Simple steps to enroll in a Kaiser Permanente plan on Covered California

Get ready

Covered California (coveredca.com) is where you’ll buy health care coverage if you qualify for financial help from the federal government. We’re here to help make it easier to select your Kaiser Permanente plan.

Need help choosing a plan?
• Visit us at buykp.org
• If you’re already a Kaiser Permanente member, call us at 1-800-464-4000.
• If you’re not yet a member, call us at 1-800-501-1485 or contact your agent or broker.

The Kaiser Permanente plans on Covered California have identical benefits and rates as those offered from us.

Get your plan

1. Log into your account and complete the Household, Personal Data, Income, and Eligibility sections then click “Choose Health Plan,” then “Select a Plan.”

2. Select a plan for yourself and each member of your household who wants coverage.

3. Go to “Checkout” and review your cart to make sure all your selections are correct.

4. Click “Agree & Sign.”

5. After you complete your application, we will send you an initial invoice. Make sure your information is correct. (If anything needs correcting, you’ll need to contact Covered California at 1-800-300-1506 or coveredca.com.)

6. Pay the invoice as soon as possible. Your enrollment won’t be complete until you pay the first month’s premium.

*Before you go to Covered California, pull together all the information you’ll need.
• Your most recent pay stub and tax return
• Birthdates of everyone in your family (even if they don’t want health coverage)
• Social Security numbers for family members you want to get coverage for.
• Citizenship or immigration status information.
• Policy numbers for any health insurance you have.
• Paperwork for job-related health insurance available to your family.

Thank you for choosing Kaiser Permanente, a better choice for good health.
The power to choose

As your partner in health, we are committed to providing you with the information you need to make important decisions about your health care coverage.

★★★★ We’re proud to be awarded the highest rating of four 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.

→ No denial for medical history
Medical review will no longer be required to purchase health insurance. By law, coverage cannot be denied to people because of pre-existing or ongoing medical conditions like cancer or diabetes.

→ New ways to get coverage
The new Health Insurance Marketplace offers a convenient way to purchase health insurance either online, in person, through the mail, or by phone. You may also obtain a Kaiser Permanente plan through us or your broker.

→ Financial help is available
The federal government offers financial assistance for those that qualify. The amount of financial assistance will depend on your annual income and size of your household. The only way to receive federal financial assistance is by purchasing your health plan through California’s Health Insurance Marketplace, Covered California.

→ Plan choices
Choose from a range of plans to fit your needs and budget. You can pick one plan for your entire family or separate plans for each person.

You can select from 4 levels of coverage – Bronze, Silver, Gold, and Platinum.

- All levels offer the same essential health benefits (such as doctor visits, hospital care, prescriptions, and maternity care) and include certain preventive services for no charge.
- The levels reflect how you pay for coverage. Bronze plans generally offer lower premiums but higher out-of-pocket costs. Gold plans generally have higher premiums and lower out-of-pocket costs. The levels reflect how you pay for coverage, not the quality of the care provided.

There’s also a minimum coverage plan for people under 30 or those who are able to prove financial hardship or lack of affordable coverage.

*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.
Health plan benefit highlights

See the “Health plan benefit highlights” chart starting on the next page for an overview of what you can expect to pay for services under our plans. This will help you understand which one best meets your needs. For deductible plans, keep in mind that most of the amounts shown apply only after you reach your deductible. To get an idea of what you might pay before reaching your deductible, check out our resources at kp.org/treatmentestimates.

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 charge for most services until you reach $1,250 for yourself or $2,500 for your family. Then you’d start paying copayments or coinsurance.

Annual out-of-pocket maximum

This is the most you’ll pay for care during a calendar year before your plan starts paying 100 percent for most covered services. In this example, you’d never pay more than $6,350 for yourself and no more than $12,700 for your family for your deductible, copayments, and coinsurance 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.

Not subject to the deductible

Some services are always covered at a copayment or coinsurance, regardless of whether you’ve reached your deductible. Under this plan, primary care visits are covered at a $40 copayment – even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits are not subject to the deductible.

Coinsurance

This is a percentage of the total cost you pay for certain services, usually after you’ve reached your deductible. After reaching your deductible, you may start paying a percentage of the total cost for certain services. Here, you’d pay 30 percent 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.

Copayment

This is the set amount you pay for certain services, usually after you reach your deductible. In this example, you’d start paying a $40 copayment for urgent care visits whether or not you have met your deductible. For these plans, there is an out-of-pocket maximum.

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Kaiser Permanente for Individuals and Families

Kaiser Permanente – Bronze 60 HMO plan includes three office visits at $60 each before you reach your deductible. Office visits include primary, urgent, postnatal, or outpatient mental health care.

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The Kaiser Permanente – Bronze 60 HMO plan includes three office visits at $60 each before you reach your deductible. Office visits include primary, urgent, postnatal, or outpatient mental health care.

### Benefits

<table>
<thead>
<tr>
<th>Features</th>
<th>Kaiser Permanente Bronze 60 HSA</th>
<th>Kaiser Permanente Bronze 60 HMO*</th>
<th>Kaiser Permanente Bronze 60 HSA 3500/30</th>
<th>Kaiser Permanente Silver 70 HSA 1500/20%</th>
<th>Kaiser Permanente Silver 70 HMO 1250/40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan type</td>
<td>HSA–qualified</td>
<td>Deductible</td>
<td>HSA–qualified</td>
<td>Deductible</td>
<td>Deductible</td>
</tr>
<tr>
<td>Individual plan annual deductible (subscriber only)</td>
<td>$4,500</td>
<td>$5,000</td>
<td>$3,500</td>
<td>$1,500</td>
<td>$1,250</td>
</tr>
<tr>
<td>Family plan annual deductible (individual/family)</td>
<td>$9,000/$9,000</td>
<td>$5,000/$10,000</td>
<td>$7,000/$7,000</td>
<td>$3,000/$3,000</td>
<td>$1,250/$2,500</td>
</tr>
<tr>
<td>Individual plan annual out-of-pocket maximum (subscriber only)</td>
<td>$6,250</td>
<td>$6,250</td>
<td>$6,350</td>
<td>$6,350</td>
<td>$6,350</td>
</tr>
<tr>
<td>Family plan annual out-of-pocket maximum (individual/family)</td>
<td>$12,500/$12,500</td>
<td>$6,250/$12,500</td>
<td>$12,700/$12,700</td>
<td>$12,700/$12,700</td>
<td>$6,350/$12,700</td>
</tr>
</tbody>
</table>

### Preventive care

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

### Outpatient services (per visit or procedure)

- Primary care office visit: 40% after deductible $60 after deductible‡ $30 after deductible 20% after deductible $40
- Specialty care office visit: 40% after deductible $70 after deductible $30 after deductible 20% after deductible $40
- Most X-rays: 40% after deductible $30 after deductible 20% after deductible $30 after deductible $40
- Most lab tests: 40% after deductible $30 after deductible 20% after deductible $30 after deductible $40
- MRI, CT, PET: 40% after deductible $30 after deductible 20% after deductible $30 after deductible $40
- Outpatient surgery: 40% after deductible $30 after deductible 20% after deductible $30 after deductible $40
- Mental health visit: 40% after deductible $60 after deductible‡ $30 after deductible 20% after deductible $40

### Inpatient hospital care

- Room and board, surgery, anesthesia, X-rays, lab tests, medications: 40% after deductible $30 after deductible 20% after deductible $30 after deductible $40

### Maternity

- Routine prenatal care visit, first postpartum visit:
  - No charge

### Delivery and inpatient well-baby care

- 40% after deductible $60 after deductible‡ $30 after deductible 20% after deductible $40

### Emergency and urgent care

- 40% after deductible $300 per visit after deductible $30 after deductible 20% after deductible $250 after deductible

### Urgent care visit

- 40% after deductible $60 after deductible‡ $30 after deductible 20% after deductible $40

### Prescription drugs

- Plan pharmacy (up to a 30-day supply):
  - Generic: 40%
  - Brand: 40%
  - Specialty: 40%
  - All after deductible
  - Generic: $15
  - Brand: $50
  - Specialty: 30%
  - All after deductible
  - Generic: $15
  - Brand: $40
  - Specialty: 30%
  - All after deductible
  - Generic: 20%
  - Brand: 20%
  - Specialty: 20%
  - All after deductible
  - Generic: $20
  - Brand: $50
  - Specialty: 30%
  - All after deductible

- Mail-order (up to a 100-day supply):
  - Generic: 40%
  - Brand: 40%
  - All after deductible
  - Generic: $30
  - Brand: $100
  - All after deductible
  - Generic: $30
  - Brand: $80
  - All after deductible
  - Generic: 20%
  - Brand: 20%
  - Specialty: 20%
  - All after deductible
  - Generic: $40
  - Brand: $100
  - Specialty: 30%
  - All after deductible

### Other Services

- ChooseHealthy™ discounts, as well as other wellness and health programs at kp.org/livehealthy: included

This is a summary of the most frequently asked–about benefits and their copayments, coinsurance, and deductibles. For more information, please refer to the Disclosure Form. Detailed information about your plan is in the Membership Agreement, which will be mailed to you upon enrollment or upon request. To request a copy of the Membership Agreement for a particular plan, please call us at 1–800–634–4579 or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copayments, and coinsurance apply 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.

*Also available on Covered California. You can find more Kaiser Permanente plans on coveredca.com.
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After five days, there is no charge for covered services related to the admission.

Only applicants under age 30, or applicants age 30 and older who provide a certificate from Covered California demonstrating hardship or lack of affordable coverage, may purchase a Kaiser Permanente – Minimum Coverage plan.

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

### Benefits

#### Preventive care

<table>
<thead>
<tr>
<th>Routine physical exam, mammograms, etc.</th>
<th>No charge</th>
<th>No charge</th>
<th>No charge</th>
<th>No charge</th>
<th>No charge</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Primary care office visit</th>
<th>$45</th>
<th>$30</th>
<th>$30</th>
<th>$20</th>
<th>No charge after deductible&lt;sup&gt;††&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty care office visit</td>
<td>$65</td>
<td>$50</td>
<td>$50</td>
<td>$40</td>
<td>No charge after deductible &lt;sup&gt;‡&lt;/sup&gt;</td>
</tr>
<tr>
<td>Most X-rays</td>
<td>$65</td>
<td>$50</td>
<td>$50</td>
<td>$40</td>
<td>No charge after deductible &lt;sup&gt;‡&lt;/sup&gt;</td>
</tr>
<tr>
<td>Most lab tests</td>
<td>$45</td>
<td>$30</td>
<td>$30</td>
<td>$20</td>
<td>No charge after deductible &lt;sup&gt;‡&lt;/sup&gt;</td>
</tr>
<tr>
<td>MRI, CT, PET</td>
<td>$250</td>
<td>20%</td>
<td>$250</td>
<td>$150</td>
<td>No charge after deductible &lt;sup&gt;‡&lt;/sup&gt;</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>20%</td>
<td>20%</td>
<td>$600</td>
<td>$250</td>
<td>No charge after deductible &lt;sup&gt;‡&lt;/sup&gt;</td>
</tr>
<tr>
<td>Mental health visit</td>
<td>$45</td>
<td>$30</td>
<td>$30</td>
<td>$20</td>
<td>No charge after deductible&lt;sup&gt;††&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

#### Inpatient hospital care

<table>
<thead>
<tr>
<th>Room and board, surgery, anesthesia, X–rays, lab tests, medications</th>
<th>20% after deductible</th>
<th>20%</th>
<th>$600 per day up to 5 days&lt;sup&gt;‡‡&lt;/sup&gt;</th>
<th>$250 per day up to 5 days&lt;sup&gt;‡‡&lt;/sup&gt;</th>
<th>No charge after deductible</th>
</tr>
</thead>
</table>

#### Maternity

<table>
<thead>
<tr>
<th>Routine prenatal care visit, first postpartum visit</th>
<th>No charge</th>
<th>No charge</th>
<th>No charge</th>
<th>No charge</th>
<th>No charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delivery and inpatient well–baby care</td>
<td>20% after deductible</td>
<td>20%</td>
<td>$600 per day up to 5 days&lt;sup&gt;‡‡&lt;/sup&gt;</td>
<td>$250 per day up to 5 days&lt;sup&gt;‡‡&lt;/sup&gt;</td>
<td>No charge after deductible</td>
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</tbody>
</table>

#### Emergency and urgent care

<table>
<thead>
<tr>
<th>Emergency Department visit</th>
<th>$250 after deductible</th>
<th>$250</th>
<th>$250 per visit</th>
<th>$150 per visit</th>
<th>No charge after deductible&lt;sup&gt;‡&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent care visit</td>
<td>$45</td>
<td>$30</td>
<td>$30</td>
<td>$20</td>
<td>No charge after deductible&lt;sup&gt;‡&lt;/sup&gt;</td>
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#### Prescription drugs

<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Brand: 20%</td>
<td>Specialty: 20%</td>
<td>Brand: 20%</td>
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<td>Specialty: 20%</td>
</tr>
<tr>
<td>Mail–order (up to a 100–day supply)</td>
<td>Generic: $30</td>
<td>Brand: $100</td>
<td>Generic: $30</td>
<td>Brand: $100</td>
<td>Generic: $10</td>
<td>Brand: $30</td>
</tr>
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</table>

#### Other Services

<table>
<thead>
<tr>
<th>Other Services</th>
<th>included</th>
<th>included</th>
<th>included</th>
<th>included</th>
<th>included</th>
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</thead>
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ChooseHealthy™ discounts, as well as other wellness and health programs at kp.org/livehealthy included included included included included included

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The Kaiser Permanente – Minimum Coverage plan includes three office visits at no charge before you reach your deductible. Office visits include primary, urgent, postnatal, or outpatient mental health care.
You may qualify for federal financial assistance

If you need help paying for health care, you may qualify for financial assistance. Under health care reform, the federal government will provide federal financial assistance for people with qualifying incomes. Here’s some information to help you find out whether you may be eligible.

Federal financial assistance available

You can apply for federal financial assistance from the federal government to help pay for care and coverage under Kaiser Permanente’s new 2015 plans.

- Help with premiums and out-of-pocket expenses (deductibles, copayments, coinsurance) will be available only if you buy your Kaiser Permanente coverage through your Health Insurance Marketplace, Covered California.

- If you are eligible, the federal government will pay the financial assistance to us.

- Assistance will be on a sliding scale, based on modified adjusted gross income and family size.

Do you qualify for assistance with monthly premiums?

This chart shows the approximate (estimated) family income levels that qualify people for help. The numbers change slightly every year, so it’s important to contact us. The chart below is just a guide.

<table>
<thead>
<tr>
<th>NUMBER OF PEOPLE IN HOUSEHOLD</th>
<th>ANNUAL FAMILY INCOME LEVELS TO QUALIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$46,680 or below</td>
</tr>
<tr>
<td>2</td>
<td>$62,920 or below</td>
</tr>
<tr>
<td>3</td>
<td>$79,160 or below</td>
</tr>
<tr>
<td>4</td>
<td>$95,400 or below</td>
</tr>
<tr>
<td>5</td>
<td>$111,640 or below</td>
</tr>
<tr>
<td>6</td>
<td>$127,880 or below</td>
</tr>
<tr>
<td>7</td>
<td>$144,120 or below</td>
</tr>
<tr>
<td>8</td>
<td>$160,360 or below</td>
</tr>
</tbody>
</table>

- You can also use our online calculator to find out if you may qualify for federal financial assistance. Just go to buykp.org.

What should you do next?

Go to buykp.org or coveredca.com to see if you qualify for assistance. You’ll also be able to enroll in one of our plans on Covered California.

Please note that if you have the option of receiving health coverage through your employer, you may not be eligible for federal financial assistance.

To avoid being double billed, if you enroll in a plan through Covered California and you are already enrolled in a Kaiser Permanente plan, you must cancel your current plan through Kaiser Permanente by calling our Member Service Contact Center on or before the effective date of your new plan.

What if you don’t qualify for assistance?

You have two choices:

- You can still purchase your Kaiser Permanente plan through Covered California.

- Or you can purchase your coverage from us or your broker.

Either way, your plan will offer the same benefits and services.

Have questions?

We’ve got answers. We’ll help you decide which plan is best for you, even if you apply through coveredca.com. Call us at 1-800-494-5314 (TTY 711 for the deaf, hard of hearing, or speech impaired), or contact your agent or broker.
When and how to enroll in your plan

Once you understand why you need health care coverage, the next steps are knowing when and how to enroll and finding out if you qualify for federal financial assistance.

Enrolling during an annual open enrollment period

There’s a deadline to apply for health care coverage. You can apply starting November 15, 2014, through February 15, 2015. This is called the open enrollment period. It's when you can enroll in health plans through Covered California or through Kaiser Permanente.

To enroll during this 2015 open enrollment period, you must make sure we receive your completed Application for Health Coverage – along with your first month’s premium – no later than February 15, 2015.

<table>
<thead>
<tr>
<th>If you want your coverage to start on:</th>
<th>Your completed application and first month’s premium must be received by:</th>
</tr>
</thead>
</table>

Enrolling during a special enrollment period

You may change or apply for health care coverage during an annual open enrollment period. Outside of the open enrollment period, you may enroll or change your coverage if you experience a situation known as a triggering event. For example, if you get married, have a baby, or lose coverage because you lose your job – all triggering events – you will have a special enrollment period. If your triggering event occurs during open enrollment, you also will have a special enrollment period and your health coverage effective date may vary from open enrollment effective dates.

Generally, a special enrollment period lasts 60 days after the triggering event occurs. That means if you’ve experienced a triggering event, you have 60 days from the date of the triggering event to change or apply for health care coverage for yourself and/or your dependent. In some situations, if you are aware of a triggering event that will occur in the future, you may be able to apply for new coverage prior to the triggering event. For example, if you know you will lose coverage, you have 60 days before your loss of coverage and 60 days after your loss of coverage to apply for health coverage.

You have many important decisions to make about your health care coverage, and we’re committed to helping you understand how these changes will impact you and your family. If you have any questions, we’re here to help.

For more information, go to buykp.org/apply to download the Enrolling during a special enrollment period guide, or contact your agent or broker.

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Thank you for choosing Kaiser Permanente, a better choice for good health.

2015 Kaiser Permanente

PLAN HIGHLIGHTS

a wide range of specialists

test results online

convenient facilities near you

I can choose and change my doctor anytime

I can email my doctor

better care for healthier tomorrows

free to focus on you

I’m part of the decision

2015 Kaiser Permanente

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