



HEALTH PLAN BENEFIT SUMMARIES

Kaiser Permanente Small Business Group—Plans effective April 2012

The Small Group EnduraSM portfolio — affordable and adaptable. Coverage from a partner you trust.

With our Small Group Endura portfolio, you have a plan that you and your employees can rely on—quality care at affordable prices with a full range of health care options, provider choice and flexible premiums. We offer five suites of health care products, and groups of five or more enrolled (requires 70 percent participation) can mix and match options across product suites, up to three plans, based on their needs. We also offer a defined contribution option, alternative funding arrangements, and ease of administration with one monthly bill and one point of contact. And employees will appreciate our many online tools to better manage their care.

Thank you for considering Kaiser Permanente, your single-source solution. Call your broker or a Kaiser Permanente sales representative today at **303-338-3700** in the Denver/Boulder area or **719-867-2100** in Southern Colorado. Or log on to **employers.kp.org** for more information.

*Standard and Basic plans cannot be paired with any plans other than an out-of-area (OOA) product.

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The Colorado Division of Insurance may amend copayments, coinsurance and/or deductibles. Please contact your broker or Kaiser Permanente sales representative for the most current information.

Expect more from Kaiser Permanente

More options for coverage—more ways to say yes

It's an ongoing balancing act to find a quality health care solution that satisfies employees while helping your company meet its bottom line. More than ever, your workforce is looking to you for guidance and options.

Open the door to choice and value for employees with Kaiser Permanente's expanded product portfolio. You can offer better care at a better cost with coverage options from five suites of products—Traditional HMO, Deductible HMO, HSA-qualified, Out-of-Area Preferred Provider Organization (PPO) and Point-of-Service (POS)¹—so you can satisfy everyone, including those who need more choice and affordable care. Not only do you have five suites to choose from, we allow complete mix and match options across product suites.

No matter which plan or combination of plans you select, you can expect Kaiser Permanente to be your employees' total health advocate. They can take advantage of wellness programs to stay healthy, extensive online resources to empower them to make more informed health care decisions, and a broad range of preventive services to help stop problems before they start.

Another option available to you is defined contribution. This allows you to contribute a fixed dollar amount toward plan premiums. You must contribute a minimum of \$125 per subscriber or 50 percent of the lowest-cost plan. To keep your health care costs predictable, you are able to keep your contribution level the same year after year—the choice is yours.



Five product suites—one single solution

The Kaiser Permanente HMO product suite

With predictable copayments and no deductibles, Kaiser Permanente's traditional HMO products offer the best value for the health care dollar. Our Deductible/Coinsurance HMO plans offer a transition to cost sharing with lower monthly premiums, deductibles for some services, set copays for routine care, and preventive care at no cost. And our HSA-Qualified Deductible HMO plans give you more control over their health care dollars by offering access to tax-advantaged savings that can be used to pay for care.² An HSA is a flexible health savings account to pay for qualified medical expenses, even ones not covered by your health plan. The money in an HSA belongs to the employee and provides triple savings:

- ▶ Contributions are tax-deductible³
- ▶ Investment earnings are tax-deferred⁴
- ▶ Withdrawals to pay for qualified medical expenses are tax-free

Add an HRA to your Kaiser Permanente Medical plan for savings and control

A Health Reimbursement Arrangement (HRA) is an IRS approved (Section 105), employer funded plan whereby employers may reimburse participants for certain eligible health care expenses. Combining a Health Reimbursement Arrangement (HRA) with a Kaiser Permanente Deductible HMO or HSA-Qualified Deductible HMO plan allows employers to maximize premium savings while limiting employee deductible exposure.

Check out these HRA benefits:

- ▶ Provides cost savings
- ▶ Gives the ability to select certain parameters of your plan
- ▶ Provides valuable employee benefits at a low cost
- ▶ Generates goodwill with your employees
- ▶ Requires minimal employer administration

The Kaiser Permanente Point-of-Service (POS) Suite

Expanded choice with savings

POS plans enable your employees to balance cost, choice, and coverage. These plans appeal to those who like the ease and convenience of an HMO for some services but already have an established relationship with a physician outside the Kaiser Permanente network. This allows you to experience and transition to Kaiser Permanente at your own pace, based on your needs. Employees get a wide range of options—and you still have a single carrier.⁵

To add even more choice, POS employees can mix and match. For example, they can keep the pediatrician their kids have been seeing since birth and pay slightly higher rates. To save on prescription drugs, they can have their formulary prescriptions filled at Kaiser Permanente even if their non-Kaiser Permanente pediatrician writes the prescription.⁶

Offer your employees more options. These plans give you and your employees full access to Kaiser Permanente's core HMO network additional of out-of-network coverage. These plans also provide cross-accumulation of the deductible and out-of-pocket maximum from the out-of-network tier into the HMO tier, which lowers the total financial exposure to members.

The Kaiser Permanente Out-of-Area PPO Product suite

Choose Flexible Coverage

With these plans, your out-of-area employees have access to a broad, nationwide provider—Private Healthcare Systems (PHCS Network). These plans are only available to your out-of-area employees. In addition, PPO members can receive care from any licensed health care provider in the nation without a referral.⁵ They still receive Kaiser Permanente value-added services like discounts on affinity products and online tools.

Call your broker or a Kaiser Permanente sales representative today at **303-338-3700** in the Denver/Boulder area or **719-867-2100** in Southern Colorado. Or log on to **employers.kp.org** for more information.

¹ The HMO plans are underwritten by Kaiser Foundation Health Plan (KFHP). Kaiser Permanente Insurance Company (KPIC) underwrites in-network and out-of-network tiers of the PPO plans. KPIC is a subsidiary of Kaiser Foundation Health Plan, Inc. Please contact your broker or your sales representative to see if you qualify for these funding options.

² The tax references in this brochure relate to federal income tax only. Consult with a financial or tax advisor for more information about state income tax laws.

³ You can make a contribution to your HSA each year that you are eligible, up to the amount of your health plan deductible or federally set maximum, whichever is less. Please refer to IRS publication 969 for more details.

⁴ Investment in any mutual fund is not insured or guaranteed by the U.S. Government, the FDIC, the Federal Reserve System or any other federal agency. Shares of a mutual fund are not obligations, deposits or guaranteed by Wells Fargo or its affiliates and are subject to investment risk, including possible loss of principal.

⁵ If employees receive care from any other licensed provider, they must make their own financial arrangements with the provider. They are responsible for paying the bills and completing any necessary claim forms. For some services, employees must meet a deductible and pay the established coinsurance. If the provider bills for more than the maximum allowable charge, the employee will be responsible for paying the amount over the maximum allowable charge.

⁶ Prescriptions must be listed in the Kaiser Permanente formulary.

HMO Plans

Benefit	KP 0/35/Rx \$0 medical deductible/\$35 office visit copay/with Rx
Medical deductible (per calendar year)	
‣ Individual	No Medical Deductible
‣ Family ¹	No Medical Deductible
Out-of-pocket (OOP) maximum per calendar year	
‣ Individual	\$4,000
‣ Family ¹	\$8,000
Medical office visits	
‣ Preventive care	No charge
‣ Primary care	\$35 each visit
‣ Specialty care	\$70 each visit
‣ Outpatient or same-day surgery	\$200 each visit
‣ Hearing exams	\$35 each visit
‣ Eye exams for glasses performed by an Optometrist	\$35 each visit; does not include hardware
Diagnostic services	
‣ Lab tests	No charge
‣ Diagnostic X-rays	No charge
‣ Therapeutic X-rays	\$70 each visit
‣ Special procedures such as CT, PET, MRI	\$100 per procedure
Hospitalization	\$1,000 copay per day up to \$4,000 per admission; no limit on the number of covered hospital days
After-hours care	
‣ Received at designated facilities	\$150 each visit
Emergency care	
‣ Received at a facility designated by Kaiser Permanente	\$250 each visit, waived if admitted as an inpatient
‣ Emergency care from non-plan facilities and providers	\$250 each visit, waived if admitted as an inpatient
Ambulance service	
‣ When use of other means of transportation would adversely affect your condition	20% coinsurance, up to \$500 per trip
Maternity care	
‣ Routine prenatal and postpartum visits	No charge
‣ Delivery	See "hospitalization"
Prescription Drugs	
‣ Up to a 30-day supply, obtained from a Kaiser Permanente pharmacy	\$10 copay generic (not subject to pharmacy deductible)
‣ Mail order service: up to a 90-day supply for two copays	\$100 Pharmacy deductible applies to the following: \$40 copay preferred brand name; 50% coinsurance non-preferred ^{2,3} ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed

¹ For Families, the individual family members are responsible for meeting the Family Out-of-Pocket Maximum (OPM), only up to the Individual OPM amount.

² For Denver/Boulder, a non-preferred prescription requires a physician referral.

³ Member pays 50% of retail price for non-preferred drugs.

HMO Plans

KP 0/40/Rx \$0 medical deductible/\$40 office visit copay/with Rx	KP 0/45/Rx \$0 medical deductible/\$45 office visit copay/with Rx	KP 0/50/Rx \$0 medical deductible/\$50 office visit copay/with Rx
No Medical Deductible	No Medical Deductible	No Medical Deductible
No Medical Deductible	No Medical Deductible	No Medical Deductible
\$4,000	\$4,000	\$4,000
\$8,000	\$8,000	\$8,000
No charge	No charge	No charge
\$40 each visit	\$45 each visit	\$50 each visit
\$80 each visit	\$90 each visit	\$100 each visit
\$200 each visit	\$200 each visit	\$200 each visit
\$40 each visit	\$45 each visit	\$50 each visit
\$40 each visit; does not include hardware	\$45 each visit; does not include hardware	\$50 each visit; does not include hardware
No charge	No charge	No charge
No charge	No charge	No charge
\$80 each visit	\$90 each visit	\$100 each visit
\$100 per procedure	\$100 per procedure	\$100 per procedure
\$1,000 copay per day up to \$4,000 per admission; no limit on the number of covered hospital days	\$1,000 copay per day up to \$4,000 per admission; no limit on the number of covered hospital days	\$1,000 copay per day up to \$4,000 per admission; no limit on the number of covered hospital days
\$150 each visit	\$150 each visit	\$150 each visit
\$250 each visit, waived if admitted as an inpatient	\$250 each visit, waived if admitted as an inpatient	\$250 each visit, waived if admitted as an inpatient
\$250 each visit, waived if admitted as an inpatient	\$250 each visit, waived if admitted as an inpatient	\$250 each visit, waived if admitted as an inpatient
20% coinsurance, up to \$500 per trip	20% coinsurance, up to \$500 per trip	20% coinsurance, up to \$500 per trip
No charge	No charge	No charge
See "hospitalization"	See "hospitalization"	See "hospitalization"
\$10 copay generic (not subject to pharmacy deductible) \$100 Pharmacy deductible applies to the following: \$40 copay preferred brand name; 50% coinsurance non-preferred ² ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed	\$10 copay generic (not subject to pharmacy deductible) \$100 Pharmacy deductible applies to the following: \$40 copay preferred brand name; 50% coinsurance non-preferred ² ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed	\$10 copay generic (not subject to pharmacy deductible) \$100 Pharmacy deductible applies to the following: \$40 copay preferred brand name; 50% coinsurance non-preferred ² ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed

Deductible/Coinsurance HMO Plans

Benefit	KP 500/40/Rx	KP 1200/40/Rx
	\$500 medical deductible/\$40 office visit copay/with Rx	\$1200 medical deductible/\$40 office visit copay/with Rx
Medical deductible (per calendar year)		
▸ Individual	\$500	\$1,200
▸ Family ²	\$1,500	\$3,600
Out-of-pocket (OOP) maximum per calendar year³		
▸ Individual	\$2,400	\$2,700
▸ Family ²	\$4,800	\$5,400
Medical office visits		
▸ Preventive care	No charge, not subject to deductible	No charge, not subject to deductible
▸ Primary care ⁴	\$40 each visit, not subject to deductible	\$40 each visit
▸ Specialty care ⁴	\$60 each visit, not subject to deductible	\$60 each visit
▸ Outpatient or same-day surgery	30% coinsurance, after deductible is met	30% coinsurance, after deductible is met
▸ Hearing exams	\$40 each visit, not subject to deductible	\$40 each visit, not subject to deductible
▸ Eye exams for glasses performed by an Optometrist	\$40 each visit, not subject to deductible; does not include hardware	\$40 each visit, not subject to deductible; does not include hardware
Diagnostic services		
▸ Lab tests	No charge, not subject to deductible	No charge, not subject to deductible
▸ Diagnostic X-rays	30% coinsurance, after deductible is met	30% coinsurance, after deductible is met
▸ Therapeutic X-rays	30% coinsurance, after deductible is met	30% coinsurance, after deductible is met
▸ Special procedures such as CT, PET, MRI	30% coinsurance, after deductible is met	30% coinsurance, after deductible is met
Hospitalization	30% coinsurance, after deductible is met	30% coinsurance, after deductible is met
After-hours care⁴		
▸ Received at designated facilities	\$100 each visit, not subject to deductible	\$100 each visit, not subject to deductible
Emergency care		
▸ Received at a facility designated by Kaiser Permanente	\$250 each visit, not subject to deductible, waived if admitted as an inpatient	\$250 each visit, not subject to deductible, waived if admitted as an inpatient
▸ Emergency care from non-plan facilities and providers	\$250 each visit, not subject to deductible, waived if admitted as an inpatient	\$250 each visit, not subject to deductible, waived if admitted as an inpatient
Ambulance service		
▸ When use of other means of transportation would adversely affect your condition	30% coinsurance, up to \$500 per trip	30% coinsurance, up to \$500 per trip
Maternity care⁴		
▸ Routine prenatal and postpartum visits	No charge, not subject to deductible	No charge, not subject to deductible
▸ Delivery	See "hospitalization"	See "hospitalization"
Prescription Drugs		
▸ Up to a 30-day supply, obtained from a Kaiser Permanente pharmacy	\$10 copay generic (not subject to pharmacy deductible)	\$10 copay generic (not subject to pharmacy deductible)
▸ Mail order service: up to a 90-day supply for two copays	\$100 Pharmacy deductible applies to the following ⁵ : \$40 copay preferred brand name; 50% coinsurance non-preferred ^{6,7} ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed	\$100 Pharmacy deductible applies to the following ⁵ : \$40 copay preferred brand name; 50% coinsurance non-preferred ^{6,7} ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed

¹ All benefits are subject to deductibles if applicable, except where noted. ³ Excludes deductibles, copays, and prescriptions.

² For Families, each family member is responsible for meeting their Individual Deductible/OOP until the family Deductible/OOP is met.

Deductible/Coinsurance HMO Plans

KP 1600/40/Rx \$1600 medical deductible/\$40 office visit copay/with Rx	KP 2300/40/rx \$2300 medical deductible/\$40 office visit copay/with Rx	KP 3600/40/Rx \$3600 medical deductible/\$40 office visit copay/with Rx
\$1,600	\$2,300	\$3,600
\$4,800	\$6,900	\$10,800
\$3,300	\$3,600	\$3,300
\$6,600	\$7,200	\$6,600
No charge, not subject to deductible	No charge, not subject to deductible	No charge, not subject to deductible
\$40 each visit	\$40 each visit	\$40 each visit
\$60 each visit	\$60 each visit	\$60 each visit
30% coinsurance, after deductible is met	30% coinsurance, after deductible is met	30% coinsurance, after deductible is met
\$40 each visit, not subject to deductible	\$40 each visit, not subject to deductible	\$40 each visit, not subject to deductible
\$40 each visit, not subject to deductible; does not include hardware	\$40 each visit, not subject to deductible; does not include hardware	\$40 each visit, not subject to deductible; does not include hardware
No charge, not subject to deductible	No charge, not subject to deductible	No charge, not subject to deductible
30% coinsurance, after deductible is met	30% coinsurance, after deductible is met	30% coinsurance, after deductible is met
30% coinsurance, after deductible is met	30% coinsurance, after deductible is met	30% coinsurance, after deductible is met
30% coinsurance, after deductible is met	30% coinsurance, after deductible is met	30% coinsurance, after deductible is met
30% coinsurance, after deductible is met	30% coinsurance, after deductible is met	30% coinsurance, after deductible is met
\$100 each visit, not subject to deductible	\$100 each visit, not subject to deductible	\$100 each visit, not subject to deductible
\$250 each visit, not subject to deductible, waived if admitted as an inpatient	\$250 each visit, not subject to deductible, waived if admitted as an inpatient	\$250 each visit, not subject to deductible, waived if admitted as an inpatient
\$250 each visit, not subject to deductible, waived if admitted as an inpatient	\$250 each visit, not subject to deductible, waived if admitted as an inpatient	\$250 each visit, not subject to deductible, waived if admitted as an inpatient
30% coinsurance, up to \$500 per trip	30% coinsurance, up to \$500 per trip	30% coinsurance, up to \$500 per trip
No charge, not subject to deductible	No charge, not subject to deductible	No charge, not subject to deductible
See "hospitalization"	See "hospitalization"	See "hospitalization"
\$10 copay generic (not subject to pharmacy deductible) \$100 Pharmacy deductible applies to the following ⁵ : \$40 copay preferred brand name; 50% coinsurance non-preferred ^{6,7} ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed	\$10 copay generic (not subject to pharmacy deductible) \$100 Pharmacy deductible applies to the following ⁵ : \$40 copay preferred brand name; 50% coinsurance non-preferred ^{6,7} ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed	\$10 copay generic (not subject to pharmacy deductible) \$100 Pharmacy deductible applies to the following ⁵ : \$40 copay preferred brand name; 50% coinsurance non-preferred ^{6,7} ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed

⁴ Procedures during visit are billed at coinsurance level after deductible is met. ⁶ For Denver/Boulder, a non-preferred prescription requires a physician referral.

⁵ Pharmacy deductibles do not apply to annual deductibles; copays do not apply to out-of-pocket maximum.

⁷ Member pays 50% of retail price for non-preferred drugs.

Deductible/Coinsurance HMO Plans

Benefit	KP 5000/40/Rx \$5000 medical deductible/\$40 office visit copay/ with Rx
Medical deductible (per calendar year)	
‣ Individual	\$5,000
‣ Family ²	\$15,000
Out-of-pocket (OOP) maximum per calendar year³	
‣ Individual	\$2,900
‣ Family ²	\$5,800
Medical office visits	No charge, not subject to deductible
‣ Preventive care	
‣ Primary care ⁴	\$40 each visit
‣ Specialty care ⁴	\$60 each visit
‣ Outpatient or same-day surgery	30% coinsurance, after deductible is met
‣ Hearing exams	\$40 each visit, not subject to deductible
‣ Eye exams for glasses performed by an Optometrist	\$40 each visit, not subject to deductible
Diagnostic services	No charge, not subject to deductible
‣ Lab tests	
‣ Diagnostic X-rays	30% coinsurance, after deductible is met
‣ Therapeutic X-rays	30% coinsurance, after deductible is met
‣ Special procedures such as CT, PET, MRI	30% coinsurance, after deductible is met
Hospitalization	30% coinsurance, after deductible is met
After-hours care⁴	
‣ Received at designated facilities	\$100 each visit, not subject to deductible
Emergency care	
‣ Received at a facility designated by Kaiser Permanente	\$250 each visit, not subject to deductible, waived if admitted as an inpatient
‣ Emergency care from non-plan facilities and providers	\$250 each visit, not subject to deductible, waived if admitted as an inpatient
Ambulance service	
‣ When use of other means of transportation would adversely affect your condition	30% coinsurance, up to \$500 per trip
Maternity care⁴	
‣ Routine prenatal and postpartum visits	No charge, not subject to deductible
‣ Delivery	See "hospitalization"
Prescription Drugs	\$10 copay generic (not subject to pharmacy deductible)
‣ Up to a 30-day supply, obtained from a Kaiser Permanente pharmacy	
‣ Mail order service: up to a 90-day supply for two copays	\$100 Pharmacy deductible applies to the following ⁵ : \$40 copay preferred brand name; 50% coinsurance non-preferred ^{6,7} ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed

Basic and Standard HMO Plans

Benefit	HMO Basic Limited Mandate Health Benefit Plan for Colorado	HMO Standard Health Benefit Plan for Colorado
Medical deductible (per calendar year) ▸ Individual	\$1,500	\$500
▸ Family ¹	\$4,500	\$1,500
Out-of-pocket (OOP) maximum per calendar year²	\$10,000	\$4,500
▸ Family ¹	\$20,000	\$9,000
Medical office visits		
▸ Preventive care	\$40 copay; no charge for certain services	\$30 copay; no charge for certain services
▸ Primary care	\$40 each visit	\$30 each visit
▸ Specialty care	\$60 each visit	\$50 each visit
▸ Outpatient or same-day surgery	\$500 each visit	\$250 each visit
▸ Hearing exams	\$40 each visit	\$30 each visit
▸ Eye exams for glasses performed by an Optometrist	Not Covered	Not Covered
Diagnostic services		
▸ Lab tests	No charge	No charge
▸ Diagnostic X-rays	No charge	No charge
▸ Therapeutic X-rays	No charge	No charge
▸ Special procedures such as CT, PET, MRI	30% copay	20% copay
Hospitalization	\$1,000 per day up to \$4,000 per admission; no limit on number of days	\$500 per day up to \$2,000 per admission; no limit on number of days
After-hours care ▸ Received at designated facilities	\$100 each visit; procedures received during visit are included	\$75 each visit; procedures received during visit are included
Emergency care ▸ Received at a facility designated by	\$250 each visit, waived if admitted	\$150 each visit, waived if admitted
▸ Emergency care from non-plan facilities and providers	\$250 each visit, waived if admitted	\$150 each visit, waived if admitted
Ambulance service ▸ When use of other means of transportation would adversely	30% copay	20% copay
Maternity care ▸ Routine prenatal and postpartum visits	Applicable copays for each type of service	Applicable copays for each type of service
▸ Delivery	See "hospitalization"	See "hospitalization"
Prescriptions³ ▸ Up to a 30-day supply, obtained from a Kaiser Permanente pharmacy ▸ Mail order service: up to a 90-day supply for two copays	\$150 annual pharmacy deductible/ person, does not apply to out-of-pocket maximum; \$20 copay generic; \$50 copay preferred; \$70 copay non-preferred ³ , after pharmacy deductible is met	No deductible, \$15 copay generic; \$40 copay preferred; \$60 copay non-preferred

¹ For Families, the individual family members are responsible for meeting the Family Out-of-Pocket Maximum (OPM), only up to the Individual OPM amount.

² Excludes pharmacy deductibles and prescriptions.

³ For Denver/Boulder, a non-preferred prescription requires a physician referral. After pharmacy deductible is met.

HSA-Qualified Deductible HMO Plans

Benefit	KP 3500/HSA/Rx \$3500 medical deductible/HSA/with Rx
Medical deductible (per calendar year)	\$3,500
‣ Individual	
‣ Family ²	\$7,000
Out-of-pocket (OOP) maximum per calendar year¹	Equals Deductible
‣ Individual	
‣ Family ²	Equals Deductible
Medical office visits	No charge, not subject to deductible
‣ Preventive care ³	
‣ Primary care	No charge after deductible is met
‣ Specialty care	No charge after deductible is met
‣ Outpatient or same-day surgery	No charge after deductible is met
‣ Hearing exams	No charge after deductible is met
‣ Eye exams for glasses performed by an Optometrist	No charge after deductible is met; does not include hardware
Diagnostic services	No charge after deductible is met
‣ Lab tests	
‣ Diagnostic X-rays	No charge after deductible is met
‣ Therapeutic X-rays	No charge after deductible is met
‣ Special procedures such as CT, PET, MRI	No charge after deductible is met
Hospitalization	No charge after deductible is met
After-hours care	No charge after deductible is met
‣ Received at designated facilities	
Emergency care	No charge after deductible is met
‣ Received at a facility designated by Kaiser Permanente	
‣ Received from non-plan facilities and providers	No charge after deductible is met
Ambulance service	No charge after deductible is met
‣ When use of other means of transportation would adversely affect your condition	
Maternity care	No charge after deductible is met
‣ Routine prenatal and postpartum visits	
‣ Delivery	See "hospitalization"
Prescription Drugs	No charge after deductible is met
‣ Up to a 30-day supply, obtained from a Kaiser Permanente pharmacy	
‣ Mail order service: up to a 90-day supply for two copays	

¹ Deductibles apply toward out-of-pocket maximum.

² For families, the individual deductible/out-of-pocket maximum does not apply. The family deductible/out-of-pocket maximum can be met by one family member or by a combination of family members.

HSA-Qualified Deductible HMO Plans

KP 4500/HSA/Rx	KP 5950/HSA/Rx
\$4,500	\$5,950
\$9,000	\$11,900
Equals Deductible	Equals Deductible
Equals Deductible	Equals Deductible
No charge, not subject to deductible	No charge, not subject to deductible
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met; does not include hardware	No charge after deductible is met; does not include hardware
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
No charge after deductible is met	No charge after deductible is met
See "hospitalization"	See "hospitalization"
No charge after deductible is met	No charge after deductible is met

Point-of-Service (POS) Plans

Benefit	POS KP+1 1400/40/Rx HMO network with out-of-network coverage/\$1400 medical deductible/\$40 office visit copay/with Rx (IN-NETWORK)
Medical deductible (per calendar year)¹	
‣ Individual	\$1,400
‣ Family ²	\$4,200
Out-of-pocket (OOP) maximum per calendar year¹	
‣ Individual	\$3,100
‣ Family ²	\$6,200
Medical office visits	No charge, not subject to deductible
‣ Preventive care ³	
‣ Primary care ⁴	\$40 each visit, not subject to deductible
‣ Specialty care ⁴	\$60 each visit, not subject to deductible
‣ Outpatient or same-day surgery	30% coinsurance, after deductible is met
‣ Hearing exams	\$40 each visit, not subject to deductible
‣ Eye exams for glasses performed by an Optometrist	\$40 each visit, not subject to deductible; does not include hardware
Diagnostic services	No charge, not subject to deductible
‣ Lab tests	
‣ Diagnostic X-rays	30% coinsurance, after deductible is met
‣ Therapeutic X-rays	30% coinsurance, after deductible is met
‣ Special procedures such as CT, PET, MRI	30% coinsurance, after deductible is met
Hospitalization	30% coinsurance, after deductible is met
After-hours care⁴	
‣ Received at designated facilities	\$60 each visit, not subject to deductible
Emergency care	
‣ Received at a facility designated by Kaiser Permanente	\$250 each visit, not subject to deductible, waived if admitted as an inpatient
Ambulance service	
‣ When use of other means of transportation would adversely affect your condition	30% coinsurance, up to \$500 per trip
Maternity care	No charge, not subject to deductible
‣ Routine prenatal and postpartum visits	
‣ Delivery	30% coinsurance, after deductible is met
Prescription Drugs	
‣ Up to a 30-day supply, obtained from a Kaiser Permanente pharmacy	\$10 copay generic (not subject to pharmacy deductible)
‣ Mail order service: up to a 90-day supply for two copays	\$100 Pharmacy deductible ⁵ applies to the following: \$40 copay preferred brand name ⁶ ; 50% coinsurance non-preferred ⁷ ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed

¹ All benefits are subject to deductibles if applicable, except where noted.

² For Families, the individual family members are responsible for meeting the Family Out-of-Pocket Maximum (OPM), only up to the Individual OPM amount.

³ The copay or coinsurance for certain preventive services may differ from the copay listed above.

⁴ Procedures during visit are billed at coinsurance level after deductible is met.

POS KP+1 1400/40/Rx HMO network with out-of-network coverage/\$1400 medical deductible/\$40 office visit copay/with Rx (OUT-OF-NETWORK)	POS KP+1 2000/40/Rx HMO network with out-of-network coverage/\$2000 medical deductible/\$40 office visit copay/with Rx (IN-NETWORK)
\$2,800 ⁸	\$2,000
\$8,400 ⁸	\$6,000
\$6,200 ⁸	\$3,500
\$12,400 ⁸	\$7,000
No charge, not subject to deductible	No charge, not subject to deductible
\$60 each visit, not subject to deductible	\$40 each visit, not subject to deductible
\$100 each visit, not subject to deductible	\$60 each visit, not subject to deductible
50% coinsurance, after deductible is met	30% coinsurance, after deductible is met
\$60 each visit, not subject to deductible	\$40 each visit, not subject to deductible
Covered in-network only	\$40 each visit, not subject to deductible; does not include hardware
50% coinsurance, after deductible is met	No charge, not subject to deductible
50% coinsurance, after deductible is met	30% coinsurance, after deductible is met
50% coinsurance, after deductible is met	30% coinsurance, after deductible is met
50% coinsurance, after deductible is met	30% coinsurance, after deductible is met
50% coinsurance, after deductible is met	30% coinsurance, after deductible is met
50% coinsurance, after deductible is met	30% coinsurance, after deductible is met
\$100 each visit, not subject to deductible	\$60 each visit, not subject to deductible
\$250 each visit, not subject to deductible, waived if admitted as an inpatient	\$250 each visit, not subject to deductible, waived if admitted as an inpatient
30% coinsurance, up to \$500 per trip	30% coinsurance, up to \$500 per trip
\$60 each visit, not subject to deductible	No charge, not subject to deductible
50% coinsurance, after deductible is met	30% coinsurance, after deductible is met
Covered in-network only	\$10 copay generic (not subject to pharmacy deductible) \$100 Pharmacy deductible ⁵ applies to the following: \$40 copay preferred brand name ⁶ ; 50% coinsurance non-preferred ⁷ ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed

⁵ For Denver/Boulder, a non-preferred prescription requires a physician referral.

⁶ Pharmacy deductibles do not apply to annual deductibles; copays do not apply to out-of-pocket maximum.

⁷ Member pays 50% of retail price for non-preferred drugs.

⁸ Tier 2 deductible/OOP accumulations contribute to Tier 1 deductible/OOP accumulations.

POS Plans

Benefit	POS KP+1 2000/40/Rx HMO network with out-of-network coverage/\$2000 medical deductible/\$40 office visit copay/with Rx (OUT-OF-NETWORK)
Medical deductible (per calendar year)¹	
‣ Individual	\$4,000
‣ Family ²	\$12,000
Out-of-pocket (OOP) maximum per calendar year¹	
‣ Individual	\$7,000
‣ Family ²	\$14,000
Medical office visits	
‣ Preventive care ³	No charge, not subject to deductible
‣ Primary care ⁴	\$60 each visit, not subject to deductible
‣ Specialty care ⁴	\$100 each visit, not subject to deductible
‣ Outpatient or same-day surgery	50% coinsurance, after deductible is met
‣ Hearing exams	\$60 each visit, not subject to deductible
‣ Eye exams for glasses performed by an Optometrist	Covered in-network only
Diagnostic services	
‣ Lab tests	50% coinsurance, after deductible is met
‣ Diagnostic X-rays	50% coinsurance, after deductible is met
‣ Therapeutic X-rays	50% coinsurance, after deductible is met
‣ Special procedures such as CT, PET, MRI	50% coinsurance, after deductible is met
Hospitalization	50% coinsurance, after deductible is met
After-hours care⁴	
‣ Received at designated facilities	\$100 each visit, not subject to deductible
Emergency care	
‣ Received at a facility designated by Kaiser Permanente	\$250 each visit, not subject to deductible, waived if admitted as an inpatient
Ambulance service	
‣ When use of other means of transportation would adversely affect your condition	30% coinsurance, up to \$500 per trip
Maternity care	
‣ Routine prenatal and postpartum visits	\$60 each visit, not subject to deductible
‣ Delivery	50% coinsurance, after deductible is met
Prescription Drugs	
‣ Up to a 30-day supply, obtained from a Kaiser Permanente pharmacy	Covered in-network only
‣ Mail order service: up to a 90-day supply for two copays	

¹ All benefits are subject to deductibles if applicable, except where noted.

² For Families, the individual family members are responsible for meeting the Family Out-of-Pocket Maximum (OPM), only up to the Individual OPM amount.

³ The copay or coinsurance for certain preventive services may differ from the copay listed above.

⁴ Procedures during visit are billed at coinsurance level after deductible is met.

POS Plans

POS KP+1 3200/40/Rx HMO network with out-of-network coverage/\$3200 medical deductible/\$40 office visit copay/with Rx (IN-NETWORK)	POS KP+1 3200/40/Rx HMO network with out-of-network coverage/\$3200 medical deductible/\$40 office visit copay/with Rx (OUT-OF-NETWORK)
\$3,200	\$6,400
\$9,600	\$19,200
\$3,300	\$6,600
\$6,600	\$13,200
No charge, not subject to deductible	No charge, not subject to deductible
\$40 each visit, not subject to deductible	\$60 each visit, not subject to deductible
\$60 each visit, not subject to deductible	\$100 each visit, not subject to deductible
30% coinsurance, after deductible is met	50% coinsurance, after deductible is met
\$40 each visit, not subject to deductible	\$60 each visit, not subject to deductible
\$40 each visit, not subject to deductible; does not include hardware	Covered in-network only
No charge, not subject to deductible	50% coinsurance, after deductible is met
30% coinsurance, after deductible is met	50% coinsurance, after deductible is met
30% coinsurance, after deductible is met	50% coinsurance, after deductible is met
30% coinsurance, after deductible is met	50% coinsurance, after deductible is met
30% coinsurance, after deductible is met	50% coinsurance, after deductible is met
\$60 each visit, not subject to deductible	\$100 each visit, not subject to deductible
\$250 each visit, not subject to deductible, waived if admitted as an inpatient	\$250 each visit, not subject to deductible, waived if admitted as an inpatient
30% coinsurance, up to \$500 per trip	30% coinsurance, up to \$500 per trip
No charge, not subject to deductible	\$60 each visit, not subject to deductible
30% coinsurance, after deductible is met	50% coinsurance, after deductible is met
\$10 copay generic (not subject to pharmacy deductible) \$100 Pharmacy deductible ⁵ applies to the following: \$40 copay preferred brand name ⁶ ; 50% coinsurance non-preferred ⁷ ; 20% coinsurance for specialty drugs including self injectibles, up to a max. \$250 per drug dispensed	Covered in-network only

⁵ For Denver/Boulder, a non-preferred prescription requires a physician referral.

⁶ Pharmacy deductibles do not apply to annual deductibles; copays do not apply to out-of-pocket maximum.

⁷ Member pays 50% of retail price for non-preferred drugs.

Out-of-Area Preferred Provider Organization (PPO) Plans

Benefit	CLASSIC OOA	OOA Plan SP01	
		Preferred Network	Out-of-Network
Medical deductible (per calendar year)	\$200	\$750	\$1,000
▸ Individual			
▸ Family	\$500	\$2,250	\$3,000
Out-of-pocket (OOP) maximum per calendar year	\$2,500	\$3,000	\$6,000
▸ Individual			
▸ Family	\$4,500	\$7,500	\$15,000
Medical office visits	No charge, not subject to deductible	\$0 per visit copay; limited services available—see certificate; deductible waived	\$70 each visit; limited services available; not subject to deductible
▸ Preventive care ¹			
▸ Primary care	20% coinsurance, after deductible is met	\$20 each visit ^{1,2}	40% coinsurance after deductible is met
▸ Specialty care	20% coinsurance, after deductible is met	\$30 each visit ^{1,2}	40% coinsurance after deductible is met
▸ Outpatient or same-day surgery	20% coinsurance, after deductible is met	20% coinsurance after deductible is met; pre-certification required	40% coinsurance after deductible is met; pre-certification required
▸ Hearing exams	20% coinsurance, after deductible is met	Not covered	Not covered
▸ Eye exams for glasses performed by an Optometrist	20% coinsurance, after deductible is met	\$20 each visit	40% coinsurance after deductible is met
Diagnostic services	20% coinsurance, after deductible is met	20% coinsurance after deductible is met	40% coinsurance after deductible is met
▸ Lab tests			
▸ Diagnostic X-rays	20% coinsurance, after deductible is met	20% coinsurance after deductible is met	40% coinsurance after deductible is met
▸ Therapeutic X-rays	20% coinsurance, after deductible is met	20% coinsurance after deductible is met	40% coinsurance after deductible is met
▸ Special procedures such as CT, PET, MRI	20% coinsurance, after deductible is met	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Hospitalization	20% coinsurance, after deductible is met	20% coinsurance after deductible is met	40% coinsurance after deductible is met
After-hours care	20% coinsurance, after deductible is met	\$30 each visit ^{1,2}	40% coinsurance after deductible is met
Emergency care	20% coinsurance, after deductible is met	20% coinsurance after deductible is met	20% coinsurance after deductible is met
Ambulance service		20% coinsurance after deductible is met; limited to a maximum \$1,000 per occurrence combined with out-of-network	40% coinsurance after deductible is met; limited to a maximum \$1,000 per occurrence combined with out-of-network
▸ When use of other means of transportation would adversely affect your condition	20% coinsurance, after deductible is met		
Maternity care	20% coinsurance, after deductible is met	No charge	40% coinsurance
▸ Routine prenatal and postpartum visits			
▸ Delivery	20% coinsurance, after deductible is met	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Prescriptions	20% coinsurance for up to a 30-day supply; individual deductible of \$50, family deductible of \$100	\$15 copay generic; \$30 copay preferred brand name, limited to a 30-day supply at participating pharmacies; 20% coinsurance self-administered injectibles up to a max. \$250 per drug dispensed, after pharmacy deductible is met	\$15 copay generic; \$30 copay preferred brand name; limited to a 30-day supply at participating pharmacies; 20% coinsurance self-administered injectibles up to a max. \$250 per drug dispensed, after pharmacy deductible is met

16 ¹Not subject to deductible.

²Procedures during visit are billed at coinsurance level after deductible is met.

Out-of-Area Preferred Provider Organization (PPO) Plans

OOA Plan SP02		OOA Plan SP03	
Preferred Network	Out-of-Network	Preferred Network	Out-of-Network
\$1,000	\$1,500	\$2,000	\$3,000
\$3,000	\$4,500	\$6,000	\$9,000
\$4,000	\$8,000	\$6,000	\$12,000
\$10,000	\$20,000	\$15,000	\$30,000
\$0 per visit copay; limited services available—see certificate; deductible waived	\$70 each visit; limited services available; not subject to deductible	\$0 per visit copay; limited services available—see certificate; deductible waived	\$70 each visit; limited services available; not subject to deductible
\$30 each visit ^{1,2}	50% coinsurance after deductible is met	\$30 each visit ^{1,2}	50% coinsurance after deductible is met
\$50 each visit ^{1,2}	50% coinsurance after deductible is met	\$50 each visit ^{1,2}	50% coinsurance after deductible is met
30% coinsurance after deductible is met; pre-certification required	50% coinsurance after deductible is met; pre-certification required	30% coinsurance after deductible is met; pre-certification required	50% coinsurance after deductible is met; pre-certification required
Not covered	Not covered	Not covered	Not covered
\$30 each visit	50% coinsurance after deductible is met	\$30 each visit	50% coinsurance after deductible is met
30% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
30% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
30% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
30% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
30% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
\$50 each visit ^{1,2}	50% coinsurance after deductible is met	\$50 each visit ^{1,2}	50% coinsurance after deductible is met
30% coinsurance after deductible is met	30% coinsurance after deductible is met	30% coinsurance after deductible is met	30% coinsurance after deductible is met
30% coinsurance after deductible is met; limited to a maximum \$1,000 per occurrence combined with out-of-network	50% coinsurance after deductible is met; limited to a maximum \$1,000 per occurrence combined with out-of-network	30% coinsurance after deductible is met; limited to a maximum \$1,000 per occurrence combined with out-of-network	50% coinsurance after deductible is met; limited to a maximum \$1,000 per occurrence combined with out-of-network
No charge	50% coinsurance	No charge	50% coinsurance
30% coinsurance after deductible is met	50% coinsurance after deductible is met	30% coinsurance after deductible is met	50% coinsurance after deductible is met
\$15 copay generic; \$30 copay preferred brand name, limited to a 30-day supply at participating pharmacies; 20% coinsurance self-administered injectibles up to a max. \$250 per drug dispensed, after pharmacy deductible is met	\$15 copay generic; \$30 copay preferred brand name, limited to a 30-day supply at participating pharmacies; 20% coinsurance self-administered injectibles up to a max. \$250 per drug dispensed, after pharmacy deductible is met	\$100 per person deductible per calendar year. Then \$15 copay generic; \$30 copay preferred brand name, limited to a 30-day supply at participating pharmacies. 20% coinsurance self-administered injectibles up to a max. \$250 per drug dispensed, after pharmacy deductible is met	\$100 per person deductible per calendar year. Then \$15 copay generic; \$30 copay preferred brand name, limited to a 30-day supply at participating pharmacies. 20% coinsurance self-administered injectibles up to a max. \$250 per drug dispensed, after pharmacy deductible is met



2012 Benefits	MEMBER PAYS
Medical office visit	\$20 copay
Office administered medications for Part B drugs	20% copay
Specialty office visit	\$30 copay
Therapeutic X-ray services	\$30 copay
Inpatient hospitalization	\$250 per day 1 & 2; \$500 maximum
Outpatient surgery	\$100 copay
Colonoscopy	No charge. This includes procedures performed in the medical office and colorectal screening.
Ambulance services	20% up to \$500 copay per trip
Durable Medical Equipment	20% copay. No charge for diabetic self-monitoring training, nutrition therapy, and supplies.
Prescription drugs	\$10 Generic / \$30 Brand / 30-day supply Mail order: 90-day mail order for 2x copays
MRI, CT, PET scan, nuclear medicine	\$100 copay for each type of outpatient procedure
Urgent care	\$30 copay
Mental health care <ul style="list-style-type: none"> • Inpatient • Outpatient 	\$250 per day 1 & 2; \$500 maximum \$20 copay each visit 190 lifetime days in a Medicare-certified psychiatric facility
Chemical dependency <ul style="list-style-type: none"> • Inpatient rehabilitation • Outpatient rehabilitation 	\$250 per day 1 & 2; \$500 maximum \$20 copay each visit
Routine foot care	No charge. Four visits per year from contracted providers.
SilverSneakers® Fitness Program	At participating fitness centers.

Senior Advantage Medicare rates for **retirees** and dependents for all small groups.

TAKING PART D	TAKING RETIREE DRUG SUBSIDY
\$157.03	\$199.53

Senior Advantage Medicare rates for **active** members and dependents in a small group with **19 or fewer employees**.

TAKING PART D	NOT TAKING PART D
\$157.03	\$199.53

Senior Advantage Medicare rates for **active** members and dependents in a small group with **20 or more employees**. (working-aged rate)

TAKING PART D	NOT TAKING PART D
\$628.91	\$671.41



2012 Benefits	MEMBER PAYS
Medical office visit	\$20 copay
Office administered medications for Part B drugs	20% copay
Specialty office visit	\$30 copay
Therapeutic X-ray services	\$30 copay
Inpatient hospitalization	\$250 per day 1 & 2; \$500 maximum
Outpatient surgery	\$100 copay
Colonoscopy	No charge. This includes procedures performed in the medical office and colorectal screening.
Ambulance services	20% up to \$500 copay per trip
Durable Medical Equipment	20% copay. No charge for diabetic self-monitoring training, nutrition therapy, and supplies.
Prescription drugs	\$10 Generic / \$30 Brand / 30-day supply Mail order: 90-day mail order for 2x copays
MRI, CT, PET scan, nuclear medicine	\$100 copay for each type of outpatient procedure
Urgent care	\$30 copay
Mental health care <ul style="list-style-type: none"> • Inpatient • Outpatient 	\$250 per day 1 & 2; \$500 maximum \$20 copay each visit 190 lifetime days in a Medicare-certified psychiatric facility
Chemical dependency <ul style="list-style-type: none"> • Inpatient rehabilitation • Outpatient rehabilitation 	\$250 per day 1 & 2; \$500 maximum \$20 copay each visit
Routine foot care	No charge. Four visits per year from contracted providers.
SilverSneakers® Fitness Program	At participating fitness centers.

Senior Advantage Medicare rates for **retirees** and dependents for all small groups.

TAKING PART D	TAKING RETIREE DRUG SUBSIDY
\$233.33	\$282.33

Senior Advantage Medicare rates for **active** members and dependents in a small group with **19 or fewer employees**.

TAKING PART D	NOT TAKING PART D
\$233.33	\$282.33

Senior Advantage Medicare rates for **active** members and dependents in a small group with **20 or more employees**. (working-aged rate)

TAKING PART D	NOT TAKING PART D
\$705.20	\$754.20

The State of Colorado defines a small employer as an employer with one to 50 eligible employees. By state regulation, rates are based on the age and family size of your employees who enroll in a Kaiser Permanente plan as well as Medicare integration, as applicable. Certain groups may be impacted by Medicare integration, in which case the premiums associated with those members vary dependent upon which payor (Medicare or Kaiser Permanente) is primary and which is secondary. If the group has 10 or more eligible employees, it is also subject to Standard Industrial Classification (SIC) rating factor and may elect age banded or composite rates. Premiums and any annual rate increases are determined by the expected costs to the Health Plan and are applied equally to all small employer groups. Any small employer group meeting all provisions of the signed agreement will have the right to renew.

Colorado insurance law requires all carriers in the small group market to issue any health benefit plan it markets in Colorado to small employers of 2-50 employees, including a Basic or Standard Health Benefit Plan, upon the request of a small employer to the entire small group, regardless of the health status of any of the individuals in the group. Business Groups of One cannot be rejected under a Basic or Standard Health Benefit Plan during open enrollment periods as specified by law.

Colorado State law requires an Access Plan describing Kaiser Permanente's network of providers and services be available. To obtain a copy, call **303-338-3800** in Denver/Boulder; or **719-867-2100** in Southern Colorado.

Colorado law requires carriers to make available a Colorado Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan. The carrier also must provide the form, upon oral or written request, within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

IMPORTANT: These are not federally qualified health benefit plans.

This is a summary of coverage for eligible members that only briefly summarizes the major provisions of the Agreement between Kaiser Permanente and you or your group. There are services or conditions that are excluded from coverage or that may only be covered under certain circumstances. Further information may be obtained by contacting Kaiser Permanente or by referring to your *Evidence of Coverage* or *Certificate of Insurance*. In the event of ambiguity and/or conflict between this synopsis and/or the *Evidence of Coverage* or *Certificate of Insurance*, the *Evidence of Coverage* or *Certificate of Insurance* shall control.