

# Experience health care designed with you in mind

You deserve high-quality care for your total health, whatever you need – from routine checkups to complex treatments to mental wellness support.

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.



Discover how we can help you stay healthy and doing what you love at **kp.org/learnthebasics**.



# Go where you feel like your best self

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 2025

- The open enrollment period for 2025 coverage runs from November 1, 2024, through January 15, 2025.
- 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, 2025, we must receive your Application for health coverage no later than December 15, 2024.

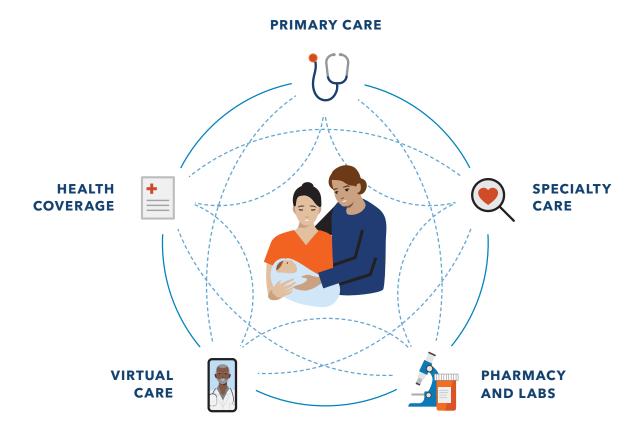
## **Enrolling during a special enrollment period**

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

#### Want to talk? We're here to help.

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





## A different kind of care

Your health care should make your life easier – with doctors, hospitals, and health plan benefits that are all connected and focused on providing you with exceptional care.

#### With Kaiser Permanente, you get

Personalized care from 24/7 access to care Predictable costs and high-quality specialists wherever you are less paperwork

Members stay with Kaiser Permanente nearly 3 times as long as other health plans.<sup>1</sup>

## Care that's **personalized**

#### For the you who deserves to be seen and heard

You need a doctor who understands you. Someone who'll learn your lifestyle, health risks, and goals. At Kaiser Permanente, you typically don't have to repeat yourself every time you visit the doctor. Your care team has access to your entire Kaiser Permanente medical history through your electronic health record, so they know you and your story.

You can also change your doctor anytime and choose from many clinicians who speak more than one language, so it's easy to find the perfect match for you.

From seeing the doctor to getting lab work, I knew 77 exactly where to go and the flow was seamless.

- Kaiser Permanente member



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

Your care team helps guide you through appointments and referrals.

is available to you and your care team 24/7.

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

## Care that's world class

#### For the you who expects high quality

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



Explore high-quality care options for every health need at **buykp.org**.

#### We're a national leader in outcomes

We are one of the national leaders in outcomes for conditions like cancer and heart disease, and we're among the top-rated health plans in every state we serve. 4,5,6,7,8



#### Kaiser Permanente members are

33% more likely to **survive** heart disease<sup>7</sup>

52% more likely to survive colorectal cancer<sup>8</sup>

20% less likely to die early of cancer<sup>7</sup>



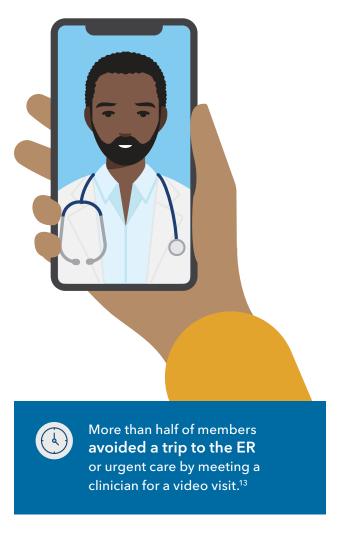
#### Recognized for excellence

- Number one on Insure.com's 2024 Best Health Insurance Companies list<sup>9</sup>
- Highest-performing 2023 commercial plan in Colorado by NCQA for 36 of approximately 150 effectiveness-of-care measures<sup>10</sup>
- 332 Kaiser Permanente physicians named Top Doctors by 5280 magazine in 2024
- Best Health Care Insurer in ColoradoBiz magazine's 2024 Best Of issue<sup>11</sup>

## Care that's convenient

#### For the you with a busy schedule

Visit **kp.org** or use our app to make a routine same-day or next-day appointment, or talk to a clinician 24/7 by phone or video.<sup>12</sup> No matter how you connect, you'll always speak with a medical professional who can see your Kaiser Permanente health history and pick up where you left off.



#### Your health at your fingertips

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

#### Do more in one visit

Many of our 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.



**Urgent care at home:** Members who live in the Denver/Boulder area can get in-home urgent care from DispatchHealth.

## Care you can count on

#### For the you who wants dependable service

You should always have the right care – when and where you need it. Choose the Kaiser Permanente doctors and locations that work best for you, and know your care team is connected to a national network of specialists and services.

## At Kaiser Permanente, most members say they get primary care appointments as soon as they expect – or sooner.<sup>14</sup>

You can get timely, convenient service with:



More primary care appointments



24/7 virtual care



Quick lab results



A large clinician network



See how to get care that meets you where you are at **kp.org/connectedtocare**.



## Mail-order pharmacy

- Easy refills online, in person, or over the phone
- Most are same-day pickup
- Most prescriptions delivered to your front door<sup>15</sup>
- Same-day or next-day home delivery available for an additional fee<sup>15</sup>



## Care while traveling

- Help with vaccinations, prescription refills, and more
- Urgent and emergency care worldwide – not just at Kaiser Permanente facilities

#### 24/7 virtual care

You're covered for 24/7 virtual care anywhere in the U.S. Talk to a clinician anytime over video or phone for quality care when you need it – no appointment needed.<sup>12</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. You don't need a referral for routine mental health services at Kaiser Permanente or a contracted provider. Share your concerns with anyone on your care team at any time, and they can connect you to the support you need.

- Individual or group therapy
- Health classes<sup>16</sup>
- Medication
- Self-care resources
- Mental wellness apps<sup>17</sup>

Not sure where to start? Talk to your personal doctor about your concerns or call us to talk with our mental health team.



#### Resources for your everyday wellness

Take advantage of classes, services, and programs to help you achieve your health goals.<sup>18</sup>

- Acupuncture, massage therapy, and chiropractic care
- Healthy lifestyle programs<sup>18</sup>
- Wellness coaching<sup>18</sup>



#### Enjoy special deals

on fitness programs, gym memberships, and online resources.

## 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>19</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.
- 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.

With all our plans, 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 plans vary by participating affiliated providers, <sup>20</sup> hospitals, and urgent and emergency care locations. <sup>21</sup>

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

| Denver/<br>Boulder                       | Northern<br>Colorado<br>& Pueblo | Colorado<br>Springs<br>area      |
|--|----------------------------------|----------------------------------|
| • KP CO • KP Select CO • Colorado Option | • KP CO<br>• Colorado<br>Option  | • KP Select CO • Colorado Option |

For information about doctors and locations in your area, go to **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>22</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<br>Copay (no deductible)        | \$25                 | 40%                     | \$15*                     |
| KP CO Silver 5500/25 X (\$5,500 deductible)        | \$25                 | 40% after<br>deductible | \$25*                     |
| KP CO Bronze 6500/35%/<br>HSA (\$6,500 deductible) | 35% after deductible | 35% after<br>deductible | \$35 after<br>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.



<sup>\*</sup>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. Review the diagram below to help you understand how to read those charts.

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

|  | KP E  |  |
|--|---|--|
| Benefit highlights   | KP CO Silver 2200/25<br>KP Select CO Silver 2200/25<br>KP CO Silver 2200/25 X<br>KP Select CO Silver 2200/25 X  |  |
| Plan type  | Deductible  |  |
| Annual medical deductible<br>(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<br>Center/35% after deductible Outpatient<br>Department of hospital   |  |
| Mental health visit  | \$25  |  |
| Inpatient hospital care  |   |  |
| Room and board, surgery, anesthesia, X-rays,<br>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. |  |

<sup>\*</sup>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.

Offered through Kaiser Permanente

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 \$2,200 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.

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.

|   | KP E   | KP E   | KP E  |
|---|--|--|---|
| Benefit highlights  | KP CO Bronze 8500/50<br>KP Select CO Bronze 8500/50  | KP CO Bronze 7500/60 RX Copay<br>KP Select CO<br>Bronze 7500/60 RX Copay   | KP Colorado Option Bronze   |
| Plan type   | Deductible   | Deductible   | Deductible  |
| Annual medical deductible<br>(individual/family)  | \$8,500/\$17,000   | \$7,500/\$15,000   | \$7,500/\$15,000  |
| Annual out-of-pocket maximum<br>(individual/family)                                       | \$9,200/\$18,400   | \$9,200/\$18,400   | \$9,200/\$18,400  |
| Benefits  |  |  |   |
| Virtual care  |  |  |   |
| Chat, Email, E-visit, Phone, and Video visit  | No charge  | No charge  | No charge   |
| Preventive care   |  |  |   |
| Routine physical exam, mammograms, etc.   | No charge  | No charge  | No charge   |
| Outpatient services (per visit or procedure)  |  |  |   |
| Primary care office visit   | First 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<br>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  |
| Nost 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<br>Center/50% after deductible<br>Outpatient Department of hospital  | 40% after deductible Ambulatory Surgery<br>Center/50% after deductible Outpatient<br>Department of hospital  | 50% after deductible  |
| Mental health visit   | No charge after deductible   | No charge  | No charge   |
| npatient hospital care  |  |  |   |
| Room and board, surgery, anesthesia, X-rays,<br>ab tests, medications, mental health care | 50% after deductible   | 45% after deductible   | 50% after deductible  |
| Maternity   |  |  |   |
| Routine prenatal care visit,<br>irst 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  |
| mergency and urgent care  |  |  |   |
| mergency department visit   | 50% after deductible   | 45% after deductible   | 50% after deductible  |
| Jrgent care visit   | First visit \$150; additional visits 50% after deductible  | First 2 visits \$150;<br>additional visits 45% after deductible  | 50% after deductible  |
| Prescription drugs (up to a 30-day supply)  |  |  |   |
| Generic   | \$30*  | \$35*  | \$30*   |
| Preferred brand   | 50% after deductible   | \$250*   | \$200*  |
| Non-preferred brand   | 50% after deductible   | \$450*   | \$350*  |
| pecialty  | 50% after deductible   | \$750*   | \$700*  |
| Whole health  |  |  |   |
| Healthy services  | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirmin<br>health services are included in your plan.<br>For more healthy offerings, visit |

<sup>\*</sup>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.org/healthyliving

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.org/healthyliving

kp.org/healthyliving.

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.

|   | KP E   | KP E   | KP   |
|---|--|--|--|
| Benefit highlights  | KP CO Bronze 6500/50<br>KP Select CO Bronze 6500/50  | KP CO Bronze 6500/35%/HSA<br>KP Select CO Bronze 6500/35%/HSA  | KP CO Silver 5500/25 X<br>KP Select CO Silver 5500/25 X  |
| Plan type   | Deductible   | HSA-qualified  | Deductible   |
| Annual medical deductible<br>(individual/family)  | \$6,500/\$13,000   | \$6,500/\$13,000   | \$5,500/\$11,000   |
| Annual out-of-pocket maximum<br>(individual/family)                                       | \$9,200/\$18,400   | \$7,500/\$15,000   | \$9,200/\$18,400   |
| 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   | \$25   |
| Specialty care office visit   | 40% after deductible   | 35% after deductible   | \$70   |
| 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<br>Surgery Center/40% after deductible<br>Outpatient Department of hospital  | 25% after deductible Ambulatory<br>Surgery Center/35% after deductible<br>Outpatient Department of hospital  | 30% after deductible Ambulatory<br>Surgery Center/40% after deductible<br>Outpatient Department of hospital  |
| Mental health visit   | No charge after deductible   | 35% after deductible   | \$25   |
| npatient hospital care  |  |  |  |
| Room and board, surgery, anesthesia, X-rays,<br>ab tests, medications, mental health care | 40% after deductible   | 35% after deductible   | 40% after deductible   |
| Maternity   |  |  |  |
| Routine prenatal care visit,<br>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<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit | Mental health wellness exam, chiropracti<br>and acupuncture visits, and gender-affirmi<br>health services are included in your plan<br>For more healthy offerings, visit |

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

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kp.org/healthyliving.

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KP E

|   | KP E  | KP E  | KP E  |
|---|---|---|---|
| Benefit highlights  | KP CO Silver 4000/25<br>KP Select CO Silver 4000/25<br>KP CO Silver 4000/25 X<br>KP Select CO Silver 4000/25 X  | KP Colorado Option Silver<br>KP Colorado Option Silver X  | KP CO Silver 4500/30 RX Copay<br>KP Select CO Silver 4500/30 RX Copay<br>KP CO Silver 4500/30 RX Copay X<br>KP Select CO Silver 4500/30 RX Copay X  |
| Plan type   | Deductible  | Deductible  | Deductible  |
| Annual medical deductible (individual/family)   | \$4,000/\$8,000   | \$4,000/\$8,000   | \$4,500/\$9,000   |
| Annual out-of-pocket maximum (individual/family)  | \$8,500/\$17,000  | \$9,000/\$18,000  | \$9,200/\$18,400  |
| Benefits  |   |   |   |
| Virtual care  |   |   |   |
| Chat, Email, E-visit, Phone, and Video visit  | No charge   | No charge   | No charge   |
| Preventive care   |   |   |   |
| Routine physical exam, mammograms, etc.   | No charge   | No charge   | No charge   |
| Outpatient services (per visit or procedure)  |   |   |   |
| Primary care office visit   | \$25  | 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<br>Surgery Center/40% after deductible<br>Outpatient Department of hospital   | 40% after deductible  | 30% after deductible Ambulatory<br>Surgery Center/40% after deductible<br>Outpatient Department of hospital   |
| Mental health visit   | \$25  | No charge   | \$30  |
| Inpatient hospital care   |   |   |   |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 40% after deductible  | 40% after deductible  | 40% after deductible  |
| Maternity   |   |   |   |
| 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  |
| Emergency and urgent care   |   |   |   |
| Emergency department visit  | 40% after deductible  | 40% after deductible  | 40% after deductible  |
| Urgent care visit   | \$100   | \$80  | \$100   |
| Prescription drugs (up to a 30-day supply)  |   |   |   |
| Generic   | \$15*   | \$20*   | \$25*   |
| Preferred brand   | \$80*   | \$125*  | \$100*  |
| Non-preferred brand   | 40% after deductible  | \$300*  | \$400*  |
| Specialty   | 40% after deductible  | \$650*  | \$700*  |
| Whole health  |   |   |   |
| Healthy services  | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit<br>kp.org/healthyliving. | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit<br>kp.org/healthyliving. | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit<br>kp.org/healthyliving. |

<sup>\*</sup>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.

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on connectforhealthco.com. Offered through the health benefit exchange,

Connect for Health Colorado

|  | KP E  | KP E  | KP E   |
|--|---|---|--|
| Benefit highlights   | 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   | KP CO Silver 2200/25<br>KP Select CO Silver 2200/25<br>KP CO Silver 2200/25 X<br>KP Select CO Silver 2200/25 X  | KP CO Gold 2000/20<br>KP Select CO Gold 2000/20  |
| Plan type  | HSA-qualified   | Deductible  | Deductible   |
| Annual medical deductible<br>individual/family)  | \$3,700/\$7,400   | \$2,200/\$4,400   | \$2,000/\$4,000  |
| Annual out-of-pocket maximum<br>individual/family)                                       | \$7,000/\$14,000  | \$8,800/\$17,600  | \$8,500/\$17,000   |
| 3enefits   |   |   |  |
| /irtual care   |   |   |  |
| hat, Email, E-visit, Phone, and Video visit  | No charge after deductible  | No charge   | No charge  |
| reventive care   |   |   |  |
| outine physical exam, mammograms, etc.   | No charge   | No charge   | No charge  |
| Outpatient services (per visit or procedure)   |   |   |  |
| rimary care office visit   | 20% after deductible  | \$25  | \$20   |
| pecialty 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   |
| NRI, CT, PET   | 20% after deductible  | \$500   | 30% after deductible   |
| Outpatient surgery   | 10% after deductible Ambulatory<br>Surgery Center/20% after deductible<br>Outpatient Department of hospital   | 25% after deductible Ambulatory<br>Surgery Center/35% after deductible<br>Outpatient Department of hospital   | 20% after deductible Ambulatory<br>Surgery Center/30% after deductible<br>Outpatient Department of hospital  |
| Mental health visit  | 20% after deductible  | \$25  | \$20   |
| npatient hospital care   |   |   |  |
| oom and board, surgery, anesthesia, X-rays,<br>ab tests, medications, mental health care | 20% after deductible  | 35% after deductible  | 30% after deductible   |
| Maternity  |   |   |  |
| loutine prenatal care visit,<br>irst 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   |
| mergency and urgent care   |   |   |  |
| mergency department visit  | 20% after deductible  | 35% after deductible  | 30% after deductible   |
| rgent care visit   | 20% after deductible  | \$100   | \$75   |
| rescription drugs (up to a 30-day supply)  |   |   |  |
| eneric   | \$15 after deductible*  | \$20*   | \$5*   |
| referred brand   | \$85 after deductible*  | \$85 after \$1,000 pharmacy deductible*   | \$40 after \$195 pharmacy deductible*  |
| lon-preferred brand  | 20% after deductible  | 35% after \$1,000 pharmacy deductible   | 30% after \$195 pharmacy deductible  |
| pecialty   | 20% after deductible  | 35% after \$1,000 pharmacy deductible   | 30% after \$195 pharmacy deductible  |
| Vhole health   |   |   |  |
| Healthy services   | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit<br>kp.org/healthyliving. | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit<br>kp.org/healthyliving. | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirmin<br>health services are included in your plan.<br>For more healthy offerings, visit<br>kp.org/healthyliving. |

<sup>\*</sup>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

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.

| Connect for Health Color  | KP E  | KP E   | KP E   | KP E   |
|---|---|--|--|--|
| Benefit highlights  | KP Colorado Option Gold   | KP CO Gold 1500/20<br>KP Select CO Gold 1500/20  | KP CO Gold 0/25 RX Copay<br>KP Select CO<br>Gold 0/25 RX Copay   | KP CO Catastrophic** KP Select CO Catastrophic**   |
| Plan type   | Deductible  | Deductible   | Copayment  | Deductible   |
| Annual medical deductible (individual/family)   | \$1,875/\$3,750   | \$1,500/\$3,000  | None/None  | \$9,200/\$18,400   |
| Annual out-of-pocket maximum (individual/family)  | \$8,700/\$17,400  | \$8,500/\$17,000   | \$7,500/\$15,000   | \$9,200/\$18,400   |
| Benefits  |   |  |  |  |
| Virtual care  |   |  |  |  |
| Chat, Email, E-visit, Phone, and Video visit  | No charge   | No charge  | No charge  | No charge after deductible   |
| Preventive care   |   |  |  |  |
| Routine physical exam, mammograms, etc.   | No charge   | No charge  | No charge  | No charge  |
| Outpatient services (per visit or procedure)  |   |  |  |  |
| Primary care office visit   | 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<br>Surgery Center/25% after deductible<br>Outpatient Department of hospital  | 30% Ambulatory Surgery Center/40%<br>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 kp.org/healthyliving. | Mental health wellness exam,<br>chiropractic and acupuncture visits,<br>and gender-affirming health<br>services are included in your plan.<br>For more healthy offerings,<br>visit kp.org/healthyliving. | Mental health wellness exam,<br>chiropractic and acupuncture visits,<br>and gender-affirming health<br>services are included in your plan.<br>For more healthy offerings,<br>visit kp.org/healthyliving. | Mental health wellness exam,<br>chiropractic and acupuncture visits,<br>and gender affirming health<br>services are included in your plan.<br>For more healthy offerings,<br>visit kp.org/healthyliving. |

<sup>\*</sup>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.

<sup>\*\*</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  $exemption, please\ go\ to\ market place.cms.gov/applications- and-forms/hardship-exemption.pdf\ and\ follow\ the\ instructions.$ 

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.

|   | Е   | E   | E   |
|---|---|---|---|
| Benefit highlights  | KP CO<br>Silver 3000/20/73% CSR<br>KP Select CO<br>Silver 3000/20/73% CSR   | KP CO<br>Silver 75/10/94% CSR<br>KP Select CO<br>Silver 75/10/94% CSR   | KP Colorado<br>Option Silver 73% AV   |
| Plan type   | Deductible  | Deductible  | Deductible  |
| Annual medical deductible (individual/family)   | \$3,000/\$6,000   | \$75/\$150  | \$2,600/\$5,200   |
| Annual out-of-pocket maximum (individual/family)  | \$7,250/\$14,500  | \$2,200/\$4,400   | \$7,350/\$14,700  |
| 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  | \$10  | No charge   |
| Specialty care office visit   | \$75  | \$20  | \$80  |
| Most X-rays   | 35% after deductible  | 10% after deductible  | 40% after deductible  |
| Most lab tests  | 35% after deductible  | 10% after deductible  | 40% after deductible  |
| MRI, CT, PET  | 35% after deductible  | 10% after deductible  | 40% after deductible  |
| Outpatient surgery  | 25% after deductible Ambulatory Surgery<br>Center/35% after deductible Outpatient<br>Department of hospital   | 10% after deductible  | 40% after deductible  |
| Mental health visit   | \$20  | \$10  | No charge   |
| Inpatient hospital care   |   |   |   |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 35% after deductible  | 10% after deductible  | 40% after deductible  |
| Maternity   |   |   |   |
| Routine prenatal care visit, first postpartum visit                                     | 35% after deductible  | 10% after deductible  | No charge   |
| Delivery and inpatient well-baby care   | 35% after deductible  | 10% after deductible  | 40% after deductible  |
| Emergency and urgent care   |   |   |   |
| Emergency department visit  | 35% after deductible  | 10% after deductible  | 40% after deductible  |
| Urgent care visit   | \$100   | \$50  | \$80  |
| Prescription drugs (up to a 30-day supply)  |   |   |   |
| Generic   | \$15*   | \$5*  | \$20*   |
| Preferred brand   | \$60*   | \$10*   | \$125*  |
| Non-preferred brand   | 35% after deductible  | 10%   | \$300*  |
| Specialty   | 35% after deductible  | 10%   | \$600*  |
| 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. | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit<br>kp.org/healthyliving. | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit<br>kp.org/healthyliving. |

<sup>\*</sup>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.

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.

|   | E   | E   | E  |
|---|---|---|--|
| Benefit highlights  | KP Colorado<br>Option Silver 94% AV   | KP CO<br>Silver 4000/30 RX Copay 73% CSR<br>KP Select CO<br>Silver 4000/30 RX Copay 73% CSR   | KP CO<br>Silver 50/5 RX Copay 94% CSR<br>KP Select CO<br>Silver 50/5 RX Copay 94% CSR  |
| Plan type   | Deductible  | Deductible  | Deductible   |
| Annual medical deductible<br>(individual/family)  | \$100/\$200   | \$4,000/\$8,000   | \$50/\$100   |
| Annual out-of-pocket maximum<br>(individual/family)                                       | \$1,225/\$2,450   | \$7,350/\$14,700  | \$2,500/\$5,000  |
| 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   | No charge   | \$30  | \$5  |
| Specialty care office visit   | \$40  | \$90  | \$10   |
| Most X-rays   | 20% after deductible  | 40% after deductible  | 10% after deductible   |
| Most lab tests  | 20% after deductible  | 40% after deductible  | 10% after deductible   |
| MRI, CT, PET  | 20% after deductible  | 40% after deductible  | 10% after deductible   |
| Outpatient surgery  | 20% after deductible  | 30% after deductible Ambulatory Surgery<br>Center/40% after deductible Outpatient<br>Department of hospital   | 10% after deductible   |
| Mental health visit   | No charge   | \$30  | No charge  |
| npatient hospital care  |   |   |  |
| Room and board, surgery, anesthesia, X-rays,<br>ab tests, medications, mental health care | 20% after deductible  | 40% after deductible  | 10% after deductible   |
| Maternity   |   |   |  |
| Routine prenatal care visit,<br>first postpartum visit                                    | No charge   | 40% after deductible  | 10% after deductible   |
| Delivery and inpatient well-baby care   | 20% after deductible  | 40% after deductible  | 10% after deductible   |
| mergency and urgent care  |   |   |  |
| mergency department visit   | 20% after deductible  | 40% after deductible  | 10% after deductible   |
| Jrgent care visit   | \$40  | \$100   | \$50   |
| Prescription drugs (up to a 30-day supply)  |   |   |  |
| Generic   | No charge   | \$25*   | \$5*   |
| Preferred brand   | \$20*   | \$100*  | \$10*  |
| Non-preferred brand   | \$40*   | \$400*  | \$150*   |
| Specialty   | \$60*   | \$600*  | \$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. | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirming<br>health services are included in your plan.<br>For more healthy offerings, visit<br>kp.org/healthyliving. | Mental health wellness exam, chiropractic<br>and acupuncture visits, and gender-affirmir<br>health services are included in your plan.<br>For more healthy offerings, visit<br>kp.org/healthyliving. |

<sup>\*</sup>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.

**Cost Share Reduction (CSR) Plans** – You must qualify for and enroll in the CSR plans on this page through connectforhealthco.com.

|   | E   | E  | Е   | E   |
|---|---|--|---|---|
| Benefit highlights  | KP CO<br>Silver 2900/20%/73% CSR<br>KP Select CO<br>Silver 2900/20%/73% CSR   | KP CO<br>Silver 200/5%/94% CSR<br>KP Select CO<br>Silver 200/5%/94% CSR  | KP CO<br>Silver 2200/25/73% CSR<br>KP Select CO<br>Silver 2200/25/73% CSR   | KP CO<br>Silver 50/5/94% CSR<br>KP Select CO<br>Silver 50/5/94% CSR   |
| Plan type   | Deductible  | Deductible   | Deductible  | Deductible  |
| Annual medical deductible (individual/family)   | \$2,900/\$5,800   | \$200/\$400  | \$2,200/\$4,400   | \$50/\$100  |
| Annual out-of-pocket maximum (individual/family)  | \$6,000/\$12,000  | \$2,600/\$5,200  | \$7,100/\$14,200  | \$2,250/\$4,500   |
| Benefits  |   |  |   |   |
| Virtual care  |   |  |   |   |
| Chat, Email, E-visit, Phone, and Video visit  | No charge   | 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   | 20% after deductible  | 5% after deductible  | \$25  | \$5   |
| Specialty care office visit   | 20% after deductible  | 5% after deductible  | \$50  | \$15  |
| Most X-rays   | 20% after deductible  | 5% after deductible  | 35% after deductible  | 10% after deductible  |
| Most lab tests  | 20% after deductible  | 5% after deductible  | \$30  | \$5   |
| MRI, CT, PET  | 20% after deductible  | 5% after deductible  | \$500   | \$25  |
| Outpatient surgery  | 10% after deductible Ambulatory<br>Surgery Center/20% after<br>deductible Outpatient<br>Department of hospital  | 5% after deductible  | 25% after deductible Ambulatory<br>Surgery Center/35% after<br>deductible Outpatient<br>Department of hospital  | 10% after deductible  |
| Mental health visit   | 20% after deductible  | 5% after deductible  | \$25  | \$5   |
| Inpatient hospital care   |   |  |   |   |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care | 20% after deductible  | 5% after deductible  | 35% after deductible  | 10% after deductible  |
| Maternity   |   |  |   |   |
| Routine prenatal care visit, first postpartum visit                                     | 20% after deductible  | 5% after deductible  | 35% after deductible  | 10% after deductible  |
| Delivery and inpatient well-baby care   | 20% after deductible  | 5% after deductible  | 35% after deductible  | 10% after deductible  |
| Emergency and urgent care   |   |  |   |   |
| Emergency department visit  | 20% after deductible  | 5% after deductible  | 35% after deductible  | 10% after deductible  |
| Urgent care visit   | 20% after deductible  | 5% after deductible  | \$100   | \$50  |
| Prescription drugs (up to a 30-day supply)  |   |  |   |   |
| Generic   | \$15 after deductible*  | \$5 after deductible*  | \$20*   | \$5*  |
| Preferred brand   | \$60 after deductible*  | \$10 after deductible*   | \$85 after \$875<br>pharmacy deductible*  | \$10*   |
| Non-preferred brand   | 20% after deductible  | 5% after deductible  | 35% after \$875<br>pharmacy deductible  | 10%   |
| Specialty   | 20% after deductible  | 5% after deductible  | 35% after \$875<br>pharmacy deductible  | 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. | Mental health wellness exam,<br>chiropractic and acupuncture<br>visits, and gender-affirming health<br>services are included in your plan.<br>For more healthy offerings, visit<br>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. | 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. |

<sup>\*</sup>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.

## Find your rate



Apply on buykp.org 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 or call us at 1-800-494-5314 (TTY 711) to see if you may qualify.
- If you use tobacco

#### Interested in a family plan?

Find the rate for each family member, based on their 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** (TTY **711**) 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<sup>TM</sup> providers.

#### Important to note

Children must see a Delta Dental PPO dentist for care. Services provided by dentists outside of the PPO network are not covered.

Kaiser Permanente individual and family health plans do not include dental benefits for adults 19 and older. If you want adult dental benefits, you may purchase separate adult dental benefits from Connect for Health Colorado or another health insurance carrier. The Kaiser Permanente Catastrophic plan does not include pediatric dental benefits.

#### Finding a dentist

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

- Website: Visit deltadentalco.com and use the Find a Dentist search tool. Search by city, state, or ZIP code for a listing in your area. Make sure the dentist information says "This provider participates in: Delta Dental PPO."
- Email: Contact us at customer\_service@ddpco.com
- Mobile app: With Delta Dental's free mobile app for Android and iOS, you can search for dentists, download an ID card, and look at benefits coverage and claims.
- Phone: Call Delta Dental of Colorado at 1-800-610-0201. You can speak with a customer service agent Monday through Friday, 7:30 a.m. to 5 p.m., or get automated assistance 24/7.

#### **Benefits**

Dental benefits are for covered children up through the month they turn 19. Coverage is listed under the child's name.

| Features  |                                |
|---|--------------------------------|
| Deductible*   | \$50 (applies to all services) |
| Annual maximum  | None                           |
| Covered services  |                                |
| Diagnostic & preventive services                        |                                |
| Oral exams & cleanings, limited to 2 per calendar year  |                                |
| Fluoride treatments, limited to 2 per calendar year     |                                |
| Sealants, 1 per tooth per year                          |                                |
| Bitewing X-rays, 1 set per calendar year                | 1000/ - {                      |
| Intraoral X-rays, 2 per calendar year                   | 100% after deductible is met*  |
| 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  |                                |
| Oral surgery  | 50% after deductible is met*   |
| Endodontics   |                                |
| Major services (limited to 1 major procedure per year)  |                                |
| Crowns  | 50% after deductible is met*   |

<sup>\*</sup>Dental deductible does not apply to Native Americans or Native Alaskans.

### Care that's accessible

#### For the you who needs choices

#### Colorado medical facilities

| 29 | Kaiser Permanente medical offices        |             |
|----|--|-------------|
| 41 | Urgent care facilities                   |             |
| 35 | Emergency care facilities                |             |
| 6  | Behavioral health offices                |             |
| 9  | Affiliated providers with extended hours | <b>♦</b>    |
| 25 | Affiliated hospital/inpatient care       | $\triangle$ |

There are **1,200+** Kaiser Permanente physicians and **21,000+** affiliated plan providers at locations across Colorado. Choice of providers varies by plan, service area, and availability, and is subject to change. Provider and location information is current at the time of publication and is subject to change.

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**. Affiliated plan facilities provide selected inpatient and/ or outpatient hospital and emergency services.

Frisco

Dillon



**Fort Collins** 

Loveland

2

Longmont

Westminster

**Broomfield** 

**Berthoud** 

Lafayette

Wheat Ridge

Lakewood

**Estes Park** 

**Boulder** 

70

Windsor

**Johnstown** 

**Thornton** 

2

Denver

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Northglenn

**Brighton** 

Greeley

Aurora

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2 (2)

**Parker** 

Falcon

2

2 2

76)

#### 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

#### 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

3670 Parker Blvd., Suite 200 Pueblo, CO 81008

#### Coming soon: More ways to get care

Building on our more than 50-year history of caring for members in Colorado, we're constructing state-of-the art medical offices in Lakewood, Parker, and Pueblo North. Visit **kp.org/co-newbuilds** to learn more.

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

With Kaiser Permanente, our trusted care teams coordinate and personalize your care – so you can spend more time doing what you love.



1. Kaiser Permanente internal data, 2020; Hanming Fang, PhD, et al., "Trends in Disenrollment and Reenrollment Within US Commercial Health Insurance Plans, 2006-2018," JAMA Network, February 24, 2022. 2. Affiliated providers may or may not have access to your Kaiser Permanente electronic health records. 3. These services are available when you see Kaiser Permanente providers. 4. Kaiser Permanente 2023 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 2023 and is used with the permission of NCQA. Quality Compass 2023 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. 5. 2022 Annual Report, Kaiser Permanente, about. kaiserpermanente.org/who-we-are/annual-reports/2022-annual-report. 6. NCQA's Private Health Insurance Plan Ratings 2023-2024, National Committee for Quality Assurance, 2023: 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). 7. Elizabeth A. McGlynn, PhD, et al., "Measuring Premature Mortality Among Kaiser Permanente Members Compared to the Community," Kaiser Permanente, July 20, 2022. 8. Theodore R. Levin, MD, et al., "Effects of Organized Colorectal Cancer Screening on Cancer Incidence and Mortality in a Large, Community-Based Population, "Gastroenterology, November 2018. 9. "Best Health Insurance Companies For 2024," Insure.com, March 6, 2024. 10. Kaiser Permanente 2023 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 2023 and is used with the permission of NCQA. Quality Compass 2023 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. 11. Best of Colorado 2024, Colorado Biz magazine, July 2024, pages 32-24. 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. Video and phone services are offered at no additional cost for most of our health plans. With some high-deductible plans, a copay, coinsurance, or deductible must be met first before these services are provided at no additional cost. 13. Kaiser Permanente GCN Post-Visit Survey of 60,945 members, 2023. 14. Kaiser Permanente National Market Research, November 2023. 15. Not all prescriptions can be mailed, restrictions may apply. Please check with your local pharmacy. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescription delivery. 16. Some classes may require a fee. 17. 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. 18. 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. 19. Available in select counties. 20. 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. 21. 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. 22. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at irs.gov.

#### 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.

#### **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**).

**አጣርኛ (Amharic) ጣስታወሻ:** የሚናንሩት ቋንቋ ኣጣርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊ*ያ*ባዝዎት ተዘ*ጋ*ጀተዋል፡ 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 9700-632-630 (711 TTY).

Bǎsɔɔ̀ Wùdù (Bassa) Dè dε nìà kε dyédé gbo: Ͻ jǔ ké m̀ Bàsɔʻò-wùdù-po-nyò jǔ ní, nìí, à wudu kà kò dò po-poɔ̀ bɛ̀ìn 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 800-632-9700 1 TTY) تماس بگیرید.

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

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

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

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

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

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

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

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

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

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

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

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

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

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