

# Find your healthy place

With care for all that is you



# Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

## Important open enrollment dates for 2023

- The open enrollment period for 2023 coverage runs from November 1, 2022, through January 15, 2023.
- You can change or apply for coverage through Kaiser Permanente, or we can help you apply through Connect for Health Colorado.
- For coverage that starts on January 1, 2023, we must receive your Application for health coverage no later than December 15, 2022.

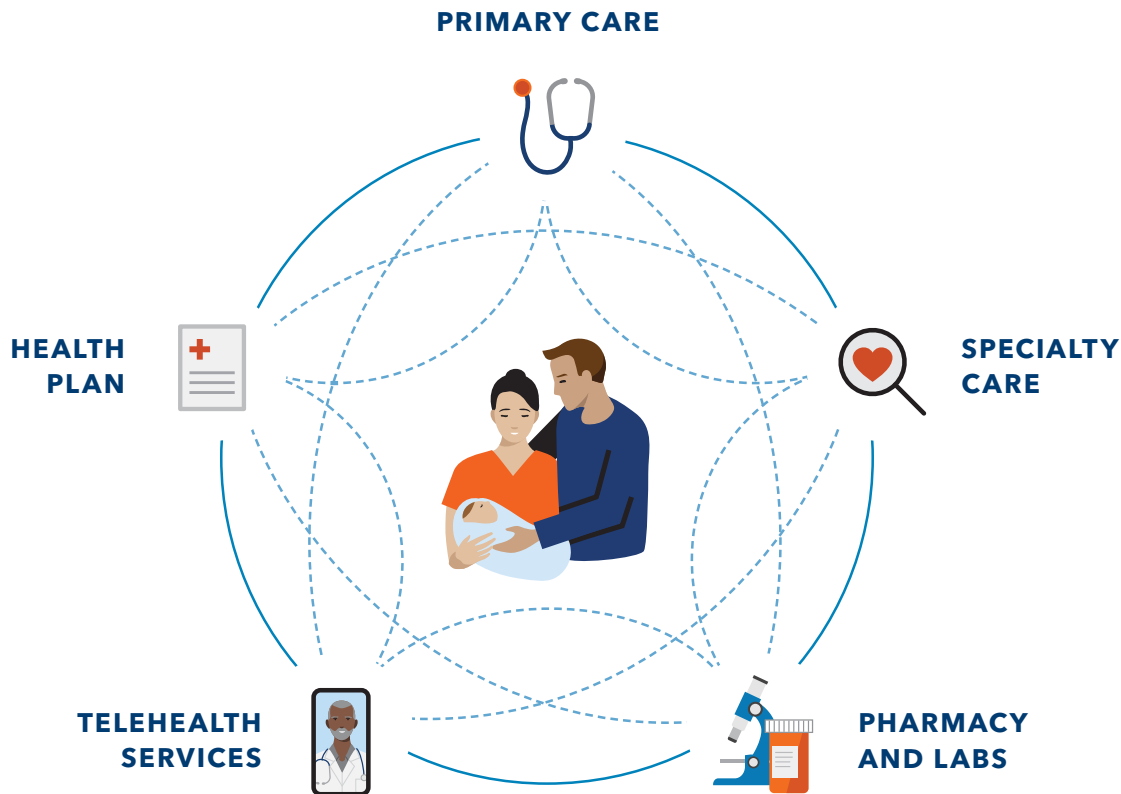
## Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit [kp.org/specialenrollment](https://kp.org/specialenrollment) for a list of qualifying life events and instructions.

### Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY 711).





## Built to make your life easier

Kaiser Permanente combines care and coverage – which makes us different than your other health care options. Your doctors, hospitals, and health plan work together to make high-quality health care easier to get. That means you'll have peace of mind knowing care for your total health is there when and where you need it – from your doctor's office to your living room.

To see what it's like to be a member, visit [kp.org/myhealthyplace](https://kp.org/myhealthyplace).

"I really appreciate the coordination of care. Every doctor and specialist can access my records, and I don't have to waste valuable time repeating medical histories."

–Lisa, Kaiser Permanente member

# Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to make sure the care you get is tailored to your needs. Your Kaiser Permanente care team is part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

## Your healthy place should reflect all that is you

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Hire doctors and staff who speak more than one language
- Offer phone interpretation services in more than 150 languages
- Improved health outcomes among diverse populations for conditions like high blood pressure, diabetes, and colon cancer<sup>1</sup>

## Get care with the help of your electronic health record



**Share your health history** and any concerns with your personal doctor.



**Your doctor coordinates your care**, so you don't have to worry about where to go or who to call next.



**Future care teams** have a full picture of your Kaiser Permanente health history – without you having to repeat your story.



**With your health records in hand**, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

# Convenient ways to get care

Same-day, next-day, and weekend appointments are available at most locations, and by phone and video.<sup>2</sup>



Visit us in person  
at a location near you.



Talk to a health care professional  
by phone or video.<sup>2</sup>



## 24-hour virtual care on your schedule

If a trip to the doctor's office doesn't fit your schedule, it's easy to get fast, personalized support – daytime, nighttime, anytime.

- Schedule a phone or video visit with a doctor or clinician.<sup>2</sup>
- Get 24/7 care advice by phone.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.
- Chat online with a Kaiser Permanente clinician or mental health specialist.<sup>14</sup>

**When connecting to care virtually, you may save money as well as time. Telehealth is covered at no cost with most plans.<sup>3</sup>**



## Prescription delivery

Fill prescriptions online or with the Kaiser Permanente app.<sup>4</sup>

- Have most delivered directly to your front door.
- Get same-day or next-day delivery for an additional fee.<sup>5</sup>
- Order them for same-day pickup.



## Kaiser Permanente app

Manage your health 24/7 with our app. It's an easy, convenient way to do everything described above – anytime, anywhere.<sup>6</sup>

## Care away from home

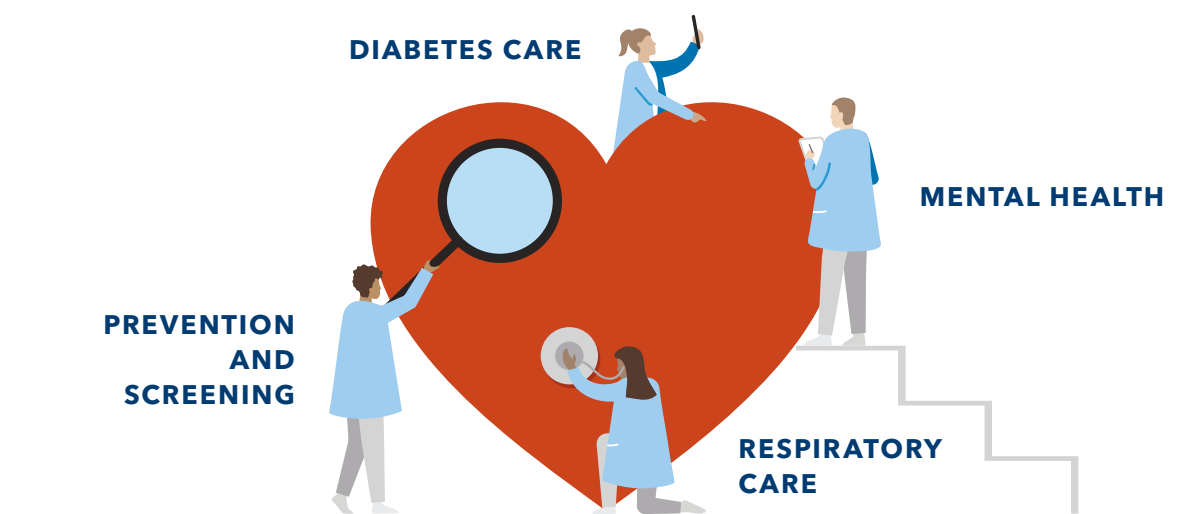
You're covered for urgent and emergency care anywhere in the world. And if you're planning to travel, we can help you stay on top of your health when you're away from home. We'll work with you to see if you need a vaccination, refill prescriptions, and more.



# Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our specialty care has you covered.

In 2021, Kaiser Permanente led the nation as the top performer in 42 effectiveness-of-care measures. The closest national competitor led in only 14.<sup>7</sup>



## Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

### A collaborative approach to care

With one of the largest multispecialty medical groups in the country, we can help connect you with the right specialist who'll create a personalized plan for your care. To learn how our specialists work together in a connected system, visit [kp.org/specialtycare](https://kp.org/specialtycare).

### Support for ongoing conditions

If you have a condition like diabetes or heart disease, you can enroll in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.



# A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you get the care you need without missing a beat.



## Search profiles to find the right doctor

Our online doctor profiles let you browse the many doctors and locations in your area, even before you enroll. So you can join knowing you've found a doctor who fits your needs.



## Transition your care

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. From day one, you'll have the support you need to help reach your health goals.



## Connect to care online

After you enroll, create an account at [kp.org](https://kp.org) and download the Kaiser Permanente app.<sup>6</sup> Then manage your health on your schedule – whenever, wherever.

## Health care doesn't have to be confusing

If you don't know an HMO from an HSA, you're not alone. But rest assured – we're here to make health care easier to understand. Get help learning the basics at [kp.org/learnthebasics](https://kp.org/learnthebasics).



# Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.<sup>8</sup> Many of these resources are available at no additional cost.



## 24/7 Emotional Support

The Ginger app provides 24/7 emotional-support coaching via text at no additional cost and without a referral.<sup>15</sup>



## Reduced rates on gym memberships

Stay active by joining a local fitness center, plus enjoy thousands of digital workout videos.



## Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more.



## Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

## Extras for your total health



Use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Set mental health goals, track progress, and get support managing depression, anxiety, and more.



Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.



# Care meets you where you are

When you're a member, you get access to our doctors and facilities – conveniently located near where you live, work, and play. And when you can't come to us, you can get the care you need when you need it.<sup>2</sup>

117.8M

## VIRTUAL CONNECTIONS

between members and their care teams in 2021<sup>9</sup>



12.6M

## MEMBERS

covered for care needs in mind and body



23,656

## DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements



42.5M

## PRESCRIPTION DELIVERIES

to members' homes in 2021

773

## HOSPITALS AND MEDICAL OFFICES

with many services often under one roof, so you can get everything done quickly



9

## AREAS

to get Kaiser Permanente care in person – California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.



## Your choice of doctors and locations

Visit [kp.org/doctors](https://kp.org/doctors) to see all Kaiser Permanente locations near you and browse our online doctor profiles. You can choose your personal doctor and change anytime, for any reason.



Doctor and facility counts include affiliated medical professionals and locations. These statistics are from multiple Kaiser Permanente locations in various states.

# Choosing your health plan

We offer a variety of plans to help fit your needs and budget. All of them offer the same quality care, but the way they split the costs is different.

## Network options

Kaiser Permanente offers 2 network options for health plans in the Denver/Boulder area, with a single network offering for plans in Colorado Springs, Pueblo, and Northern Colorado.

**With both the Kaiser Permanente Colorado and the Kaiser Permanente Select<sup>11</sup> networks, members can receive care:**

- From primary care providers and specialists at any of the 30 Kaiser Permanente medical offices throughout Colorado, including our state-of-the-art Premier Medical Offices in Colorado Springs.
- Through Kaiser Permanente's robust offering of virtual options, including online Chat and 24/7 on-demand video visits.

**If you live in Colorado Springs or the surrounding area,** your plan will be in the KP Select network. As a KP Select member, you'll have the choice of 1,100+ Kaiser Permanente providers and 1,400+ affiliated physicians,<sup>12</sup> as well as several hospitals<sup>13</sup> in the Colorado Springs and Denver/Boulder areas.

**In Denver/Boulder you have 2 network options. The Kaiser Permanente Colorado network** is the option for individuals and families who would like a greater choice among affiliated providers<sup>12</sup> and hospitals. For those looking for an option where their premiums may be lower, **KP Select<sup>11</sup>** offers a more tailored network of affiliated providers and hospitals.<sup>13</sup> **In Pueblo and Northern Colorado,** your plan will be in the **Kaiser Permanente Colorado network**. The Select tailored network is not available in your area.

For information about doctors and locations in your area, go to [kp.org/doctors](https://kp.org/doctors). To see if the Select network is available in your area, visit [kp.org/kpselect/co](https://kp.org/kpselect/co).

## Copay plans – gold

Copay plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

## Deductible plans – gold, silver, bronze, and catastrophic

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – 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 reach your deductible.

## HSA-qualified high deductible health plans – silver and bronze

HSA-qualified deductible plans are deductible plans with a special feature. 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 or adult dental.<sup>10</sup> 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.

# Example of your costs for care

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

Plan name	Office visit	X-ray	Generic drug
KP CO Gold 0/20 RX Copay (no deductible)	\$20 Preferred Provider/ \$40 Affiliated Provider <sup>†</sup>	35%	\$10*
KP CO Silver 5000/25 X (\$5,000 deductible)	\$25 Preferred Provider/ \$45 Affiliated Provider <sup>†</sup>	40% after deductible	\$15*
KP CO Bronze 6500/35%/HSA (\$6,500 deductible)	35% after deductible Preferred Provider/50% after deductible Affiliated Provider <sup>†</sup>	35% after deductible	\$35 after deductible*

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

<sup>†</sup>Affiliated Providers practice outside Kaiser Permanente medical offices. Visit [kp.org/doctors](https://kp.org/doctors) for a list of participating providers.

The cost estimates above are from [kp.org/treatmentestimates](https://kp.org/treatmentestimates). Visit this site anytime to get an idea of what the charges for common services might be before you reach your deductible.



## Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit [buykp.org/apply](https://buykp.org/apply) for details.

# Understanding the plans: 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

Benefit highlights		<div>KP</div> <div>KP CO Silver 2200/25 X KP Select CO Silver 2200/25 X</div>
Plan type	Deductible	
Annual medical deductible (individual/family)	\$2,200/\$4,400	
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	
Benefits		
Virtual care		
Chat, Email, E-visit, Phone, and Video visit	No charge	
Preventive care		
Routine physical exam, mammograms, etc.	No charge	
Outpatient services (per visit or procedure)		
Primary care office visit	\$25 Preferred Provider/ \$45 Affiliated Provider <sup>†</sup>	
Specialty care office visit	\$75	
Most X-rays	35% after deductible	
Most lab tests	\$30	
MRI, CT, PET	\$750	
Outpatient surgery	25% after deductible ambulatory surgery center/35% after deductible outpatient department of hospital	
Mental health visit	\$25	
Inpatient hospital care		
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	
Maternity		
Routine prenatal care visit, first postpartum visit	35% after deductible	
Delivery and inpatient well-baby care	35% after deductible	
Emergency and urgent care		
Emergency department visit	35% after deductible	
Urgent care visit	\$100	
Prescription drugs (up to a 30-day supply)		
Generic	\$20*	
Preferred brand	\$85 after \$1,000 pharmacy deductible*	
Non-preferred brand	35% after \$1,000 pharmacy deductible	
Specialty	35% after \$1,000 pharmacy deductible	
Whole health		
Healthy services	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	

KP

Offered through Kaiser Permanente

E

Offered through the health benefit exchange, Connect for Health Colorado

### 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 \$2,200 for yourself or \$4,400 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 \$9,100 for yourself and no more than \$18,200 for your family for your copays, coinsurance, and deductible in a calendar year.

### 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 \$25 copay at a Kaiser Permanente medical office or at a \$45 copay at an affiliated provider—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 35% 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 \$100 copay for urgent care visits, whether or not you have met your deductible.

### Prescription fill

New prescriptions for maintenance medications can

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

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### 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 \$100 copay for urgent care visits, whether or not you have met your deductible.

### Prescription fill

New prescriptions for maintenance medications can be filled at any plan pharmacy. Refills for maintenance medications must be filled at Kaiser Permanente medical office pharmacies or through our mail-order program.

**KP** Offered through Kaiser Permanente

**E** Offered through the health benefit exchange,  
Connect for Health Colorado

Financial assistance options are available for certain plans, and for  
Native Alaskans and American Indians on [connectforhealthco.com](https://connectforhealthco.com).

Benefit highlights	<div>KP</div> <div>E</div> KP CO Bronze 8500/50 KP Select CO Bronze 8500/50	<div>KP</div> <div>E</div> KP CO Bronze 7000/50 RX Copay KP Select CO Bronze 7000/50 RX Copay	<div>KP</div> <div>E</div> KP Colorado Option Bronze KP Select Colorado Option Bronze
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$8,500/\$17,000	\$7,000/\$14,000	\$7,000/\$14,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	First office visit \$50 Preferred Provider/ \$70 Affiliated Provider <sup>†</sup> ; additional visits no charge after deductible	First 2 office visits \$50 Preferred Provider/ \$70 Affiliated Provider <sup>†</sup> ; additional visits no charge after deductible	First 3 office visits no charge; additional visits \$50 after deductible
Specialty care office visit	50% after deductible	45% after deductible	50% after deductible
Most X-rays	50% after deductible	45% after deductible	50% after deductible
Most lab tests	50% after deductible	45% after deductible	50% after deductible
MRI, CT, PET	50% after deductible	45% after deductible	50% after deductible
Outpatient surgery	40% after deductible ambulatory surgery center/50% after deductible outpatient department of hospital	35% after deductible ambulatory surgery center/45% after deductible outpatient department of hospital	50% after deductible
Mental health visit	No charge after deductible	No charge	No charge
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	50% after deductible	45% after deductible	50% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	50% after deductible	45% after deductible	First 3 office visits no charge; additional visits \$50 after deductible
Delivery and inpatient well-baby care	50% after deductible	45% after deductible	50% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	50% after deductible	45% after deductible	50% after deductible
Urgent care visit	First office visit \$150; additional visits 50% after deductible	First 2 office visits \$150; additional visits 45% after deductible	50% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$30*	\$30*	\$30*
Preferred brand	50% after deductible	\$200*	\$200*
Non-preferred brand	50% after deductible	\$450*	\$350*
Specialty	50% after deductible	\$750*	\$700*
<b>Whole health</b>			
Healthy services	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

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After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

This plan summary is intended to highlight only some of the most frequently asked questions about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-632-9700, 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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Benefit highlights	<div>KP</div> <div>E</div> KP CO Bronze 6500/50 KP Select CO Bronze 6500/50	<div>KP</div> <div>E</div> KP CO Bronze 6500/35%/HSA KP Select CO Bronze 6500/35%/HSA	<div>KP</div> KP CO Silver 6000/30 X KP Select CO Silver 6000/30 X
Plan type	Deductible	HSA Qualified	Deductible
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$6,500/\$13,000	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$7,000/\$14,000	\$9,100/\$18,200
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge after deductible	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	First 3 office visits \$50 Preferred Provider/ \$70 Affiliated Provider <sup>†</sup> ; additional visits no charge after deductible	35% after deductible Preferred Provider/ 50% after deductible Affiliated Provider <sup>†</sup>	\$30 Preferred Provider/\$50 Affiliated Provider <sup>†</sup>
Specialty care office visit	40% after deductible	35% after deductible	\$100
Most X-rays	40% after deductible	35% after deductible	40% after deductible
Most lab tests	40% after deductible	35% after deductible	40% after deductible
MRI, CT, PET	40% after deductible	35% after deductible	40% after deductible
Outpatient surgery	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital
Mental health visit	No charge after deductible	35% after deductible	\$30
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	35% after deductible	40% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	40% after deductible	35% after deductible	40% after deductible
Delivery and inpatient well-baby care	40% after deductible	35% after deductible	40% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	40% after deductible	35% after deductible	40% after deductible
Urgent care visit	First 3 office visits \$150; additional visits 40% after deductible	35% after deductible	\$100
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$30*	\$35 after deductible*	\$25*
Preferred brand	40% after deductible	35% after deductible	\$100
Non-preferred brand	40% after deductible	35% after deductible	40% after deductible
Specialty	40% after deductible	35% after deductible	40% after deductible
<b>Whole health</b>			
Healthy services	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.

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Plan type	<b>Deductible</b>	<b>HSA Qualified</b>	<b>Deductible</b>
Annual medical deductible (individual/family)	\$5,000/\$10,000	\$5,000/\$10,000	\$4,500/\$9,000
Annual out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$8,550/\$17,100	\$9,100/\$18,200
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$25 Preferred Provider/\$45 Affiliated Provider <sup>†</sup>	No charge	\$30 Preferred Provider/\$50 Affiliated Provider <sup>†</sup>
Specialty care office visit	\$85	\$80	\$90
Most X-rays	40% after deductible	40% after deductible	40% after deductible
Most lab tests	40% after deductible	40% after deductible	40% after deductible
MRI, CT, PET	40% after deductible	40% after deductible	40% after deductible
Outpatient surgery	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital	40% after deductible	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital
Mental health visit	\$25	No charge	\$30
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	40% after deductible	40% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	40% after deductible	No charge	40% after deductible
Delivery and inpatient well-baby care	40% after deductible	40% after deductible	40% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	40% after deductible	40% after deductible	40% after deductible
Urgent care visit	\$100	\$80	\$100
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15*	\$20*	\$20*
Preferred brand	\$100	\$125*	\$100*
Non-preferred brand	40% after deductible	\$300*	\$400*
Specialty	40% after deductible	\$650*	\$700*
<b>Whole health</b>			
Healthy services	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.

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**E** Offered through the health benefit exchange,  
Connect for Health Colorado

Financial assistance options are available for certain plans, and for  
Native Alaskans and American Indians on [connectforhealthco.com](https://connectforhealthco.com).

		KP	E	KP	E	KP	E
Benefit highlights		KP CO Silver 3700/20%/HSA KP Select CO Silver 3700/20%/HSA KP CO Silver 3700/20%/HSA X KP Select CO Silver 3700/20%/HSA X		KP CO Silver 2200/25 KP Select CO Silver 2200/25 KP CO Silver 2200/25 X KP Select CO Silver 2200/25 X		KP CO Gold 2000/20 KP Select CO Gold 2000/20	
Plan type		Deductible		HSA Qualified		Deductible	
Annual medical deductible (individual/family)		\$3,700/\$7,400		\$2,200/\$4,400		\$2,000/\$4,000	
Annual out-of-pocket maximum (individual/family)		\$7,000/\$14,000		\$9,100/\$18,200		\$8,500/\$17,000	
Benefits							
Virtual care							
Chat, Email, E-visit, Phone, and Video visit		No charge after deductible		No charge		No charge	
Preventive care							
Routine physical exam, mammograms, etc.		No charge		No charge		No charge	
Outpatient services (per visit or procedure)							
Primary care office visit		20% after deductible Preferred Provider/ 40% after deductible Affiliated Provider¹		\$25 Preferred Provider/ \$45 Affiliated Provider¹		\$20 Preferred Provider/ \$40 Affiliated Provider¹	
Specialty care office visit		20% after deductible		\$75		\$60	
Most X-rays		20% after deductible		35% after deductible		30% after deductible	
Most lab tests		20% after deductible		\$30		30% after deductible	
MRI, CT, PET		20% after deductible		\$750		30% after deductible	
Outpatient surgery		10% after deductible Ambulatory Surgery Center/20% after deductible Outpatient Department of hospital		25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital		20% after deductible Ambulatory Surgery Center/30% after deductible Outpatient Department of hospital	
Mental health visit		20% after deductible		\$25		\$20	
Inpatient hospital care							
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care		20% after deductible		35% after deductible		30% after deductible	
Maternity							
Routine prenatal care visit, first postpartum visit		20% after deductible		35% after deductible		30% after deductible	
Delivery and inpatient well-baby care		20% after deductible		35% after deductible		30% after deductible	
Emergency and urgent care							
Emergency department visit		20% after deductible		35% after deductible		30% after deductible	
Urgent care visit		20% after deductible		\$100		\$75	
Prescription drugs (up to a 30-day supply)							
Generic		\$15 after deductible*		\$20*		\$10*	
Preferred brand		\$85 after deductible*		\$85 after \$1,000 pharmacy deductible*		\$40 after \$195 pharmacy deductible*	
Non-preferred brand		20% after deductible		35% after \$1,000 pharmacy deductible		30% after \$195 pharmacy deductible	
Specialty		20% after deductible		35% after \$1,000 pharmacy deductible		30% after \$195 pharmacy deductible	
Whole health							
Healthy services		Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.		Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.		Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	

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Benefit highlights	<div>KP E</div> KP Colorado Option Gold KP Select Colorado Option Gold	<div>KP E</div> KP CO Gold 1500/20 KP Select CO Gold 1500/20	<div>KP E</div> KP CO Gold 0/20 RX Copay KP Select CO Gold 0/20 RX Copay	<div>KP E</div> KP CO Catastrophic** KP Select CO Catastrophic**
Plan type	Deductible	Deductible	Copayment	Deductible
Annual medical deductible (individual/family)	\$1,600/\$3,200	\$1,500/\$3,000	None/None	\$9,100/\$18,200
Annual out-of-pocket maximum (individual/family)	\$7,800/\$15,600	\$8,500/\$17,000	\$8,500/\$17,000	\$9,100/\$18,200
<b>Benefits</b>				
<b>Virtual care</b>				
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge after deductible
<b>Preventive care</b>				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>				
Primary care office visit	No charge	\$20 Preferred Provider/ \$40 Affiliated Provider†	\$20 Preferred Provider/ \$40 Affiliated Provider†	First 3 office visits no charge; additional visits no charge after deductible
Specialty care office visit	\$50	\$60	\$55	No charge after deductible
Most X-rays	30% after deductible	25% after deductible	35%	No charge after deductible
Most lab tests	30% after deductible	25% after deductible	35%	No charge after deductible
MRI, CT, PET	30% after deductible	25% after deductible	\$500	No charge after deductible
Outpatient surgery	30% after deductible	15% after deductible Ambulatory Surgery Center/25% after deductible Outpatient Department of hospital	25% Ambulatory Surgery Center/35% Outpatient Department of hospital	No charge after deductible
Mental health visit	No charge	\$20	\$20	No charge after deductible
<b>Inpatient hospital care</b>				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	25% after deductible	35%	No charge after deductible
<b>Maternity</b>				
Routine prenatal care visit, first postpartum visit	No charge	25% after deductible	35%	No charge after deductible
Delivery and inpatient well-baby care	30% after deductible	25% after deductible	35%	No charge after deductible
<b>Emergency and urgent care</b>				
Emergency department visit	30% after deductible	25% after deductible	\$750	No charge after deductible
Urgent care visit	\$50	\$75	\$75	No charge after deductible
<b>Prescription drugs (up to a 30-day supply)</b>				
Generic	\$10*	\$10*	\$10*	No charge after deductible
Preferred brand	\$50*	\$40*	\$40*	No charge after deductible
Non-preferred brand	\$200*	25% after \$195 pharmacy deductible	\$375*	No charge after deductible
Specialty	\$600*	25% after \$195 pharmacy deductible	\$650*	No charge after deductible
<b>Whole health</b>				
Healthy services	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.

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\*\*Only applicants younger than age 30 or applicants age 30 and older who receive an exemption due to lack of affordable coverage or hardship may enroll in this plan. To apply for an exemption, please go to [marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf](https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf) and follow the instructions.

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Benefit highlights	<b>E</b> KP CO Silver 3650/20/73% CSR KP Select CO Silver 3650/20/73% CSR	<b>E</b> KP CO Silver 1000/20/87% CSR KP Select CO Silver 1000/20/87% CSR	<b>E</b> KP CO Silver 75/10/94% CSR KP Select CO Silver 75/10/94% CSR
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,650/\$7,300	\$1,000/\$2,000	\$75/\$150
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$2,850/\$5,700	\$2,200/\$4,400
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$20 Preferred Provider/\$40 Affiliated Provider <sup>†</sup>	\$20 Preferred Provider/\$40 Affiliated Provider <sup>†</sup>	\$10 Preferred Provider/\$15 Affiliated Provider <sup>†</sup>
Specialty care office visit	\$75	\$45	\$20
Most X-rays	35% after deductible	25% after deductible	10% after deductible
Most lab tests	35% after deductible	25% after deductible	10% after deductible
MRI, CT, PET	35% after deductible	25% after deductible	10% after deductible
Outpatient surgery	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital	15% after deductible Ambulatory Surgery Center/25% after deductible Outpatient Department of hospital	10% after deductible
Mental health visit	\$20	\$20	\$10
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	25% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	35% after deductible	25% after deductible	10% after deductible
Delivery and inpatient well-baby care	35% after deductible	25% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	35% after deductible	25% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$15*	\$15*	\$5*
Preferred brand	\$100	\$50*	\$10*
Non-preferred brand	35% after deductible	25%	10%
Specialty	35% after deductible	25%	10%
<b>Whole health</b>			
Healthy services	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.

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Benefit highlights	<b>E</b> KP Colorado Option Silver 73% AV KP Select Colorado Option Silver 73% AV	<b>E</b> KP Colorado Option Silver 87% AV KP Select Colorado Option Silver 87% AV	<b>E</b> KP Colorado Option Silver 94% AV KP Select Colorado Option Silver 94% AV
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$3,500/\$7,000	\$800/\$1,600	\$100/\$200
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$2,800/\$5,600	\$1,000/\$2,000
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	No charge	No charge	No charge
Specialty care office visit	\$80	\$60	\$40
Most X-rays	40% after deductible	30% after deductible	20% after deductible
Most lab tests	40% after deductible	30% after deductible	20% after deductible
MRI, CT, PET	40% after deductible	30% after deductible	20% after deductible
Outpatient surgery	40% after deductible	30% after deductible	20% after deductible
Mental health visit	No charge	No charge	No charge
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	20% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	20% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	40% after deductible	30% after deductible	20% after deductible
Urgent care visit	\$80	\$60	\$40
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$20*	No charge	No charge
Preferred brand	\$125*	\$60*	\$20*
Non-preferred brand	\$300*	\$120*	\$40*
Specialty	\$600*	\$180*	\$60*
<b>Whole health</b>			
Healthy services	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.

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Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$4,000/\$8,000	\$500/\$1,000	\$50/\$100
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$2,900/\$5,800	\$2,900/\$5,800
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$30 Preferred Provider/\$50 Affiliated Provider <sup>†</sup>	\$20 Preferred Provider/\$40 Affiliated Provider <sup>†</sup>	\$5 Preferred Provider/\$10 Affiliated Provider <sup>†</sup>
Specialty care office visit	\$80	\$70	\$10
Most X-rays	40% after deductible	30% after deductible	10% after deductible
Most lab tests	40% after deductible	30% after deductible	10% after deductible
MRI, CT, PET	40% after deductible	30% after deductible	10% after deductible
Outpatient surgery	30% after deductible Ambulatory Surgery Center/40% after deductible Outpatient Department of hospital	20% after deductible Ambulatory Surgery Center/30% after deductible Outpatient Department of hospital	10% after deductible
Mental health visit	\$30	\$20	No charge
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	40% after deductible	30% after deductible	10% after deductible
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	40% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$20*	\$15*	\$5*
Preferred brand	\$90*	\$80*	\$10*
Non-preferred brand	\$400*	\$200*	\$150*
Specialty	\$600*	\$400*	\$250*
<b>Whole health</b>			
Healthy services	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.

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Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$850/\$1,700	\$200/\$400
Annual out-of-pocket maximum (individual/family)	\$6,950/\$13,900	\$3,000/\$6,000	\$2,600/\$5,200
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	20% after deductible Preferred Provider/ 40% after deductible Affiliated Provider†	10% after deductible Preferred Provider/ 30% after deductible Affiliated Provider†	5% after deductible Preferred Provider/ 10% after deductible Affiliated Provider†
Specialty care office visit	20% after deductible	10% after deductible	5% after deductible
Most X-rays	20% after deductible	10% after deductible	5% after deductible
Most lab tests	20% after deductible	10% after deductible	5% after deductible
MRI, CT, PET	20% after deductible	10% after deductible	5% after deductible
Outpatient surgery	10% after deductible Ambulatory Surgery Center/20% after deductible Outpatient Department of hospital	10% after deductible	5% after deductible
Mental health visit	20% after deductible	10% after deductible	5% after deductible
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	10% after deductible	5% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	20% after deductible	10% after deductible	5% after deductible
Delivery and inpatient well-baby care	20% after deductible	10% after deductible	5% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	20% after deductible	10% after deductible	5% after deductible
Urgent care visit	20% after deductible	10% after deductible	5% after deductible
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$10 after deductible*	\$10 after deductible*	\$5 after deductible*
Preferred brand	\$55 after deductible*	\$30 after deductible*	\$10 after deductible*
Non-preferred brand	20% after deductible	10% after deductible	5% after deductible
Specialty	20% after deductible	10% after deductible	5% after deductible
<b>Whole health</b>			
Healthy services	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

† Affiliated Providers practice outside Kaiser Permanente medical offices. Visit [kp.org/doctors](https://kp.org/doctors) for a list of participating providers.

After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

This plan summary is intended to highlight only some of the most frequently asked questions about benefits and their copays, coinsurance, and deductibles. Please refer to the *Membership Agreement* for complete details on your plan or for specific limitations and exclusions. To request a copy of the *Membership Agreement*, please visit [kp.org/plandocuments](https://kp.org/plandocuments), call us at 1-800-632-9700, 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.

**E** Offered through the health benefit exchange,  
Connect for Health Colorado

**Cost Share Reduction (CSR) Plans**—You must qualify for and enroll  
in the CSR plans on this page through [connectforhealthco.com](https://connectforhealthco.com).

Benefit highlights	<b>E</b> KP CO Silver 2200/25/73% CSR KP Select CO Silver 2200/25/73% CSR	<b>E</b> KP CO Silver 275/25/87% CSR KP Select CO Silver 275/25/87% CSR	<b>E</b> KP CO Silver 50/5/94% CSR KP Select CO Silver 50/5/94% CSR
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,200/\$4,400	\$275/\$550	\$50/\$100
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$2,850/\$5,700	\$2,000/\$4,000
<b>Benefits</b>			
<b>Virtual care</b>			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
<b>Preventive care</b>			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
<b>Outpatient services (per visit or procedure)</b>			
Primary care office visit	\$25 Preferred Provider/\$45 Affiliated Provider <sup>†</sup>	\$25 Preferred Provider/\$45 Affiliated Provider <sup>†</sup>	\$5 Preferred Provider/\$10 Affiliated Provider <sup>†</sup>
Specialty care office visit	\$75	\$45	\$10
Most X-rays	35% after deductible	30% after deductible	10% after deductible
Most lab tests	\$30	\$10	\$5
MRI, CT, PET	\$750	\$200	\$25
Outpatient surgery	25% after deductible Ambulatory Surgery Center/35% after deductible Outpatient Department of hospital	20% after deductible Ambulatory Surgery Center/30% after deductible Outpatient Department of hospital	10% after deductible
Mental health visit	\$25	\$25	\$5
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	35% after deductible	30% after deductible	10% after deductible
<b>Maternity</b>			
Routine prenatal care visit, first postpartum visit	35% after deductible	30% after deductible	10% after deductible
Delivery and inpatient well-baby care	35% after deductible	30% after deductible	10% after deductible
<b>Emergency and urgent care</b>			
Emergency department visit	35% after deductible	30% after deductible	10% after deductible
Urgent care visit	\$100	\$75	\$50
<b>Prescription drugs (up to a 30-day supply)</b>			
Generic	\$20*	\$15*	\$5*
Preferred brand	\$85 after \$875 pharmacy deductible*	\$70*	\$10*
Non-preferred brand	35% after \$875 pharmacy deductible	30%	10%
Specialty	35% after \$875 pharmacy deductible	30%	10%
<b>Whole health</b>			
Healthy services	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.	Mental Health Wellness Exam, Chiropractic and Acupuncture visits, gender affirming care, wellness coaching, fitness club discounts, health education classes.

\*Mail order: 90-day supply of qualified prescriptions for the cost of a 60-day supply.

<sup>†</sup>Affiliated Providers practice outside Kaiser Permanente medical offices. Visit [kp.org/doctors](https://kp.org/doctors) for a list of participating providers.

After the first fill, maintenance drugs are required to be filled at a Kaiser Permanente medical office pharmacy, or through mail order.

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# Find your rate

Use the monthly rates chart on the following pages or apply on [buykp.org/apply](https://buykp.org/apply) to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

## How is your rate determined?

### Your rate is based on:

- The plan you choose
- Where you live, based on your county and ZIP code
- Your age on your plan start date (effective date)
- If you qualify for federal financial assistance. Visit [buykp.org/apply](https://buykp.org/apply) or call us at **1-800-494-5314** to see if you may qualify.
- If you use tobacco

## Interested in a family plan?

Find the rate for each family member, based on his or her age on the start date.

Family members include:

- You
- Your spouse/domestic partner
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge.

The rates in the monthly rates chart apply to these ZIP codes in the following pages. Please check that your ZIP code is listed below. If it isn't, call us at **1-800-494-5314** for information on other rate areas.

## KP Select and KP CO health plans are available in the ZIP codes below.

Rate area 1 for KP Select and KP CO plans					Rate area 2 for KP Select and KP CO plans				
County: Boulder					County: Teller				
80020	80025-027	80301-310	80314	80403	80135				
80422	80455	80466	80471	80481					
80501-504	80510	80516	80533	80540					
80544									

Rate area 3 for KP Select and KP CO plans									
County: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, Park									
80001-007	80010-024	80030-031	80033-038	80040-042	80044-047	80102	80104	80107-113	80116-117
80120-131	80134-135	80137-138	80150-151	80155	80160-163	80165-166	80201-212	80214-233	80234-239
80241	80243-244	80246-251	80256-257	80259-266	80271	80273-274	80281	80290-291	80293-294
80299	80401-403	80419	80421	80422	80425	80427	80433	80436	80437
80439	80444	80452-454	80457	80465	80470	80474	80601-03	80614	80640
80642-643									

Rate area 4 for KP Select and KP CO plans					Rate area 6 for KP Select and KP CO plans				
County: Larimer					County: Weld				
80503-04	80510	80540			80504	80514	80516	80520	80530
					80603	80621	80642-43		

## KP Select health plans are available in the ZIP codes below.

Rate area 2 for KP Select plans					Rate area 3 for KP Select plans				
County: El Paso, Teller					County: Douglas, Elbert, Park				
80106	80132-133	80808-809	80813-814	80816-817	80106	80118	80808	80816	80820
80819	80827	80829	80831-833	80840-841	80827	80831-833			
80860	80863-864	80866	80901-939	80941-942					
80946-947	80949-951	80960	80962	80970					
80977	80995	80997							

Rate area 7 for KP Select plans					Rate area 8 for KP Select plans				
County: Pueblo					County: Lincoln, Fremont				
80817					80832-833	80926			

## KP CO health plans are available in the ZIP codes below.

Rate area 1 for KP CO plans					Rate area 2 for KP CO plans				
County: Boulder					County: El Paso				
80513					81008				

Rate area 3 for KP CO plans					Rate area 4 for KP CO plans				
County: Adams					County: Larimer				
80654					80511-513	80515	80517	80521-528	80532
					80534-539	80541	80545	80547	80549-550
					80553	80612	82063	82070	

Rate area 6 for KP CO plans									
County: Weld									
69128	69145	80513	80524	80534	80537	80542-543	80546	80549-551	80610-612
80615	80620	80622-624	80631-634	80638-639	80644-646	80648-652	80654	80729	80732
80742	80754	82082							

Rate area 7 for KP CO plans					Rate area 8 for KP CO plans				
County: Pueblo					County: Crowley, Custer, Fremont, Huerfano, Las Animas, Morgan, Otero				
81001-012	81019	81022-023	81025	81039	80649	80654	80742	81039	81062
81253	81062	81069			81069	81212	81215	81221-223	81226
					81232-233	81240	81244	81253	81290

## 2023 Monthly rates

### RATE AREA 1 and 3 KP Select plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP Select CO Bronze 8500/50	KP Select CO Bronze 7000/50 RX Copay	KP Select Colorado Option Bronze	KP Select CO Bronze 6500/50	KP Select CO Bronze 6500/35%/HSA	KP Select CO Silver 6000/30 X	KP Select CO Silver 5000/25 X	KP Select Colorado Option Silver X
0-14	\$174.80	\$188.39	\$190.68	\$178.52	\$188.39	\$193.62	\$197.65	\$207.10
15	190.34	205.14	207.63	194.39	205.14	210.83	215.22	225.51
16	196.28	211.54	214.11	200.45	211.54	217.41	221.94	232.55
17	202.22	217.95	220.59	206.52	217.95	223.99	228.66	239.59
18	208.62	224.84	227.57	213.05	224.84	231.07	235.89	247.17
19	215.02	231.74	234.55	219.59	231.74	238.16	243.13	254.75
20	221.65	238.88	241.78	226.36	238.88	245.50	250.62	262.60
21	228.50	246.27	249.26	233.36	246.27	253.09	258.37	270.72
22	228.50	246.27	249.26	233.36	246.27	253.09	258.37	270.72
23	228.50	246.27	249.26	233.36	246.27	253.09	258.37	270.72
24	228.50	246.27	249.26	233.36	246.27	253.09	258.37	270.72
25	229.41	247.25	250.25	234.29	247.25	254.10	259.40	271.80
26	233.98	252.18	255.24	238.96	252.18	259.17	264.57	277.22
27	239.47	258.09	261.22	244.56	258.09	265.24	270.77	283.71
28	248.38	267.69	270.94	253.66	267.69	275.11	280.85	294.27
29	255.69	275.57	278.92	261.13	275.57	283.21	289.12	302.93
30	259.35	279.51	282.91	264.86	279.51	287.26	293.25	307.27
31	264.83	285.42	288.89	270.46	285.42	293.33	299.45	313.76
32	270.32	291.33	294.87	276.06	291.33	299.41	305.65	320.26
33	273.74	295.03	298.61	279.56	295.03	303.20	309.53	324.32
34	277.40	298.97	302.60	283.29	298.97	307.25	313.66	328.65
35	279.23	300.94	304.59	285.16	300.94	309.28	315.73	330.82
36	281.06	302.91	306.59	287.03	302.91	311.30	317.79	332.98
37	282.88	304.88	308.58	288.89	304.88	313.33	319.86	335.15
38	284.71	306.85	310.58	290.76	306.85	315.35	321.93	337.31
39	288.37	310.79	314.56	294.50	310.79	319.40	326.06	341.65
40	292.02	314.73	318.55	298.23	314.73	323.45	330.20	345.98
41	297.51	320.64	324.53	303.83	320.64	329.53	336.40	352.48
42	302.76	326.30	330.27	309.20	326.30	335.35	342.34	358.70
43	310.08	334.18	338.24	316.66	334.18	343.45	350.61	367.36
44	319.22	344.04	348.21	326.00	344.04	353.57	360.94	378.19
45	329.96	355.61	359.93	336.97	355.61	365.47	373.09	390.92
46	342.75	369.40	373.89	350.03	369.40	379.64	387.55	406.08
47	357.15	384.92	389.59	364.74	384.92	395.58	403.83	423.13
48	373.60	402.65	407.54	381.54	402.65	413.81	422.43	442.62
49	389.82	420.13	425.23	398.11	420.13	431.78	440.78	461.85
50	408.10	439.83	445.17	416.77	439.83	452.02	461.45	483.50
51	426.15	459.29	464.87	435.21	459.29	472.02	481.86	504.89
52	446.03	480.71	486.55	455.51	480.71	494.04	504.34	528.44
53	466.14	502.39	508.49	476.05	502.39	516.31	527.07	552.26
54	487.85	525.78	532.17	498.21	525.78	540.35	551.62	577.98
55	509.56	549.18	555.84	520.38	549.18	564.40	576.16	603.70
56	533.09	574.54	581.52	544.42	574.54	590.46	602.78	631.59
57	556.86	600.15	607.44	568.69	600.15	616.79	629.65	659.74
58	582.22	627.49	635.11	594.59	627.49	644.88	658.33	689.79
59	594.79	641.03	648.82	607.43	641.03	658.80	672.54	704.68
60	620.15	668.37	676.49	633.33	668.37	686.89	701.22	734.73
61	642.09	692.01	700.41	655.73	692.01	711.19	726.02	760.72
62	656.48	707.53	716.12	670.43	707.53	727.13	742.30	777.77
63	674.53	726.98	735.81	688.87	726.98	747.13	762.71	799.16
64+	685.49	738.79	747.76	700.06	738.79	759.27	775.10	812.14

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 1 and 3 KP Select plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP Select CO Silver 4500/30 RX Copay X	KP Select CO Silver 3700/20%/HSA X	KP Select CO Silver 2200/25 X	KP Select CO Gold 2000/20	KP Select Colorado Option Gold	KP Select CO Gold 1500/20	KP Select CO Gold 0/20 RX Copay	KP Select CO Catastrophic
0-14	\$203.12	\$204.84	\$207.34	\$222.01	\$233.29	\$230.89	\$243.62	\$149.26
15	221.17	223.05	225.77	241.74	254.02	251.41	265.28	162.53
16	228.07	230.01	232.82	249.29	261.95	259.26	273.56	167.60
17	234.98	236.97	239.87	256.83	269.88	267.11	281.84	172.68
18	242.41	244.47	247.45	264.96	278.42	275.56	290.75	178.14
19	249.85	251.96	255.04	273.09	286.96	284.01	299.67	183.60
20	257.55	259.73	262.90	281.50	295.80	292.76	308.91	189.26
21	265.51	267.76	271.03	290.21	304.95	301.82	318.46	195.11
22	265.51	267.76	271.03	290.21	304.95	301.82	318.46	195.11
23	265.51	267.76	271.03	290.21	304.95	301.82	318.46	195.11
24	265.51	267.76	271.03	290.21	304.95	301.82	318.46	195.11
25	266.57	268.83	272.12	291.37	306.17	303.03	319.73	195.89
26	271.88	274.19	277.54	297.17	312.27	309.06	326.10	199.80
27	278.26	280.62	284.04	304.14	319.59	316.31	333.74	204.48
28	288.61	291.06	294.61	315.46	331.48	328.08	346.16	212.09
29	297.11	299.63	303.29	324.74	341.24	337.73	356.36	218.33
30	301.36	303.91	307.62	329.39	346.12	342.56	361.45	221.45
31	307.73	310.34	314.13	336.35	353.44	349.81	369.09	226.14
32	314.10	316.76	320.63	343.32	360.76	357.05	376.74	230.82
33	318.08	320.78	324.70	347.67	365.33	361.58	381.51	233.75
34	322.33	325.06	329.04	352.31	370.21	366.41	386.61	236.87
35	324.45	327.21	331.20	354.63	372.65	368.82	389.16	238.43
36	326.58	329.35	333.37	356.96	375.09	371.24	391.70	239.99
37	328.70	331.49	335.54	359.28	377.53	373.65	394.25	241.55
38	330.83	333.63	337.71	361.60	379.97	376.07	396.80	243.11
39	335.08	337.92	342.05	366.24	384.85	380.89	401.90	246.23
40	339.32	342.20	346.38	370.89	389.73	385.72	406.99	249.36
41	345.70	348.63	352.89	377.85	397.04	392.97	414.63	254.04
42	351.80	354.79	359.12	384.53	404.06	399.91	421.96	258.53
43	360.30	363.35	367.79	393.81	413.82	409.57	432.15	264.77
44	370.92	374.06	378.64	405.42	426.01	421.64	444.89	272.57
45	383.40	386.65	391.37	419.06	440.35	435.83	459.85	281.74
46	398.27	401.64	406.55	435.31	457.42	452.73	477.69	292.67
47	414.99	418.51	423.63	453.60	476.64	471.74	497.75	304.96
48	434.11	437.79	443.14	474.49	498.59	493.47	520.68	319.01
49	452.96	456.80	462.39	495.10	520.24	514.90	543.29	332.86
50	474.20	478.22	484.07	518.31	544.64	539.05	568.77	348.47
51	495.18	499.38	505.48	541.24	568.73	562.89	593.93	363.89
52	518.28	522.67	529.06	566.49	595.26	589.15	621.63	380.86
53	541.64	546.24	552.91	592.03	622.10	615.71	649.66	398.03
54	566.87	571.67	578.66	619.59	651.07	644.38	679.91	416.57
55	592.09	597.11	604.41	647.16	680.04	673.05	710.16	435.10
56	619.44	624.69	632.32	677.06	711.45	704.14	742.96	455.20
57	647.05	652.54	660.51	707.24	743.16	735.53	776.08	475.49
58	676.52	682.26	690.60	739.45	777.01	769.03	811.43	497.15
59	691.13	696.99	705.50	755.41	793.78	785.63	828.95	507.88
60	720.60	726.71	735.59	787.63	827.63	819.13	864.30	529.54
61	746.09	752.41	761.61	815.49	856.91	848.11	894.87	548.27
62	762.81	769.28	778.68	833.77	876.12	867.12	914.93	560.56
63	783.79	790.44	800.09	856.70	900.21	890.97	940.09	575.98
64+	796.52	803.28	813.09	870.62	914.84	905.44	955.37	585.33

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 1 and 3 KP CO plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP CO Bronze 8500/50	KP CO Bronze 7000/50 RX Copay	KP Colorado Option Bronze*	KP CO Bronze 6500/50	KP CO Bronze 6500/35%/HSA	KP CO Silver 6000/30 X	KP CO Silver 5000/25 X	KP Colorado Option Silver X*
0-14	\$184.84	\$199.24	\$201.64	\$188.80	\$199.24	\$204.76	\$209.01	\$219.02
15	201.27	216.95	219.56	205.58	216.95	222.96	227.59	238.49
16	207.55	223.72	226.41	212.00	223.72	229.92	234.69	245.93
17	213.84	230.49	233.27	218.41	230.49	236.88	241.80	253.38
18	220.60	237.79	240.65	225.32	237.79	244.37	249.45	261.39
19	227.37	245.08	248.03	232.23	245.08	251.87	257.10	269.41
20	234.37	252.63	255.67	239.39	252.63	259.63	265.02	277.71
21	241.62	260.45	263.58	246.80	260.45	267.66	273.22	286.30
22	241.62	260.45	263.58	246.80	260.45	267.66	273.22	286.30
23	241.62	260.45	263.58	246.80	260.45	267.66	273.22	286.30
24	241.62	260.45	263.58	246.80	260.45	267.66	273.22	286.30
25	242.59	261.49	264.63	247.78	261.49	268.73	274.31	287.45
26	247.42	266.70	269.90	252.72	266.70	274.08	279.77	293.17
27	253.22	272.95	276.23	258.64	272.95	280.50	286.33	300.05
28	262.64	283.10	286.51	268.27	283.10	290.94	296.99	311.21
29	270.38	291.44	294.94	276.16	291.44	299.51	305.73	320.37
30	274.24	295.61	299.16	280.11	295.61	303.79	310.10	324.95
31	280.04	301.86	305.49	286.04	301.86	310.21	316.66	331.83
32	285.84	308.11	311.81	291.96	308.11	316.64	323.21	338.70
33	289.46	312.01	315.76	295.66	312.01	320.65	327.31	342.99
34	293.33	316.18	319.98	299.61	316.18	324.94	331.68	347.57
35	295.26	318.26	322.09	301.58	318.26	327.08	333.87	349.86
36	297.20	320.35	324.20	303.56	320.35	329.22	336.06	352.15
37	299.13	322.43	326.31	305.53	322.43	331.36	338.24	354.44
38	301.06	324.51	328.42	307.51	324.51	333.50	340.43	356.73
39	304.93	328.68	332.63	311.46	328.68	337.78	344.80	361.31
40	308.79	332.85	336.85	315.40	332.85	342.07	349.17	365.90
41	314.59	339.10	343.18	321.33	339.10	348.49	355.73	372.77
42	320.15	345.09	349.24	327.00	345.09	354.65	362.01	379.35
43	327.88	353.42	357.67	334.90	353.42	363.21	370.75	388.51
44	337.55	363.84	368.22	344.77	363.84	373.92	381.68	399.97
45	348.90	376.08	380.60	356.37	376.08	386.50	394.52	413.42
46	362.44	390.67	395.36	370.19	390.67	401.49	409.82	429.45
47	377.66	407.08	411.97	385.74	407.08	418.35	427.04	447.49
48	395.05	425.83	430.95	403.51	425.83	437.62	446.71	468.11
49	412.21	444.32	449.66	421.03	444.32	456.62	466.11	488.43
50	431.54	465.16	470.75	440.78	465.16	478.04	487.96	511.34
51	450.63	485.73	491.57	460.27	485.73	499.18	509.55	533.96
52	471.65	508.39	514.50	481.74	508.39	522.47	533.32	558.86
53	492.91	531.31	537.70	503.46	531.31	546.02	557.36	584.06
54	515.87	556.05	562.74	526.91	556.05	571.45	583.32	611.26
55	538.82	580.79	587.78	550.35	580.79	596.88	609.27	638.46
56	563.71	607.62	614.92	575.77	607.62	624.44	637.41	667.95
57	588.84	634.71	642.34	601.44	634.71	652.28	665.83	697.72
58	615.66	663.61	671.59	628.83	663.61	681.99	696.15	729.50
59	628.95	677.94	686.09	642.41	677.94	696.71	711.18	745.25
60	655.77	706.85	715.35	669.80	706.85	726.42	741.51	777.03
61	678.96	731.85	740.65	693.49	731.85	752.12	767.74	804.51
62	694.18	748.26	757.25	709.04	748.26	768.98	784.95	822.55
63	713.27	768.83	778.08	728.54	768.83	790.12	806.53	845.17
64+	724.86	781.33	790.72	740.38	781.33	802.96	819.64	858.90

\*Only available in ZIP codes: 80513 and 80654

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 1 and 3 KP CO plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP CO Silver 4500/30 RX Copay X	KP CO Silver 3700/20%/HSA X	KP CO Silver 2200/25 X	KP CO Gold 2000/20	KP Colorado Option Gold*	KP CO Gold 1500/20	KP CO Gold 0/20 RX Copay	KP CO Catastrophic
0-14	\$214.80	\$216.60	\$219.26	\$234.77	\$246.69	\$244.16	\$257.64	\$157.85
15	233.89	235.85	238.75	255.63	268.62	265.86	280.54	171.88
16	241.19	243.21	246.21	263.61	277.00	274.16	289.30	177.24
17	248.49	250.58	253.66	271.59	285.39	282.46	298.06	182.61
18	256.35	258.50	261.68	280.19	294.41	291.40	307.49	188.39
19	264.21	266.43	269.71	288.78	303.44	300.33	316.92	194.16
20	272.36	274.64	278.02	297.68	312.80	309.59	326.68	200.15
21	280.78	283.14	286.62	306.88	322.47	319.16	336.79	206.34
22	280.78	283.14	286.62	306.88	322.47	319.16	336.79	206.34
23	280.78	283.14	286.62	306.88	322.47	319.16	336.79	206.34
24	280.78	283.14	286.62	306.88	322.47	319.16	336.79	206.34
25	281.90	284.27	287.77	308.11	323.76	320.44	338.14	207.16
26	287.52	289.93	293.50	314.25	330.21	326.82	344.87	211.29
27	294.26	296.73	300.38	321.61	337.95	334.48	352.95	216.24
28	305.21	307.77	311.56	333.58	350.52	346.93	366.09	224.29
29	314.19	316.83	320.73	343.40	360.84	357.14	376.87	230.89
30	318.69	321.36	325.31	348.31	366.00	362.25	382.25	234.19
31	325.42	328.16	332.19	355.68	373.74	369.91	390.34	239.14
32	332.16	334.95	339.07	363.04	381.48	377.57	398.42	244.10
33	336.37	339.20	343.37	367.65	386.32	382.36	403.47	247.19
34	340.87	343.73	347.96	372.56	391.48	387.46	408.86	250.49
35	343.11	345.99	350.25	375.01	394.06	390.02	411.56	252.14
36	345.36	348.26	352.54	377.47	396.64	392.57	414.25	253.79
37	347.61	350.52	354.84	379.92	399.22	395.12	416.94	255.44
38	349.85	352.79	357.13	382.38	401.80	397.68	419.64	257.10
39	354.34	357.32	361.71	387.29	406.96	402.78	425.03	260.40
40	358.84	361.85	366.30	392.20	412.12	407.89	430.42	263.70
41	365.58	368.64	373.18	399.56	419.86	415.55	438.50	268.65
42	372.03	375.16	379.77	406.62	427.27	422.89	446.24	273.40
43	381.02	384.22	388.94	416.44	437.59	433.10	457.02	280.00
44	392.25	395.54	400.41	428.72	450.49	445.87	470.49	288.25
45	405.45	408.85	413.88	443.14	465.65	460.87	486.32	297.95
46	421.17	424.71	429.93	460.33	483.70	478.74	505.18	309.51
47	438.86	442.54	447.99	479.66	504.02	498.85	526.40	322.50
48	459.08	462.93	468.62	501.76	527.24	521.83	550.65	337.36
49	479.01	483.03	488.97	523.54	550.13	544.49	574.56	352.01
50	501.47	505.68	511.90	548.10	575.93	570.02	601.50	368.52
51	523.65	528.05	534.55	572.34	601.41	595.24	628.11	384.82
52	548.08	552.68	559.48	599.04	629.46	623.01	657.41	402.77
53	572.79	577.60	584.70	626.04	657.84	651.09	687.05	420.93
54	599.47	604.50	611.93	655.20	688.47	681.41	719.04	440.53
55	626.14	631.40	639.16	684.35	719.11	711.73	751.04	460.13
56	655.06	660.56	668.68	715.96	752.32	744.61	785.73	481.38
57	684.26	690.00	698.49	747.88	785.86	777.80	820.75	502.84
58	715.43	721.43	730.31	781.94	821.65	813.23	858.14	525.75
59	730.87	737.01	746.07	798.82	839.39	830.78	876.66	537.09
60	762.04	768.43	777.89	832.88	875.18	866.21	914.04	560.00
61	788.99	795.62	805.40	862.34	906.14	896.85	946.37	579.81
62	806.68	813.45	823.46	881.68	926.45	916.95	967.59	592.81
63	828.86	835.82	846.10	905.92	951.93	942.17	994.20	609.11
64+	842.33	849.40	859.85	920.64	967.40	957.48	1,010.35	619.00

\*Only available in ZIP codes: 80513 and 80654

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 2 KP Select plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP Select CO Bronze 8500/50	KP Select CO Bronze 7000/50 RX Copay	KP Select Colorado Option Bronze	KP Select CO Bronze 6500/50	KP Select CO Bronze 6500/35%/HSA	KP Select CO Silver 6000/30 X	KP Select CO Silver 5000/25 X	KP Select Colorado Option Silver X
0-14	\$176.55	\$190.28	\$192.59	\$180.30	\$190.28	\$195.55	\$199.63	\$209.17
15	192.24	207.19	209.71	196.33	207.19	212.93	217.37	227.76
16	198.25	213.66	216.25	202.46	213.66	219.58	224.16	234.87
17	204.25	220.13	222.80	208.59	220.13	226.23	230.94	241.98
18	210.71	227.09	229.85	215.18	227.09	233.38	238.25	249.64
19	217.17	234.05	236.90	221.78	234.05	240.54	245.56	257.29
20	223.86	241.27	244.20	228.62	241.27	247.95	253.12	265.22
21	230.79	248.73	251.75	235.69	248.73	255.62	260.95	273.43
22	230.79	248.73	251.75	235.69	248.73	255.62	260.95	273.43
23	230.79	248.73	251.75	235.69	248.73	255.62	260.95	273.43
24	230.79	248.73	251.75	235.69	248.73	255.62	260.95	273.43
25	231.71	249.72	252.76	236.63	249.72	256.65	262.00	274.52
26	236.32	254.70	257.79	241.35	254.70	261.76	267.22	279.99
27	241.86	260.67	263.83	247.00	260.67	267.89	273.48	286.55
28	250.86	270.37	273.65	256.19	270.37	277.86	283.66	297.21
29	258.25	278.33	281.71	263.74	278.33	286.04	292.01	305.96
30	261.94	282.31	285.74	267.51	282.31	290.13	296.18	310.34
31	267.48	288.28	291.78	273.16	288.28	296.27	302.44	316.90
32	273.02	294.25	297.82	278.82	294.25	302.40	308.71	323.46
33	276.48	297.98	301.60	282.36	297.98	306.24	312.62	327.56
34	280.17	301.96	305.62	286.13	301.96	310.33	316.80	331.94
35	282.02	303.95	307.64	288.01	303.95	312.37	318.88	334.13
36	283.87	305.94	309.65	289.90	305.94	314.42	320.97	336.31
37	285.71	307.93	311.67	291.78	307.93	316.46	323.06	338.50
38	287.56	309.92	313.68	293.67	309.92	318.51	325.15	340.69
39	291.25	313.90	317.71	297.44	313.90	322.60	329.32	345.06
40	294.94	317.88	321.74	301.21	317.88	326.69	333.50	349.44
41	300.48	323.85	327.78	306.87	323.85	332.82	339.76	356.00
42	305.79	329.57	333.57	312.29	329.57	338.70	345.76	362.29
43	313.18	337.53	341.63	319.83	337.53	346.88	354.11	371.04
44	322.41	347.48	351.70	329.26	347.48	357.11	364.55	381.98
45	333.25	359.17	363.53	340.34	359.17	369.12	376.82	394.83
46	346.18	373.09	377.63	353.53	373.09	383.44	391.43	410.14
47	360.72	388.76	393.49	368.38	388.76	399.54	407.87	427.36
48	377.33	406.67	411.61	385.35	406.67	417.94	426.66	447.05
49	393.72	424.33	429.49	402.09	424.33	436.09	445.19	466.46
50	412.18	444.23	449.63	420.94	444.23	456.54	466.06	488.34
51	430.42	463.88	469.51	439.56	463.88	476.74	486.68	509.94
52	450.49	485.52	491.42	460.07	485.52	498.98	509.38	533.73
53	470.80	507.41	513.57	480.81	507.41	521.47	532.34	557.79
54	492.73	531.04	537.49	503.20	531.04	545.76	557.14	583.76
55	514.65	554.67	561.40	525.59	554.67	570.04	581.93	609.74
56	538.42	580.29	587.33	549.86	580.29	596.37	608.80	637.90
57	562.43	606.15	613.52	574.38	606.15	622.95	635.94	666.34
58	588.04	633.76	641.46	600.54	633.76	651.33	664.91	696.69
59	600.74	647.44	655.31	613.50	647.44	665.39	679.26	711.73
60	626.35	675.05	683.25	639.66	675.05	693.76	708.23	742.08
61	648.51	698.93	707.42	662.29	698.93	718.30	733.28	768.33
62	663.05	714.60	723.28	677.14	714.60	734.41	749.72	785.55
63	681.28	734.25	743.17	695.76	734.25	754.60	770.33	807.15
64+	692.35	746.18	755.24	707.06	746.18	766.86	782.85	820.27

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023



## 2023 Monthly rates

### RATE AREA 2 KP Select plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP Select CO Silver 4500/30 RX Copay X	KP Select CO Silver 3700/20%/HSA X	KP Select CO Silver 2200/25 X	KP Select CO Gold 2000/20	KP Select Colorado Option Gold	KP Select CO Gold 1500/20	KP Select CO Gold 0/20 RX Copay	KP Select CO Catastrophic
0-14	\$205.15	\$206.89	\$209.42	\$224.23	\$235.62	\$233.20	\$246.06	\$150.75
15	223.38	225.28	228.03	244.16	256.56	253.93	267.93	164.16
16	230.35	232.31	235.15	251.78	264.57	261.85	276.29	169.28
17	237.33	239.34	242.26	259.40	272.58	269.78	284.65	174.40
18	244.84	246.91	249.93	267.61	281.20	278.32	293.66	179.92
19	252.34	254.48	257.59	275.82	289.83	286.85	302.67	185.44
20	260.12	262.33	265.53	284.32	298.76	295.69	311.99	191.15
21	268.17	270.44	273.75	293.11	308.00	304.84	321.64	197.07
22	268.17	270.44	273.75	293.11	308.00	304.84	321.64	197.07
23	268.17	270.44	273.75	293.11	308.00	304.84	321.64	197.07
24	268.17	270.44	273.75	293.11	308.00	304.84	321.64	197.07
25	269.24	271.52	274.84	294.28	309.23	306.06	322.93	197.85
26	274.60	276.93	280.31	300.15	315.39	312.15	329.36	201.79
27	281.04	283.42	286.88	307.18	322.78	319.47	337.08	206.52
28	291.50	293.97	297.56	318.61	334.79	331.36	349.63	214.21
29	300.08	302.62	306.32	327.99	344.65	341.11	359.92	220.52
30	304.37	306.95	310.70	332.68	349.58	345.99	365.07	223.67
31	310.80	313.44	317.27	339.72	356.97	353.31	372.78	228.40
32	317.24	319.93	323.84	346.75	364.36	360.62	380.50	233.13
33	321.26	323.99	327.95	351.15	368.98	365.19	385.33	236.08
34	325.55	328.31	332.33	355.84	373.91	370.07	390.48	239.24
35	327.70	330.48	334.52	358.18	376.37	372.51	393.05	240.81
36	329.84	332.64	336.71	360.53	378.84	374.95	395.62	242.39
37	331.99	334.81	338.90	362.87	381.30	377.39	398.19	243.97
38	334.14	336.97	341.09	365.22	383.77	379.83	400.77	245.54
39	338.43	341.30	345.47	369.91	388.69	384.70	405.91	248.70
40	342.72	345.62	349.85	374.60	393.62	389.58	411.06	251.85
41	349.15	352.11	356.42	381.63	401.01	396.90	418.78	256.58
42	355.32	358.33	362.71	388.37	408.10	403.91	426.18	261.11
43	363.90	366.99	371.47	397.75	417.95	413.66	436.47	267.42
44	374.63	377.81	382.42	409.48	430.27	425.86	449.34	275.30
45	387.23	390.52	395.29	423.25	444.75	440.18	464.45	284.56
46	402.25	405.66	410.62	439.67	462.00	457.25	482.47	295.60
47	419.14	422.70	427.86	458.13	481.40	476.46	502.73	308.01
48	438.45	442.17	447.57	479.24	503.58	498.41	525.89	322.20
49	457.49	461.37	467.01	500.05	525.45	520.05	548.72	336.19
50	478.95	483.01	488.91	523.50	550.09	544.44	574.46	351.96
51	500.13	504.37	510.53	546.65	574.42	568.52	599.86	367.53
52	523.46	527.90	534.35	572.15	601.21	595.04	627.85	384.67
53	547.06	551.70	558.44	597.95	628.32	621.87	656.15	402.01
54	572.54	577.39	584.45	625.79	657.58	650.83	686.71	420.73
55	598.01	603.08	610.45	653.64	686.84	679.79	717.26	439.46
56	625.63	630.94	638.65	683.83	718.56	711.18	750.39	459.75
57	653.52	659.06	667.12	714.31	750.59	742.89	783.84	480.25
58	683.29	689.08	697.50	746.85	784.78	776.72	819.55	502.12
59	698.04	703.96	712.56	762.97	801.72	793.49	837.24	512.96
60	727.80	733.98	742.94	795.50	835.91	827.33	872.94	534.83
61	753.55	759.94	769.22	823.64	865.48	856.59	903.82	553.75
62	770.44	776.98	786.47	842.11	884.88	875.79	924.08	566.17
63	791.63	798.34	808.10	865.26	909.21	899.88	949.49	581.74
64+	804.49	811.31	821.23	879.32	923.99	914.50	964.92	591.19

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 2 KP CO plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP CO Bronze 8500/50	KP CO Bronze 7000/50 RX Copay	KP Colorado Option Bronze	KP CO Bronze 6500/50	KP CO Bronze 6500/35%/HSA	KP CO Silver 6000/30 X	KP CO Silver 5000/25 X	KP Colorado Option Silver X
0-14	\$186.69	\$201.23	\$203.65	\$190.69	\$201.23	\$206.81	\$211.10	\$221.21
15	203.29	219.12	221.75	207.64	219.12	225.19	229.86	240.88
16	209.63	225.96	228.68	214.12	225.96	232.22	237.04	248.39
17	215.98	232.80	235.60	220.60	232.80	239.25	244.21	255.91
18	222.81	240.16	243.05	227.58	240.16	246.81	251.94	264.01
19	229.64	247.53	250.51	234.56	247.53	254.38	259.67	272.11
20	236.72	255.16	258.23	241.79	255.16	262.22	267.67	280.49
21	244.04	263.05	266.21	249.26	263.05	270.33	275.95	289.17
22	244.04	263.05	266.21	249.26	263.05	270.33	275.95	289.17
23	244.04	263.05	266.21	249.26	263.05	270.33	275.95	289.17
24	244.04	263.05	266.21	249.26	263.05	270.33	275.95	289.17
25	245.02	264.10	267.28	250.26	264.10	271.42	277.05	290.32
26	249.90	269.36	272.60	255.25	269.36	276.82	282.57	296.11
27	255.75	275.68	278.99	261.23	275.68	283.31	289.19	303.05
28	265.27	285.94	289.37	270.95	285.94	293.85	299.96	314.32
29	273.08	294.35	297.89	278.93	294.35	302.50	308.79	323.58
30	276.98	298.56	302.15	282.91	298.56	306.83	313.20	328.20
31	282.84	304.87	308.54	288.90	304.87	313.32	319.82	335.14
32	288.70	311.19	314.93	294.88	311.19	319.81	326.45	342.08
33	292.36	315.13	318.92	298.62	315.13	323.86	330.59	346.42
34	296.26	319.34	323.18	302.61	319.34	328.19	335.00	351.05
35	298.22	321.45	325.31	304.60	321.45	330.35	337.21	353.36
36	300.17	323.55	327.44	306.59	323.55	332.51	339.42	355.67
37	302.12	325.66	329.57	308.59	325.66	334.67	341.62	357.99
38	304.07	327.76	331.70	310.58	327.76	336.84	343.83	360.30
39	307.98	331.97	335.96	314.57	331.97	341.16	348.25	364.93
40	311.88	336.18	340.22	318.56	336.18	345.49	352.66	369.55
41	317.74	342.49	346.61	324.54	342.49	351.97	359.28	376.49
42	323.35	348.54	352.73	330.27	348.54	358.19	365.63	383.15
43	331.16	356.96	361.25	338.25	356.96	366.84	374.46	392.40
44	340.92	367.48	371.90	348.22	367.48	377.66	385.50	403.97
45	352.39	379.84	384.41	359.94	379.84	390.36	398.47	417.56
46	366.06	394.57	399.32	373.89	394.57	405.50	413.92	433.75
47	381.43	411.15	416.09	389.60	411.15	422.53	431.31	451.97
48	399.00	430.09	435.26	407.54	430.09	442.00	451.18	472.79
49	416.33	448.76	454.16	425.24	448.76	461.19	470.77	493.32
50	435.85	469.81	475.45	445.18	469.81	482.82	492.84	516.45
51	455.13	490.59	496.49	464.88	490.59	504.17	514.64	539.30
52	476.37	513.47	519.65	486.56	513.47	527.69	538.65	564.45
53	497.84	536.62	543.07	508.50	536.62	551.48	562.93	589.90
54	521.02	561.61	568.36	532.18	561.61	577.16	589.15	617.37
55	544.21	586.60	593.65	555.86	586.60	602.84	615.36	644.84
56	569.34	613.69	621.07	581.53	613.69	630.69	643.79	674.63
57	594.72	641.05	648.76	607.45	641.05	658.80	672.49	704.70
58	621.81	670.25	678.31	635.12	670.25	688.81	703.12	736.80
59	635.24	684.72	692.95	648.83	684.72	703.68	718.29	752.70
60	662.32	713.92	722.50	676.50	713.92	733.69	748.92	784.80
61	685.75	739.17	748.06	700.43	739.17	759.64	775.41	812.56
62	701.13	755.74	764.83	716.13	755.74	776.67	792.80	830.77
63	720.41	776.52	785.86	735.82	776.52	798.03	814.60	853.62
64+	732.11	789.14	798.63	747.78	789.14	810.99	827.83	867.49

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 2 KP CO plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP CO Silver 4500/30 RX Copay X	KP CO Silver 3700/20%/HSA X	KP CO Silver 2200/25 X	KP CO Gold 2000/20	KP Colorado Option Gold	KP CO Gold 1500/20	KP CO Gold 0/20 RX Copay	KP CO Catastrophic
0-14	\$216.94	\$218.77	\$221.46	\$237.11	\$249.16	\$246.60	\$260.22	\$159.43
15	236.23	238.21	241.14	258.19	271.30	268.52	283.35	173.60
16	243.60	245.65	248.67	266.25	279.77	276.90	292.19	179.02
17	250.98	253.08	256.20	274.31	288.24	285.28	301.04	184.43
18	258.92	261.09	264.30	282.99	297.36	294.31	310.56	190.27
19	266.86	269.10	272.41	291.67	306.48	303.34	320.09	196.10
20	275.08	277.39	280.80	300.65	315.92	312.68	329.95	202.15
21	283.59	285.97	289.49	309.95	325.69	322.35	340.16	208.40
22	283.59	285.97	289.49	309.95	325.69	322.35	340.16	208.40
23	283.59	285.97	289.49	309.95	325.69	322.35	340.16	208.40
24	283.59	285.97	289.49	309.95	325.69	322.35	340.16	208.40
25	284.72	287.11	290.64	311.19	327.00	323.64	341.52	209.23
26	290.39	292.83	296.43	317.39	333.51	330.09	348.32	213.40
27	297.20	299.69	303.38	324.83	341.33	337.83	356.48	218.40
28	308.26	310.85	314.67	336.92	354.03	350.40	369.75	226.53
29	317.33	320.00	323.94	346.84	364.45	360.71	380.63	233.20
30	321.87	324.57	328.57	351.80	369.66	365.87	386.08	236.53
31	328.68	331.44	335.51	359.24	377.48	373.61	394.24	241.54
32	335.48	338.30	342.46	366.67	385.30	381.34	402.40	246.54
33	339.74	342.59	346.80	371.32	390.18	386.18	407.51	249.66
34	344.28	347.17	351.44	376.28	395.39	391.34	412.95	253.00
35	346.54	349.45	353.75	378.76	398.00	393.92	415.67	254.67
36	348.81	351.74	356.07	381.24	400.60	396.50	418.39	256.33
37	351.08	354.03	358.38	383.72	403.21	399.07	421.11	258.00
38	353.35	356.32	360.70	386.20	405.81	401.65	423.83	259.67
39	357.89	360.89	365.33	391.16	411.03	406.81	429.28	263.00
40	362.43	365.47	369.96	396.12	416.24	411.97	434.72	266.34
41	369.23	372.33	376.91	403.56	424.05	419.70	442.88	271.34
42	375.75	378.91	383.57	410.69	431.54	427.12	450.71	276.13
43	384.83	388.06	392.83	420.61	441.97	437.43	461.59	282.80
44	396.17	399.50	404.41	433.00	454.99	450.33	475.20	291.14
45	409.50	412.94	418.02	447.57	470.30	465.48	491.19	300.93
46	425.38	428.95	434.23	464.93	488.54	483.53	510.23	312.60
47	443.25	446.97	452.47	484.46	509.06	503.84	531.66	325.73
48	463.67	467.56	473.31	506.77	532.51	527.05	556.16	340.73
49	483.80	487.86	493.86	528.78	555.63	549.94	580.31	355.53
50	506.49	510.74	517.02	553.58	581.69	575.72	607.52	372.20
51	528.89	533.33	539.89	578.06	607.42	601.19	634.39	388.67
52	553.56	558.21	565.08	605.03	635.75	629.24	663.98	406.80
53	578.52	583.38	590.55	632.30	664.42	657.60	693.92	425.14
54	605.46	610.54	618.05	661.75	695.36	688.23	726.23	444.93
55	632.40	637.71	645.55	691.20	726.30	718.85	758.55	464.73
56	661.61	667.16	675.37	723.12	759.84	752.05	793.58	486.20
57	691.10	696.91	705.48	755.36	793.72	785.58	828.96	507.87
58	722.58	728.65	737.61	789.76	829.87	821.36	866.72	531.00
59	738.18	744.38	753.53	806.81	847.78	839.09	885.43	542.47
60	769.66	776.12	785.67	841.21	883.93	874.87	923.18	565.60
61	796.88	803.57	813.46	870.97	915.20	905.81	955.84	585.60
62	814.75	821.59	831.69	890.50	935.72	926.12	977.27	598.73
63	837.15	844.18	854.56	914.98	961.45	951.59	1,004.14	615.20
64+	850.75	857.90	868.45	929.85	977.07	967.05	1,020.46	625.19

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 4 and 6 KP Select plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP Select CO Bronze 8500/50	KP Select CO Bronze 7000/50 RX Copay	KP Select Colorado Option Bronze	KP Select CO Bronze 6500/50	KP Select CO Bronze 6500/35%/HSA	KP Select CO Silver 6000/30 X	KP Select CO Silver 5000/25 X	KP Select Colorado Option Silver X
0-14	\$189.14	\$203.84	\$206.32	\$193.16	\$203.84	\$209.49	\$213.86	\$224.08
15	205.95	221.96	224.66	210.33	221.96	228.11	232.87	244.00
16	212.38	228.89	231.67	216.89	228.89	235.23	240.14	251.62
17	218.81	235.82	238.68	223.45	235.82	242.35	247.41	259.23
18	225.73	243.28	246.23	230.52	243.28	250.02	255.23	267.43
19	232.65	250.74	253.78	237.59	250.74	257.69	263.06	275.63
20	239.82	258.47	261.61	244.92	258.47	265.63	271.17	284.13
21	247.24	266.46	269.70	252.49	266.46	273.85	279.56	292.92
22	247.24	266.46	269.70	252.49	266.46	273.85	279.56	292.92
23	247.24	266.46	269.70	252.49	266.46	273.85	279.56	292.92
24	247.24	266.46	269.70	252.49	266.46	273.85	279.56	292.92
25	248.23	267.53	270.78	253.50	267.53	274.94	280.67	294.09
26	253.17	272.86	276.17	258.55	272.86	280.42	286.27	299.95
27	259.11	279.25	282.64	264.61	279.25	286.99	292.97	306.98
28	268.75	289.64	293.16	274.46	289.64	297.67	303.88	318.40
29	276.66	298.17	301.79	282.54	298.17	306.43	312.82	327.77
30	280.62	302.43	306.11	286.58	302.43	310.82	317.30	332.46
31	286.55	308.83	312.58	292.64	308.83	317.39	324.01	339.49
32	292.48	315.22	319.05	298.70	315.22	323.96	330.71	346.52
33	296.19	319.22	323.10	302.48	319.22	328.07	334.91	350.91
34	300.15	323.48	327.41	306.52	323.48	332.45	339.38	355.60
35	302.12	325.62	329.57	308.54	325.62	334.64	341.62	357.94
36	304.10	327.75	331.73	310.56	327.75	336.83	343.85	360.29
37	306.08	329.88	333.88	312.58	329.88	339.02	346.09	362.63
38	308.06	332.01	336.04	314.60	332.01	341.21	348.33	364.97
39	312.01	336.27	340.36	318.64	336.27	345.59	352.80	369.66
40	315.97	340.54	344.67	322.68	340.54	349.98	357.27	374.35
41	321.90	346.93	351.15	328.74	346.93	356.55	363.98	381.38
42	327.59	353.06	357.35	334.55	353.06	362.85	370.41	388.12
43	335.50	361.59	365.98	342.63	361.59	371.61	379.36	397.49
44	345.39	372.25	376.77	352.73	372.25	382.56	390.54	409.21
45	357.01	384.77	389.44	364.60	384.77	395.43	403.68	422.97
46	370.86	399.69	404.55	378.74	399.69	410.77	419.33	439.38
47	386.43	416.48	421.54	394.64	416.48	428.02	436.95	457.83
48	404.23	435.66	440.95	412.82	435.66	447.74	457.07	478.92
49	421.79	454.58	460.10	430.75	454.58	467.18	476.92	499.72
50	441.57	475.90	481.68	450.95	475.90	489.09	499.29	523.15
51	461.10	496.95	502.98	470.90	496.95	510.72	521.37	546.29
52	482.61	520.13	526.45	492.86	520.13	534.55	545.69	571.77
53	504.37	543.58	550.18	515.08	543.58	558.65	570.29	597.55
54	527.85	568.89	575.80	539.07	568.89	584.66	596.85	625.38
55	551.34	594.21	601.42	563.06	594.21	610.68	623.41	653.20
56	576.81	621.65	629.20	589.06	621.65	638.88	652.20	683.38
57	602.52	649.37	657.25	615.32	649.37	667.36	681.28	713.84
58	629.96	678.94	687.19	643.35	678.94	697.76	712.31	746.35
59	643.56	693.60	702.02	657.23	693.60	712.82	727.68	762.46
60	671.00	723.18	731.96	685.26	723.18	743.22	758.71	794.98
61	694.74	748.76	757.85	709.50	748.76	769.51	785.55	823.10
62	710.31	765.54	774.84	725.41	765.54	786.76	803.16	841.55
63	729.85	786.59	796.15	745.35	786.59	808.39	825.25	864.69
64+	741.70	799.37	809.08	757.46	799.37	821.53	838.66	878.74

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 4 and 6 KP Select plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP Select CO Silver 4500/30 RX Copay X	KP Select CO Silver 3700/20%/HSA X	KP Select CO Silver 2200/25 X	KP Select CO Gold 2000/20	KP Select Colorado Option Gold	KP Select CO Gold 1500/20	KP Select CO Gold 0/20 RX Copay	KP Select CO Catastrophic
0-14	\$219.77	\$221.64	\$224.34	\$240.21	\$252.42	\$249.82	\$263.60	\$161.50
15	239.31	241.34	244.29	261.57	274.85	272.03	287.03	175.86
16	246.78	248.87	251.91	269.73	283.43	280.52	295.99	181.35
17	254.25	256.40	259.53	277.89	292.01	289.01	304.95	186.84
18	262.29	264.51	267.75	286.69	301.25	298.16	314.59	192.75
19	270.33	272.63	275.96	295.48	310.49	307.30	324.24	198.66
20	278.66	281.03	284.46	304.59	320.06	316.77	334.24	204.78
21	287.28	289.72	293.26	314.01	329.96	326.57	344.57	211.11
22	287.28	289.72	293.26	314.01	329.96	326.57	344.57	211.11
23	287.28	289.72	293.26	314.01	329.96	326.57	344.57	211.11
24	287.28	289.72	293.26	314.01	329.96	326.57	344.57	211.11
25	288.43	290.88	294.43	315.26	331.27	327.87	345.95	211.96
26	294.18	296.67	300.30	321.54	337.87	334.40	352.84	216.18
27	301.07	303.63	307.34	329.08	345.79	342.24	361.11	221.25
28	312.28	314.93	318.77	341.32	358.66	354.98	374.55	229.48
29	321.47	324.20	328.16	351.37	369.22	365.43	385.58	236.24
30	326.07	328.83	332.85	356.40	374.50	370.65	391.09	239.61
31	332.96	335.78	339.89	363.93	382.42	378.49	399.36	244.68
32	339.86	342.74	346.93	371.47	390.34	386.33	407.63	249.75
33	344.17	347.08	351.33	376.18	395.29	391.23	412.80	252.91
34	348.76	351.72	356.02	381.20	400.57	396.45	418.31	256.29
35	351.06	354.04	358.36	383.71	403.21	399.07	421.07	257.98
36	353.36	356.35	360.71	386.23	405.84	401.68	423.82	259.67
37	355.66	358.67	363.06	388.74	408.48	404.29	426.58	261.36
38	357.95	360.99	365.40	391.25	411.12	406.90	429.34	263.05
39	362.55	365.63	370.09	396.27	416.40	412.13	434.85	266.43
40	367.15	370.26	374.79	401.30	421.68	417.35	440.36	269.80
41	374.04	377.21	381.82	408.84	429.60	425.19	448.63	274.87
42	380.65	383.88	388.57	416.06	437.19	432.70	456.56	279.73
43	389.84	393.15	397.95	426.11	447.75	443.15	467.58	286.48
44	401.33	404.74	409.68	438.67	460.95	456.21	481.37	294.93
45	414.84	418.35	423.47	453.42	476.46	471.56	497.56	304.85
46	430.92	434.58	439.89	471.01	494.93	489.85	516.86	316.67
47	449.02	452.83	458.36	490.79	515.72	510.42	538.57	329.97
48	469.71	473.69	479.48	513.40	539.48	533.94	563.38	345.17
49	490.11	494.26	500.30	535.69	562.90	557.12	587.84	360.16
50	513.09	517.44	523.76	560.81	589.30	583.25	615.41	377.05
51	535.78	540.33	546.93	585.62	615.37	609.05	642.63	393.73
52	560.78	565.53	572.44	612.94	644.07	637.46	672.61	412.09
53	586.06	591.03	598.25	640.57	673.11	666.20	702.93	430.67
54	613.35	618.55	626.11	670.40	704.45	697.22	735.66	450.73
55	640.64	646.07	653.97	700.23	735.80	728.24	768.40	470.78
56	670.23	675.92	684.17	732.57	769.79	761.88	803.89	492.53
57	700.11	706.05	714.67	765.23	804.10	795.84	839.72	514.48
58	732.00	738.21	747.23	800.09	840.73	832.09	877.97	537.92
59	747.80	754.14	763.35	817.36	858.87	850.05	896.92	549.53
60	779.69	786.30	795.91	852.21	895.50	886.30	935.17	572.96
61	807.27	814.11	824.06	882.36	927.17	917.65	968.25	593.23
62	825.36	832.36	842.53	902.14	947.96	938.23	989.96	606.53
63	848.06	855.25	865.70	926.94	974.03	964.03	1,017.18	623.21
64+	861.84	869.15	879.77	942.01	989.86	979.69	1,033.71	633.33

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 4 and 6 KP CO plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP CO Bronze 8500/50	KP CO Bronze 7000/50 RX Copay	KP Colorado Option Bronze	KP CO Bronze 6500/50	KP CO Bronze 6500/35%/HSA	KP CO Silver 6000/30 X	KP CO Silver 5000/25 X	KP Colorado Option Silver X
0-14	\$200.00	\$215.58	\$218.17	\$204.28	\$215.58	\$221.55	\$226.15	\$236.98
15	217.78	234.74	237.56	222.44	234.74	241.24	246.25	258.05
16	224.57	242.07	244.98	229.38	242.07	248.77	253.94	266.10
17	231.37	249.39	252.39	236.32	249.39	256.30	261.62	274.16
18	238.69	257.29	260.38	243.80	257.29	264.41	269.90	282.83
19	246.01	265.18	268.36	251.28	265.18	272.52	278.18	291.50
20	253.59	273.35	276.63	259.02	273.35	280.92	286.75	300.49
21	261.44	281.80	285.19	267.03	281.80	289.61	295.62	309.78
22	261.44	281.80	285.19	267.03	281.80	289.61	295.62	309.78
23	261.44	281.80	285.19	267.03	281.80	289.61	295.62	309.78
24	261.44	281.80	285.19	267.03	281.80	289.61	295.62	309.78
25	262.48	282.93	286.33	268.10	282.93	290.76	296.80	311.02
26	267.71	288.57	292.03	273.44	288.57	296.56	302.71	317.21
27	273.99	295.33	298.88	279.85	295.33	303.51	309.81	324.65
28	284.18	306.32	310.00	290.26	306.32	314.80	321.34	336.73
29	292.55	315.34	319.13	298.81	315.34	324.07	330.80	346.64
30	296.73	319.85	323.69	303.08	319.85	328.70	335.53	351.60
31	303.00	326.61	330.53	309.49	326.61	335.65	342.62	359.04
32	309.28	333.37	337.38	315.90	333.37	342.60	349.72	366.47
33	313.20	337.60	341.66	319.90	337.60	346.95	354.15	371.12
34	317.38	342.11	346.22	324.18	342.11	351.58	358.88	376.07
35	319.48	344.36	348.50	326.31	344.36	353.90	361.25	378.55
36	321.57	346.62	350.78	328.45	346.62	356.21	363.61	381.03
37	323.66	348.87	353.06	330.59	348.87	358.53	365.98	383.51
38	325.75	351.13	355.35	332.72	351.13	360.85	368.34	385.99
39	329.93	355.63	359.91	336.99	355.63	365.48	373.07	390.94
40	334.12	360.14	364.47	341.27	360.14	370.12	377.80	395.90
41	340.39	366.91	371.32	347.68	366.91	377.07	384.90	403.33
42	346.40	373.39	377.88	353.82	373.39	383.73	391.70	410.46
43	354.77	382.41	387.00	362.36	382.41	392.99	401.16	420.37
44	365.23	393.68	398.41	373.04	393.68	404.58	412.98	432.76
45	377.51	406.92	411.81	385.59	406.92	418.19	426.87	447.32
46	392.15	422.70	427.78	400.55	422.70	434.41	443.43	464.67
47	408.63	440.46	445.75	417.37	440.46	452.65	462.05	484.19
48	427.45	460.75	466.29	436.60	460.75	473.50	483.34	506.49
49	446.01	480.75	486.53	455.56	480.75	494.07	504.33	528.49
50	466.93	503.30	509.35	476.92	503.30	517.24	527.98	553.27
51	487.58	525.56	531.88	498.02	525.56	540.11	551.33	577.74
52	510.32	550.08	556.69	521.25	550.08	565.31	577.05	604.69
53	533.33	574.88	581.79	544.75	574.88	590.79	603.06	631.95
54	558.17	601.65	608.88	570.11	601.65	618.31	631.15	661.38
55	583.00	628.42	635.97	595.48	628.42	645.82	659.23	690.81
56	609.93	657.44	665.35	622.99	657.44	675.65	689.68	722.72
57	637.12	686.75	695.01	650.76	686.75	705.77	720.43	754.93
58	666.14	718.03	726.66	680.40	718.03	737.91	753.24	789.32
59	680.52	733.53	742.35	695.08	733.53	753.84	769.50	806.36
60	709.54	764.81	774.00	724.73	764.81	785.99	802.31	840.74
61	734.64	791.86	801.38	750.36	791.86	813.79	830.69	870.48
62	751.11	809.62	819.35	767.18	809.62	832.04	849.32	890.00
63	771.76	831.88	841.88	788.28	831.88	854.91	872.67	914.47
64+	784.30	845.40	855.56	801.09	845.40	868.81	886.85	929.33

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023



## 2023 Monthly rates

### RATE AREA 4 and 6 KP CO plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP CO Silver 4500/30 RX Copay X	KP CO Silver 3700/20%/HSA X	KP CO Silver 2200/25 X	KP CO Gold 2000/20	KP Colorado Option Gold	KP CO Gold 1500/20	KP CO Gold 0/20 RX Copay	KP CO Catastrophic
0-14	\$232.41	\$234.36	\$237.24	\$254.02	\$266.92	\$264.18	\$278.77	\$170.79
15	253.07	255.19	258.33	276.60	290.64	287.66	303.55	185.97
16	260.97	263.16	266.40	285.23	299.72	296.64	313.02	191.78
17	268.87	271.12	274.46	293.86	308.79	305.62	322.50	197.58
18	277.37	279.70	283.14	303.16	318.56	315.29	332.70	203.83
19	285.88	288.28	291.83	312.46	328.33	324.96	342.90	210.08
20	294.69	297.16	300.82	322.09	338.44	334.97	353.47	216.56
21	303.80	306.35	310.12	332.05	348.91	345.33	364.40	223.26
22	303.80	306.35	310.12	332.05	348.91	345.33	364.40	223.26
23	303.80	306.35	310.12	332.05	348.91	345.33	364.40	223.26
24	303.80	306.35	310.12	332.05	348.91	345.33	364.40	223.26
25	305.02	307.58	311.36	333.38	350.31	346.72	365.86	224.15
26	311.10	313.71	317.57	340.02	357.29	353.62	373.15	228.61
27	318.39	321.06	325.01	347.99	365.66	361.91	381.90	233.97
28	330.23	333.01	337.10	360.94	379.27	375.38	396.11	242.68
29	339.96	342.81	347.03	371.56	390.43	386.43	407.77	249.82
30	344.82	347.71	351.99	376.88	396.02	391.95	413.60	253.40
31	352.11	355.06	359.43	384.84	404.39	400.24	422.35	258.75
32	359.40	362.42	366.88	392.81	412.76	408.53	431.09	264.11
33	363.96	367.01	371.53	397.79	418.00	413.71	436.56	267.46
34	368.82	371.91	376.49	403.11	423.58	419.24	442.39	271.03
35	371.25	374.36	378.97	405.76	426.37	422.00	445.30	272.82
36	373.68	376.82	381.45	408.42	429.16	424.76	448.22	274.61
37	376.11	379.27	383.93	411.08	431.95	427.52	451.13	276.39
38	378.54	381.72	386.41	413.73	434.74	430.29	454.05	278.18
39	383.40	386.62	391.37	419.05	440.33	435.81	459.88	281.75
40	388.26	391.52	396.34	424.36	445.91	441.34	465.71	285.32
41	395.55	398.87	403.78	432.33	454.28	449.62	474.45	290.68
42	402.54	405.92	410.91	439.96	462.31	457.57	482.84	295.81
43	412.26	415.72	420.84	450.59	473.47	468.62	494.50	302.96
44	424.41	427.98	433.24	463.87	487.43	482.43	509.07	311.89
45	438.69	442.38	447.82	479.48	503.83	498.66	526.20	322.38
46	455.71	459.53	465.18	498.07	523.37	518.00	546.61	334.88
47	474.85	478.83	484.72	518.99	545.35	539.76	569.56	348.95
48	496.72	500.89	507.05	542.90	570.47	564.62	595.80	365.02
49	518.29	522.64	529.07	566.48	595.24	589.14	621.67	380.88
50	542.59	547.15	553.88	593.04	623.16	616.77	650.83	398.74
51	566.59	571.35	578.38	619.27	650.72	644.05	679.61	416.37
52	593.03	598.00	605.36	648.16	681.08	674.09	711.32	435.80
53	619.76	624.96	632.65	677.38	711.78	704.48	743.39	455.44
54	648.62	654.07	662.11	708.92	744.93	737.29	778.00	476.65
55	677.48	683.17	691.57	740.47	778.07	770.09	812.62	497.86
56	708.77	714.72	723.52	774.67	814.01	805.66	850.16	520.86
57	740.37	746.59	755.77	809.20	850.30	841.58	888.05	544.08
58	774.09	780.59	790.19	846.06	889.03	879.91	928.50	568.86
59	790.80	797.44	807.25	864.32	908.22	898.90	948.55	581.14
60	824.52	831.45	841.67	901.18	946.95	937.24	988.99	605.92
61	853.69	860.86	871.45	933.06	980.44	970.39	1,023.98	627.35
62	872.83	880.16	890.98	953.98	1,002.42	992.14	1,046.93	641.42
63	896.83	904.36	915.48	980.21	1,029.99	1,019.43	1,075.72	659.05
64+	911.40	919.05	930.36	996.14	1,046.73	1,035.99	1,093.20	669.76

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023



## 2023 Monthly rates

### RATE AREA 7 and 8 KP Select plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP Select CO Bronze 8500/50	KP Select CO Bronze 7000/50 RX Copay	KP Select Colorado Option Bronze	KP Select CO Bronze 6500/50	KP Select CO Bronze 6500/35%/HSA	KP Select CO Silver 6000/30 X	KP Select CO Silver 5000/25 X	KP Select Colorado Option Silver X
0-14	\$192.63	\$207.61	\$210.13	\$196.73	\$207.61	\$213.36	\$217.81	\$228.22
15	209.76	226.07	228.81	214.21	226.07	232.33	237.17	248.51
16	216.30	233.12	235.95	220.90	233.12	239.58	244.58	256.27
17	222.85	240.18	243.09	227.58	240.18	246.83	251.98	264.02
18	229.90	247.78	250.78	234.79	247.78	254.64	259.95	272.38
19	236.95	255.37	258.48	241.99	255.37	262.45	267.92	280.73
20	244.25	263.24	266.44	249.44	263.24	270.54	276.18	289.38
21	251.81	271.39	274.68	257.16	271.39	278.91	284.72	298.33
22	251.81	271.39	274.68	257.16	271.39	278.91	284.72	298.33
23	251.81	271.39	274.68	257.16	271.39	278.91	284.72	298.33
24	251.81	271.39	274.68	257.16	271.39	278.91	284.72	298.33
25	252.82	272.47	275.78	258.19	272.47	280.02	285.86	299.52
26	257.85	277.90	281.27	263.33	277.90	285.60	291.56	305.49
27	263.89	284.41	287.87	269.50	284.41	292.30	298.39	312.65
28	273.72	295.00	298.58	279.53	295.00	303.17	309.49	324.29
29	281.77	303.68	307.37	287.76	303.68	312.10	318.61	333.83
30	285.80	308.02	311.76	291.87	308.02	316.56	323.16	338.61
31	291.85	314.54	318.36	298.05	314.54	323.25	329.99	345.77
32	297.89	321.05	324.95	304.22	321.05	329.95	336.83	352.93
33	301.67	325.12	329.07	308.08	325.12	334.13	341.10	357.40
34	305.69	329.46	333.46	312.19	329.46	338.59	345.65	362.17
35	307.71	331.63	335.66	314.25	331.63	340.83	347.93	364.56
36	309.72	333.81	337.86	316.30	333.81	343.06	350.21	366.95
37	311.74	335.98	340.06	318.36	335.98	345.29	352.49	369.33
38	313.75	338.15	342.25	320.42	338.15	347.52	354.77	371.72
39	317.78	342.49	346.65	324.53	342.49	351.98	359.32	376.49
40	321.81	346.83	351.04	328.65	346.83	356.44	363.88	381.27
41	327.85	353.35	357.64	334.82	353.35	363.14	370.71	388.43
42	333.65	359.59	363.95	340.73	359.59	369.55	377.26	395.29
43	341.70	368.27	372.74	348.96	368.27	378.48	386.37	404.84
44	351.78	379.13	383.73	359.25	379.13	389.63	397.76	416.77
45	363.61	391.88	396.64	371.34	391.88	402.74	411.14	430.79
46	377.71	407.08	412.02	385.74	407.08	418.36	427.08	447.50
47	393.58	424.18	429.33	401.94	424.18	435.93	445.02	466.29
48	411.71	443.72	449.11	420.45	443.72	456.01	465.52	487.77
49	429.58	462.99	468.61	438.71	462.99	475.82	485.74	508.95
50	449.73	484.70	490.58	459.28	484.70	498.13	508.52	532.82
51	469.62	506.14	512.28	479.60	506.14	520.16	531.01	556.39
52	491.53	529.75	536.18	501.97	529.75	544.43	555.78	582.34
53	513.69	553.63	560.35	524.60	553.63	568.97	580.84	608.60
54	537.61	579.41	586.45	549.03	579.41	595.47	607.88	636.94
55	561.53	605.19	612.54	573.46	605.19	621.96	634.93	665.28
56	587.47	633.14	640.83	599.95	633.14	650.69	664.26	696.01
57	613.66	661.37	669.40	626.69	661.37	679.70	693.87	727.03
58	641.61	691.49	699.89	655.24	691.49	710.66	725.47	760.15
59	655.46	706.42	715.00	669.38	706.42	726.00	741.13	776.56
60	683.41	736.54	745.49	697.93	736.54	756.96	772.74	809.67
61	707.58	762.60	771.86	722.61	762.60	783.73	800.07	838.31
62	723.44	779.69	789.16	738.82	779.69	801.30	818.01	857.11
63	743.34	801.13	810.86	759.13	801.13	823.34	840.50	880.67
64+	755.41	814.15	824.04	771.46	814.15	836.71	854.16	894.98

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 7 and 8 KP Select plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP Select CO Silver 4500/30 RX Copay X	KP Select CO Silver 3700/20%/HSA X	KP Select CO Silver 2200/25 X	KP Select CO Gold 2000/20	KP Select Colorado Option Gold	KP Select CO Gold 1500/20	KP Select CO Gold 0/20 RX Copay	KP Select CO Catastrophic
0-14	\$223.83	\$225.73	\$228.49	\$244.65	\$257.08	\$254.44	\$268.47	\$164.49
15	243.73	245.80	248.80	266.40	279.93	277.06	292.33	179.11
16	251.34	253.47	256.57	274.72	288.67	285.71	301.46	184.70
17	258.95	261.14	264.33	283.03	297.41	294.35	310.58	190.29
18	267.14	269.40	272.70	291.99	306.82	303.67	320.41	196.31
19	275.33	277.67	281.06	300.94	316.23	312.98	330.24	202.33
20	283.82	286.22	289.72	310.22	325.97	322.63	340.41	208.57
21	292.59	295.07	298.68	319.81	336.05	332.60	350.94	215.02
22	292.59	295.07	298.68	319.81	336.05	332.60	350.94	215.02
23	292.59	295.07	298.68	319.81	336.05	332.60	350.94	215.02
24	292.59	295.07	298.68	319.81	336.05	332.60	350.94	215.02
25	293.76	296.26	299.88	321.09	337.40	333.93	352.35	215.88
26	299.62	302.16	305.85	327.49	344.12	340.59	359.36	220.18
27	306.64	309.24	313.02	335.16	352.18	348.57	367.79	225.34
28	318.05	320.75	324.67	347.63	365.29	361.54	381.47	233.72
29	327.41	330.19	334.22	357.87	376.04	372.18	392.70	240.60
30	332.09	334.91	339.00	362.98	381.42	377.51	398.32	244.04
31	339.12	341.99	346.17	370.66	389.49	385.49	406.74	249.20
32	346.14	349.07	353.34	378.33	397.55	393.47	415.16	254.36
33	350.53	353.50	357.82	383.13	402.59	398.46	420.43	257.59
34	355.21	358.22	362.60	388.25	407.97	403.78	426.04	261.03
35	357.55	360.58	364.99	390.81	410.66	406.44	428.85	262.75
36	359.89	362.94	367.38	393.37	413.35	409.10	431.66	264.47
37	362.23	365.30	369.77	395.92	416.03	411.76	434.47	266.19
38	364.57	367.66	372.16	398.48	418.72	414.42	437.27	267.91
39	369.25	372.38	376.93	403.60	424.10	419.75	442.89	271.35
40	373.93	377.11	381.71	408.72	429.48	425.07	448.50	274.79
41	380.96	384.19	388.88	416.39	437.54	433.05	456.93	279.95
42	387.69	390.97	395.75	423.75	445.27	440.70	465.00	284.90
43	397.05	400.42	405.31	433.98	456.03	451.34	476.23	291.78
44	408.75	412.22	417.26	446.77	469.47	464.65	490.27	300.38
45	422.51	426.09	431.29	461.81	485.26	480.28	506.76	310.48
46	438.89	442.61	448.02	479.71	504.08	498.91	526.41	322.52
47	457.32	461.20	466.84	499.86	525.25	519.86	548.52	336.07
48	478.39	482.45	488.34	522.89	549.45	543.81	573.79	351.55
49	499.16	503.40	509.55	545.60	573.31	567.42	598.71	366.82
50	522.57	527.00	533.44	571.18	600.19	594.03	626.78	384.02
51	545.69	550.31	557.04	596.45	626.74	620.31	654.51	401.00
52	571.14	575.99	583.02	624.27	655.98	649.24	685.04	419.71
53	596.89	601.95	609.31	652.41	685.55	678.51	715.92	438.63
54	624.69	629.98	637.68	682.79	717.48	710.11	749.26	459.06
55	652.48	658.02	666.06	713.18	749.40	741.71	782.60	479.49
56	682.62	688.41	696.82	746.12	784.01	775.96	818.75	501.63
57	713.05	719.10	727.88	779.38	818.96	810.56	855.24	523.99
58	745.53	751.85	761.04	814.88	856.27	847.47	894.20	547.86
59	761.62	768.08	777.46	832.46	874.75	865.77	913.50	559.69
60	794.10	800.83	810.62	867.96	912.05	902.69	952.46	583.55
61	822.19	829.16	839.29	898.67	944.31	934.62	986.15	604.19
62	840.62	847.75	858.11	918.81	965.48	955.57	1,008.26	617.74
63	863.74	871.06	881.70	944.08	992.03	981.85	1,035.98	634.73
64+	877.77	885.21	896.03	959.42	1,008.15	997.80	1,052.81	645.04

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 7 and 8 KP CO plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP CO Bronze 8500/50	KP CO Bronze 7000/50 RX Copay	KP Colorado Option Bronze	KP CO Bronze 6500/50	KP CO Bronze 6500/35%/HSA	KP CO Silver 6000/30 X	KP CO Silver 5000/25 X	KP Colorado Option Silver X
0-14	\$203.70	\$219.56	\$222.20	\$208.06	\$219.56	\$225.64	\$230.33	\$241.36
15	221.80	239.08	241.95	226.55	239.08	245.70	250.80	262.82
16	228.73	246.54	249.51	233.62	246.54	253.37	258.63	271.02
17	235.65	254.00	257.06	240.69	254.00	261.04	266.46	279.22
18	243.10	262.04	265.19	248.31	262.04	269.30	274.89	288.06
19	250.56	270.08	273.32	255.92	270.08	277.56	283.32	296.89
20	258.28	278.40	281.75	263.81	278.40	286.11	292.05	306.04
21	266.27	287.01	290.46	271.97	287.01	294.96	301.08	315.51
22	266.27	287.01	290.46	271.97	287.01	294.96	301.08	315.51
23	266.27	287.01	290.46	271.97	287.01	294.96	301.08	315.51
24	266.27	287.01	290.46	271.97	287.01	294.96	301.08	315.51
25	267.33	288.16	291.62	273.06	288.16	296.14	302.29	316.77
26	272.66	293.90	297.43	278.50	293.90	302.04	308.31	323.08
27	279.05	300.79	304.40	285.02	300.79	309.12	315.54	330.65
28	289.43	311.98	315.73	295.63	311.98	320.62	327.28	342.96
29	297.96	321.16	325.03	304.33	321.16	330.06	336.91	353.05
30	302.22	325.76	329.67	308.68	325.76	334.78	341.73	358.10
31	308.61	332.65	336.64	315.21	332.65	341.86	348.96	365.67
32	315.00	339.53	343.62	321.74	339.53	348.94	356.18	373.24
33	318.99	343.84	347.97	325.82	343.84	353.36	360.70	377.98
34	323.25	348.43	352.62	330.17	348.43	358.08	365.52	383.02
35	325.38	350.73	354.94	332.35	350.73	360.44	367.92	385.55
36	327.51	353.02	357.27	334.52	353.02	362.80	370.33	388.07
37	329.64	355.32	359.59	336.70	355.32	365.16	372.74	390.60
38	331.77	357.62	361.91	338.87	357.62	367.52	375.15	393.12
39	336.03	362.21	366.56	343.22	362.21	372.24	379.97	398.17
40	340.29	366.80	371.21	347.58	366.80	376.96	384.79	403.22
41	346.68	373.69	378.18	354.10	373.69	384.04	392.01	410.79
42	352.81	380.29	384.86	360.36	380.29	390.82	398.94	418.05
43	361.33	389.47	394.16	369.06	389.47	400.26	408.57	428.14
44	371.98	400.95	405.77	379.94	400.95	412.06	420.61	440.76
45	384.49	414.44	419.43	392.72	414.44	425.92	434.77	455.59
46	399.40	430.52	435.69	407.95	430.52	442.44	451.63	473.26
47	416.18	448.60	453.99	425.09	448.60	461.02	470.59	493.14
48	435.35	469.26	474.90	444.67	469.26	482.26	492.27	515.85
49	454.25	489.64	495.53	463.98	489.64	503.20	513.65	538.25
50	475.56	512.60	518.76	485.74	512.60	526.80	537.74	563.49
51	496.59	535.27	541.71	507.22	535.27	550.10	561.52	588.42
52	519.76	560.24	566.98	530.88	560.24	575.76	587.72	615.87
53	543.19	585.50	592.54	554.81	585.50	601.72	614.21	643.63
54	568.48	612.77	620.13	580.65	612.77	629.74	642.81	673.61
55	593.78	640.03	647.73	606.49	640.03	657.76	671.42	703.58
56	621.21	669.60	677.65	634.50	669.60	688.14	702.43	736.08
57	648.90	699.45	707.85	662.79	699.45	718.81	733.74	768.89
58	678.45	731.30	740.10	692.97	731.30	751.55	767.16	803.91
59	693.10	747.09	756.07	707.93	747.09	767.78	783.72	821.26
60	722.65	778.95	788.31	738.12	778.95	800.52	817.14	856.28
61	748.22	806.50	816.20	764.23	806.50	828.83	846.05	886.57
62	764.99	824.58	834.49	781.36	824.58	847.42	865.01	906.45
63	786.03	847.26	857.44	802.85	847.26	870.72	888.80	931.37
64+	798.80	861.02	871.37	815.89	861.02	884.87	903.24	946.51

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

## 2023 Monthly rates

### RATE AREA 7 and 8 KP CO plans

**Please note:** These rates do not include the federal financial assistance you may be eligible to receive through Connect for Health Colorado.

Non-Tobacco User								
Age on 2023 effective date	KP CO Silver 4500/30 RX Copay X	KP CO Silver 3700/20%/HSA X	KP CO Silver 2200/25 X	KP CO Gold 2000/20	KP Colorado Option Gold	KP CO Gold 1500/20	KP CO Gold 0/20 RX Copay	KP CO Catastrophic
0-14	\$236.71	\$238.69	\$241.63	\$258.71	\$271.85	\$269.06	\$283.92	\$173.95
15	257.75	259.91	263.11	281.71	296.02	292.98	309.16	189.41
16	265.79	268.02	271.32	290.50	305.26	302.12	318.81	195.32
17	273.84	276.14	279.53	299.29	314.49	311.27	328.46	201.23
18	282.50	284.87	288.38	308.76	324.44	321.12	338.85	207.60
19	291.16	293.61	297.22	318.23	334.40	330.97	349.24	213.97
20	300.14	302.66	306.38	328.04	344.70	341.17	360.01	220.56
21	309.42	312.02	315.86	338.19	355.36	351.72	371.14	227.38
22	309.42	312.02	315.86	338.19	355.36	351.72	371.14	227.38
23	309.42	312.02	315.86	338.19	355.36	351.72	371.14	227.38
24	309.42	312.02	315.86	338.19	355.36	351.72	371.14	227.38
25	310.66	313.27	317.12	339.54	356.78	353.12	372.63	228.29
26	316.85	319.51	323.44	346.30	363.89	360.16	380.05	232.84
27	324.27	326.99	331.02	354.42	372.42	368.60	388.96	238.30
28	336.34	339.16	343.33	367.61	386.28	382.32	403.43	247.17
29	346.24	349.15	353.44	378.43	397.65	393.57	415.31	254.44
30	351.19	354.14	358.50	383.84	403.34	399.20	421.24	258.08
31	358.62	361.63	366.08	391.96	411.86	407.64	430.15	263.54
32	366.04	369.12	373.66	400.07	420.39	416.08	439.06	268.99
33	370.68	373.80	378.39	405.15	425.72	421.36	444.63	272.41
34	375.64	378.79	383.45	410.56	431.41	426.98	450.56	276.04
35	378.11	381.28	385.98	413.26	434.25	429.80	453.53	277.86
36	380.59	383.78	388.50	415.97	437.09	432.61	456.50	279.68
37	383.06	386.28	391.03	418.67	439.94	435.43	459.47	281.50
38	385.54	388.77	393.56	421.38	442.78	438.24	462.44	283.32
39	390.49	393.77	398.61	426.79	448.47	443.87	468.38	286.96
40	395.44	398.76	403.66	432.20	454.15	449.49	474.32	290.60
41	402.86	406.25	411.24	440.32	462.68	457.94	483.22	296.05
42	409.98	413.42	418.51	448.10	470.85	466.03	491.76	301.28
43	419.88	423.41	428.62	458.92	482.23	477.28	503.64	308.56
44	432.26	435.89	441.25	472.45	496.44	491.35	518.48	317.65
45	446.80	450.55	456.09	488.34	513.14	507.88	535.93	328.34
46	464.13	468.03	473.78	507.28	533.04	527.58	556.71	341.07
47	483.62	487.68	493.68	528.59	555.43	549.73	580.09	355.40
48	505.90	510.15	516.42	552.93	581.02	575.06	606.81	371.77
49	527.87	532.30	538.85	576.95	606.25	600.03	633.17	387.92
50	552.62	557.26	564.12	604.00	634.68	628.17	662.86	406.11
51	577.07	581.91	589.07	630.72	662.75	655.95	692.18	424.07
52	603.99	609.06	616.55	660.14	693.67	686.55	724.47	443.85
53	631.22	636.51	644.34	689.90	724.94	717.50	757.13	463.86
54	660.61	666.16	674.35	722.03	758.70	750.92	792.39	485.46
55	690.01	695.80	704.36	754.16	792.46	784.33	827.64	507.06
56	721.88	727.94	736.89	788.99	829.06	820.56	865.87	530.48
57	754.06	760.39	769.74	824.16	866.02	857.13	904.47	554.13
58	788.40	795.02	804.80	861.70	905.46	896.17	945.67	579.37
59	805.42	812.18	822.17	880.30	925.01	915.52	966.08	591.88
60	839.76	846.81	857.23	917.84	964.45	954.56	1,007.28	617.12
61	869.47	876.77	887.55	950.30	998.57	988.32	1,042.90	638.95
62	888.96	896.42	907.45	971.61	1,020.95	1,010.48	1,066.29	653.27
63	913.41	921.07	932.40	998.33	1,049.03	1,038.27	1,095.61	671.24
64+	928.25	936.04	947.56	1,014.55	1,066.07	1,055.14	1,113.41	682.14

Rates for tobacco users 21 and older are 15% higher than rates shown.

Rates are effective January 1, 2023, through December 31, 2023.

958482896 CO 2023

# Pediatric dental care

Kaiser Permanente health plans at the Bronze, Silver, and Gold levels provide essential health benefits, including pediatric dental benefits for children 18 and younger.

## A reason to smile

Pediatric dental benefits are provided by Delta Dental of Colorado, one of the nation's largest and most experienced dental providers. Delta Dental provides members with the convenience of local customer service and a statewide network of more than 2,500 Delta Dental PPO™ providers.

## Important to note

Children must see a Delta Dental PPO dentist for care. Services provided by dentists outside of the PPO network are not covered.

Kaiser Permanente individual and family health plans do not include dental benefits for adults 19 and older. If you want adult dental benefits, you may purchase separate adult dental benefits from Connect for Health Colorado or another health insurance carrier. The Kaiser Permanente Catastrophic plan does not include pediatric dental benefits.

## Finding a dentist

Delta Dental makes it easy to get dental benefits for children covered on your Kaiser Permanente plan.

- **Website:** Visit [deltadentalco.com](https://deltadentalco.com) and use the Find a Dentist search tool. Search by city, state, or ZIP code for a listing in your area. Make sure the dentist information says "This provider participates in: Delta Dental PPO."
- **Email:** Contact us at [customer\\_service@ddpco.com](mailto:customer_service@ddpco.com)
- **Mobile app:** With Delta Dental's free mobile app for Android and iOS, you can search for dentists, download an ID card, and look at benefits coverage and claims.
- **Phone:** Call Delta Dental of Colorado at **1-800-610-0201**. You can speak with a customer service agent Monday through Friday, 7:30 a.m. to 5 p.m., or get automated assistance 24/7.

## Benefits

Dental benefits are for covered children up through the month they turn 19. Coverage is listed under the child's name.

Features	
Deductible*	\$50 (applies to all services)
Annual maximum	None
Covered services	
Diagnostic & preventive services	
Oral exams & cleanings, limited to 2 per calendar year	100% after deductible is met*
Fluoride treatments, limited to 2 per calendar year	
Sealants, 1 per tooth per year	
Bitewing X-rays, 1 set per calendar year	
Intraoral X-rays, 2 per calendar year	
Panoramic of full-mouth X-rays, once every 60 months	
Space maintainers, 1 per lifetime per primary tooth	
Palliative treatment, 1 per calendar year	
Basic services (limited to 2 basic procedures per year)	
Fillings	50% after deductible is met*
Oral surgery	
Endodontics	
Major services (limited to 1 major procedure per year)	
Crowns	50% after deductible is met*

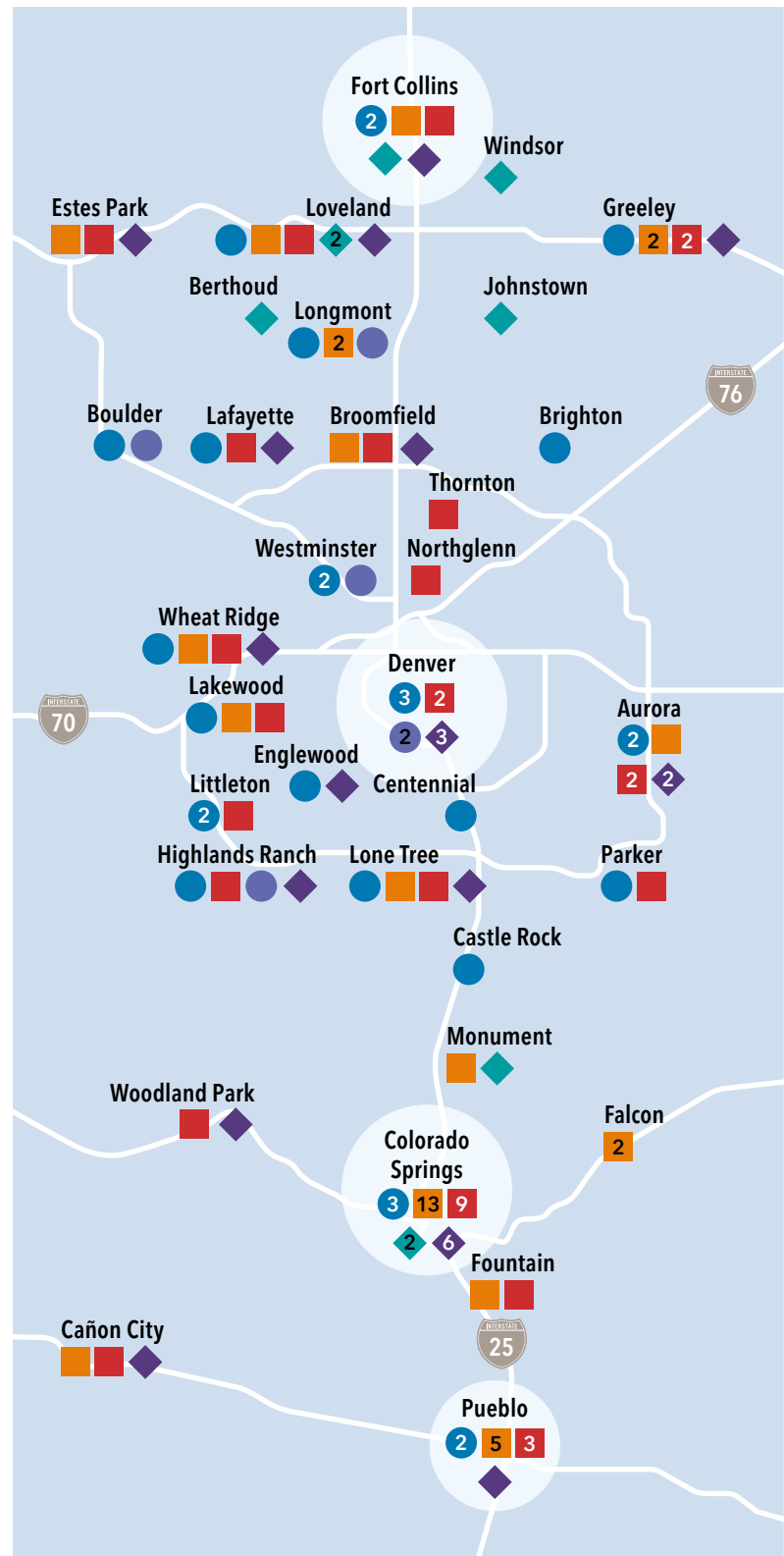
\*Dental deductible does not apply to Native Americans or Native Alaskans.

# In-person care locations

## Colorado medical facilities

<b>30</b>	Kaiser Permanente medical offices	●
<b>35</b>	Urgent care facilities	■
<b>35</b>	Emergency care facilities	■
<b>6</b>	Behavioral health offices	●
<b>9</b>	Affiliated providers with extended hours	◆
<b>24</b>	Affiliated hospital/inpatient care	◆

There are **1,100+** Kaiser Permanente physicians, and **12,300** affiliated plan providers at locations across Colorado.\* For the most up-to-date list of providers included in your plan, visit [kp.org/locations](https://kp.org/locations).



\*Choice of providers varies by plan, service area, and availability at the time of selection and is subject to change. Provider and location information is current at the time of publication and is subject to change. In an emergency, call **911** or go to the nearest emergency department.

## Kaiser Permanente Medical Offices

### Central

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#### Aurora

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**Aurora Centrepont**  
14701 E. Exposition Ave.  
Aurora, CO 80012

**Smoky Hill**  
16290 E. Quincy Ave.  
Aurora, CO 80015

#### Boulder

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**Baseline**  
580 Mohawk Drive  
Boulder, CO 80303

#### Brighton

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**Brighton**  
859 S. 4th Ave.  
Brighton, CO 80601

#### Castle Rock

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**Castle Rock**  
4318 Trail Boss Drive  
Castle Rock, CO 80104

#### Centennial

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**Arapahoe**  
5555 E. Arapahoe Road  
Centennial, CO 80122

#### Denver

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**East Denver**  
10400 E. Alameda Ave.  
Denver, CO 80247

**Franklin**  
2045 Franklin St.  
Denver, CO 80205

**Midtown Med. Office Building**  
1960 N. Ogden St.  
Denver, CO 80218

**Skyline**  
1375 E. 20th Ave.  
Denver, CO 80205

#### Englewood

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**Englewood**  
2955 S. Broadway  
Englewood, CO 80113

#### Highlands Ranch

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**Highlands Ranch**  
9285 Hepburn St.  
Highlands Ranch, CO 80129

#### Lafayette

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**Rock Creek**  
280 Exempla Circle  
Lafayette, CO 80026

#### Lakewood

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**Lakewood**  
8383 W. Alameda Ave.  
Lakewood, CO 80226

#### Littleton

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**Ken Caryl**  
7600 Shaffer Parkway  
Littleton, CO 80127

**Southwest**  
5257 S. Wadsworth Blvd.  
Littleton, CO 80123

#### Lone Tree

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**Lone Tree**  
10240 Park Meadows Drive  
Lone Tree, CO 80124

#### Longmont

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**Longmont**  
2345 Bent Way  
Longmont, CO 80503

#### Parker

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**Parker**  
10168 Parkglenn Way  
Parker, CO 80138

#### Westminster

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**Hidden Lake**  
7701 Sheridan Blvd.  
Westminster, CO 80003

**Westminster**  
11245 Huron St.  
Westminster, CO 80234

#### Wheat Ridge

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**Wheat Ridge**  
4803 Ward Road  
Wheat Ridge, CO 80033

### Northern

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#### Fort Collins

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**Fort Collins**  
2950 E. Harmony Road, Suite 190  
Fort Collins, CO 80528

**Spring Creek**  
1136 E. Stuart St.  
Building 3, Suite 200  
Fort Collins, CO 80525

#### Greeley

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**Greeley**  
2429 35th Ave.  
Greeley, CO 80634

#### Loveland

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**Loveland**  
4901 Thompson Parkway  
Loveland, CO 80534

### Southern

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#### Colorado Springs

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**Briargate**  
4105 Briargate Parkway, Suite 125  
Colorado Springs, CO 80920

**Parkside**  
215 Parkside Drive  
Colorado Springs, CO 80910

**Premier**  
3920 North Union Blvd.  
Colorado Springs, CO 80907

#### Pueblo

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**Acero**  
2625 W. Pueblo Blvd.  
Pueblo, CO 81004

**Pueblo North**  
3670 Parker Blvd., Suite 200  
Pueblo, CO 81008



## Urgent Care

If you have an urgent care need, call us for advice. We can help you determine what type of care is most appropriate or help you schedule an appointment. Most locations have extended hours. Call **303-338-4545** or **1-800-218-1059** (TTY 711) for the latest hours of operation.

### Central

#### Aurora

**Aurora Centrepont Medical Offices**  
14701 E. Exposition Ave.  
Aurora, CO 80012

#### Lakewood

**Lakewood Medical Offices**  
8383 W. Alameda Ave.  
Lakewood, CO 80226

#### Lone Tree

**Lone Tree Medical Offices**  
10240 Park Meadows Drive  
Lone Tree, CO 80124

#### Longmont

**NextCare Urgent Care**  
2144 Main St., Suite 8  
Longmont, CO 80501  
**303-772-0041**

**UCHealth Urgent Care – Main Street**  
2101 Main St.  
Longmont, CO 80501  
**720-745-8030**

#### Pediatric care (only) available at the following facilities

**Children's Hospital Colorado North Campus, Broomfield**  
469 W. State Highway 7  
Broomfield, CO 80023  
**720-777-1340**

**Children's Hospital Colorado, Wheat Ridge**  
3455 N. Lutheran Parkway, Suite 230  
Wheat Ridge, CO 80033  
**720-777-1370**

#### Urgent Care at Home

DispatchHealth delivers high-quality health care to your home. Available 7 days a week, from 8 a.m.-10 p.m., **1-833-358-2739** (TTY 711).

### Northern

#### Estes Park

**Estes Park Urgent Care Center**  
420 Steamer Dr  
Estes Park, CO 80517  
**970-577-4500**

#### Fort Collins

**Banner Urgent Care**  
3617 S. College Ave., Suite C  
Fort Collins, CO 80525  
**970-821-1500**

#### Greeley

**Banner Urgent Care**  
2015 35th Ave.  
Greeley, CO 80634  
**970-810-4155**

**NextCare Urgent Care**  
1011 39th Ave., Suite A  
Greeley, CO 80634  
**970-351-8181**

#### Loveland

**Banner Health Clinic – Skyline Urgent Care**  
2555 E. 13th St., Suite 110  
Loveland, CO 80537  
**970-820-4264**

### Southern

#### Cañon City

**Centura Health Urgent Care**  
3245 East US Highway 50, Unit E  
Canon City, CO 81212  
**719-285-2888**

#### Colorado Springs

**Alliance Urgent Care** ●  
9320 Grand Cordera Parkway  
Suite 100  
Colorado Springs, CO 80924  
**719-282-6337**

**Centura Health Penrose Community Urgent Care**  
3027 N. Circle Drive  
Colorado Springs, CO 80909  
**719-776-3216**

#### Centura Health Urgent Care Broadmoor

1263 Lake Plaza Drive, Suite 120  
Colorado Springs, CO 80906  
**719-776-3330**

#### Centura Health Urgent Care Powers Pointe

5607 Barnes Road, Suite 140  
Colorado Springs, CO 80917  
**719-776-3851**

#### Concentra Urgent Care

2322 S. Academy Blvd.  
Colorado Springs, CO 80916  
**719-390-1727**

#### Concentra Urgent Care

4083 Austin Bluffs Parkway  
Colorado Springs, CO 80918  
**719-594-0046**

#### Concentra Urgent Care

402 W. Bijou St.  
Colorado Springs, CO 80905  
**719-302-6942**

#### Concentra Urgent Care

5320 Mark Dabbling Blvd.  
Building 7, Suite 100  
Colorado Springs, CO 80918  
**719-592-1584**

#### Concentra Urgent Care

6011 E. Woodmen Road, Suite 100  
Colorado Springs, CO 80923  
**719-571-8888**

#### UCHealth Urgent Care

1035 Garden of the Gods Road  
Suite 120  
Colorado Springs, CO 80907  
**719-365-3200**

#### UCHealth Urgent Care

4323 Integrity Center Point  
Colorado Springs, CO 80917  
**719-591-2558**

#### UCHealth Urgent Care

2767 Janitell Road  
Colorado Springs, CO 80906  
**719-365-2888**

#### UCHealth Urgent Care

13445 Voyager Parkway  
Colorado Springs, CO 80921  
**719-365-3200**

#### Urgent Care at Home

DispatchHealth delivers high-quality health care to your home. Available 7 days a week, from 8 a.m.-10 p.m., **1-833-358-2739** (TTY 711).

## Falcon

**Falcon Urgent Care**  
7475 McLaughlin Road  
Falcon, CO 80831  
**719-495-9994**

● **UCHealth Urgent Care**  
11605 Meridian Market View, Suite 184  
Falcon, CO 80831  
**719-364-9560**

## Fountain

**Centura Health Urgent Care Fountain**  
7955 Fountain Mesa Road  
Fountain, CO 80817  
**719-776-3737**

## Monument

**Centura Health Urgent Care – Tri Lakes**  
17230 Jackson Creek Parkway  
Suite 120  
Monument, CO 80132  
**719-571-7070**

## Pueblo

● **Concentra Urgent Care**  
4117 N. Elizabeth St.  
Pueblo, CO 81008  
**719-545-0788**

● **Concentra Urgent Care**  
4112 Outlook Blvd., Suite 325  
Pueblo, CO 81008  
**719-562-6300**

**Southern Colorado Clinic, PC**  
3676 Parker Blvd.  
Pueblo, CO 81008  
**719-553-2208**

**Southern Colorado Clinic, PC**  
3937 Ivywood Lane  
Pueblo, CO 81005  
**719-553-0111**

**Southern Colorado Clinic, PC**  
109 S Burlington Dr.  
Pueblo West, CO 81007  
**719-553-2205**

## Emergency Care

If you think you are experiencing an emergency medical condition, call **911**, or if time and safety permit, go to the nearest emergency room. Your care will be covered. For a complete definition of an emergency medical condition, please refer to your Evidence of Coverage, Membership Agreement, or Certificate of Insurance.

## Central

### Aurora

**HealthONE The Medical Center of Aurora South Campus**  
1501 S. Potomac St.  
Aurora, CO 80012  
**303-695-2600**

### Denver

● **Intermountain Healthcare (SCL Health) Saint Joseph Hospital**  
1375 E. 19th Ave.  
Denver, CO 80218  
**303-812-2000**

### Englewood

**HealthONE Swedish Medical Center**  
501 E. Hampden Ave.  
Englewood, CO 80113  
**303-788-6555**

### Lafayette

**Intermountain Healthcare (SCL Health) Good Samaritan Medical Center**  
200 Exempla Circle  
Lafayette, CO 80026  
**303-689-4000**

### Lakewood

**HealthONE Swedish Belmar ER**  
260 S. Wadsworth Blvd.  
Lakewood, CO 80226  
**720-417-7200**

### Littleton

**HealthONE Swedish Southwest ER**  
6196 S. Ammons Way  
Littleton, CO 80123  
**303-788-6911**

## Lone Tree

**HealthONE Sky Ridge Medical Center**  
10101 RidgeGate Parkway  
Lone Tree, CO 80124  
**720-225-5362**

## Northglenn

● **Intermountain Healthcare (SCL Health) Saint Joseph Emergency Northglenn**  
11900 Grant St.  
Northglenn, CO 80233  
**720-573-5095**

## Parker

**HealthONE Sky Ridge South Parker ER**  
12223 Pine Bluffs Way  
Parker, CO 80134  
**720-347-6100**

## Thornton

**HealthONE North Suburban Northeast ER**  
12793 Holly St.  
Thornton, CO 80241  
**303-280-6640**

## Wheat Ridge

**Intermountain Healthcare (SCL Health) Lutheran Medical Center**  
8300 W. 38th Ave.  
Wheat Ridge, CO 80033  
**303-425-4500**

## Pediatric care (only) available at the following facilities

● **Children's Hospital Colorado Anschutz Medical Campus**  
13123 E. 16th Ave.  
Aurora, CO 80045  
**720-777-1234**

● **Children's Hospital Colorado North Campus**  
469 W. State Highway 7  
Broomfield, CO 80023  
**720-777-1340**

● **Children's Hospital Colorado South Campus**  
1811 Plaza Dr  
Highlands Ranch, CO 80129  
**720-478-1234**

● **Rocky Mountain Hospital for Children**  
2001 N. High St.  
Denver, CO 80205  
**720-754-1000**

## Northern

### Estes Park

**Estes Park Medical Center**  
555 Prospect Ave.  
Estes Park, CO 80517  
**970-586-2317**

### Fort Collins

**Banner Fort Collins Medical Center**  
4700 Lady Moon Drive  
Fort Collins, CO 80528  
**970-821-4000**

### Greeley

**Banner North Colorado Emergency Care**  
2000 70th Ave.  
Greeley, CO 80634  
**970-810-2636**

**Banner North Colorado Medical Center**  
1801 16th St.  
Greeley, CO 80631  
**970-810-4121**

### Loveland

**Banner McKee Medical Center**  
2000 N. Boise Ave.  
Loveland, CO 80538  
**970-820-4640**

## Southern

### Cañon City

**Centura Health St. Thomas More Hospital**  
1338 Phay Ave.  
Cañon City, CO 81212  
**719-285-2000**

### Colorado Springs

**Centura Health Penrose Hospital** ●  
2222 N. Nevada Ave.  
Colorado Springs, CO 80907  
**719-776-5000**

**Centura Health St. Francis Medical Center** ●  
6001 E. Woodmen Road  
Colorado Springs, 80923  
**719-571-1000**

**UCHealth ER** ●  
3790 E. Woodmen Road  
Colorado Springs, CO 80920  
**719-264-5080**

**UCHealth Memorial Hospital Central** ●  
1400 E. Boulder St.  
Colorado Springs, CO 80909  
**719-365-5000**

**UCHealth Memorial Hospital North** ●  
4050 Briargate Parkway  
Colorado Springs, CO 80920  
**719-364-5000**

**UCHealth ER** ●  
13510 Meadowgrass Drive  
Colorado Springs, CO 80921  
**719-487-2060**

**UCHealth ER** ●  
2770 N. Powers Blvd.  
Colorado Springs, CO 80922  
**719-638-3000**

**UCHealth Grandview Hospital** ●  
5623 Pulpit Peak View  
Colorado Springs, CO 80918  
**719-272-3600**

### Fountain

**UCHealth ER** ●  
7890 Fountain Mesa Road  
Fountain, CO 80817  
**719-390-2680**

### Pueblo

**Centura Health St. Mary-Corwin Medical Center**  
1008 Minnequa Ave.  
Pueblo, CO 81004  
**1-800-228-4039**

**Parkview Medical Center**  
400 W. 16th St.  
Pueblo, CO 81003  
**719-584-4000**

**Parkview – Pueblo West Emergency Services**  
899 E. Industrial Blvd.  
Pueblo West, CO 81007  
**719-288-2100**

### Woodland Park

**UCHealth Pikes Peak Regional Hospital** ●  
16420 W. U.S. Highway 24  
Woodland Park, CO 80863  
**719-374-6060**

### Pediatric care (only) available at the following facilities

**Children's Hospital Colorado, Colorado Springs**  
4090 Briargate Parkway  
Colorado Springs, CO 80920  
**719-305-1234**

## Extended Hours

from affiliated providers

## Northern

### Berthoud

**Banner Health Clinic – Berthoud**  
401 10th St.  
Berthoud, CO 80513  
**970-532-4910**

### Fort Collins

**Banner Health Clinic – Family Practice**  
702A W. Drake Road  
Fort Collins, CO 80526  
**970-821-4600**

### Johnstown

**Banner Health Clinic – Family Practice**  
222 Johnstown Center Drive  
Johnstown, CO 80534  
**970-587-4974**

### Loveland

**Banner Health Clinic – Southwest Loveland**  
1230 14th St. SW  
Loveland, CO 80537  
**970-820-3999**

**Banner Health Clinic – Columbine**  
2701 Madison Square Drive  
Loveland, CO 80538  
**970-820-5000**

### Windsor

**Banner Health Clinic – Windsor**  
1300 Main St.  
Windsor, CO 80550  
**970-686-5646**

## Southern

### Colorado Springs

**Optum Medical Group** ●  
1633 Medical Center Point  
Colorado Springs, CO 80907  
**719-632-5109**

**Optum Medical Group** ●  
600 S. 21st St.  
Colorado Springs, CO 80904  
**719-522-1133**

### Monument

**Optum Medical Group** ●  
15909 Jackson Creek Parkway  
Monument, CO 80132  
**719-522-1133**

## Behavioral Health

Visit [kp.org/getcare](https://kp.org/getcare) for more information about all your mental health care options. You can schedule appointments at [kp.org/appointments](https://kp.org/appointments) or by calling the appropriate number for the area where you live.

### Central

Call **303-471-7700** (TTY **711**),  
Monday–Friday, 8:30 a.m.–5 p.m.

#### Boulder

**Baseline Behavioral Health**  
580 Mohawk Drive  
Boulder, CO 80303

#### Denver

**Highline Behavioral Health**  
10350 E. Dakota Ave.  
Denver, CO 80247  
*Entrance located on east side of building*

**Skyline Medical Offices**  
1275 E. 20th Ave.  
Denver, CO 80205  
*Addiction Medicine services only*

**Highlands Ranch**  
Ridgeline Behavioral Health  
9139 S. Ridgeline Blvd.  
Highlands Ranch, CO 80129

#### Longmont

**Longmont Medical Offices**  
2345 Bent Way  
Longmont, CO 80503

#### Westminster

**Hidden Lake Behavioral Health**  
7701 Sheridan Blvd.  
Westminster, CO 80003

### Northern

Call **1-866-359-8299** (TTY **711**),  
Monday–Friday, 8:30 a.m.–5 p.m.

### Southern

Call **1-866-702-9026**  
(TTY **1-866-835-2755**), anytime  
day or night.

## Inpatient Hospital Care

If you require a scheduled hospitalization, your doctor will most likely refer you to one of the following in-plan hospitals. For questions about your hospital admission copayment, deductible, or coinsurance, please review your Evidence of Coverage, Membership Agreement, or Certificate of Insurance.

### Central

#### Aurora

Children's Hospital Colorado ●  
Anschutz Medical Campus  
HealthONE The Medical Center of Aurora

#### Broomfield

Children's Hospital Colorado ●  
North Campus

#### Denver

HealthONE Presbyterian/St. Luke's Medical Center ●  
Intermountain Healthcare (SCL Health) Saint Joseph Hospital  
Rocky Mountain Hospital for Children

#### Englewood

HealthONE Swedish Medical Center

#### Highlands Ranch

Children's Hospital Colorado  
South Campus

#### Lafayette

Intermountain Healthcare ●  
(SCL Health) Good Samaritan Medical Center

#### Lone Tree

HealthONE Sky Ridge Medical Center

#### Wheat Ridge

Intermountain Healthcare ●  
(SCL Health) Lutheran Medical Center

### Northern

#### Estes Park

Estes Park Medical Center

#### Fort Collins

Banner Fort Collins Medical Center

#### Greeley

Banner North Colorado Medical Center

#### Loveland

Banner McKee Medical Center

### Southern

#### Cañon City

Centura Health St. Thomas More Hospital

#### Colorado Springs

Centura Health Penrose Hospital ●  
Centura Health St. Francis Medical Center ●  
Children's Hospital Colorado, Colorado Springs ●  
UCHealth Grandview Hospital ●  
UCHealth Memorial Hospital Central ●  
UCHealth Memorial Hospital North ●  
**Pueblo**  
Parkview Medical Center  
**Woodland Park**  
UCHealth Pikes Peak Regional Hospital ●



For the latest information on all of our facilities, including hours and department listings, visit [kp.org/locations](https://kp.org/locations).

1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 2. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 3. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 4. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. 5. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescriptions. 6. These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on [kp.org](https://kp.org). 7. Kaiser Permanente 2021 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2021 and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 8. Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice. 9. Kaiser Permanente Telehealth Insights Dashboard. 10. For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at [irs.gov](https://irs.gov). 11. Available in select ZIP codes. 12. Affiliated providers practice outside Kaiser Permanente medical offices. Visit [kp.org/findadoctor](https://kp.org/findadoctor) for a list of participating providers. Primary care visits with an affiliated provider may have a higher copay and coinsurance than visits with a Kaiser Permanente primary care provider. 13. If you think you are experiencing an emergency medical condition, call 911, or if time and safety permit, go to the nearest emergency room. Your care will be covered. For a complete definition of an emergency medical condition, please refer to your *Evidence of Coverage*, *Membership Agreement*, or *Certificate of Insurance* at [kp.org/eoc](https://kp.org/eoc). 14. Chat with a doctor or mental health specialist, video, and phone services are offered at no additional cost for most health plans. For these services, some PPO or high deductible health plans are subject to a copayment, coinsurance or deductible first before being provided at no additional cost. Review your *Evidence of Coverage*, *Membership Agreement*, or *Certificate of Insurance*, or call Member Services at 303-338-3800 or 1-800-632-9700 (TTY 711), Monday through Friday, from 8 a.m. to 6 p.m., for your plan details. 15. The Ginger coaching services described above are not covered under your health plan benefits, are not a Medicare-covered benefit, and are not subject to the terms set forth in your *Evidence of Coverage* or other plan documents. These services may be discontinued at any time without notice. The coaching services are not available to any members under 18 years old. The coaching services are not available to anyone enrolled in the State of Colorado's Fee-for-Service Medicaid program and receiving primary care medical provider services from Kaiser Permanente.

## NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 2500 South Havana, Aurora, CO 80014, or by phone at Member Services: 1-800-632-9700.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## HELP IN YOUR LANGUAGE

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call **1-800-632-9700** (TTY: **711**).

**አማርኛ (Amharic) ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-800-632-9700** (TTY: **711**)፡

**العربية (Arabic) ملحوظة:** إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-632-9700** (TTY: **711**)፡

**Bàsɔ̀ò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo:** Ɔ jũ ké m̀ Bàsɔ̀ò-wùdù-po-nyò jũ ní, níí, à wudù kà kò dò po-poò béin m̀ gbo kpáa. Đá **1-800-632-9700** (TTY: **711**)

**中文 (Chinese) 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-632-9700** (TTY: **711**)。

**فارسی (Farsi) توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-632-9700** (TTY: 711) تماس بگیرید.

**Français (French) ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-632-9700** (TTY: 711).

**Deutsch (German) ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.  
Rufnummer: **1-800-632-9700** (TTY: 711).

**Igbo (Igbo) NRUBAMA:** O buru na i na asu Igbo, oru enyemaka asusu, n'efu, diiri gi. Kpoo **1-800-632-9700** (TTY: 711).

**日本語 (Japanese) 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-632-9700** (TTY: 711) まで、お電話にてご連絡ください。

**한국어 (Korean) 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-632-9700** (TTY: 711) 번으로 전화해 주십시오.

**Naabeehó (Navajo) Díí baa akó nínízin:** Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'anída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih **1-800-632-9700** (TTY: 711).

**नेपाली (Nepali) ध्यान दिनुहोस्:** तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । **1-800-632-9700** (TTY: 711) फोन गर्नुहोस् ।

**Afaan Oromoo (Oromo) XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-632-9700** (TTY: 711).

**Русский (Russian) ВНИМАНИЕ:** если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-632-9700** (TTY: 711).

**Español (Spanish) ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-632-9700** (TTY: 711).

**Tagalog (Tagalog) PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.  
Tumawag sa **1-800-632-9700** (TTY: 711).

**Tiếng Việt (Vietnamese) CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-632-9700** (TTY: 711).

**Yorùbá (Yoruba) AKIYESI:** Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-632-9700** (TTY: 711).



## Notes

# Let us help you find your healthy place

Having a good health plan is important for peace of mind. So is getting quality care. With Kaiser Permanente, you get both.

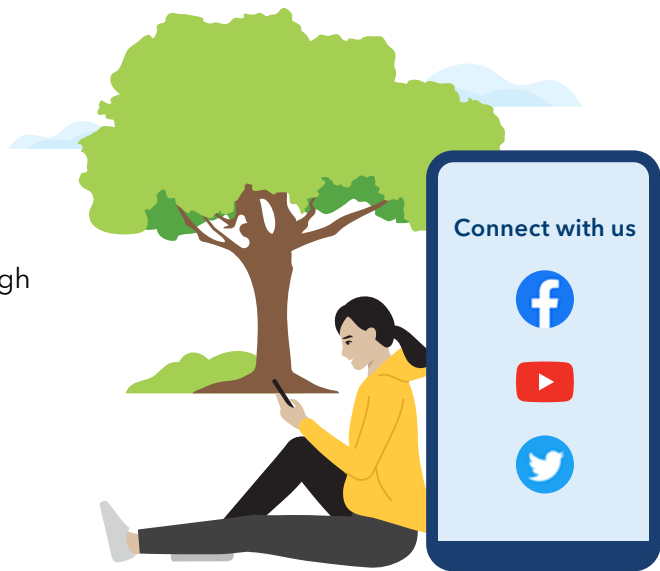
## Want to learn more?

Talk to an enrollment specialist today about specialty care, extra features, and more.

Call **1-800-494-5314** (TTY **711**).

Visit [kp.org/myhealthyplace](https://kp.org/myhealthyplace) to see how we can make your care experience better, no matter what stage of life you're in.

**Current members with questions** can call our Member Service Contact Center at **1-800-632-9700** (TTY **711**), Monday through Friday, 8 a.m. to 6 p.m. Mountain time.



Colorado state law requires that an Access Plan be available that describes Kaiser Foundation Health Plan of Colorado's network of provider Services. To obtain a copy, please call Member Services or visit [kp.org](https://kp.org).

All plans are offered and underwritten by Kaiser Foundation Health Plan of Colorado, 10350 E. Dakota Ave., Denver, CO 80247.