

State of Colorado

High Deductible/Coinsurance HMO

HDHP \$1,750 / 25% coinsurance

Effective Date: 07/01/2023 - 6/30/2024

One KPCO

Group Number: 225

Non-Grandfathered

General Information	
Website	www.KP.org
Member Services Number	One KPCO: 1-800-632-9700
Member Services Weekday Hours	8:00 a.m. to 6:00 p.m.
Member Services Weekend Hours	Closed on Weekends
Medical Information	Benefit Plan Design
Contract Year Deductible: Individual/Family	\$1,750 / \$3,500
Contract Year Out-of-Pocket Maximum: Individual/Family	\$5,000 / \$8,000 / \$10,000 Embedded
Is the deductible included in the out-of-pocket maximum?	Yes
Embedded Deductible and Out-of-Pocket Maximum:	For Families, the individual family members are responsible for meeting the Family Out-of-Pocket (OPM), only up to the Individual OPM amount.
Office Visits (Outpatient)	
Primary Care	25% coinsurance each primary care office visit after deductible is met
Specialty Care	25% coinsurance each specialist care office visit after deductible is met
Office Administered Drugs	25% coinsurance after deductible is met
Preventive Care	No charge each preventive care office visit
Prenatal Care	25% coinsurance each routine prenatal care visit after deductible is met
Well-Child Care (17 years or younger)	No charge each well-child care office visit
Physical, Occupational, Speech Therapy (Outpatient)	25% coinsurance each visit for up to 20 visits per year for each type of therapy after deductible is met
Outpatient/Ambulatory Surgery	25% coinsurance after deductible is met
Hospital Care (Inpatient)	
Inpatient	25% coinsurance after deductible is met
Delivery and Inpatient Baby Care	25% coinsurance after deductible is met
Physical, Occupational, Speech Therapy (Inpatient)	25% coinsurance after deductible is met up to 60 days per year
Emergency Care	
Ambulance	25% coinsurance after deductible is met
Emergency Room	25% coinsurance after deductible is met Special Procedures (see Lab and X-Ray) performed in the Emergency Room will be charged separately
Emergency Care (Cont.)	
Urgent Care	25% coinsurance each visit after deductible is met at a Kaiser Permanente designated Urgent Care Plan Facility inside the Service Area

IMPORTANT: This synopsis is not a contract with Kaiser Permanente. It only briefly summarizes the benefits in the Agreement between Kaiser Permanente and your group. Please consult your Evidence of Coverage for complete details of benefits as well as exclusions and limitations. In the event of ambiguity and/or conflict between this synopsis and your Evidence of Coverage, the Evidence of Coverage shall control.

Lab and X-Ray	
Laboratory	25% coinsurance after deductible is met at a Plan Medical Office or in a contracted free-standing facility
X-Ray	Diagnostic X-rays: 25% coinsurance after deductible is met Therapeutic X-rays: 25% coinsurance after deductible is met
Special Procedures: MRI/CT/PET/Nuclear Medicine	25% coinsurance after deductible is met
Mental Health and Chemical Dependency	
Mental Health Outpatient	25% coinsurance each office visit after deductible is met
Mental Health Inpatient	25% coinsurance after deductible is met
Chemical Dependency Outpatient	25% coinsurance each office visit after deductible is met
Chemical Dependency Inpatient Medical Detoxification	25% coinsurance after deductible is met Detoxification is limited to removing toxic substance from the body
Chemical Dependency Inpatient Residential Rehabilitation	25% coinsurance after deductible is met
Prescription Drugs	
Prescription Deductible	Medical annual deductible applies
Retail: Generic	\$10 copay after deductible is met
Retail: Brand	\$40 copay after deductible is met
Retail: Non-Preferred	\$60 copay after deductible is met
Retail: Day Supply	Up to a 30 day supply
Mail Order	Mail order drugs are available for up to a 90 day supply after deductible is met for two copayments Certain drugs limited to a 30 day supply Prescriptions for second and on-going maintenance medications must be filled at a pharmacy in a Kaiser Permanente medical office or through Kaiser Permanente Mail Order
Specialty Drugs Including Self-Injectables	20% coinsurance up to a maximum of \$120 per drug dispensed after deductible is met
Other	
Skilled Nursing Facility	25% coinsurance up to 100 days per calendar year after deductible is met Not covered outside the Service Area
Hospice Care	25% coinsurance after deductible is met Not covered outside the Service Area
Home Health Care	25% coinsurance after deductible is met for prescribed medically necessary part-time home health services Not covered outside the Service Area
Durable Medical Equipment	25% coinsurance after deductible is met Prosthetic arms and legs covered at 20% coinsurance after deductible is met no annual maximum benefit. See policy for types and circumstances of coverage.
Hearing Care	25% coinsurance after deductible is met; \$1,000 credit per ear every 36 months Hearing aid coverage available to children under 18; limitations apply
Chiropractic Care	25% coinsurance after deductible is met up to 20 visits per contract year
Acupuncture	25% coinsurance after deductible is met up to 20 visits per contract year
Vision Care	25% coinsurance after deductible is met; members age 19 and over \$150 credit towards optical hardware, members up to the end of the month he/she turns 19 25% Coinsurance towards optical hardware every 24 months,
Active & Fit	Not Covered
First Responder	Not Covered