

# Health plan benefit highlights

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

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

Plan type	Deductible
<span style="border: 1px solid black; border-radius: 50%; padding: 2px;">KP</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">M</span> KP CO Silver 1800/30 KP Select CO Silver 1800/30	
<b>Features</b>	
Annual medical deductible (individual/family)	\$1,800/\$3,600
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700
<b>Benefits</b>	
<b>Preventive care</b>	
Routine physical exam, mammograms, etc.	No charge
<b>Outpatient services (per visit or procedure)</b>	
Primary care office visit	First office visit at no charge. Additional visits at \$30. <sup>5</sup>
Specialty care office visit	\$50
Most X-rays	30% after deductible
Most lab tests	30% after deductible
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	First office visit at no charge. Additional visits at \$30. <sup>5</sup>
<b>Inpatient hospital care</b>	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
<b>Maternity</b>	
Routine prenatal care visit, first postpartum visit	30% after deductible
Delivery and inpatient well-baby care	30% after deductible
<b>Emergency and urgent care</b>	
Emergency Department visit	30% after deductible
Urgent care visit	\$75
Ambulance services	30% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>	
Generic	\$15*
Preferred brand	\$55* after \$500 pharmacy deductible
Non-preferred brand	30% after \$500 pharmacy deductible
Specialty	30% after \$500 pharmacy deductible

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

KP Offered through Kaiser Permanente

M Offered through the Marketplace, Connect for Health Colorado

### Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charges for covered services until you reach \$1,800 for yourself or \$3,600 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 \$6,850 for yourself and no more than \$13,700 for your family for your copays, coinsurance, and deductible in a calendar year.

### Preventive care at no charge

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

### Covered before you reach the deductible

Some services are always covered at a copay or coinsurance, regardless of whether you’ve reached your deductible. Under this plan, primary care visits are covered at a \$30 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 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

### 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 \$75 copay for urgent care visits, whether or not you have met your deductible.

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

Financial assistance options with lower copays and coinsurance are available for certain plans and for Native Alaskans and American Indians on Connect for Health Colorado.

	<b>KP</b> <b>M</b> KP CO Bronze 6000/50% KP Select CO Bronze 6000/50%	<b>KP</b> <b>M</b> KP CO Bronze 5500/40% KP Select CO Bronze 5500/40%	<b>KP</b> <b>M</b> KP CO Bronze 5000/30%/HSA KP Select CO Bronze 5000/30%/HSA	<b>KP</b> <b>M</b> KP CO Bronze 4750/50 KP Select CO Bronze 4750/50	<b>KP</b> <b>M</b> KP CO Silver 2750/20%/HSA KP Select CO Silver 2750/20%/HSA
Plan type	Deductible	Deductible	HSA-qualified	Deductible	HSA-qualified
<b>Features</b>					
Annual medical deductible (individual/family)	\$6,000/\$12,000	\$5,500/\$11,000	\$5,000/\$10,000	\$4,750/\$9,500	\$2,750/\$5,500
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$6,850/\$13,700	\$6,500/\$13,000	\$6,850/\$13,700	\$5,000/\$10,000
<b>Benefits</b>					
<b>Preventive care</b>					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
Primary care office visit	First 3 office visits at \$50. Additional visits at 50% after deductible. <sup>4</sup>	First 3 office visits at \$50. Additional visits at 40% after deductible. <sup>4</sup>	30% after deductible	First 3 office visits at \$50. Additional visits at 40% after deductible. <sup>4</sup>	20% after deductible
Specialty care office visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Most X-rays	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Most lab tests	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
MRI, CT, PET	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Outpatient surgery	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Mental health visit	First 3 office visits at \$50. Additional visits at 50% after deductible. <sup>4</sup>	First 3 office visits at \$50. Additional visits at 40% after deductible. <sup>4</sup>	30% after deductible	First 3 office visits at \$50. Additional visits at 40% after deductible. <sup>4</sup>	20% after deductible
<b>Inpatient hospital care</b>					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
<b>Maternity</b>					
Routine prenatal care visit, first postpartum visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Delivery and inpatient well-baby care	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
<b>Emergency and urgent care</b>					
Emergency Department visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Urgent care visit	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
Ambulance services	50% after deductible	40% after deductible	30% after deductible	40% after deductible	20% after deductible
<b>Prescription drugs (up to a 30-day supply)**</b>					
Generic	50% after deductible	\$25*	\$20* after deductible	40% after deductible	\$15* after deductible
Preferred brand	50% after deductible	\$110*	30% after deductible	40% after deductible	\$55* after deductible
Non-preferred brand	50% after deductible	\$570*	30% after deductible	40% after deductible	20% after deductible
Specialty	50% after deductible	\$570*	30% after deductible	40% after deductible	20% after deductible

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

\*\*Visit [kp.org/formulary](http://kp.org/formulary) to view the formulary that your doctor uses to help determine the safest, most effective drugs to prescribe for you. You can also see if a medication is available as a generic drug.

<sup>4</sup>The KP CO Bronze/KP Select CO Bronze 4750/50, 5500/40%, and 6000/50% plans include 3 office visits at \$50 before you reach your deductible. Primary care visits and outpatient mental health care visits are considered office visits.

This plan summary is meant to highlight only some of the most asked-about benefits and their copays, coinsurance, and deductibles. Please see your *Membership Agreement* for more details on your plan. To get a copy of the *Membership Agreement*, please call us at **1-800-634-4579** or contact your broker. For services subject to a deductible, you will 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.

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

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	<b>KP</b> <b>M</b> KP CO Silver 2500/30 KP Select CO Silver 2500/30	<b>KP</b> <b>M</b> KP CO Silver 1800/30 KP Select CO Silver 1800/30	<b>KP</b> <b>M</b> KP CO Gold 1000/20 KP Select CO Gold 1000/20	<b>KP</b> <b>M</b> KP CO Gold 0/20 KP Select CO Gold 0/20	<b>KP</b> <b>M</b> KP CO Catastrophic <sup>2</sup> KP Select CO Catastrophic <sup>2</sup>
Plan type	Deductible	Deductible	Deductible	Copay	Deductible
<b>Features</b>					
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$1,800/\$3,600	\$1,000/\$2,000	\$0	\$6,850/\$13,700
Annual out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$6,850/\$13,700	\$6,350/\$12,700	\$6,850/\$13,700	\$6,850/\$13,700
<b>Benefits</b>					
<b>Preventive care</b>					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>					
Primary care office visit	First office visit at no charge. Additional visits at \$30. <sup>5</sup>	First office visit at no charge. Additional visits at \$30. <sup>5</sup>	\$20	\$20	First 3 office visits at no charge. <sup>3</sup> Additional visits at no charge after deductible.
Specialty care office visit	\$50	\$50	\$40	\$40	No charge after deductible
Most X-rays	30% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Most lab tests	30% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
MRI, CT, PET	30% after deductible	30% after deductible	20% after deductible	\$250	No charge after deductible
Outpatient surgery	30% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
Mental health visit	First office visit at no charge. Additional visits at \$30. <sup>5</sup>	First office visit at no charge. Additional visits at \$30. <sup>5</sup>	\$20	\$20	First 3 office visits at no charge. <sup>3</sup> Additional visits at no charge after deductible.
<b>Inpatient hospital care</b>					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	20% after deductible	\$500 per day up to 4 days <sup>1</sup>	No charge after deductible
<b>Maternity</b>					
Routine prenatal care visit, first postpartum visit	30% after deductible	30% after deductible	20% after deductible	No charge	No charge after deductible
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	20% after deductible	\$500 per day up to 4 days <sup>1</sup>	No charge after deductible
<b>Emergency and urgent care</b>					
Emergency Department visit	30% after deductible	30% after deductible	20% after deductible	\$250	No charge after deductible
Urgent care visit	\$75	\$75	\$75	\$75	No charge after deductible
Ambulance services	30% after deductible	30% after deductible	20% after deductible	30%	No charge after deductible
<b>Prescription drugs (up to a 30-day supply)**</b>					
Generic	\$15*	\$15*	\$10*	\$10*	No charge after deductible
Preferred brand	\$55*	\$55* after \$500 pharmacy deductible	\$30*	\$30*	No charge after deductible
Non-preferred brand	\$570*	30% after \$500 pharmacy deductible	20%	\$570*	No charge after deductible
Specialty	\$570*	30% after \$500 pharmacy deductible	20%	\$570*	No charge after deductible

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\*\*Visit [kp.org/formulary](http://kp.org/formulary) to view the formulary that your doctor uses to help determine the safest, most effective drugs to prescribe for you. You can also see if a medication is available as a generic drug.

<sup>1</sup>After 4 days, there is no charge for covered services related to the admission.

<sup>2</sup>Only applicants younger than age 30 or applicants age 30 and older who receive an exemption due to lack of affordable coverage or hardship may enroll in this plan. To apply for an exemption, please go to [marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf](http://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf) and follow the instructions.

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

<sup>5</sup>The KP CO Silver/KP Select CO Silver 1800/30, 2500/30, and Cost Share Reduction variations of these plans include 1 office visit at no charge before you reach your deductible. Primary care visits and outpatient mental health care visits are considered office visits.

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