together in good health
see how easy healthy can be
## Making good health easier

Experience the Kaiser Permanente difference

<table>
<thead>
<tr>
<th>The experience …</th>
<th>Without Kaiser Permanente</th>
<th>With Kaiser Permanente*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choosing your doctor</td>
<td>All you know is that your doctor accepts your insurance.</td>
<td>You can search our doctor profiles on kp.org and choose the one who’s right for you. You can even change your doctor anytime.</td>
</tr>
<tr>
<td>Getting care in your language</td>
<td>Some health plans have few multilingual doctors.</td>
<td>We have multilingual doctors and staff, and we offer interpretation services by phone in 140+ languages.</td>
</tr>
<tr>
<td>Choosing how you get care</td>
<td>Even for minor concerns, you usually make an appointment, drive to the doctor’s office, and sit in the waiting room.</td>
<td>For minor concerns, you can request a phone appointment or email your doctor’s office with routine questions.</td>
</tr>
<tr>
<td>Calling for advice</td>
<td>When your child has a late-night fever, there’s often no medical advice available.</td>
<td>Specially trained Kaiser Permanente nurses can offer medical advice by phone, 24/7.</td>
</tr>
<tr>
<td>Making an appointment</td>
<td>Calling and waiting to schedule an appointment can take forever.</td>
<td>You can schedule routine appointments from your computer or mobile device – anytime, anywhere.</td>
</tr>
<tr>
<td>Seeing your doctor</td>
<td>Your doctor may need to flip through your files, hunting for details and looking for answers you’ve already given.</td>
<td>Your doctor has your medical history and prescriptions right at his or her fingertips through your electronic health record.</td>
</tr>
<tr>
<td>Remembering what your doctor said</td>
<td>Take lots of notes during your visit or trust your memory later.</td>
<td>You can view your past visit summaries and most lab test results online, whenever you want.</td>
</tr>
</tbody>
</table>

*These features are available when you get care at Kaiser Permanente facilities.
The right choice for your health

Welcome to your Kaiser Permanente for Individuals and Families enrollment guide. This guide will help you select the right health plan for your needs. Read on to learn why Kaiser Permanente is the best choice.

How to use this guide

Here are some questions you may have, and where you can find the answers in this guide.

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Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
Your health. Your way.

Kaiser Permanente makes it easier for you to stay in charge of your health. It’s simple to make smart choices when you have great doctors and convenient facilities.

Choose and change your doctor

At Kaiser Permanente, we know how important it is to find a doctor who matches your specific needs. Even if you don’t need to see your doctor right away, having a doctor you connect with is an important part of taking care of your health.

To help you make the decision that’s right for you, you can browse our online doctor profiles where you can find information related to education, credentials, and specialties, as well as our doctors’ interest areas and if they are accepting new patients.

You can also change your doctor at any time, for any reason.

Care under one roof

Save time and avoid driving all over town for care.

- You’ll have many locations to choose from, and most of them offer multiple services under one roof.
- You can see your doctor, get a lab test or an X-ray, and pick up your medications—all without leaving the building.

Locations near you

To find the location closest to your home, school, or office, visit buykp.org/facilities or turn to page 19 for a map of our locations.

Getting care away from home

Travel freely knowing that we’re committed to helping you take healthy trips away from home. At Kaiser Permanente, we’re available to help you understand what your health plan covers and how to get care before, during, and after your trip. Learn more at kp.org/travel.

It’s easy to stay connected

As a Kaiser Permanente member, kp.org is your online gateway to great health. When you register on kp.org, you can securely access many time-saving tools and beneficial resources to help you manage your health and keep you feeling great.

- View most lab results.
- Refill most prescriptions.
- Email your doctor’s office with nonurgent questions.
- Schedule and cancel routine appointments.
- Print vaccination records for school, sports, and camp.
- Manage a family member’s health.

These features are available when you get care at Kaiser Permanente facilities.

For a guided tour of My Health Manager, visit kp.org/myhealthmanagertour.

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Good health begins with prevention
Kaiser Permanente gives you lots of healthy extras that can help you learn different ways to live healthier.

Preventive care at no cost

No matter which Kaiser Permanente plan you choose, there’s no cost for preventive care services. These services can help you find health problems before they get serious, so you can treat them as soon as possible.

Here are some examples of preventive care services:
- Routine physical exams
- Well-child visits
- Well-woman visits
- Annual flu shots
- Routine lab tests
- Autism screenings
- Mammogram screenings
- Contraceptive care and counseling
- Breastfeeding support

For a complete list of our preventive care services, visit kp.org/prevention.

A website full of healthy ideas

Get informed and inspired on our award-winning website, kp.org.
- Take charge of your health with articles, wellness topics, health calculators, and preferred rates on complementary health and fitness programs.
- Sign up for online wellness programs that can help you lose weight, stay active, reduce stress, sleep better, stop smoking, and much more.
- Check out our music channels, podcasts, fitness videos, and recipes from world-class chefs.
- Visit kp.org/livehealthy to explore more new and inspiring ways to live well and thrive.

Learn something new

Fit wellness into your schedule, no matter how busy you are. With the many health classes offered at our facilities, there’s something for everyone. Try classes on yoga, eating well, baby care, ongoing health conditions, and much more. Classes vary by location and some may require a fee. Visit kp.org/classes for course listings in your area.

Learn more about the doctors available in your area at kp.org/searchdoctors.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
Why you need coverage

Health coverage is something you can’t afford to be without. Kaiser Permanente makes it easy for you to get great care and coverage.

Health care reform – what you should know

It’s now the law that most U.S. residents must have health coverage. If you go without it, you may have to pay a tax penalty to the federal government.

When you do your taxes for 2015, you’ll have to submit a form to show proof you had health coverage to avoid the penalty (or show proof that you aren’t required to have coverage because you qualify for an exemption).

Why choose Kaiser Permanente?

- All the plans you’ll see in this enrollment guide meet the standards of the new health care law, and offer the same basic services, such as doctor visits, hospital care, prescriptions, and preventive care at no cost.
- You can buy one of our plans from us or through the Health Insurance Marketplaces.

Health coverage – why you need it

Almost everyone gets sick or hurt, or needs medical help at some point. To get better, you usually need care—like seeing a doctor, staying in a hospital, or taking medication.

On top of that, health care helps keep you healthy. Preventive care—like mammograms and cholesterol tests—can help catch health problems early, when they’re easier to treat.

Health coverage helps you pay for all this care and protects you financially—much like the coverage people get to protect their car or home.

Without coverage, high medical bills can wipe out savings and even lead to personal bankruptcy.

Join our 4-star health plan today

We’re proud to be awarded the highest rating of 4 stars from Covered California because of our quality doctors, care, customer service, and access.* But we’re even happier knowing that we can help our members statewide be their healthiest.

*These scores are based on California data collected by the nationally recognized Consumer Assessment of Healthcare Providers and Systems (CAHPS). View the health plan ratings at http://hbex.coveredca.com/insurance-companies/ratings/.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
Important deadlines

There’s a deadline to apply for health care coverage, whether you apply during open enrollment or during a special enrollment period.

**Enrolling during the 2016 open enrollment period**

You may change or apply for 2016 coverage during the open enrollment period, which runs from **November 1, 2015, through January 31, 2016**. You can do so either through Covered California or through Kaiser Permanente.

<table>
<thead>
<tr>
<th>To start coverage on:</th>
<th>Your completed application and premium must be received by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 1, 2016</td>
<td>December 15, 2015</td>
</tr>
<tr>
<td>February 1, 2016</td>
<td>January 15, 2016</td>
</tr>
<tr>
<td>March 1, 2016</td>
<td>January 31, 2016</td>
</tr>
</tbody>
</table>

**Enrolling during a special enrollment period**

Outside of open enrollment, you may enroll or change your coverage if you experience what’s known as a triggering event. Examples of triggering events include getting married, having a baby, and losing coverage because you lost your job.

From the date of your triggering event, the special enrollment period generally lasts 60 days. That means you have 60 days to change or apply for coverage for you and/or your dependents.

If you know you are going to have a triggering event, you may be able to apply for new coverage ahead of time.

For more information, please refer to the Enrolling During a Special Enrollment Period guide. If you didn’t receive this guide, you can find it at [buykp.org/apply](http://buykp.org/apply), or you may call **1-800-494-5314** to request a copy.

Have questions? Call us at **1-800-494-5314**. • Go to [buykp.org/apply](http://buykp.org/apply). • Or contact your agent or broker.
Simple steps to enroll

1. Choose a plan
   You can cover your entire family under the same plan or separate plans.

2. Calculate your rate
   Use the rate calculator on page 17 to find out what your monthly rate would be
   for the plan you choose.

3. See if you’re eligible for federal financial assistance
   If you qualify, the federal government will pay any federal financial assistance to
   Kaiser Permanente on your behalf. Help may be available for monthly premiums or
   out-of-pocket costs, such as copays, coinsurance, or deductibles. See “You may
   qualify for federal financial assistance” on page 15 for more information.

4. Complete your application
   Complete an online application at buykp.org/apply or use a paper application.
   If you think you may qualify for federal financial assistance, we can help you apply
   through Covered California. Call us at 1-800-494-5314.

5. Select your payment method
   Payment for your first month’s coverage is required with your application. You can pay
   by check, money order, debit card, or credit card.

6. Sign the application
   If your application is missing any documentation, signatures, or other information, it may
   be canceled. If you are applying during a special enrollment period, be sure to include
   the Documentation of Triggering Event Form and your supporting documentation.

7. Submit the application with payment and all necessary documentation
   - Online: For the fastest response, enroll online today at buykp.org/apply. Or if you’re
     working with an agent or broker, use the personalized link he or she has provided.
   - Fax: 1-866-816-5139 (if paying by debit or credit card)
   - Mail: Kaiser Permanente, California Service Center – KPIF
     P.O. Box 23219
     San Diego, CA 92193-9921

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
Understanding health plans

We offer a variety of plans to fit your needs and budget. All of them offer the same quality care, but the way they split the costs between the member and the health plan is different. Learn more below.

Copay and coinsurance plans

Platinum, Gold

Copay and coinsurance plans are the simplest. You know in advance how much you will pay for things like doctor visits and prescriptions. Your monthly rate is higher, but you’ll pay much less when you actually get care.

Deductible plans

Silver, Bronze

With a deductible plan, your monthly rate is lower, but you’ll have to reach a deductible. This means you’ll pay the full charges for covered services until you reach a set amount known as your deductible. Then you’ll start paying less—just 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 meet your deductible.

HSA-qualified deductible plans

Silver, Bronze

HSA-qualified deductible plans are just like deductible plans, with one added benefit. 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, adult dental care, or chiropractic services.* 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.

*For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at irs.gov.
Choosing a plan based on your care needs

If you need a lot of care, you may want a plan with a higher monthly rate so that you pay less when you come in for care. If you don’t go to the doctor much, you may want a plan with a lower monthly rate, keeping in mind you’ll pay more if and when you do get care.

Monthly rate versus out-of-pocket costs

<table>
<thead>
<tr>
<th>Metal name</th>
<th>What you pay for your monthly rate</th>
<th>What you pay when you get care (Emergency Department visit, lab test, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platinum</td>
<td>$$$$</td>
<td>$</td>
</tr>
<tr>
<td>Gold</td>
<td>$$$</td>
<td>$$$</td>
</tr>
<tr>
<td>Silver</td>
<td>$ $</td>
<td>$$$</td>
</tr>
<tr>
<td>Bronze</td>
<td>$</td>
<td>$$$$</td>
</tr>
</tbody>
</table>

An example of costs when you get care

Let’s say you hurt your ankle. You visit your primary care doctor, who orders an X-ray. It’s just a sprain, so the doctor prescribes a generic pain medication. Here’s a sample of what you would pay out of pocket for these services with each type of health plan.

<table>
<thead>
<tr>
<th>Plan name</th>
<th>Office visit</th>
<th>X-ray</th>
<th>Generic drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP Gold 80 HMO Coinsurance (No deductible)</td>
<td>$35</td>
<td>$50</td>
<td>$15</td>
</tr>
<tr>
<td>KP Silver 70 HMO 1500/40 ($1,500 deductible)</td>
<td>$40</td>
<td>$40*</td>
<td>$20</td>
</tr>
<tr>
<td>KP Bronze 60 HSA HMO ($4,500 deductible)</td>
<td>40%*</td>
<td>40%*</td>
<td>40%*</td>
</tr>
</tbody>
</table>

*If you’ve met your deductible

The cost estimates above are from our estimate tools website, kp.org/treatmentestimates. Visit this site anytime to get an idea of what the charges for common services might be before you meet your deductible.
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

<table>
<thead>
<tr>
<th>Feature</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan type</strong></td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente — Silver 70 HMO 1500/40</td>
<td></td>
</tr>
<tr>
<td><strong>Features</strong></td>
<td></td>
</tr>
<tr>
<td>Annual medical deductible (individual/family)</td>
<td>$1,500/$3,000</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum (individual/family)</td>
<td>$6,500/$13,000</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td></td>
</tr>
<tr>
<td>Preventive care</td>
<td>No charge</td>
</tr>
<tr>
<td>Routine physical exam, mammograms, etc.</td>
<td></td>
</tr>
<tr>
<td>Primary care office visit</td>
<td>$40</td>
</tr>
<tr>
<td>Specialty care office visit</td>
<td>$40</td>
</tr>
<tr>
<td>Most X-rays</td>
<td>$40 after deductible</td>
</tr>
<tr>
<td>Most lab tests</td>
<td>$35 after deductible</td>
</tr>
<tr>
<td>MRI, CT, PET</td>
<td>$250 after deductible</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Mental health visit</td>
<td>$40</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td></td>
</tr>
<tr>
<td>Room and board, surgery, anesthesia, X-rays,</td>
<td></td>
</tr>
<tr>
<td>lab tests, medications, mental health care</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Maternity</td>
<td>No charge</td>
</tr>
<tr>
<td>Routine prenatal care visit, first postpartum</td>
<td></td>
</tr>
<tr>
<td>visit</td>
<td></td>
</tr>
<tr>
<td>Delivery and inpatient well-baby care</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Emergency and urgent care</td>
<td></td>
</tr>
<tr>
<td>Emergency Department visit</td>
<td>$250 after deductible</td>
</tr>
<tr>
<td>Urgent care visit</td>
<td>$40</td>
</tr>
<tr>
<td>Ambulance services</td>
<td>$250 after deductible</td>
</tr>
<tr>
<td>Prescription drugs (up to a 30-day supply)</td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$20\textsuperscript{1}</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$50 after $250 brand deductible\textsuperscript{1}</td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$50 after $250 brand deductible\textsuperscript{1}</td>
</tr>
<tr>
<td>Specialty</td>
<td>30% after $250 brand deductible, up to $250 per prescription</td>
</tr>
</tbody>
</table>

- **Offered through Kaiser Permanente**
- **Offered through the Marketplace, Covered California**

- **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 $1,500 for yourself or $3,000 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 $6,500 for yourself and no more than $13,000 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**
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 $40 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 $40 copay for urgent care visits, whether or not you have met your deductible.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on CoveredCA.com.

<table>
<thead>
<tr>
<th>Plan type</th>
<th>Deductible</th>
<th>HSA-qualified</th>
<th>HSA-qualified</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual medical deductible</strong></td>
<td>$6,000/$12,000</td>
<td>$5,500/$11,000</td>
<td>$4,500/$9,000</td>
<td>$2,700/$5,400</td>
</tr>
<tr>
<td><strong>Annual out-of-pocket maximum</strong></td>
<td>$6,500/$13,000</td>
<td>$6,500/$13,000</td>
<td>$6,500/$13,000</td>
<td>$6,500/$13,000</td>
</tr>
</tbody>
</table>

**Benefits**

**Preventive care**
- Routine physical exam, mammograms, etc.: No charge
- Outpatient services (per visit or procedure)
  - Primary care office visit: $70 after deductible, 40% after deductible, 40% after deductible, 15% after deductible, $45
  - Specialty care office visit: $90 after deductible, 40% after deductible, 40% after deductible, 15% after deductible, $70
  - Most X-rays: 100% up to annual out-of-pocket maximum, 40% after deductible, 40% after deductible, 15% after deductible, $65
  - Most lab tests: $40 (deductible waived), 40% after deductible, 40% after deductible, 15% after deductible, $35
  - MRI, CT, PET: 100% up to annual out-of-pocket maximum, 40% after deductible, 40% after deductible, 15% after deductible, $250
  - Outpatient surgery: 100% up to annual out-of-pocket maximum, 40% after deductible, 40% after deductible, 15% after deductible, 20%
  - Mental health visit: $70 after deductible, 40% after deductible, 40% after deductible, 15% after deductible, $45
  - Inpatient hospital care
    - Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care: 100% up to annual out-of-pocket maximum, 40% after deductible, 40% after deductible, 15% after deductible, 20% after deductible
  - Maternity
    - Routine prenatal care visit, first postpartum visit: No charge
    - Delivery and inpatient well-baby care: 100% up to annual out-of-pocket maximum, 40% after deductible, 40% after deductible, 15% after deductible, 20% after deductible
    - Emergency and urgent care
      - Emergency Department visit: 100% up to annual out-of-pocket maximum, 40% after deductible, 40% after deductible, 15% after deductible, $300 per visit after deductible
      - Urgent care visit: $70 after deductible, 40% after deductible, 40% after deductible, 15% after deductible, $45
      - Ambulance services: 100% up to annual out-of-pocket maximum, 40% after deductible, 40% after deductible, 15% after deductible, $250 after deductible

**Prescription drugs (up to a 30-day supply)**
- Generic: 100% after $500 drug deductible, up to $500 per prescription†, 40% after deductible, 40% after deductible, 15% after deductible, $15†
- Preferred brand: 100% after $500 drug deductible, up to $500 per prescription†, 40% after deductible, 40% after deductible, 15% after deductible, $50 after $250 brand deductible†
- Non-preferred brand: 100% after $500 drug deductible, up to $500 per prescription†, 40% after deductible, 40% after deductible, 15% after deductible, $50 after $250 brand deductible†
- Specialty: 100% after $500 drug deductible, up to $500 per prescription†, 40% after deductible, 40% after deductible, 15% after deductible, 20% after $250 brand deductible, up to $250 per prescription

†Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply
*The Kaiser Permanente – Bronze 60 HMO plan includes 3 office visits for the benefit copay before you reach your deductible. Office visits include primary, specialty, urgent, postnatal, or outpatient mental health care.
†No charge after annual out-of-pocket maximum is reached.

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the Membership Agreement, Disclosure Form, and Evidence of Coverage for more details on your plan or for specific limitations and exclusions. To request a copy of the Membership Agreement, Disclosure Form, and Evidence of Coverage, please call us at 1-800-634-4579 or contact your broker. For services subject to the deductible, you’ll have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copays, and coinsurance contribute to the out-of-pocket maximum.

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<table>
<thead>
<tr>
<th>Plan type</th>
<th>Deductible</th>
<th>Copayment</th>
<th>Copayment</th>
<th>Deductible</th>
<th>Copayment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual medical deductible</strong></td>
<td>$1,500/$3,000</td>
<td>None</td>
<td>None</td>
<td>$6,500/$13,000</td>
<td></td>
</tr>
<tr>
<td><strong>Annual out-of-pocket maximum</strong></td>
<td>$6,500/$13,000</td>
<td>$6,200/$12,400</td>
<td>$6,200/$12,400</td>
<td>$4,000/$8,000</td>
<td></td>
</tr>
</tbody>
</table>

**Benefits**

**Preventive care**

Routine physical exam, mammograms, etc. No charge No charge No charge No charge No charge

**Outpatient services (per visit or procedure)**

- **Primary care office visit** $40 $35 $35 $20 First 3 office visits no charge. Additional visits no charge after deductible.
- **Specialty care office visit** $40 $55 $55 $40 No charge after deductible.
- **Most X-rays** $40 after deductible $50 $50 $40 No charge after deductible.
- **Most lab tests** $35 after deductible $35 $35 $20 No charge after deductible.
- **MRI, CT, PET** $250 after deductible 20% $250 $150 No charge after deductible.
- **Outpatient surgery** 30% after deductible 20% $655 $290 No charge after deductible.
- **Mental health visit** $40 $35 $35 $20 First 3 office visits no charge. Additional visits no charge after deductible.

**Inpatient hospital care**

Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care 30% after deductible 20% $655 per day up to 5 days§ $290 per day up to 5 days§ No charge after deductible.

**Maternity**

Routine prenatal care visit, first postpartum visit No charge No charge No charge No charge No charge.

Delivery and inpatient well-baby care 30% after deductible 20% $655 per day up to 5 days§ $290 per day up to 5 days§ No charge after deductible.

**Emergency and urgent care**

Emergency Department visit $250 after deductible $250 $250 $150 No charge after deductible.

Urgent care visit $40 $35 $35 $20 No charge after deductible.

Ambulance services $250 after deductible $250 $250 $150 No charge after deductible.

**Prescription drugs (up to a 30-day supply)**

Generic $20^1 $15^1 $15^1 $5^1 No charge after deductible.

Preferred brand $50 after $250 brand deductible^1 $50^1 $50^1 $15^1 No charge after deductible.

Non-preferred brand $50 after $250 brand deductible^1 $50^1 $50^1 $15^1 No charge after deductible.

Specialty 30% after $250 brand deductible, up to $250 per prescription 20% up to $250 per prescription 20% up to $250 per prescription 10% up to $250 per prescription No charge after deductible.

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^1Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply

^2After 5 days, there is no charge for covered services related to the admission.

**The Kaiser Permanente – Minimum Coverage plan includes 3 office visits at no charge before you reach your deductible. Office visits include primary, urgent, postnatal, or outpatient mental health care.

This plan summary is intended to highlight only some of the most frequently asked-about benefits and their copays, coinsurance, and deductibles. Please refer to the Membership Agreement, Disclosure Form, and Evidence of Coverage for more details on your plan or for specific limitations and exclusions. To request a copy of the Membership Agreement, Disclosure Form, and Evidence of Coverage, please call us at 1-800-634-4579 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.

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
Optional Adult Dental Insurance Plan

Kaiser Permanente health plans include pediatric dental benefits for child members through the end of the month in which they turn 19. (For example, if a child member turns 19 on May 15, they would have dental coverage through May 31.) For adults, which includes those individuals whose eligibility for pediatric dental services has ended, we offer this optional Dental Insurance Plan.

About the plan

Our dental plan features comparably low costs. Plus, you can choose from more than 25,000 Delta Dental providers in California, or select any other licensed dentist of your choice.

<table>
<thead>
<tr>
<th>When you see a Delta Dental provider</th>
<th>When you see another provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>You’ll pay the difference between what the dentist charges and what the plan pays. For example, if the dentist charges $75* for a cleaning and the plan covers $43.20, you’ll pay $31.80.</td>
<td>You may be responsible for the entire bill up front.</td>
</tr>
<tr>
<td>You won’t have to file a claim.</td>
<td>Then you’ll need to file a claim and wait to receive reimbursement later.</td>
</tr>
<tr>
<td>You may pay less because the Delta Dental PPO network providers agree to contracted fees. For a list of PPO or Premier providers in your area, visit deltadentalins.com.</td>
<td>Your share of the bill will likely be higher than when you visit a Delta Dental PPO provider.</td>
</tr>
</tbody>
</table>

2016 rate

Monthly rate per adult member, which includes those individuals whose eligibility for pediatric dental services has ended $27.54

The optional adult Dental Insurance Plan is administered by Delta Dental of California, one of the nation’s largest and most experienced dental benefits providers. The plan is underwritten by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc.

*Service charges vary.
## What the plan covers

If you enroll in the dental plan, you'll get a *Certificate of Insurance*, which includes a Table of Allowances that lists all your covered services and the amount the plan pays for them.*

### Sample list†

The following is a SAMPLE list of allowances. See your *Certificate of Insurance* for the complete Table of Allowances.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>What the plan pays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic procedures</strong></td>
<td></td>
</tr>
<tr>
<td>Oral exam – new or existing patient</td>
<td>$25.20</td>
</tr>
<tr>
<td>X-rays – complete series including bitewings</td>
<td>$54.00</td>
</tr>
<tr>
<td><strong>Preventive procedures</strong></td>
<td></td>
</tr>
<tr>
<td>Cleaning</td>
<td>$43.20</td>
</tr>
<tr>
<td><strong>Restorative procedures</strong></td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td></td>
</tr>
<tr>
<td>Note: Fillings are subject to a 6-month waiting period.‡</td>
<td></td>
</tr>
<tr>
<td>Amalgam – one surface, primary or permanent</td>
<td>$35.00</td>
</tr>
<tr>
<td>Resin-based composite – one surface, anterior</td>
<td>$46.00</td>
</tr>
<tr>
<td>Crowns</td>
<td></td>
</tr>
<tr>
<td>Note: Crowns are subject to a 6-month waiting period.‡</td>
<td></td>
</tr>
<tr>
<td>Resin with high noble metal</td>
<td>$182.00</td>
</tr>
<tr>
<td><strong>Endodontic procedures</strong></td>
<td></td>
</tr>
<tr>
<td>Root canal</td>
<td></td>
</tr>
<tr>
<td>Note: Root canals are subject to a 6-month waiting period.‡</td>
<td></td>
</tr>
<tr>
<td>Anterior (excluding final restoration)</td>
<td>$193.00</td>
</tr>
<tr>
<td>Bicuspid (excluding final restoration)</td>
<td>$227.00</td>
</tr>
<tr>
<td>Molar (excluding final restoration)</td>
<td>$306.00</td>
</tr>
<tr>
<td><strong>Oral and maxillofacial surgical procedures</strong></td>
<td></td>
</tr>
<tr>
<td>Note: Oral and maxillofacial surgical procedures are subject to a 6-month waiting period.‡</td>
<td></td>
</tr>
<tr>
<td>Extraction, erupted tooth, or exposed root (elevation and/or forceps removal)</td>
<td>$39.00</td>
</tr>
<tr>
<td>Surgical removal of erupted tooth requiring removal of bone and/or section of tooth</td>
<td>$74.00</td>
</tr>
</tbody>
</table>

*The Table of Allowances lists the maximum amount, or allowance, that the plan will pay for each covered dental service. The plan will pay the lowest dollar amount among the following three: the dentist’s usual, customary, and reasonable fee; the fee actually charged; or the allowance. Any difference between the allowance and the dentist’s fee will be the responsibility of the patient.

† Plan payment amounts are only a sample and are to be used for illustrative purposes only. Please refer to the Table of Allowances in the *Certificate of Insurance* for an accurate and complete list of benefits and allowances, as well as treatments and services not covered. To receive a *Certificate of Insurance*, call Delta Dental of California.

‡ The waiting period is the period of time you and your covered dependents are required to be continuously covered under the Dental Insurance Plan before a specific dental service becomes a covered benefit.

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**Have questions?** Call us at **1-800-494-5314.** • Go to **buykp.org/apply.** • Or contact your agent or broker.
Optional Adult Dental Insurance Plan (continued)

How the plan works

- **No deductible for preventive services.** The deductible is the amount you pay for covered services each year before Delta Dental starts paying. With this plan, there’s no deductible for preventive or diagnostic services like cleanings and X-rays. For other services, there’s a $25 annual deductible per person, up to a maximum of $75 for your whole family.

- **Coverage requirements.** If you enroll, every adult member of your family (which includes those individuals whose eligibility for pediatric dental services has ended) who’s covered by your regular health plan must also be enrolled. In other words, you can’t choose to enroll some members of your family in the dental plan and not others.

- **Annual maximum.** The plan will pay up to a $1,000 toward dental services for each covered member per year.

- **Waiting periods.** Some covered dental services are subject to a waiting period before the plan will cover the charges.* See the Table of Allowances in your Certificate of Insurance for the specific dental services subject to waiting periods.

Have questions?

If you have questions before enrolling, call 1-800-933-9312, 8 a.m. to 4 p.m., Monday through Friday.

- You can also visit deltadentalins.com for a list of PPO or Premier providers in your area.

- Once enrolled, you can contact Delta Dental’s customer service line at 1-800-835-2244, 5 a.m. to 5 p.m., Monday through Friday, for information on claims, eligibility, benefits, and to find a Delta Dental provider in your area. Simply contact the dentist of your choice to make an appointment. Just let them know you are covered under Delta Dental.

*The waiting period is the period of time you and your covered dependents are required to be continuously covered under the Dental Insurance Plan before a specific dental service becomes a covered benefit.
You may qualify for federal financial assistance

Do you need help paying for health care? Under health care reform, the federal government will provide federal financial assistance for many people, depending on their income. Learn more below.

3 things to know:

- Financial assistance is available for premiums and out-of-pocket expenses.
- If you qualify for assistance, the federal government will pay us directly for it.
- Assistance is available on a sliding scale, based on income and family size.

Determine if you qualify

Call us at 1-800-494-5314 or go to CoveredCA.com to see if you qualify for assistance. (For TTY for the deaf, hard of hearing, or speech impaired, call 711). Or contact your agent or broker.

Both your eligibility and the exact amount of your financial assistance will be determined by Covered California.

To quickly check if you may be eligible, use this chart, which shows the estimated family income levels that qualify people for help paying premiums.

<table>
<thead>
<tr>
<th>Number of people in household</th>
<th>Annual family income level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$47,080 or below</td>
</tr>
<tr>
<td>2</td>
<td>$63,720 or below</td>
</tr>
<tr>
<td>3</td>
<td>$80,360 or below</td>
</tr>
<tr>
<td>4</td>
<td>$97,000 or below</td>
</tr>
<tr>
<td>5</td>
<td>$113,640 or below</td>
</tr>
<tr>
<td>6</td>
<td>$130,280 or below</td>
</tr>
<tr>
<td>7</td>
<td>$146,920 or below</td>
</tr>
<tr>
<td>8</td>
<td>$163,560 or below</td>
</tr>
</tbody>
</table>

You can also use our online calculator to find out if you may qualify. Just go to buykp.org.

If you qualify

If you qualify, you'll need to buy your plan through Covered California. If you'd like, we can help you enroll in one of our plans there. Just call us at 1-800-494-5314 (TTY 711 for the deaf, hard of hearing, or speech impaired).

Avoid being billed twice: If you do enroll in a plan through Covered California, cancel your current Kaiser Permanente plan by calling our Member Service Contact Center at 1-800-464-4000 on or before the start date of your new plan.

If you don’t qualify

Even if you can’t get assistance from the federal government, you can buy a Kaiser Permanente plan from us or through Covered California.
Finding a facility near you

Our goal is to make it as easy and convenient as possible for you to get the care you need when you need it. Please refer to the map below or search for a facility by ZIP code or keywords at buykp.org/facilities to find the one nearest you.

Northern California

The following information can help you find Kaiser Permanente and affiliated facilities in your community.

Maps not to scale

Kaiser Permanente medical centers
(hospital and medical offices)

Kaiser Permanente medical offices

Affiliated medical offices

Affiliated plan hospitals

Have questions? Call us at 1-800-494-5314. • Go to buykp.org/apply. • Or contact your agent or broker.
Southern California
The following information can help you find Kaiser Permanente and affiliated facilities in your community.

Maps not to scale

Kaiser Permanente medical centers
(hospital and medical offices)

Kaiser Permanente medical offices

Affiliated plan hospitals

Affiliated medical offices

Have questions? Call us at 1-800-494-5314. Go to buykp.org/apply. Or contact your agent or broker.
No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-464-4000. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-464-4000. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

무료 라틴 서비스. 당신은 한국어로 통역 서비스를 받으실 수 있으며 한국어로 서류를 날독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 한국의 ID 카드에 나와있는 안내 전화 1-800-464-4000 번으로 문의해 주십시오. 보다 자세한 사항은 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357 번으로 연락해 주십시오. Korean

Walog Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagsalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa iyong nakalista sa iyong ID card o sa 1-800-464-4000. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

Այստեղ երկվենում են զարգացած ծրագրեր ծառայություններով, որոնք կարելի է ստանալ զբաղված մասնակիցների հետ կամ հանդիսանալու համար. Օգտագործելու համար եթե զարգացած ծառայությունը կարևոր է ձեզ (ID) թաղվածքի կամ նրա մեջ կանոնավոր 1-800-464-4000 համարով: Այստեղ երկվենում են զարգացած ծառայությունները չափաստանի Երկիրի Առաջնորդարանի Ֆունդամենտալ: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-464-4000. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-800-464-4000までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

خدمات مترجم به زبان. متوفر طبلاً من خدمات متخصصة في الادراة❯ى ومشاركة في مجموعة تفاويج Ferrari. تقدم دراية ككم، بما في ذلك سلوك الشاملة تفتيش عام وكثير است نوع تم تأسيسها في 464-4000 1-800-927-4357. Persian (ناريزان بيش trắngاتي) به تفاويج CA Dept. of Insurance

سکین افراد به زبان فارسی می‌توانند تجربه ملاقاته‌ها ودیداره‌ها را در ملاقاته‌ها یا دیداره‌ها یا چنین‌گونه‌ی که وظیفه ملاقاته‌ها را با کمک کاسی نمایند. ملاقاته‌ها یا دیداره‌ها به صورت زبان فارسی به شماره 1-800-464-4000 یا 1-800-927-4357 داده شود. Punjabi

ملاحظات

خدمات ترجمه بدون تكلفة. يمكنك الحصول على ترجمة وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضوتك أو على الرقم 464-4000.1-800-927-4357. للحصول على المزيد من المعلومات، انطلق بإدارة التأمين لولاية كاليفورنيا.

Arabic.1-800-927-4357

Cov Kev Pap Txaish Lus Tsis Them Nqi. Koj yuaw thov tau kom muaj neeg los txaih lus rau koi thiab kom neeg nyecm cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaw ID los sis 1-800-464-4000. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

Kaiser Permanente Insurance Company
Notice of Language Assistance
Help in your language

Interpreter services, including sign language, are available during all hours of operation at no cost to you. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. In addition, you may request health plan materials translated in your language, and may also request these materials in large text or in other formats to accommodate your needs. For more information, call our Member Service Contact Center 24 hours a day, seven days a week (except closed holidays, and closed after 5 p.m. the day after Thanksgiving, after 5 p.m. on Christmas Eve, and after 5 p.m. on New Year’s Eve) at 1-800-464-4000 (TTY users call 711).

Ayuda en su idioma

Se ofrecen servicios de intérprete sin costo alguno para usted durante todo el horario de atención, incluida la lengua de señas (sign language). También podemos ofrecerles a usted y a sus familiares y amigos todo tipo de ayuda especial que necesiten para tener acceso a nuestros centros y servicios. Además, puede solicitar que los materiales del plan de salud se traduzcan a su idioma, y que estos materiales sean con letra grande o en otros formatos que se acomoden a sus necesidades. Para obtener más información llame a la Central de Llamadas de Servicio a los Miembros las 24 horas del día, los siete días de la semana (excepto los días festivos y después de las 5 p. m. el día después de Thanksgiving [Día de Acción de Gracias], y las vísperas de Navidad y Año Nuevo) al 1-800-788-0616 (usuarios de TTY llamen al 711).

以您的語言提供協助

我們在辦公時間內免費為您提供口譯服務，包括手語在內。我們也可以向您本人、您的家人和朋友提供使用我們設施和服務所需的任何特別協助。此外，您可以要求將會員資料翻譯成您的語言，並且要求這些資料以大字版或其他格式來滿足您的需求。如需更多資訊，請致電我們的會員服務電話中心，我們每週7天，每天24小時為您服務（節假日全天以及感恩節翌日、聖誕節前夕和新年前夕下午5時後休息），電話號碼是 1-800-757-7585（免費電話）（TTY使用者請撥711）。
The right choice for a healthier you

Learn more about all that Kaiser Permanente has to offer. Visit kp.org/thrive or call us at 1-800-494-5314 (711 TTY for the deaf, hard of hearing, or speech impaired).