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.

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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 4000/30 RX Copay 73% CSR KP Select CO Silver 4000/30 RX Copay 73% CSR	E KP CO Silver 500/20 RX Copay 87% CSR KP Select CO Silver 500/20 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)	$4,000/$8,000	$500/$1,000	$75/$150
Annual out-of-pocket maximum (individual/family)	$7,850/$15,700	$2,850/$5,700	$2,750/$5,500
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	$20	$5
Specialty care office visit	$90	$70	$10
Most X-rays	40% after deductible	30% after deductible	15% after deductible
Most lab tests	40% after deductible	30% after deductible	15% after deductible
MRI, CT, PET	40% after deductible	30% after deductible	15% after deductible
Outpatient surgery	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital	20% after deductible Ambulatory Surgery Center/30% after deductible Outpatient Department of hospital	15% after deductible
Mental health visit	$30	$20	No charge
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	15% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	40% after deductible	30% after deductible	15% after deductible
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	15% after deductible
Emergency and urgent care			
Emergency department visit	40% after deductible	30% after deductible	15% after deductible
Urgent care visit	$100	$75	$50
Prescription drugs (up to a 30-day supply)			
Generic	$15*	$15*	$5*
Preferred brand	$100*	$80*	$10*
Non-preferred brand	$400*	$200*	$150*
Specialty	$600*	$400*	$250*
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 **kp.org/healthyliving**.		

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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 3900/25/73% CSR KP Select CO Silver 3900/25/73% CSR	E KP CO Silver 1100/20/87% CSR KP Select CO Silver 1100/20/87% CSR	E KP CO Silver 80/10/94% CSR KP Select CO Silver 80/10/94% CSR
Plan type	**Deductible**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$3,900/$7,800	$1,100/$2,200	$80/$160
Annual out-of-pocket maximum (individual/family)	$8,500/$17,000	$3,500/$7,000	$3,100/$6,200
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	$25	$20	$10
Specialty care office visit	$80	$45	$20
Most X-rays	35% after deductible	25% after deductible	10% after deductible
Most lab tests	35% after deductible	25% after deductible	10% after deductible
MRI, CT, PET	35% after deductible	25% after deductible	10% 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	10% after deductible
Mental health visit	$25	$20	$10
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	25% after deductible	10% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	35% after deductible	25% after deductible	10% after deductible
Delivery and inpatient well-baby care	35% after deductible	25% after deductible	10% after deductible
Emergency and urgent care			
Emergency department visit	35% after deductible	25% 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	$65*	$50*	$10*
Non-preferred brand	35% after deductible	25%	10%
Specialty	35% after deductible	25%	10%
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 **kp.org/healthyliving**.		

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

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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 Colorado Option Silver 73% AV	E KP Colorado Option Silver 87% AV	E KP Colorado Option Silver 94% AV
Plan type	**Deductible**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$3,400/$6,800	$1,100/$2,200	$200/$400
Annual out-of-pocket maximum (individual/family)	$9,150/$18,300	$3,600/$7,200	$2,300/$4,600
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	No charge	No charge	No charge
Specialty care office visit	$90	$65	$40
Most X-rays	40% after deductible	30% after deductible	20% after deductible
Most lab tests	40% after deductible	30% after deductible	20% after deductible
MRI, CT, PET	40% after deductible	30% after deductible	20% after deductible
Outpatient surgery	40% after deductible	30% after deductible	20% after deductible
Mental health visit	No charge	No charge	No charge
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	20% after deductible
Maternity			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	20% after deductible
Emergency and urgent care			
Emergency department visit	40% after deductible	30% after deductible	20% after deductible
Urgent care visit	$80	$60	$40
Prescription drugs (up to a 30-day supply)			
Generic	$20*	No charge	No charge
Preferred brand	$125*	$60*	$20*
Non-preferred brand	$300*	$120*	$40*
Specialty	$600*	$180*	$60*
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 **kp.org/healthyliving**.		

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

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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 3100/20%/73% CSR KP Select CO Silver 3100/20%/73% CSR	E KP CO Silver 1000/10%/87% CSR KP Select CO Silver 1000/10%/87% CSR	E KP CO Silver 350/5%/94% CSR KP Select CO Silver 350/5%/94% CSR
Plan type	**Deductible**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$3,100/$6,200	$1,000/$2,000	$350/$700
Annual out-of-pocket maximum (individual/family)	$7,600/$15,200	$3,500/$7,000	$3,500/$7,000
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	10% after deductible	5% after deductible
Specialty care office visit	20% after deductible	10% after deductible	5% after deductible
Most X-rays	20% after deductible	10% after deductible	5% after deductible
Most lab tests	20% after deductible	10% after deductible	5% after deductible
MRI, CT, PET	20% after deductible	10% after deductible	5% after deductible
Outpatient surgery	10% after deductible Ambulatory Surgery Center/20% after deductible Outpatient Department of hospital	10% after deductible	5% after deductible
Mental health visit	20% after deductible	10% after deductible	5% after deductible
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	$15 after deductible*	$10 after deductible*	$5 after deductible*
Preferred brand	$60 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	Mental health wellness exam, chiropractic and acupuncture visits, and gender-affirming health services are included in your plan. For more healthy offerings, visit **kp.org/healthyliving**.		

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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 2500/30/73% CSR KP Select CO Silver 2500/30/73% CSR	E KP CO Silver 275/25/87% CSR KP Select CO Silver 275/25/87% CSR	E KP CO Silver 100/5/94% CSR KP Select CO Silver 100/5/94% CSR
Plan type	**Deductible**	**Deductible**	**Deductible**
Annual medical deductible (individual/family)	$2,500/$5,000	$275/$550	$100/$200
Annual out-of-pocket maximum (individual/family)	$8,750/$17,500	$3,350/$6,700	$3,000/$6,000
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	$25	$5
Specialty care office visit	$55	$50	$25
Most X-rays	35% after deductible	30% after deductible	10% after deductible
Most lab tests	$30	$20	$10
MRI, CT, PET	$500	$200	$25
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	$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	$20*	$15*	$5*
Preferred brand	$85 after $875 pharmacy deductible*	$70*	$15*
Non-preferred brand	35% after $875 pharmacy deductible	30%	10%
Specialty	35% after $875 pharmacy deductible	30%	10%
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 **kp.org/healthyliving**.		

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Pediatric dental care

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

A reason to smile

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

Want medical, dental, and vision coverage for the whole family?

Our KP CO Gold 500/30/Dental/Vision and KP Select CO Gold 500/30/Dental/Vision, cover medical, dental, and vision care for the whole family. Plan coverage includes preventive oral exams and dental cleanings and routine eye exams each year. New glasses or contact lenses are covered every 24 months. Children up to the age of 19 also have limited dental coverage for X-rays, fillings, and crowns.

However, all other Kaiser Permanente individual and family health plans don't 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.

Pediatric dental care

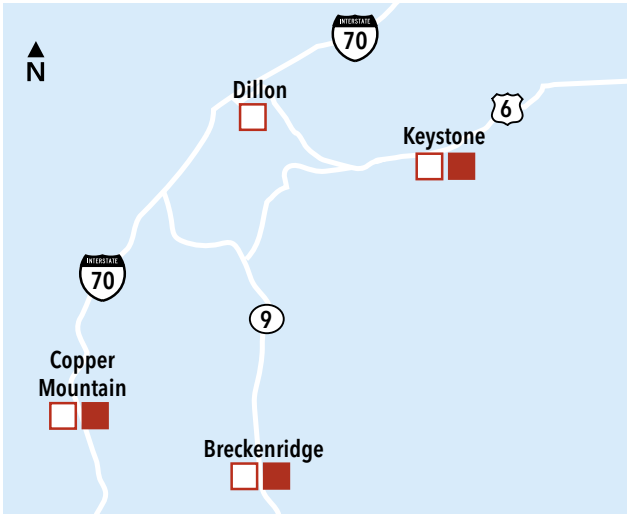
Benefits

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.

In-person care locations



Maps not to scale

More care, closer to home

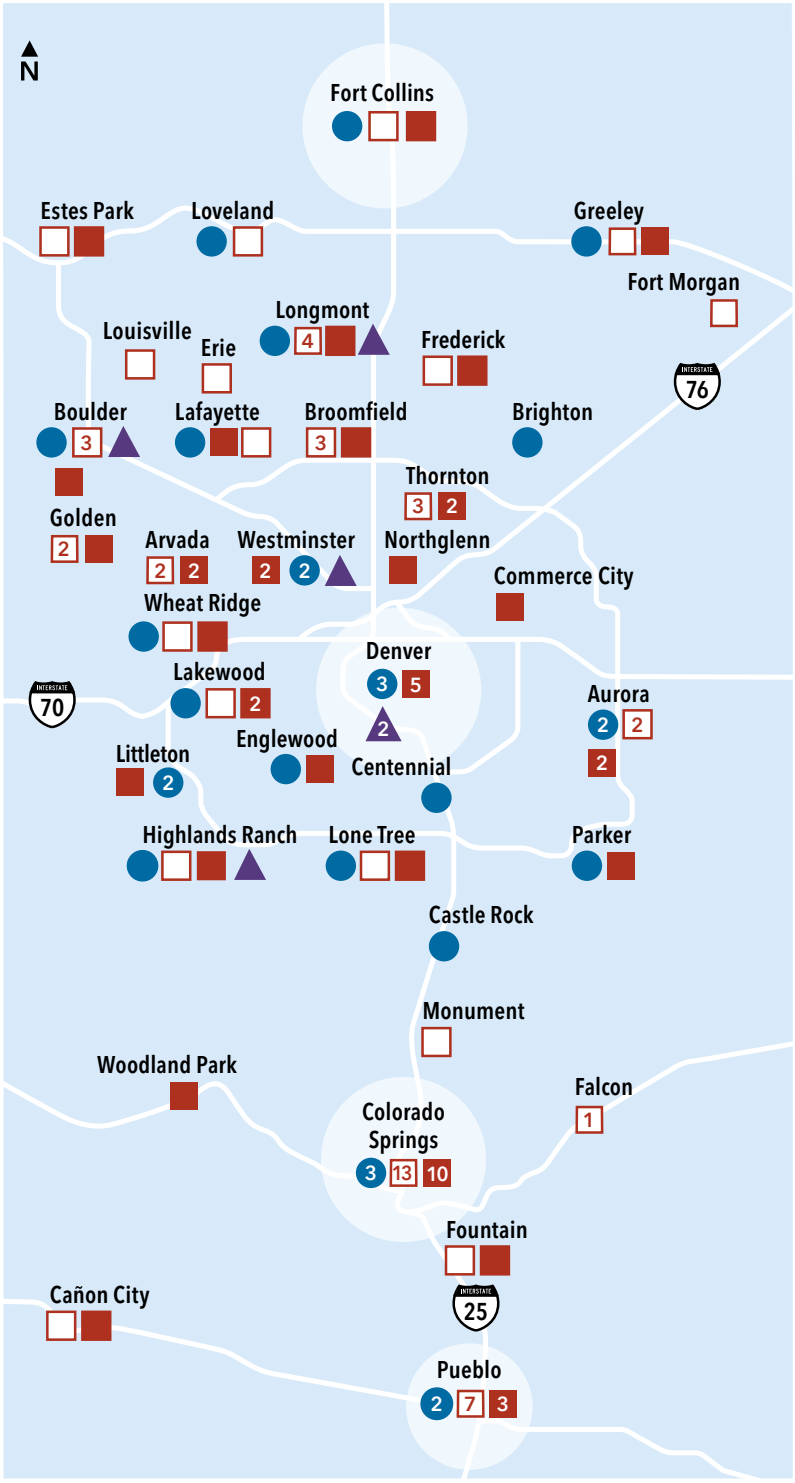
To make it easier for you to get the care you need when you need it, we're expanding our facilities and network of hospitals:

- New medical offices built in Lakewood, Parker, and Pueblo North
- Brand-new building with urgent care and a same-day surgery center at our Westminster Medical Offices scheduled for 2028
- Expansion of hospital network to include more CommonSpirit Health and HCA HealthONE locations

Learn more at **kp.org/co-newbuilds**.

For the most up-to-date list of providers and facilities included in your plan, visit **kp.org/locations**.

For KP Select plans, visit **kp.org/kpselect/co**. For Kaiser Permanente Colorado Option plans, visit **kp.org/co-option**.



Maps not to scale

29 Kaiser Permanente medical offices

61 Urgent care facilities

52 Emergency care facilities

6 Behavioral health offices

Kaiser Permanente medical offices

You can get care from any Kaiser Permanente medical office in Colorado. At most locations, you can see a doctor, fill prescriptions, and get lab and imaging services done in the same place.

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– new location
8301 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 – new location
12249 Pine Bluffs Way
Parker, CO 80134

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

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 North Union Blvd.
Colorado Springs, CO 80907

Pueblo

Acero
2625 W. Pueblo Blvd.
Pueblo, CO 81004

Pueblo North – new location
3107 Bonaventure Ct.
Pueblo, CO 81008

dispatch

Urgent care at home

DispatchHealth delivers high-quality care to your home. Available for Denver/Boulder members, 7 days a week, 7 a.m. to 10 p.m. Mountain time (MT). Call **720-588-9686**.

Take the next step toward a better care experience

Ready to make life simpler with smarter coverage? Discover how easy it can be to get care designed around you.

Find the plan that fits your needs
Let's explore your health plan options at **buykp.org**.

Talk to an enrollment specialist
We're here to help. Call **1-800-494-5314** (TTY **711**).
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. **2.** These features apply to care you get at Kaiser Permanente facilities. **3.** Not all prescriptions can be mailed, and restrictions may apply. Please check with your local pharmacy. **4.** Available for members with a traditional HMO plan, a deductible HMO plan, or a high deductible health plan with an HSA. For more information, please see your *Evidence of Coverage* or other coverage documents. **5.** The services described above are not 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. **6.** 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. **7.** Kaiser Permanente 2025 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 2025 and is used with the permission of NCQA. Quality Compass 2025 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.** 5280 magazine, August 1, 2026. **9.** NCQA's Private Health Insurance Plan Ratings 2025–2026, NationalCommittee for Quality Assurance, 2025: Kaiser Foundation Health Plan of Colorado – HMO (rated 4.5 out of 5). **10.** This information is for general educational purposes and is not tax advice. HSA eligibility, health plan benefits, account availability, fees, qualified expenses, contribution limits, and state tax treatment may vary. Catastrophic plans have separate enrollment eligibility requirements. **11.** Available in select counties. **12.** 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 for a list of participating providers. **13.** 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 *Membership Agreement*, or *Certificate of Insurance* at kp.org/eoc.



NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal and state civil rights laws and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), ancestry, age, disability, sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed or marital status.

Kaiser Health Plan:

- Provides no-cost auxiliary 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, braille, and accessible electronic formats

- Provides 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, ancestry, age, disability, sex,(including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed, or marital status, 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**.

This notice is available at

https://healthy.kaiserpermanente.org/colorado/language-assistance/nondiscrimination-notice

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HELP IN YOUR LANGUAGE

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

አማርኛ (Amharic) ትኩረት፦ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-632-9700** ይደውሉ (TTY **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-632-9700** (TTY **711**).

Ɓăsɔ́ɔ̀ Wùɖù (Bassa) Mbi sog: nia maa Ɓàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsoŋ ni soŋ, niŋ ma kénŋɛn yɛ́, mbi èyɛm. Wɔ nàŋ **1-800-632-9700** (TTY **711**)

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-632-9700**（TTY **711**）。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-632-9700** (TTY (تلفن متنی) **711**) تماس بگیرید.

Français (French) ATTENTION: si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-632-9700** (TTY **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-632-9700** an (TTY **711**).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ gụnyere udi enyemaka na ọrụ kwesịrị ekwesị, n'efu, dị nye gị. Kpọọ **1-800-632-9700** (TTY **711**).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-632-9700** までお電話ください（TTY：**711**）。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-632-9700** 로 전화해 주세요(TTY **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę́', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-632-9700** (TTY **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: यदि तपाइँ नेपाली बोल्नुहुन्छ भने, उपयुक्त सहायक सहायता र सेवाहरू सहित भाषा सहायता सेवाहरू, नि:शुल्क उपलब्ध छन्। फोन **1-800-632-9700** (TTY: **711**).

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-632-9700** irratti bilbilaa (TTY **711**)

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-632-9700** (TTY **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-632-9700** (TTY **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-632-9700** (TTY **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-632-9700** (TTY **711**).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè tó fi kún àwọn ohun èlò ìrànlọ́wọ́ tó yẹ àti àwọn iṣẹ́ láìsí ìdíyelé wà fún ọ. Pe **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**. In Colorado, all plans are offered and underwritten by Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Ave., Denver, CO 80247.

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