making **good health** easier

find the right choice
for a healthier you

See how easy healthy can be no matter which one of our plans you choose.

Kaiser Permanente 2016 Medical Plan Comparisons[1]

Medical Plan	Deductible HMO (DHMO) 2016-2017	HSA-Qualified HDHP 2016-2017
Annual Deductible (per plan year)	$ 750 individual $ 1,500 family	$ 1,500 subscriber only $ 3,000 family
Out-of-Pocket Maximum (OPM) (per plan year)	$ 2,000 individual $ 4,000 family	$ 2,000 subscriber only $ 4,000 family
Office Visits (no charge for federally mandated preventive care services)	**Primary Care** $30 Copay **Specialist** $50 Copay **Covered services during a visit** 10% Coinsurance after deductible is met	**Primary Care** 10% Coinsurance after deductible is met **Specialist** 10% Coinsurance after deductible is met
Prescription Drugs (mail order, up to 90-day supply, for 2 co-pays) *For HDHP plans, prescription copays apply after deductible is met.	**Generic** $10 Copay **Brand Name** $30 Copay **Non-Preferred** Not Covered **Specialty** 20% up to $100 per drug per fill	**Generic** $10 Copay* **Brand Name** $30 Copay* **Non-Preferred** Not Covered* **Specialty** 20% up to $100 per drug per fill*
Inpatient Hospital	10% Coinsurance after deductible is met	10% Coinsurance after deductible is met
Ambulance	$500 Copay	10% Coinsurance after deductible is met
Emergency Care	$500 Copay	10% Coinsurance after deductible is met
Urgent Care	$75 Copay **Covered services during a visit** 10% Coinsurance after deductible is met	10% Coinsurance after deductible is met

my.kp.org/stateofcolorado

1-866-635-8743

StateOEKaiser@kp.org

[1] The information provided is only a summary of benefits. For a list of services available with your plan, see your *Evidence of Coverage*.

Kaiser Permanente Medical Plan Scenarios

Scenario 1 – Employee Only Coverage

Lori, Department of Natural Resources, is in her early twenties and just starting out in her career. She's generally healthy. During the year, she goes for a preventive visit and needs to fill two generic prescriptions costing $55.

Type of Cost	Deductible HMO (DHMO)	HSA-Qualified HDHP
Preventive visit	$ 0	$ 0
Prescriptions	$ 20.00 Copayment	$ 55.00
Annual payroll deduction for Employee Only coverage[2]	$ 1,070.40	$ 674.40
Employer HSA Funding	$ 0	$ 720.00
Lori's Total Annual Cost	$ 1,090.40	$ 674.40
Based on Lori's estimated expenses and using $55 of her State-funded HSA contributions, choosing the HDHP will save her $416 next year. The remaining $665 will stay in her HSA.		

Scenario 2 – Family Coverage

Allison, Department of Public Safety, currently covers her husband and a daughter on the plan. She will deliver their second child, a son, in 4 months. The family has 4 preventive visits (including one well baby visit), an inpatient stay for the delivery ($9,000) and 4 generic prescriptions after the baby is born and 1 specialist visit to the pulmonologist for their daughter's allergies ($154 + $58 for breathing test).

Type of Cost	Deductible HMO (DHMO)	HSA-Qualified HDHP
Preventive visits	$ 0	$ 0
Hospital stay (delivery)	$ 750.00 Deductible + $ 825.00 Coinsurance	$ 3,000.00 Deductible + $ 600.00 Coinsurance
Prescriptions	$ 40.00 Copayment	$ 40.00 Copayment
Specialist visit and breathing capacity test	$ 50.00 Copayment + $ 58.00 Deductible	$ 15.40 Coinsurance + $ 5.80 Coinsurance
Annual payroll deduction for Family coverage[2]	$ 4,952.88	$ 3,788.88
Employer HSA Funding	$ 0	$ 720.00
Allison's Total Annual Cost	$ 6,675.88	$ 6,730.08
Based on Allison's estimated expenses, even after using all $720 of her State-funded HSA contributions, choosing the DHMO will save her $54.00.		

Know the language…

- **Deductible**: The amount you pay for covered services each plan year before Kaiser Permanente starts paying. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.
- **Copayment**: A set dollar amount you'll pay for certain services covered by your plan.
- **Coinsurance**: A percentage of the cost of covered services you'll pay after you've reached your deductible.
- **Out-of-pocket maximum (OPM)**: The maximum amount you'll pay in a plan year for most services covered under your plan. Once this limit is reached, Kaiser Permanente will pay 100% for most covered services for the rest of the plan year.

Understand the basics...

Keep in mind, copayments do not apply to the medical deductible but do apply to the out-of-pocket maximum. Coinsurance applies after deductible is met and accumulates to the out of pocket maximum.

[2] This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four coverage levels. If adjusted contributions become necessary. a revised chart will be made available on the State's website; www.colorado.gov/dhr/benefits and sent to your department's benefits, payroll, and HR staff. However, do not delay your open enrollment until the last minute. Revised March 2016.

KAISER PERMANENTE®