



Thrive with Us.

Explore your health plan options. Either one you choose will help you live, work and play – a little healthier.

Kaiser Permanente 2017 Health Plan Comparisons¹

	Deductible HMO (DHMO) 2017-2018	HSA-Qualified HDHP 2017-2018
Annual Deductible (per plan year)	\$ 750 Individual \$ 1,500 Family	\$ 1,500 Subscriber only \$ 3,000 Family
Out-of-Pocket Maximum (OPM) (per plan year)	\$ 2,000 Individual \$ 4,000 Family	\$ 3,000 Subscriber only ² \$ 6,000 Family ²
Office Visits (no charge for federally mandated preventive care services)	Primary Care \$30 Copay Specialist \$50 Copay Covered services during a visit 10% Coinsurance after deductible is met	Primary Care 20% Coinsurance after deductible is met ² Specialist 20% Coinsurance after deductible is met ²
Prescription Drugs (mail order, up to 90-day supply, for two copays)	Generic \$10 Copay Brand Name \$30 Copay Non-Preferred Not covered Specialty 20% up to \$100 per drug, per fill	Generic \$10 Copay ³ Brand Name \$30 Copay ³ Non-Preferred Not covered Specialty 20% up to \$100 per drug, per fill ³
Inpatient Hospital	10% Coinsurance after deductible is met	20% Coinsurance after deductible is met ²
Ambulance	\$500 Copay	20% Coinsurance after deductible is met ²
Emergency Care	\$500 Copay	20% Coinsurance after deductible is met ²
Urgent Care	\$75 Copay Covered services during a visit 10% Coinsurance after deductible is met	20% Coinsurance after deductible is met ²

Know the language...

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

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

² OPM and Coinsurance reflect plan changes effective July 1, 2017.

³ For HDHP plans, prescription copays apply after deductible is met.

Pick a plan that's right for you.

Consider your upcoming health care needs, and weigh your options.

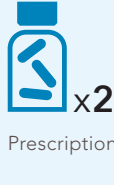


Employee Coverage

Luke, in his early 20s, works for the Department of Natural Resources and is just starting his career. He may need an occasional office visit, and a prescription or two.



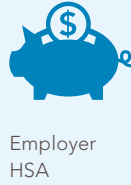
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Preventive Visits



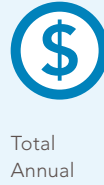
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Prescriptions



Annual Premium²



Employer HSA Funding



Total Annual Cost

	DHMO	\$0	\$20 Copayment	\$1,070.40	\$0	\$1,090.40
HDHP	\$0	\$55	\$418.56	\$720	\$418.56	

For the HDHP, Luke used \$55 of his HSA funds from the State, and has \$665 remaining.

If you participate in the State's Employee Wellness Program, you could earn up to \$240 to help offset the premium for either plan illustrated here.



Family Coverage

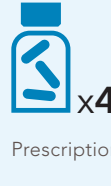
Allison, from the Department of Public Safety, covers her husband and a son on the plan and is expecting her second child in four months. With a growing family, she'll have more expenses this year.



x1
Preventive Visits



x1
Hospital Stay (Delivery)



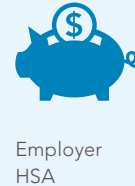
x4
Prescriptions



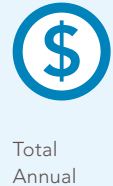
x1
Specialist Visit + Procedure



Annual Premium⁴



Employer HSA Funding



Total Annual Cost

	DHMO	\$0	\$1,575 \$750 Deductible + \$825 Coinsurance	\$40 Copayment	\$108 \$50 Copayment + \$58 Deductible	\$4,952.88	\$0	\$6,675.88
HDHP	\$0	\$4,200 \$3,000 Deductible + \$1,200 Coinsurance	\$40 Copayment	\$42.40 Coinsurance	\$2,974.80	\$720	\$6,537.20	

For the HDHP, Allison used all \$720 of her HSA funds from the State.

⁴ This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four coverage levels. If adjusted contributions become necessary, a revised chart will be made available on the State's website (www.colorado.gov/dhr/benefits) and sent to your department's benefits, payroll, and HR staff. However, do not delay your open enrollment until the last minute. Revised February 2017.

Explore your options and pick a plan that's right for you



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