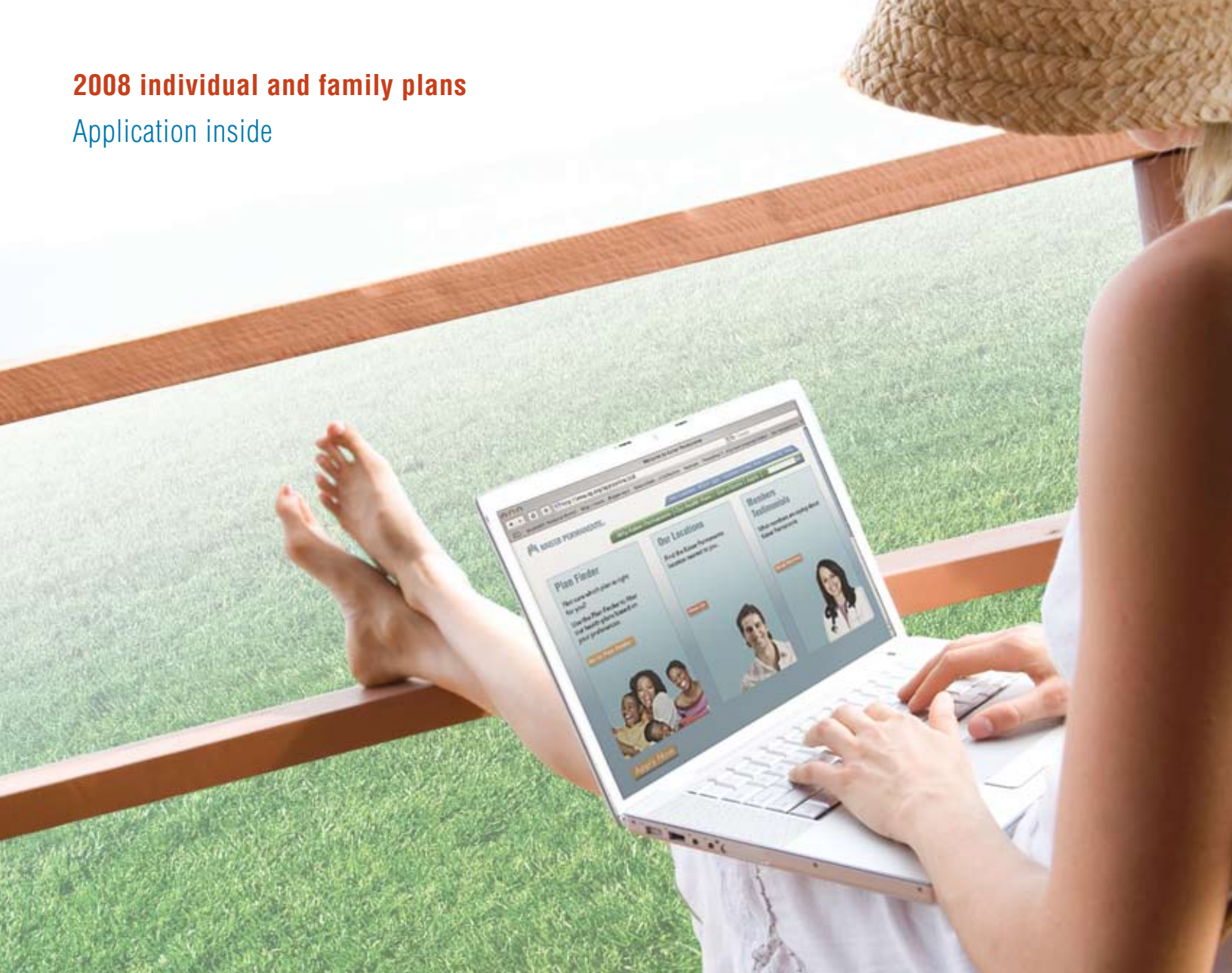


2008 individual and family plans

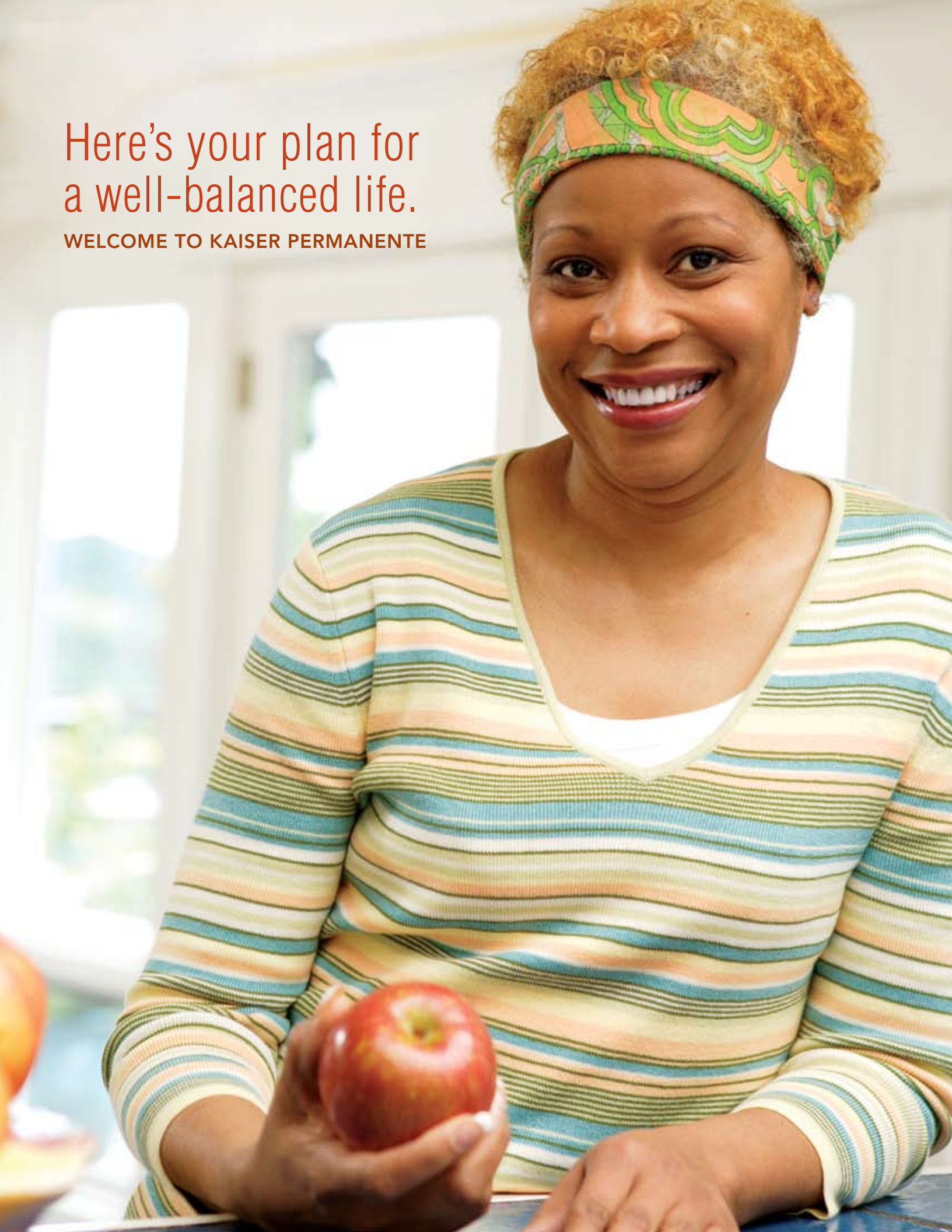
Application inside



A balanced you starts here.

Here's your plan for
a well-balanced life.

WELCOME TO KAISER PERMANENTE



At Kaiser Permanente, we believe that anything is possible when you're balanced in mind, body, and spirit. That's why, with Kaiser Permanente, you'll find the services, tools, and resources you need to help you reach and maintain a well-balanced state.

Our physicians offer quality, personalized care to help you stay healthy. And as a member, you'll have access to such advantages as secure online communication with your medical office, and healthful classes and programs.

We know choosing a health care company is a big decision. We want to help make that decision easier. Learn more about what we have to offer in the following pages. Then, once you've selected the plan that's right for you, simply complete the included application and mail it to us in the postage-paid envelope.

QUICK START

- FIRST ► Use our Plan Finder tool to learn about our plan options on **pages 13–15**.
- NEXT ► Review the features at a glance and find your monthly rate for the plan that interests you on **pages 16–21** and **pages 27–29**.
- THEN ► Apply for coverage at the back of this book.

For a more detailed explanation of how to apply, please refer to Section 4 of this book.



TABLE OF CONTENTS

1

Choosing a plan that's right for you	5
Why Kaiser Permanente?	6
A plan for you	9
Health care terms	10
Frequently asked questions	11
Plan types	12
Plan Finder	13
A simple tool to help you choose the best plan for your needs	
Copayment plans—rates and features at a glance	16
Deductible plans—rates and features at a glance	18
Understanding HSAs	22
Plan information as well as information about health savings accounts	
HSA-qualified plans—rates and features at a glance	27

2

Locating a provider of your choice	31
Maps and locations	32
Maps and listings of Kaiser Permanente medical offices, preferred Plan hospitals, after-hours options, and more	
Primary care providers and specialists directory	37

3

Important details and notices	51
Eligibility requirements	52
Notices	53
Information for Business Groups of One	54

4

Applying for coverage is simple	63
Denver/Boulder service area	64
Steps to apply	65
Return envelope Application(s)	



You expect a lot from yourself and from your health care plan. At Kaiser Permanente, we offer you a range of individual plans from which to choose, so it's easier to select the plan that's right for you and your family. Whether you're looking for lower monthly premiums, broad coverage, or prescription drug benefits, you can find a Kaiser Permanente plan that fits your budget and lifestyle needs.

THRIVE TIP

Your journey to a well-balanced life begins here

Kaiser Permanente encourages members to take small, steady steps toward total health. One way to do that is through 10,000 Steps[®], an easy-to-use online program designed to help you reach the goal of walking 10,000 steps every day. In this program, participants set personal goals, chart their progress, and receive daily supportive e-mails plus a discount on the program and supplies. If you need a little boost to increase your physical activity, this may be just what the doctor ordered. Visit kp.org/10000steps.¹

¹10,000 Steps[®] is a registered trademark of HealthPartners, Inc.

WHY KAISER PERMANENTE?

Great things can happen when you're well balanced. At Kaiser Permanente, everything we do centers around you. As a member, you can work with your primary care physician to develop a personalized plan focusing on wellness and preventive care to help you achieve your health goals. You'll also have access to member programs designed to help you be healthy, stay fit, and feel your best. Simply select the plan that's right for you and apply today.

Why Kaiser Permanente? Here are just a few reasons.

YOU GET THE BEST VALUE FOR YOUR HEALTH CARE DOLLAR

We offer a broad range of deductible and copayment levels for medical care as well as a variety of plan types. Our wide selection enables you to pick the plan that best helps you manage your family's health care costs.

No matter which plan you select, you will enjoy the advantages of Kaiser Permanente's convenient health care. Here's just a sampling of the many advantages you will enjoy as a Kaiser Permanente member.

A personal physician and Plan specialists

- Choose a dedicated primary care physician (in internal medicine, family medicine, or pediatrics) dedicated to helping you thrive.
- See specialists in allergy, cardiology, dermatology, endocrinology, gastroenterology, neurology, ophthalmology, orthopedics, otolaryngology (ear, nose, throat), urology, and more—all available for an appointment for consultation without a referral.
- Confer with clinical pharmacists who are available at each medical office and often by phone to help you and your doctor find affordable and effective drug therapies when needed.

Convenience

- As a member, you have access to medical offices throughout the Denver metro area, with each providing primary care, X-ray and laboratory services, and a pharmacy under one roof.
- Same-day appointments are often available.
- Physical therapists and optical departments are located in several medical offices.
- Four locations offer after-hours urgent care—no appointment necessary.
- You won't have to fill out claim forms when you receive care from Kaiser Permanente providers.
- You can request routine appointments online and order prescription refills online or by phone.
- You can also visit our Web site, kp.org, for information on locating a medical office, selecting a primary care physician, and more.
- We have a bilingual staff at La Clínica de la Familia.

BECAUSE WELL-BEING IS MORE THAN JUST CHECKUPS

A health care provider should help you lead a healthier, happier, and ultimately more well-balanced life. That's why, in addition to our health care services, we offer programs that focus on helping you prevent problems in the first place.

These programs include classes held at our medical offices covering popular topics such as stress management, healthy lifestyles, and proper exercise.¹ Some of these classes are offered at no cost to you. You can learn more about these in your quarterly member magazine, *Elevate*.

WE TREAT THE WHOLE YOU

As a Kaiser Permanente member, you can take advantage of competitively priced services offered at or through our medical offices and Web site.²

- Centers for Complementary Medicine, located at two of our medical offices, provide alternative and nontraditional therapies that treat the whole you. Services include acupuncture, chiropractic, massage therapy, and mind-body medicine, as well as yoga classes.
- Laser vision correction is available at a state-of-the-art facility in Cherry Creek North.
- Healthyroads, Inc., online at kp.org/healthyroads, offers discounts with complementary or alternative medicine providers as well as discounted health products and preferred rates at select fitness clubs.

So whether you want to start an exercise regimen, get a massage, or change your eating habits, we have a resource for you!

OUR ONLINE TOOLS HELP YOU LIVE A HEALTHIER LIFE

When you join Kaiser Permanente, you can enjoy a host of online tools offered at no charge to members. These interactive programs have been designed to guide you on a personalized path to better health.³

With the HealthMedia® Succeed™ program, you'll be able to assess your current health status and develop an online health improvement plan—just for you. Then you may select any of the following programs focusing on special areas of health improvement:

- HealthMedia® Balance™—for weight management
- HealthMedia® Breathe™—for quitting smoking
- HealthMedia® Nourish™—for improving nutrition
- HealthMedia® Relax™—for relieving stress
- HealthMedia® Care™ for Your Health—for managing chronic health issues such as high cholesterol, asthma, heart disease, and more



¹Classes vary by location. Some classes may require a fee.

²These products and services are provided on a fee-for-service basis and are neither offered nor guaranteed under your Kaiser Permanente health plan. Results of services vary among patients. Kaiser Permanente does not endorse or make any representations regarding the quality or medical efficacy of products and services offered by other entities, nor the financial integrity of those entities.

³Offered in collaboration with HealthMedia, Inc.

WHY KAISER PERMANENTE?

WE HELP YOU TAKE CHARGE OF YOUR OWN HEALTH

As a Kaiser Permanente member, you will have your own personal health record, securely housed online in the members area of **kp.org**, portions of which you can access at any time. Your personal health record contains information such as most lab and X-ray results, recent immunizations, checkups, and prescriptions.

When you register at **kp.org**, you'll have a wealth of personalized options available. You'll be able to:

- **Receive health care reminders**—Find out when you should schedule recommended tests, immunizations, and procedures.
- **View your health record**—Check your recent immunizations, upcoming appointments, previous office visits, most lab test results, and more.

- **Contact a professional**—Send a question to a Kaiser Permanente medical professional and receive a response in a secure online mailbox.
- **Request appointments**—Make a routine appointment or cancel scheduled appointments.
- **Refill prescriptions**—Order prescription refills online or check the status of a prescription refill.
- **Manage your plan**—Get the information and tools you need to understand and use your plan.

There's much more available for members online. In fact, if you become a member, you may discover that **kp.org** is the quickest connection between you and good health.





Kaiser Permanente offers a variety of types of health coverage for individuals and families. All feature quality care – the main difference is how you pay for your coverage. See which plan type may work best for you by matching your lifestyle and financial needs to one of the descriptions below.

PLAN TYPES

We categorize our plans as copayment, deductible, or HSA-qualified, depending on how you share in paying the costs of the services you receive.

Copayment plan

Our \$30 Copayment Plan enables you to know in advance your out-of-pocket costs for covered services. A **copayment** is the fixed dollar amount you pay for certain services and supplies.

Deductible plans

Our **deductible** plans—\$2,000 deductible and 70 percent coverage with Rx coverage, \$2,000 deductible and 70 percent coverage, and \$5,000 deductible and 70 percent coverage—offer low monthly premiums in exchange for having you share more of the costs in copayments, deductibles, and coinsurance when you come in for services.

Coinsurance is the percentage you pay of the full charges for certain services and supplies.

HSA-qualified deductible plans

Our **HSA-qualified plans** provide traditional medical coverage and a tax-free way to help you build savings for future qualified medical expenses. To open a **health savings account**, or HSA, you first need to be enrolled in an HSA-qualified plan. If you're interested, you may want to consider our \$2,000 deductible plans with HSA option (one with 100 percent coverage, another with 80 percent coverage, after the deductible is satisfied). To learn more about HSAs, see our HSA section beginning on page 22.



HEALTH CARE TERMS

Premium, rate: the amount you pay monthly to keep your health plan in effect. When comparing plans and searching for quality and affordability, consider a particular plan's rate as well as its features, benefits, and value.

Deductible: a specified amount to be paid for certain covered services and supplies before some benefits are covered by your health plan. You pay the full cost for covered services subject to the deductible until you reach that specified amount.

With our deductible plans, each family member meets his or her individual deductible until the family deductible is met. Under our HSA-qualified plans, expenses for each family member do not count toward an individual deductible; expenses for all family members simply serve to meet the family deductible. Our copayment plan does not have a deductible.

Annual out-of-pocket maximum: all you should expect to pay during the year for the covered services you or your family receives. However, not all health care expenses apply toward meeting the out-of-pocket maximum (OOPM), and you continue to pay expenses for those services after the OOPM is met. Your plan defines which expenses apply; more information is in the *Membership Agreement*.¹

Lifetime maximum: the maximum dollar amount of health care benefits an insurer covers over the life of a policy. There is no lifetime maximum for any Kaiser Permanente of Colorado individual and family plans.



SOME THINGS CHANGE . . . SOME THINGS STAY THE SAME

How and when you pay for health care coverage varies by plan, with new options always emerging.

Any Kaiser Permanente plan you choose, however, gives you the security of knowing you're with a nonprofit health plan dedicated to helping you thrive.

Your premiums, copayments, and coinsurance are used to cover expenses for the delivery of your care, research to improve your care, facilities to provide care in convenient locations, and educational resources to help you stay healthy.

Your membership in Kaiser Permanente allows you easy access to life-enhancing programs at competitive rates.

¹The *Membership Agreement* is the legally binding document that defines the exact terms and conditions of your plan coverage. It is sent to members upon enrollment in Kaiser Permanente for Individuals and Families.

APPLYING

Is membership guaranteed?

No. We carefully review each application received. You must live within our service area, be eligible under Colorado state law to join an individual health plan, and pass our medical review of your health status for the previous five years. If you do not meet requirements, we may deny membership.

Is a physical exam required to qualify?

No. Each applicant (yourself and each family member to be covered) must answer questions about health status and certain medical conditions.

Can family members apply for different plans?

Yes. You can apply for the plan that best meets the needs of each family member. For example, you might choose to apply for the \$2,000 Deductible Plan (70%) for yourself and have your spouse and children apply for the \$30 Copayment Plan. You can also enroll just a child on a plan, with yourself as the responsible financial party. You might also consider enrolling family members separately as subscribers, even if you choose the same plan for them all. This may result in a lower combined monthly premium.

COVERAGE

Are prescription medications covered?

Prescriptions are covered under the \$2,000 Deductible Plan (70%) with Rx and the \$2,000 Deductible Plan with HSA Option (100%). Members in the four other plans can fill prescriptions at any Kaiser Permanente pharmacy at competitive member rates.

If you are presently taking a prescribed medication, our clinical pharmacists will help you transition it into our pharmacy. By law we are limited to providing one refill. You must visit a Kaiser Permanente physician for further refills.

MEMBERSHIP

How do I choose a primary care physician?

We encourage you to choose a physician who specializes in internal medicine, family medicine, or pediatrics for your primary care. You'll find names listed by medical office starting on page 37. Physician profiles are posted on our Web site, kp.org. To select a physician, call Member Services at **303-338-3800**.

Can I self-refer to a specialist?

Yes, you can make an appointment, without a referral, for a consultation with our allergists, cardiologists, dermatologists, ear/nose/throat specialists, gastroenterologists, ophthalmologists, orthopedists, rheumatologists, and more!

Can I continue to see my current physician if I join Kaiser Permanente for Individuals and Families?

If you are switching from one Kaiser Permanente for Individuals and Families plan to another within the Denver metro area, you can keep your Kaiser Permanente physician when you change plans. If you are moving from another region, or switching from another health plan carrier, you will need to choose a Kaiser Permanente physician from our list of available qualified primary care physicians.

How soon will my coverage become effective?

If we receive your application before the 23rd of the month, you are eligible for coverage effective the first day of the next month. If we receive your application after the 23rd, you are eligible for coverage effective the first day of the following month. Please note receipt of your first month's premium is necessary for your membership to be valid.

Can I arrange to pay premiums automatically?

Yes. After you are accepted, we will send you a statement that contains information about how to arrange for automatic monthly withdrawals from your bank account or debits to your credit card. You must pay your first month's premium by check or money order.

Can I change plans if my circumstances change?

You may request a different plan at any time. However, in some cases the plan change you request will require a new medical review, and we may deny your request as a result of that review. We make as much information available to you as we can, and we encourage you to carefully consider the differences among plans.

PLAN TYPES



HAVE A FAMILY?

- Need to see a doctor more frequently?
- Have young children or planning a family?

Take a look at our

COPAYMENT PLAN

See pages 16–17.

WHY A COPAYMENT PLAN? Our copayment plan has set costs for care and enables you to know in advance your out-of-pocket costs for prescriptions or visits to the doctor. With our copayment plan, you have a higher monthly premium than with a deductible plan, but you pay a fixed copayment for most services from your first day of coverage.



SINGLE?

- Rarely need a doctor's advice?
- Want health coverage only for the big things?

Take a look at our

DEDUCTIBLE PLANS

See pages 18–21.

WHY A DEDUCTIBLE PLAN? With a deductible plan, your monthly premiums are lower, but you must meet a deductible before you're eligible to pay copayments or coinsurance for most care. However, you do not have to pay a deductible for certain preventive services, such as adult preventive care exams, adult preventive care screenings, well-woman care, immunizations, and well-child care. These are available for a copayment from your first day of coverage.



WANT A SAVINGS PLAN FOR MEDICAL EXPENSES?

Take a look at our

HSA-QUALIFIED DEDUCTIBLE PLANS

See pages 27–29.

WHY AN HSA-QUALIFIED DEDUCTIBLE PLAN? If you enroll in an HSA-qualified deductible plan and open a health savings account, or HSA, your contributions can be subtracted from your taxable income, your invested funds can grow tax free, and your withdrawals are tax free when used to pay for qualified medical expenses.

Open this page to see an overview of each plan we offer. ►

PLAN FINDER

I WANT TO BE ABLE TO VISIT MY DOCTOR REGULARLY, so a plan with **no deductible** and a **fixed copayment** for office visits is best for me. I'm willing to pay a **higher** monthly premium for a plan that offers broad coverage and predictable out-of-pocket costs.

DEFINITIONS

Coinsurance

This is the percentage of eligible charges you are required to pay for certain services or supplies.

Copayment

This is the fixed amount you must pay when you receive a prescription or certain covered services.

Deductible

In plans with a medical and/or pharmacy deductible, this is the set amount you must pay in a calendar year for certain services or supplies before Kaiser Permanente begins to cover them.

Out-of-pocket maximum

This is the most you would have to pay for certain covered health care services in a calendar year.

Preventive services

These include adult preventive care exams, adult preventive care screenings, well-woman care, immunizations, and well-child care.

See "Health Care Terms," page 10, for more definitions.

Colorado law requires carriers to make available a *Colorado Health Plan Description Form*, which is intended to facilitate comparison of health plans. The form must be provided automatically within three business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

COPAYMENT PLAN



\$30 COPAYMENT PLAN

- Annual out-of-pocket maximum: \$3,000/individual or \$7,500/family
- No annual deductible
- Preventive services: no charge
- Office visit: \$30 per primary care visit
- Diagnostic labs and X-rays: no charge
Therapeutic X-rays: \$40
- Hospital care: 20% coinsurance per admission
- Emergency services: \$150 per visit
- Prescription drugs: not covered

Use this Plan Finder to help find a plan that best meets your lifestyle and financial needs.

I WANT THE LOWEST MONTHLY PREMIUMS AND A FIXED COPAYMENT for office visits. I'm willing to meet a deductible for services that require it.

DEDUCTIBLE PLANS

\$2,000 DEDUCTIBLE PLAN (70%) WITH Rx

- Annual out-of-pocket maximum: \$5,000/individual or \$10,000/family — excludes deductible and copayments
- Annual deductible: \$2,000/individual or \$6,000/family
- Preventive services (not subject to deductible): no charge
- Office visit (not subject to deductible): \$30 per primary care visit
- Diagnostic labs (not subject to deductible): no charge
X-rays, including therapeutic: 30% coinsurance
- Hospital care: 30% coinsurance per admission
- Emergency services: 30% coinsurance per visit
- Prescription drugs: \$200 deductible
\$15 copay — generic
\$30 copay — brand name
50% coinsurance — nonpreferred

\$2,000 DEDUCTIBLE PLAN (70%)

- Annual out-of-pocket maximum: \$5,000/individual or \$10,000/family — excludes deductible and copayments
- Annual deductible: \$2,000/individual or \$6,000/family
- Preventive services (not subject to deductible): no charge
- Office visit (not subject to deductible): \$30 per primary care visit
- Diagnostic labs (not subject to deductible): no charge
X-rays, including therapeutic: 30% coinsurance
- Hospital care: 30% coinsurance per admission
- Emergency services: 30% coinsurance per visit
- Prescription drugs: not covered

\$5,000 DEDUCTIBLE PLAN (70%)

- Annual out-of-pocket maximum: \$5,000/individual or \$10,000/family — excludes deductible and copayments
- Annual deductible: \$5,000/individual or \$15,000/family
- Preventive services (not subject to deductible): no charge
- Office visit (not subject to deductible): \$30 per primary care visit
- Diagnostic labs (not subject to deductible): no charge
X-rays, including therapeutic: 30% coinsurance
- Hospital care: 30% coinsurance per admission
- Emergency services: 30% coinsurance per visit
- Prescription drugs: not covered

I WANT A PLAN WITH A LOW MONTHLY PREMIUM that lets me control my costs through a **tax-advantaged** health savings account. I'm just looking for routine care from time to time and prefer to pay for services as I need them. I want **free preventive services** to help me stay healthy and identify potential health problems early.

HSA-QUALIFIED PLANS

(See pages 22–26 for details.)

\$2,000 DEDUCTIBLE PLAN WITH HSA OPTION (80%)

- Annual out-of-pocket maximum: \$5,000/individual or \$10,000/family — includes deductible and coinsurance
- Annual deductible: \$2,000/individual or \$4,000/family
- Preventive services (not subject to deductible): no charge
- Office visit: 20% coinsurance per primary care visit
- Diagnostic labs: 20% coinsurance
X-rays, including therapeutic: 20% coinsurance
- Hospital care: 20% coinsurance per admission
- Emergency services: 20% coinsurance per visit
- Prescription drugs: not covered

\$2,000 DEDUCTIBLE PLAN WITH HSA OPTION (100%)

- Annual out-of-pocket maximum: \$2,000/individual or \$4,000/family — includes deductible
- Annual deductible: \$2,000/individual or \$4,000/family
- Preventive services (not subject to deductible): no charge
- Office visit: no charge
- Diagnostic labs: no charge
X-rays, including therapeutic: no charge
- Hospital care: no charge
- Emergency services: no charge
- Prescription drugs: no charge

COPAYMENT PLANS – MONTHLY RATES AT A GLANCE

The monthly rate you pay for your coverage depends on the age of the oldest applicant, the number of family members applying, the plan chosen, and the rates in effect on the enrollment date. The oldest applicant will become the subscriber on the account. All family members applying must pass a medical review to qualify for these rates. Rates are effective January 1, 2008, and are subject to change.

When the subscriber's age changes from one age band to the next during the course of the year, the subscriber will be charged the rate of the higher age band for his or her family status, effective the first of the following month.

Family members may apply for different plans, which may result in a lower combined monthly premium. See page 11 for details.

Monthly rates for \$30 Copayment Plan

Age	Single subscriber	Subscriber + spouse	Subscriber + child(ren)	Subscriber + family
<20	\$140.50	\$281.02	\$323.15	\$463.66
20-24	\$140.50	\$281.02	\$323.15	\$463.66
25-29	\$146.13	\$292.29	\$328.80	\$474.92
30-34	\$171.44	\$342.83	\$360.00	\$531.42
35-39	\$178.47	\$356.92	\$365.85	\$544.33
40-44	\$196.72	\$393.42	\$383.59	\$580.32
45-49	\$224.80	\$449.61	\$415.89	\$640.68
50-54	\$281.03	\$562.03	\$449.64	\$730.65
55-59	\$351.31	\$702.62	\$526.96	\$878.26
60-64 ¹	\$421.53	\$843.05	\$590.14	\$1,011.65

¹If you are 65+ years of age and Medicare eligible, or are under age 65 and entitled to Medicare on the basis of Social Security disability, call **1-800-509-7570** for information about our Kaiser Permanente Senior Advantage plans.

COPAYMENT PLANS – FEATURES AT A GLANCE

1

For more detailed information, refer to the *Health Plan Description Form*, which you may obtain by calling **1-800-634-4579**. Once you become a member, you will receive your *Membership Agreement*, which can be used to determine the exact terms and conditions of your coverage.

FEATURES	\$30 COPAYMENT PLAN
Annual deductible Individual Family	No deductible No deductible
Annual out-of-pocket maximum Individual Family	\$3,000 \$7,500
Lifetime maximum paid by the Plan for all care	No lifetime maximum
Benefit maximums	The transplant lifetime benefit maximum is \$1 million and the lifetime benefit maximum for bone marrow searches is \$25,000.
Routine medical office visits	\$30 per primary care office visit \$40 per specialist office visit
Preventive services¹ Children's services Adults' services	No charge No charge
Maternity Prenatal care Delivery and inpatient well-baby care	Not covered Not covered
Prescription drugs	Not covered
Inpatient hospital	20% coinsurance per admission
Outpatient/ambulatory surgery	\$150 per visit
Laboratory and X-ray	Diagnostic lab and X-ray: no charge Therapeutic X-ray: \$40 per visit MRI/CT/PET: \$100 per procedure
Emergency and urgent care	\$150 per visit at a designated Kaiser Permanente emergency room or a non-Plan emergency room. Copayment is waived if admitted as an inpatient.
Ambulance	20% coinsurance up to a maximum of \$500 per trip
Nonroutine and after-hours care	\$30 per visit at a Kaiser Permanente medical office or a non-Plan facility outside the service area during office hours \$75 per after-hours visit at a designated Kaiser Permanente after-hours medical office

¹Preventive services include adult preventive care exams, adult preventive care screenings, well-woman care, immunizations, and well-child care.

DEDUCTIBLE PLANS – MONTHLY RATES AT A GLANCE

The monthly rate you pay for your coverage depends on the age of the oldest applicant, the number of family members applying, the plan chosen, and the rates in effect on the enrollment date. The oldest applicant will become the subscriber on the account. All family members applying must pass a medical review to qualify for these rates. Rates are effective January 1, 2008, and are subject to change.

When the subscriber's age changes from one age band to the next during the course of the year, the subscriber will be charged the rate of the higher age band for his or her family status, effective the first of the following month.

Family members may apply for different plans, which may result in a lower combined monthly premium. See page 11 for details.

Monthly rates for \$2,000 Deductible Plan (70%) with Rx

Age	Single subscriber	Subscriber + spouse	Subscriber + child(ren)	Subscriber + family
<20	\$99.48	\$198.94	\$228.79	\$328.24
20–24	\$99.48	\$198.94	\$228.79	\$328.24
25–29	\$103.45	\$206.90	\$232.76	\$336.21
30–34	\$121.37	\$242.73	\$254.86	\$376.22
35–39	\$126.33	\$252.69	\$259.03	\$385.36
40–44	\$139.27	\$278.55	\$271.56	\$410.84
45–49	\$159.15	\$318.33	\$294.44	\$453.59
50–54	\$198.95	\$397.90	\$318.33	\$517.27
55–59	\$248.71	\$497.39	\$373.05	\$621.76
60–64 ¹	\$298.43	\$596.84	\$417.80	\$716.22

Monthly rates for \$2,000 Deductible Plan (70%)

Age	Single subscriber	Subscriber + spouse	Subscriber + child(ren)	Subscriber + family
<20	\$91.27	\$182.51	\$209.90	\$301.14
20–24	\$91.27	\$182.51	\$209.90	\$301.14
25–29	\$94.91	\$189.82	\$213.54	\$308.45
30–34	\$111.35	\$222.69	\$233.82	\$345.16
35–39	\$115.90	\$231.83	\$237.64	\$353.54
40–44	\$127.77	\$255.55	\$249.14	\$376.92
45–49	\$146.01	\$292.05	\$270.13	\$416.14
50–54	\$182.52	\$365.05	\$292.05	\$474.56
55–59	\$228.17	\$456.32	\$342.25	\$570.42
60–64 ¹	\$273.79	\$547.56	\$383.30	\$657.08

DEDUCTIBLE PLANS – MONTHLY RATES AT A GLANCE

1

Monthly rates for \$5,000 Deductible Plan (70%)

Age	Single subscriber	Subscriber + spouse	Subscriber + child(ren)	Subscriber + family
<20	\$71.82	\$143.64	\$165.19	\$237.00
20–24	\$71.82	\$143.64	\$165.19	\$237.00
25–29	\$74.70	\$149.38	\$168.05	\$242.75
30–34	\$87.63	\$175.27	\$184.01	\$271.64
35–39	\$91.21	\$182.45	\$187.02	\$278.23
40–44	\$100.56	\$201.12	\$196.08	\$296.64
45–49	\$114.91	\$229.83	\$212.59	\$327.51
50–54	\$143.65	\$287.29	\$229.83	\$373.47
55–59	\$179.57	\$359.13	\$269.36	\$448.92
60–64 ¹	\$215.47	\$430.93	\$301.67	\$517.13

¹If you are 65+ years of age and Medicare eligible, or are under age 65 and entitled to Medicare on the basis of Social Security disability, call **1-800-509-7570** for information about our Kaiser Permanente Senior Advantage plans.

DEDUCTIBLE PLANS – FEATURES AT A GLANCE

For more detailed information, refer to the *Health Plan Description Form*, which you may obtain by calling **1-800-634-4579**. Once you become a member, you will receive your *Membership Agreement*, which can be used to determine the exact terms and conditions of your coverage.

FEATURES	\$2,000 DEDUCTIBLE PLAN (70%) WITH Rx	\$2,000 DEDUCTIBLE PLAN (70%)	\$5,000 DEDUCTIBLE PLAN (70%)
Annual deductible	The deductible applies to all services unless otherwise noted.	The deductible applies to all services unless otherwise noted.	The deductible applies to all services unless otherwise noted.
Individual Family	\$2,000 ¹ \$6,000 ¹	\$2,000 ¹ \$6,000 ¹	\$5,000 ¹ \$15,000 ¹
Out-of-pocket annual maximum	The out-of-pocket maximum excludes deductible and copayments.	The out-of-pocket maximum excludes deductible and copayments.	The out-of-pocket maximum excludes deductible and copayments.
Individual Family	\$5,000 \$10,000	\$5,000 \$10,000	\$5,000 \$10,000
Lifetime maximum paid by the Plan for all care	No lifetime maximum	No lifetime maximum	No lifetime maximum
Benefit maximums	The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.	The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.	The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.
Routine medical office visits	\$30 per primary care office visit ² \$50 per specialist office visit ²	\$30 per primary care office visit ² \$50 per specialist office visit ²	\$30 per primary care office visit ² \$50 per specialist office visit ²
Procedures received during office visits	30% coinsurance per procedure	30% coinsurance per procedure	30% coinsurance per procedure
Preventive services³	No charge ² No charge ²	No charge ² No charge ²	No charge ² No charge ²
Maternity	Not covered	Not covered	Not covered
Prenatal care Delivery and inpatient well-baby care	Not covered Not covered	Not covered Not covered	Not covered Not covered
Prescription drugs⁴	After \$200 deductible is met, up to 30-day supply. 90-day refill supply is available by mail order. \$15 copay — preferred generic \$30 copay — preferred brand-name 50% copay — nonpreferred	Not covered	Not covered
Inpatient hospital	30% coinsurance per admission 30% coinsurance for inpatient professional visits	30% coinsurance per admission 30% coinsurance for inpatient professional visits	30% coinsurance per admission 30% coinsurance for inpatient professional visits
Outpatient/ambulatory surgery	30% coinsurance per admission	30% coinsurance per admission	30% coinsurance per admission
Laboratory and X-ray	Diagnostic lab: no charge ² X-ray, including therapeutic: 30% coinsurance MRI/CT/PET: 30% coinsurance per procedure	Diagnostic lab: no charge ² X-ray, including therapeutic: 30% coinsurance MRI/CT/PET: 30% coinsurance per procedure	Diagnostic lab: no charge ² X-ray, including therapeutic: 30% coinsurance MRI/CT/PET: 30% coinsurance per procedure

DEDUCTIBLE PLANS – FEATURES AT A GLANCE

1

FEATURES	\$2,000 DEDUCTIBLE PLAN (70%) WITH Rx	\$2,000 DEDUCTIBLE PLAN (70%)	\$5,000 DEDUCTIBLE PLAN (70%)
Emergency and urgent care	30% coinsurance per visit at a designated Kaiser Permanente emergency room or a non-Plan emergency room	30% coinsurance per visit at a designated Kaiser Permanente emergency room or a non-Plan emergency room	30% coinsurance per visit at a designated Kaiser Permanente emergency room or a non-Plan emergency room
Ambulance	30% coinsurance up to a maximum of \$500 per trip ²	30% coinsurance up to a maximum of \$500 per trip ²	30% coinsurance up to a maximum of \$500 per trip ²
Nonroutine and after-hours care	\$30 per visit at a Kaiser Permanente medical office or a non-Plan facility outside the service area during office hours ²	\$30 per visit at a Kaiser Permanente medical office or a non-Plan facility outside the service area during office hours ²	\$30 per visit at a Kaiser Permanente medical office or a non-Plan facility outside the service area during office hours ²
	\$75 per after-hours visit at a designated Kaiser Permanente after-hours medical office ²	\$75 per after-hours visit at a designated Kaiser Permanente after-hours medical office ²	\$75 per after-hours visit at a designated Kaiser Permanente after-hours medical office ²
Procedures received during urgent, nonroutine, and after-hours care	30% coinsurance per procedure	30% coinsurance per procedure	30% coinsurance per procedure

¹Deductible does not apply toward out-of-pocket maximum.

²Not subject to deductible

³Preventive services include adult preventive care exams, adult preventive care screenings, well-woman care, immunizations, and well-child care.

⁴Kaiser Permanente uses a list of preferred drugs referred to as our formulary. For coverage to apply, a prescription must be written by your Kaiser Permanente doctor or by your dentist (for acute conditions) and be in our formulary. To learn more about preferred drugs in our formulary, contact our Clinical Pharmacy Call Center at **303-338-4503**.

UNDERSTANDING HSAs

Are you interested in balancing your health and your health care finances?

If so, consider Kaiser Permanente's HSA (health savings account) program, which pairs our selection of qualified deductible plans with an optional tax-advantaged HSA.¹

Selecting one of our HSA-qualified deductible health care plans can help you **improve your health** with high-quality care plus preventive care benefits, wellness resources, and online healthy living and decision-support tools. You may also **improve your finances** through more affordable health care premiums and a tax-advantaged health savings account.

That's a lot to feel good about!



¹Tax references relate to federal income tax only. The tax treatment of health savings account contributions and distributions under state income tax laws differs from the federal tax treatment. Consult with your financial or tax adviser for more information.

WHAT IS KAISER PERMANENTE'S HSA PROGRAM?

Many people like yourself are looking for innovative ways to plan for and cover increasing medical expenses. Kaiser Permanente has responded to that need with a comprehensive suite of financial and health care options specially designed to help you improve both your finances and your health. One of these is our HSA program, which combines:

1. HSA-qualified plans
2. CarePay[®] HSA¹
3. Online medical and financial decision-support tools
4. Health improvement programs

Together, these four components can ultimately help you improve your health, your financial planning, and your medical decision making.

1. HSA-qualified plans

HSA-qualified plans generally offer lower premiums than other deductible plans in exchange for a higher deductible amount. As with many of our other plans, preventive care is exempt from the deductible and is a covered benefit from Day 1 of your coverage.

Kaiser Permanente offers two HSA-qualified health care plans for individuals and families:

- **\$2,000 Deductible Plan with HSA Option (80%)**— 80 percent coverage after the deductible is satisfied
- **\$2,000 Deductible Plan with HSA Option (100%)**— 100 percent coverage after the deductible is satisfied

A health savings account is a tax-advantaged savings account that allows you to save for current and future qualified medical expenses.

2. CarePay HSA

In order to take advantage of the tax savings of a health savings account, you will need to set one up through a financial institution that offers these accounts.

One option is the **CarePay HSA**, offered by **Wells Fargo** to our members enrolled in an HSA-qualified plan. Kaiser Permanente has selected **Wells Fargo Bank** as our preferred health savings account trustee and administrator for the CarePay HSA.

3. Online medical and financial decision-support tools

To guide you on the path to being more informed so you can fully participate in your health care, we provide our members with extensive resources at **kp.org**.

On this site you can:

- learn how to make the best decisions for yourself and your family
- research health conditions and proper treatment
- discover steps you can take to enhance your well-being
- examine your health care options so you can be confident that you're making the best choice every time

4. Health improvement programs

Kaiser Permanente offers a variety of programs that help members take charge of their health. Programs in our medical facilities address such topics as stress and relaxation, exercise and weight loss, healthy meal planning, heart health, and more.²

¹CarePay[®] is a registered trademark of Kaiser Permanente identifying financial products our members can access through our arrangements with preferred financial providers. The CarePay HSA is provided and administered by Wells Fargo Bank, N.A., which acts as trustee of the Wells Fargo Health Savings Accounts. Kaiser Permanente does not provide or administer financial products, including HSAs, and does not offer financial, tax, or investment advice.

²Classes may vary by location. Some classes may require a fee.

UNDERSTANDING HSAs

WHAT IS AN HSA (AND IS IT RIGHT FOR ME)?

Health savings accounts are **tax-advantaged savings accounts** that help you lower your medical costs by using tax-free dollars to pay for qualified medical expenses. When you invest in a health savings account, you set aside funds for your health as well as for your future. A health savings account allows you to save and pay for qualified medical expenses such as deductibles and copayments. You can even use HSA funds to pay for some services that are not covered by your health care plan. Plus, you gain **triple** tax savings through:

- tax-deductible contributions to your account
- tax-free investment earnings
- tax-free withdrawals when funds are used for qualified medical expenses

You don't have to open a health savings account, but the tax advantages and long-term savings can be significant.

HSAs offer many other advantages besides tax benefits.

- **Portability.** The money belongs to you, so if you leave your job, you can take your HSA with you.
- **Unused funds roll over.** There is no "use it or lose it" restriction each year. What you don't spend stays in your account until you are ready to use it.
- **Control.** You're in charge. You decide how to invest your money. You decide when to put the money in and when to take it out.

- **Retirement savings.** The money in your account can be invested through the institution where you open it. And after age 65, you can use the funds, taxed at your ordinary income rate, for any reason, without penalties.

- **Flexibility.** You can use the money in your HSA for qualified medical expenses that your deductible plan may not cover, including such services as:

- Orthodontics
- Alternative treatments such as chiropractic and acupuncture
- Eyeglasses and LASIK
- Prescription medicines as well as certain over-the-counter drugs
- Hearing aids
- Durable medical equipment such as standard wheelchairs

There is a limit to how much money you can deposit in your health savings account annually. You can only contribute up to the yearly maximum set by the federal government. For 2008, the maximum contribution for self-only coverage is \$2,900, and the maximum contribution for family coverage is \$5,800.

While HSA funds can be withdrawn for any reason, your tax advantages are maximized when you use the funds exclusively for qualified medical expenses. You will pay income tax on funds withdrawn for nonqualified purposes (and you'll pay a penalty if you are under age 65).

Further reading

HSA-qualified plans

Plan Finder (page 15); "What is Kaiser Permanente's HSA program?" (page 23); rates and features at a glance (pages 27–29)

CarePay HSA

Wells Fargo Web site, wfhbs.com/kaiserpermanente

Decision-support tools

Kaiser Permanente Web site, kp.org; Wells Fargo Web site, wfhbs.com/kaiserpermanente; "Save and live healthy" (page 26)

Healthy Living programs

Kaiser Permanente Web site, kp.org; "Why Kaiser Permanente?" (page 7); "Save and live healthy" (page 26)

¹Classes vary by location. Some classes may require a fee.

How does an HSA work? Some sample scenarios



BEN AND HEATHER

Ben is 45 and his wife, Heather, is 39. They enroll in the \$2,000 Deductible Plan with HSA Option (100%) with family coverage for themselves and their two children, and Ben opens a health savings account. Ben and Heather decide to contribute the federal maximum of \$5,800 to the health savings account.¹

Ben and Heather's health care plan coverage

Family deductible: \$4,000

Annual family out-of-pocket maximum: \$4,000

During the year, Ben and Heather's family have eligible health care expenses of \$5,200, excluding preventive care, which is covered at 100 percent and is not subject to the deductible. They choose to pay \$4,000 of these expenses from the health savings account. This \$4,000 satisfies their health plan deductible and fulfills their plan's annual out-of-pocket maximum. After this, their health care plan covers 100 percent of the remaining \$1,200 of health care expenses, as well as any other covered charges, through the end of the year. The remaining \$1,800 in their HSA will roll over to the next year.



ALICIA

Alicia, 28, enrolls in the \$2,000 Deductible Plan with HSA Option (80%) with individual coverage for herself and opens a health savings account. Alicia decides to contribute \$1,000 to her health savings account.¹

Alicia's health care plan coverage

Individual deductible: \$2,000

Annual individual out-of-pocket maximum: \$5,000

During the year, Alicia has eligible health care expenses of \$1,000, excluding preventive care, which is covered at 100 percent and is not subject to the deductible. Because her deductible is \$2,000, Alicia is responsible for all of these expenses. She chooses to pay for only \$700 of these expenses from her health savings account, because she wants to start saving for her future health care needs. She pays the remaining \$300 out of pocket. The \$1,000 she pays applies toward her \$5,000 annual out-of-pocket maximum and her plan's \$2,000 deductible. The remaining \$300 in her HSA will roll over to the next year.

¹These examples are for illustrative purposes only. Individual situations will vary depending on the specifics of the health care plan and individual contributions.

How do I start saving? Four simple steps

If you've decided that you can benefit from this integrated approach to savings and health coverage funding, here's how to get started.

1. Select the HSA-qualified plan you prefer.

No two individuals or families are the same. Everyone has different lifestyle, health care, and budget needs. That's why we offer a selection of two HSA-qualified plans for you to choose from. Check the benefits and rates of the plans and pick the one that better fits your budget and medical needs.

2. Enroll in your selected plan.

Use the enrollment form in this booklet or apply online. We will notify you in writing of our decision.

3. Open an health savings account.

If you are accepted into a Kaiser Permanente HSA-qualified plan and you meet all other HSA eligibility requirements, you can open a health savings account.

4. Save and live healthy.

Kaiser Permanente offers members many opportunities to live and grow healthy. Visit kp.org for an introduction to our many programs and services designed to help you and your family live your healthiest lives possible, including online health information, decision-support tools, member-only discount programs, and more.

Member advantages include:

- online health assessment tools
- personalized online health programs to help members eat better and lose weight, reduce stress, and stop smoking
- health and drug encyclopedias and health topics with related links, all online
- Healthy Living classes and programs offered at local medical centers¹
- discounts of 25 percent off regular rates from select providers of massage therapy, chiropractic, and acupuncture²
- preferred rates on select fitness club memberships



¹Some classes require a fee.

²Some Kaiser Permanente benefit plans include coverage for certain of these discounted services. Plan benefits must be used before those discounted services are available.

HSA-QUALIFIED PLANS – MONTHLY RATES AT A GLANCE

The monthly rate you pay for your coverage depends on the age of the oldest applicant, the number of family members applying, the plan chosen, and the rates in effect on the enrollment date. The oldest applicant will become the subscriber on the account. All family members applying must pass a medical review to qualify for these rates. Rates are effective January 1, 2008, and are subject to change.

When the subscriber's age changes from one age band to the next during the course of the year, the subscriber will be charged the rate of the higher age band for his or her family status, effective the first of the following month.

Family members may apply for different plans, which may result in a lower combined monthly premium. See page 11 for details.

Monthly rates for \$2,000 Deductible Plan with HSA Option (80%)

Age	Single subscriber	Subscriber + spouse	Subscriber + child(ren)	Subscriber + family
<20	\$95.82	\$191.64	\$220.38	\$316.20
20–24	\$95.82	\$191.64	\$220.38	\$316.20
25–29	\$99.66	\$199.31	\$224.22	\$323.86
30–34	\$116.92	\$233.84	\$245.51	\$362.42
35–39	\$121.70	\$243.42	\$249.51	\$371.22
40–44	\$134.16	\$268.32	\$261.61	\$395.77
45–49	\$153.32	\$306.64	\$283.65	\$436.95
50–54	\$191.65	\$383.30	\$306.64	\$498.29
55–59	\$239.58	\$479.14	\$359.36	\$598.94
60–64 ¹	\$287.48	\$574.94	\$402.47	\$689.93

Monthly rates for \$2,000 Deductible Plan with HSA Option (100%)

Age	Single subscriber	Subscriber + spouse	Subscriber + child(ren)	Subscriber + family
<20	\$120.16	\$240.31	\$276.36	\$396.51
20–24	\$120.16	\$240.31	\$276.36	\$396.51
25–29	\$124.97	\$249.93	\$281.17	\$406.13
30–34	\$146.61	\$293.22	\$307.87	\$454.47
35–39	\$152.61	\$305.25	\$312.89	\$465.50
40–44	\$168.24	\$336.47	\$328.05	\$496.29
45–49	\$192.26	\$384.53	\$355.69	\$547.93
50–54	\$240.33	\$480.66	\$384.53	\$624.84
55–59	\$300.43	\$600.84	\$450.64	\$751.08
60–64 ¹	\$360.50	\$720.97	\$504.69	\$865.18

¹If you are 65+ years of age and Medicare eligible, or are under age 65 and entitled to Medicare on the basis of Social Security disability, call **1-800-509-7570** for information about our Kaiser Permanente Senior Advantage plans.

HSA-QUALIFIED PLANS – FEATURES AT A GLANCE

For more detailed information, refer to the *Health Plan Description Form*, which you may obtain by calling **1-800-634-4579**. Once you become a member, you will receive your *Membership Agreement*, which can be used to determine the exact terms and conditions of your coverage.

FEATURES	\$2,000 DEDUCTIBLE PLAN WITH HSA OPTION (80%)	\$2,000 DEDUCTIBLE PLAN WITH HSA OPTION (100%)
Annual deductible	The deductible applies to all services unless otherwise noted.	The deductible applies to all services unless otherwise noted.
Individual Family	\$2,000 ¹ \$4,000 ¹	\$2,000 ¹ \$4,000 ¹
Annual out-of-pocket maximum	The out-of-pocket maximum includes deductible and coinsurance.	The out-of-pocket maximum includes deductible.
Individual Family	\$5,000 \$10,000	\$2,000 \$4,000
Lifetime maximum paid by the Plan for all care	No lifetime maximum	No lifetime maximum
Benefit maximums	The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.	The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.
Routine medical office visits	20% coinsurance per primary care office visit after deductible is met 20% coinsurance per specialist office visit after deductible is met	No charge per primary care office visit after deductible is met No charge per specialist office visit after deductible is met
Procedures received during office visits	20% coinsurance per procedure after deductible is met	No charge after deductible is met
Preventive services²		
Children's services Adults' services	No charge ³ No charge ³	No charge ³ No charge ³
Maternity		
Prenatal care Delivery and inpatient well-baby care	Not covered Not covered	Not covered Not covered
Prescription drugs⁴	Not covered	No charge after deductible is met, up to a 30-day supply. 90-day refill supply available by mail order.
Inpatient hospital	20% coinsurance per admission after deductible is met 20% coinsurance for inpatient professional visits after deductible is met	No charge per admission after deductible is met No charge for inpatient professional visits after deductible is met
Outpatient/ambulatory surgery	20% coinsurance per admission after deductible is met	No charge per admission after deductible is met
Laboratory and X-ray	Diagnostic lab: 20% coinsurance after deductible is met X-ray, including therapeutic: 20% coinsurance after deductible is met MRI/CT/PET: 20% coinsurance per procedure after deductible is met	Diagnostic lab: no charge after deductible is met X-ray, including therapeutic: no charge after deductible is met MRI/CT/PET: no charge per procedure after deductible is met

HSA-QUALIFIED PLANS – FEATURES AT A GLANCE

1

FEATURES	\$2,000 DEDUCTIBLE PLAN WITH HSA OPTION (80%)	\$2,000 DEDUCTIBLE PLAN WITH HSA OPTION (100%)
Annual deductible	The deductible applies to all services unless otherwise noted.	The deductible applies to all services unless otherwise noted.
Individual	\$2,000 ¹	\$2,000 ¹
Family	\$4,000 ¹	\$4,000 ¹
Annual out-of-pocket maximum	The out-of-pocket maximum includes deductible and coinsurance.	The out-of-pocket maximum includes deductible.
Individual	\$5,000	\$2,000
Family	\$10,000	\$4,000
Lifetime maximum paid by the Plan for all care	No lifetime maximum	No lifetime maximum
Benefit maximums	The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.	The transplant lifetime benefit maximum is \$1 million, and the lifetime benefit maximum for bone marrow searches is \$25,000.
Routine medical office visits	20% coinsurance per primary care office visit after deductible is met 20% coinsurance per specialist office visit after deductible is met	No charge per primary care office visit after deductible is met No charge per specialist office visit after deductible is met
Procedures received during office visits	20% coinsurance per procedure after deductible is met	No charge after deductible is met

¹Deductible applies toward out-of-pocket maximum.

²Preventive services include adult preventive care exams, adult preventive care screenings, well-woman care, immunizations, and well-child care.

³Not subject to deductible

⁴Kaiser Permanente uses a list of preferred drugs referred to as our formulary. For coverage to apply, a prescription must be written by your Kaiser Permanente doctor or by your dentist (for acute conditions) and be in our formulary. To learn more about preferred drugs in our formulary, contact our Clinical Pharmacy Call Center at **303-338-4503**.



Whether you need routine care from a physician, inpatient hospital care, or a specialized medical test, Kaiser Permanente offers you many convenient locations to choose from so it's easy to find the appropriate medical facility near you. It's just one more way that we're committed to giving all of our members the quality health coverage and the most attentive service available.

THRIVE TIP

Class acts for your balancing act With our busy lives, balancing all our responsibilities—home, health, work—can be a challenge. Take some time just for yourself by enrolling in a class. Kaiser Permanente offers classes in everything from health conditions (arthritis, diabetes) to behavior management (stress, smoking cessation, weight loss). And if you're looking for more physical balance, consider yoga, Pilates, or tai chi.¹ Classes are led by qualified specialists and are held onsite at our medical facilities. To check out what's available in your area, visit kp.org/healthyliving and click on "Health classes."

¹Some classes are offered free of charge; others for a fee. Classes vary by location.

MAPS AND LOCATIONS

Medical offices




- 1 Arapahoe Medical Offices**
5555 E. Arapahoe Road, Centennial, CO 80122
- 2 Aurora Centrepoint Medical Offices**
14701 E. Exposition Ave., Aurora, CO 80012
- 3 Baseline Medical Offices**
580 Mohawk Drive, Boulder, CO 80303
- 4 East Denver Medical Offices**
10400 E. Alameda Ave., Denver, CO 80247
- 5 Englewood Medical Offices**
2955 South Broadway, Englewood, CO 80113
- 6 Franklin Medical Offices**
2045 Franklin St., Denver, CO 80205
- 7 Hidden Lake Medical Offices**
7701 Sheridan Blvd., Arvada, CO 80003
- 8 Highlands Ranch Medical Offices**
9285 Hepburn St., Highlands Ranch, CO 80129
- 9 Ken Caryl Medical Offices**
7600 Shaffer Parkway, Littleton, CO 80127
- 10 Lakewood Medical Offices**
8383 W. Alameda Ave., Lakewood, CO 80226
- 11 Longmont Medical Offices**
2345 Bent Way, Longmont, CO 80503
- 12 Rock Creek Medical Offices**
280 Exempla Circle, Lafayette, CO 80026
- 13 Skyline Medical Offices and La Clínica de la Familia**
1375 E. 20th Ave., Denver, CO 80205
- 14 Smoky Hill Medical Offices**
16290 E. Quincy Ave., Aurora, CO 80015
- 15 Southwest Medical Offices**
5257 S. Wadsworth Blvd., Littleton, CO 80123
- 16 Westminster Medical Offices**
11245 Huron St., Westminster, CO 80234
- 17 Wheat Ridge Medical Offices**
4803 Ward Rd., Wheat Ridge, CO 80033

La Clínica de la Familia

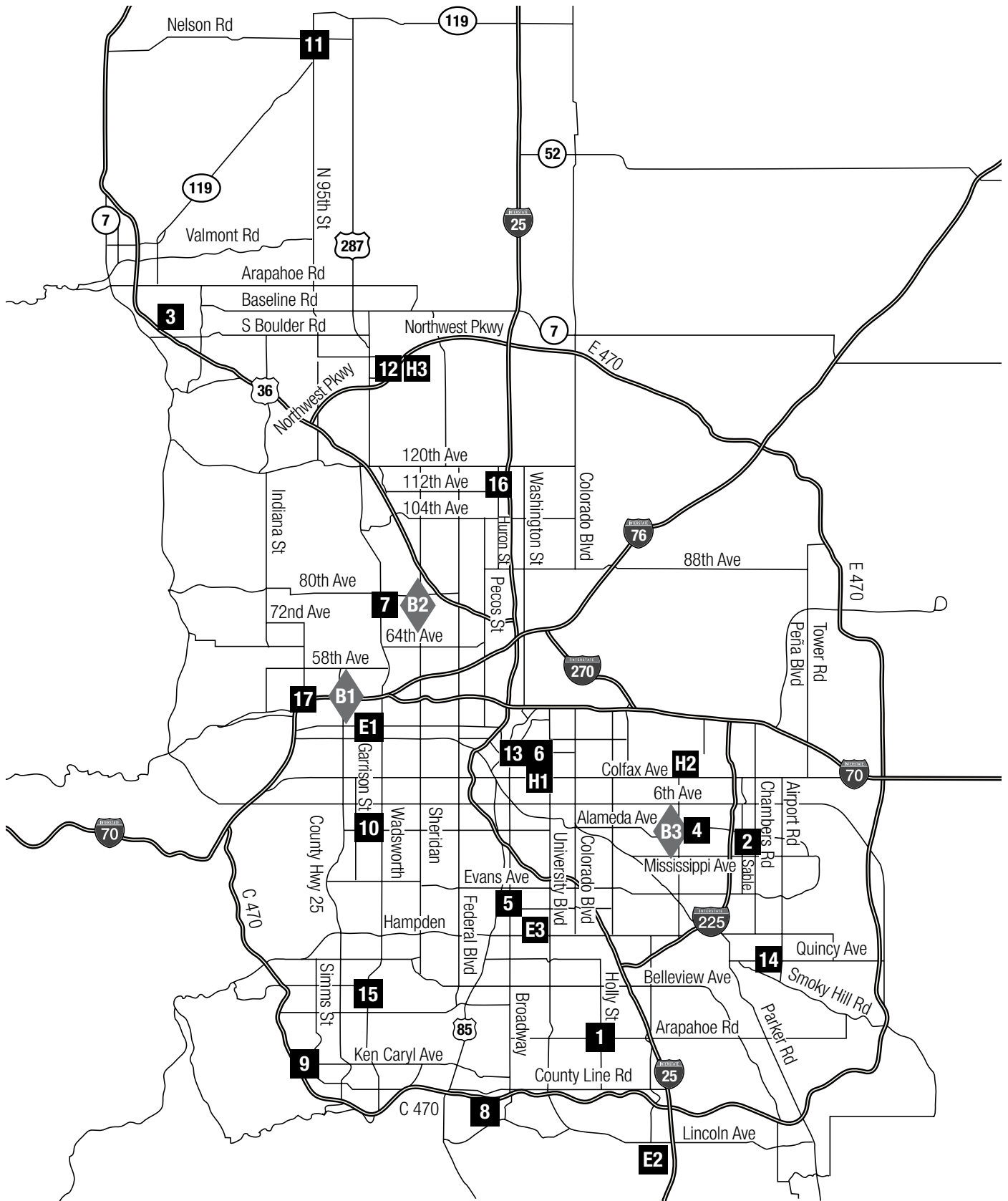
Located at our Skyline Medical Offices, La Clínica de la Familia is a clinic where the entire staff is bilingual in English and Spanish. The staff currently includes two family practitioners (one of whom is also an orthopedic specialist), a nurse, a physician assistant, two medical assistants, and a registered dietitian. La Clínica offers Spanish-speaking members the opportunity to see providers proficient in their language and competent in their cultural values and beliefs.

For more information, call 303-338-4545. Hours are 8 a.m. to 5 p.m., Monday through Friday.

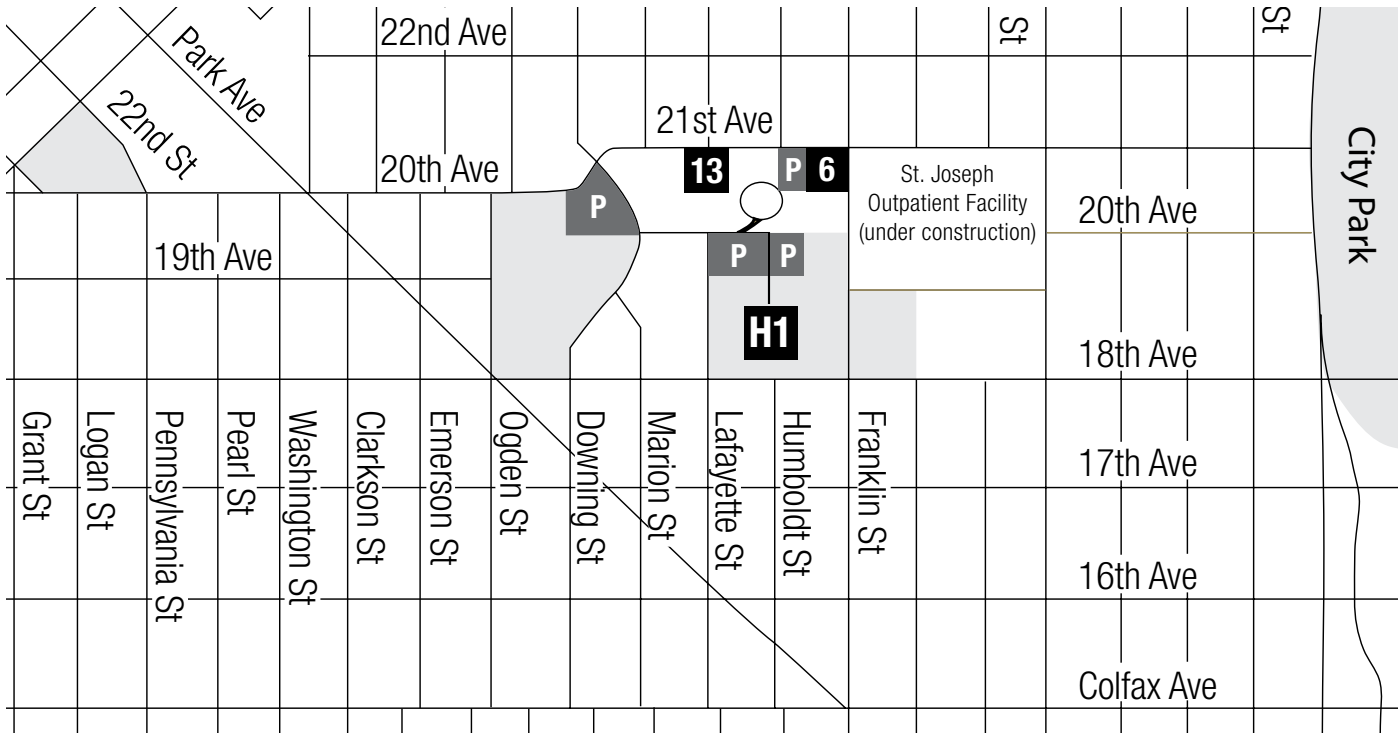
Legend

-  Medical offices (after-hours care where applicable)
-  Mental health and chemical dependency offices
-  Plan hospitals

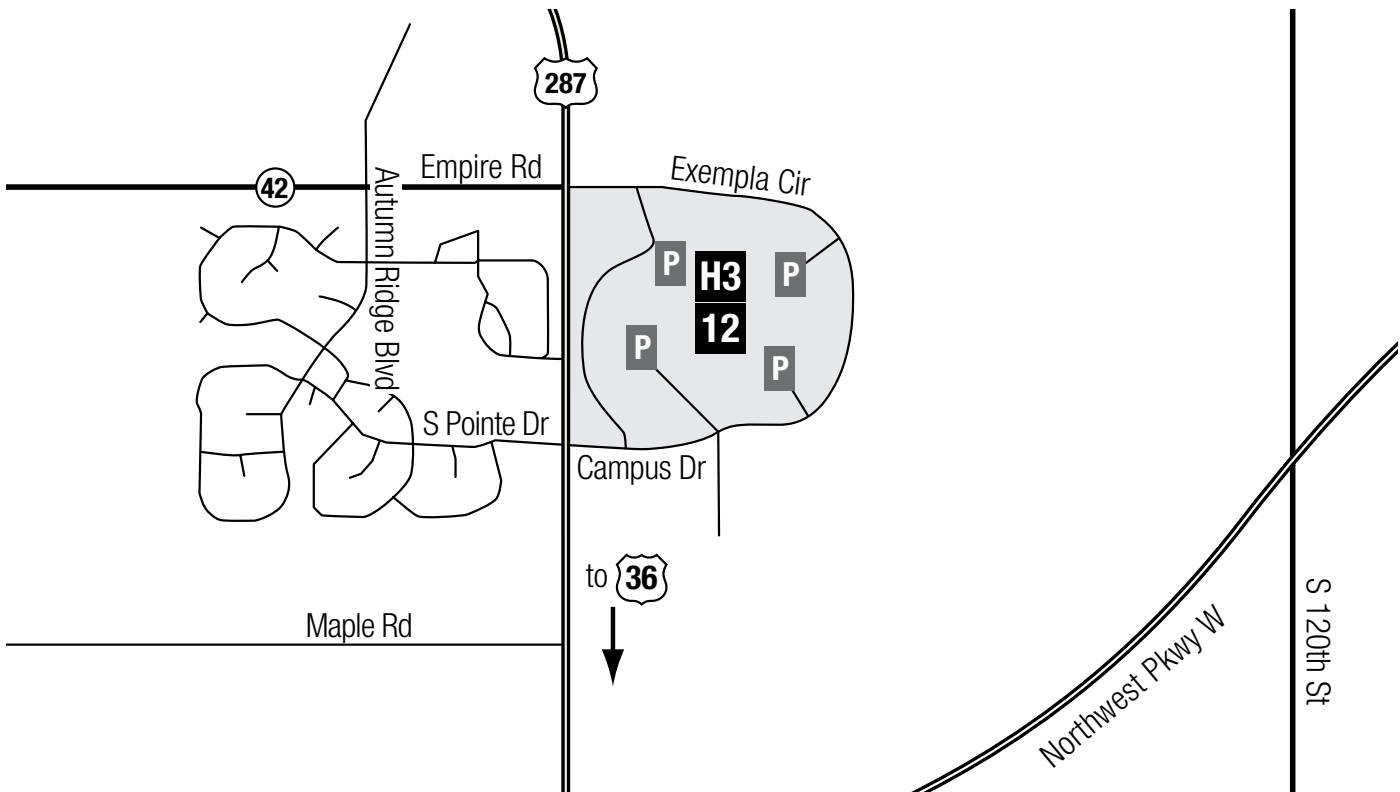
For more detailed maps of the Exempla St. Joseph, Children's, and Exempla Good Samaritan Hospital areas, see page 35.



OUR LOCATIONS



Exempla St. Joseph Hospital, The Children's Hospital, Franklin and Skyline medical offices



Exempla Good Samaritan Hospital and Rock Creek Medical Offices

Names, numbers, hours, and locations in this guide are subject to change.

This guide is updated annually. Providers joining Kaiser Permanente after an update will be included in the next directory. Enrolling in Kaiser Permanente does not guarantee services by a particular provider listed in these pages.

Please contact Member Services for help selecting a primary care physician or to confirm the current availability of specific providers listed here. You can always find our current primary care physicians, specialists, and medical office locations on our Web site, kp.org.

After-hours options

Hours and locations for after-hours care are subject to change. Please call the Appointments and Medical Advice Line at the time of need to confirm current hours and locations for after-hours care.

(Call **303-338-4545** or **1-800-218-1059**;
TTY **303-338-4448**.)

1 Arapahoe Medical Offices

6 to 10 p.m. Monday through Friday
8 a.m. to 9 p.m. Saturday
9 a.m. to 9 p.m. Sunday

4 East Denver Medical Offices

8 a.m. to 4 p.m. Saturday
9 a.m. to 4 p.m. Sunday

H3 Exempla Good Samaritan Medical Center¹

6 to 10 p.m. Monday through Friday
8 a.m. to 9 p.m. Saturday
9 a.m. to 9 p.m. Sunday

10 Lakewood Medical Offices

8 a.m. to 4 p.m. Saturday
9 a.m. to 4 p.m. Sunday

16 Westminster Medical Offices

8 a.m. to 4 p.m. Saturday
9 a.m. to 4 p.m. Sunday

Behavioral health offices

You can call any of our behavioral health offices directly for an appointment, without a referral. We provide support for all mental health issues, chemical dependency, and eating disorders. Please check your *Evidence of Coverage* or *Membership Agreement* for your level of coverage. Copayments/coinsurance vary according to your specific plan's coverage.

B1 Executive Center Behavioral Health

4851 Independence St., Suite 270
Wheat Ridge, CO 80033

B2 Hidden Lake Behavioral Health

7701 Sheridan Blvd., Westminster, CO 80003

B3 Highline Behavioral Health Center

10350 E. Dakota Ave., Denver, CO 80247

Plan hospitals

Kaiser Permanente's full-service contracted hospitals provide complete, coordinated emergency room and inpatient health care services. Kaiser Permanente physicians, specialists, and other clinicians have easy access to your medical history, as well as to your personal physician, at these plan hospitals.

H1 Exempla Saint Joseph Hospital

1835 Franklin St., Denver, CO 80218

H2 The Children's Hospital

13123 E. 16th Ave., Aurora, CO 80045

H3 Exempla Good Samaritan Medical Center

200 Exempla Circle, Lafayette, CO 80026

¹Exempla Good Samaritan Medical Center is both an emergency room and an after-hours care location. You will be assessed a copayment/coinsurance depending on the level of care you receive, not on the time of day during which you seek treatment. Lab work, X-rays, suturing, and casting are considered emergency-level care.

OUR LOCATIONS

Emergency care hospitals

Kaiser Permanente contracts for emergency services with the hospitals listed in this section. If you're admitted as an inpatient to one of these contracted emergency hospitals or to any other out-of-plan hospital following an emergency, please let us know as soon as possible (preferably within 24 hours), or have someone contact us on your behalf, so we may assist in coordinating your care and reducing your risk of incurring noncovered inpatient charges.

Call the Telephone Medicine Center or the Quality Resource Coordinator toll free at **1-800-632-9700**, 8 a.m.–5 p.m., Monday–Friday. For TTY service, contact **Relay Colorado** toll free at **1-800-659-2656** or dial **711**.

E1 Lutheran Medical Center
8300 W. 38th Ave.
Wheat Ridge, CO 80033

E2 Sky Ridge Medical Center
10101 Ridgeway Pkwy.
Lone Tree, CO 80124

E3 Swedish Medical Center
501 E. Hampden Ave.
Englewood, CO 80113

Skilled nursing facilities

The physicians and nurses in our Continuing Care Department assist patients, family members, and their physicians with adult home health care, hospice care, durable medical equipment, oxygen, skilled nursing facilities, assisted living facilities, long-term care facilities, and the various transitions that may be needed. In addition to the skilled nursing facilities listed here, Continuing Care works with patients in 36 assisted living and 65 long-term care facilities.

Boulder Manor Health Center
4685 Baseline, Boulder, CO 80303

Briarwood Health Care
1440 Vine St., Denver, CO 80206

Garden Terrace
1600 S. Potomac, Aurora, CO 80012

Life Care Center of Longmont
2451 Pratt St., Longmont, CO 80501

Life Care Center of Westminster
7751 Zenobia Ct., Westminster, CO 80030

Villa Manor Care
7950 W. Mississippi, Lakewood, CO 80226

Western Hills Health Center
1625 Carr St., Lakewood, CO 80215

Home health agencies

Visiting Nurse Corporation of Colorado
360 Grant St., Denver, CO 80203

Good Samaritan Home Health Care of Northern Colorado
2525 Taft Drive, Boulder, CO 80302

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

2

Arapahoe Medical Offices

5555 East Arapahoe Road, Centennial, CO 80122

303-338-4545 Primary care

303-850-2031 Pharmacy

Clinical Pharmacy Services

Ann Nadrash, PharmD, BCPS
Linda Weffald, PharD, BCPS, CDE

Dermatology

David C Hahn, MD
Walter J Lewis, MD
Arun L Pathy, MD

Dietitian Services

Linda L Kwiatkowski, RD, CDE

Family Medicine

Jonathan Acey Albert, MD
William L Gillaspie MD
Brian D Williams, MD
Robert Wilson, MD

Internal Medicine

Kin Lun Chan, MD
Anna F Cosyleon, MD
Dennis P Genereux, MD
Regina A Healy, MD
H Mindy Lam, MD
Brian Paul O'Sullivan, MD
Douglas Robertson, MD
Thomas G Swanson, MD

Obstetrics/Gynecology

Kimberley S Campbell, MD
Cynthia J Celnik, MD
Simon D Payne, MD
Jerome H Ruderman, MD

Optometry

Karen L Clark, OD, M.Ed
Kristine Ernewein, OD
Scott Middlemist, OD
Deborah L Murphy, OD
Noelani Tam Sing-Juba, OD
Patricia Warner, OD

Pediatrics

Ulla L Berringer, MD
Philip S Clodfelter, MD
Mark R Groshek, MD
Diane L Kane, MD
Susan A Pharo, MD

Physical Therapy

Allison Leisge, MSPT
Astrid Melton, PT, CSCS
Wendy A Slattery, MSPT
Andrew R Stephenitch, MSPT
Kirby W Wilson, MSPT

Specialty departments and other services

Contact Lens	303-850-2116
Dermatology	303-338-3376
Dietitian	303-338-4545
Optical Dispensing	303-850-2015
Optometry	303-338-4545
Pharmacy	303-850-2031
Prescription Refills	303-340-5008
Direct Rx (mail order)	303-340-5077
Physical Therapy	303-850-5855
Radiology	303-338-3456
Weight Management	303-614-1070

Aurora Centrepont Medical Offices

14701 East Exposition Avenue, Aurora, CO 80012

303-338-4545 Primary care

303-614-7300 Pharmacy

Clinical Pharmacy Services

Don Gruntowicz, PharmD, BCPS
Erin Vogel, PharmD, BCPS

Dietitian Services

Rachel M Kester, RD, CDE

Family Medicine

Glenn A Baker, MD
Linda M Haney, MD
Peter Martinuzzi, MD
Carl D Severin, MD
Margret S Thompson, MD
Albert C Ting, MD

Internal Medicine

Karen Arasz, MD
Brent M Arnold, MD
Timothy J Clarkson, MD
James C Geyman, MD
Pierre T Onda, MD

Obstetrics/Gynecology

Carol B Braun, MD
Dave W Kronbach, MD

Danica J Larson, MD
Peter M Schultze, MD

Optometry

Joan Heller, OD
Jason Juba, OD
Stuart Stanton, OD
Frank Ukockis, OD

Pediatrics

Kimberly J Broxterman, MD
Deniz Y Kolozs, MD
Michael K Ng, MD
Alison R Yager, MD

Physical Therapy

Loretta L Barrett, MSPT
Kim Douglas, PTA
Laura B Eral, MSPT
Ellen H Guth, MAppSci, PT
Susan P O'Connell, PT
Andrew Snow, MSPT
Brett Terrill, MSPT
Robert Webers, MSPT

Specialty departments and other services

Eyecare Department	303-614-7395
Dietitian	303-338-4545
Contact Lens	303-614-7390
Optometry	303-338-4545
Pharmacy	303-614-7300
Prescription Refills	303-340-5032
Direct Rx (mail order)	303-340-5077
Physical Therapy	303-614-7878
Radiology	303-338-3456
Weight Management	303-614-1070

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

Baseline Medical Offices

580 Mohawk Drive, Boulder, CO 80303

303-338-4545 Primary care

303-554-5020 Pharmacy

Clinical Pharmacy Services

Jessica Milchak, PharmD, BCPS
Kandace Whitley, PharmD, BCPS

Family Medicine

Micheline A Kuhr, MD
Morris Moore, MD
Kerry A Peel, MD

Internal Medicine

Meighan W Elder, MD
Eric J Harker, MD
Mark S Hoskinson, MD
David H Lookner, MD
Kimberly M Mayhew, MD
Robert D Pane, MD
Michael J Perlman, MD
Deborah L Skarda, MD

Obstetrics/Gynecology

Jeffrey A Kerr-Layton, MD
Thomas B Landry, MD
Neva Phair, MD

Ophthalmology

John F Kloor, MD
David Litoff, MD

Optometry

Richard Cross, OD
Reid Oberer, OD
Ron Pierce, OD

Pediatrics

Lisa F Halperin, MD
Robert J Miller, MD
Wendy S Zerlin, MD

Physical Therapy

Jessica C Frankel, PT
Erica MacDonald, PT
Lance W Randolph, DPT
Christine D Ringdahl, PT
Ellen B Tschida, PT

Specialty departments and other services

Dietitian	303-338-4545
Ophthalmology	303-554-5060
Optical Dispensing	303-554-5080
Optometry	303-338-4545
Pharmacy	303-554-5020
Prescription Refills	303-340-5034
Direct Rx (mail order)	303-340-5077
Physical Therapy	303-554-5030
Radiology	303-338-3456
Weight Management	303-614-1070

East Denver Medical Offices

10400 East Alameda Avenue, Denver, CO 80247

303-338-4545 Primary care

303-360-1280 Pharmacy

Allergy

Richard E Crockett, MD

Clinical Pharmacy Services

Jenel Deane, PharmD, BCPS
Carrie Hatch, PharmD, BCPS
Ryan Lowe, PharmD, BCPS–
Asthma & Allergy
Lori Miyashiro, PharmD,
BCPS, CDE

Dietitian Services

Margaret M Green, RD, CDE

Family Medicine

Faranghise S Bahhage, MD
Ifeoma R Eleazu, MD
T Kevin Hetherington, DO
Jacqueline H Jamison, MD
Jeffrey M Morse, MD
Christal Nickole Star Rousseau, MD

Internal Medicine

Jennifer E Bajaj, MD
Rachel A Burchard, MD
David A Downs, MD

Sonia S Durairaj, MD
Glenn E Gade, MD
Christopher M Hicks, MD
David C Hutchings, MD
Helena Kane, MD
Jill R Levy, MD
Caryn E Orr, MD
Terri L Richardson, MD
John A Smits, MD
Richard M Stiphout, MD

Obstetrics/Gynecology

Mark F Bozeman, MD
Gretchen L Bruno, MD
Peter I Dwork, MD
Toya A Ellis, MD
Joyce E Gottesfeld, MD
Mary E Moody, MD

Ophthalmology

Raymond J Nagashima, MD
Daniel H Sharp, MD

Optometry

Morry Hsu, OD
Patricia Warner, OD
David Wiersma, OD

Specialty departments and other services

Allergy	303-360-1278
Dietitian	303-338-4545
Ophthalmology	303-360-1520
Optical Dispensing	303-360-1270
Optometry	303-338-4545
Pharmacy	303-360-1280
Prescription Refills	303-340-5006
Direct Rx (mail order)	303-340-5077
Radiology	303-338-3456
Weight Management	303-614-1070

Pediatrics

Jennifer Kempe-Biermann, MD
Eileen E Moore, MD
Laura Rusch, MD
David S Showalter, MD
Lisa D Whitesides, MD

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

2

Englewood Medical Offices

2955 South Broadway, Englewood, CO 80113

303-338-4545 Primary care

303-788-1020 Pharmacy

Clinical Pharmacy Services

Rebekah Hansmeier, PharmD, BCPS
Jane Kerzee, PharmD, BCPS

Dietitian Services

Cassie Green, RD, CNSD, CDE

Family Medicine

Sonya L Black, MD
Felipe Hernandez, MD
David R Kresin, MD
Katrine Moreale, MD
Timothy G Moser, MD

Internal Medicine

Laura E Clark, MD
Ronald R Harris, MD

Pediatrics

Elizabeth A Kastendieck, MD

Specialty departments and other services

Dietitian	303-338-4545
Pharmacy	303-788-1020
Prescription Refills	303-340-5014
Direct Rx (mail order)	303-340-5077
Regional Infusion Center	303-788-1118
Speech/Language- Pathology	303-788-1115
Radiology	303-338-3456
Weight Management	303-614-1070

Franklin Medical Offices

2045 Franklin Street, Denver, CO 80205

303-338-4545 Primary care

303-764-4900 Pharmacy

Audiology

Angela Allen, MS CCC-A, FAAA
Sara Alley, MA CCC-A, FAAA
Linda Herzberger-Kimball, MS CCC-A
Michael Rodel, MAT CCC-A, FAAA
Elizabeth Vandyke, MS CCC-A, FAAA
Heather Lowdermilk, MS CCC-A, FAAA

Cardiology

Joseph M Abruzzo, MD
Maria T Anderson, MD
Adam S Betkowski, MD
Stephen M Dodge, MD
Michael L Fisher, MD
David N Flitter, MD
Christopher A Lang, MD
Francis C Ngo, MD
Robert Podolak, MD
Steven H Resnick, MD
John J Reusch, MD
Michael A Sarche, MD
Julie P Sutherland, MD
Albert Tseng, MD

Clinical Pharmacy Services

Adam Jackson, PharmD,
BCPS-Infectious Disease
Susyn Plushner, PharmD,
BCPS-Rheumatology
Jennifer Schimmer, PharmD,
BCPS-Cardiology

Specialty departments and other services

Advanced Wound Care Center	303-764-4447	Neurology	303-861-3380
Ambulatory Surgery	303-764-4442	Neurosurgery	303-861-3303
Audiology	303-861-3404	Obstetrics/Gynecology	303-764-4895
Cardiovascular Services-		Oncology and Hematology	303-861-3302
Cardiology	303-861-3402, option 1	Oncology Pharmacy	303-861-3300
Cardiac Rehab	303-861-3464	Ophthalmology	303-861-3595
Treadmill	303-861-3402	Optical Dispensing	303-861-3430
Holter Monitors	303-764-4723	Optometry	303-338-4545
Central OR Scheduling	303-764-4400	Orthopedics	303-861-3408
Dermatology	303-338-3376	Otolaryngology (ENT)	303-861-3404
Dietitian	303-338-4545	Pelvic Surgery	303-861-3495
Gastroenterology/Nurse		PEEC (Pre-Operative Evaluation)	303-764-4425
Endoscopy	303-861-3655	Perinatology	303-861-3570
General Surgery	303-861-3610	Pharmacy	303-764-4900
Genetic Counseling	303-764-4761	Prescription Refills	303-340-5002
Head and Neck Surgery	303-861-3404	Direct Rx (mail order)	303-340-5077
Hearing Aid Center	303-764-5285	Plastic Surgery	303-861-3368
Heart Failure	303-764-4794	Radiology	303-338-3456
Infectious Disease	303-861-3133	Reproductive	
International Travel Clinic	303-283-2650 or 1-800-888-8540	Endocrinology	303-861-3532
Medical Records/Release of Information	303-404-4700	Rheumatology	303-764-4480
		Urology	303-861-3406
		Weight Management	303-614-1070

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PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

Franklin Medical Offices *(continued)*

2045 Franklin Street, Denver, CO 80205

303-338-4545 Primary care

303-764-4900 Pharmacy

Dermatology

Joseph L Clayman, MD
Simone A Ince, MD
Neil J Silverman, MD

Dietitian Services

Amy Bayer, MPH, RD, CDE

Gastroenterology

Jasmin D Deneault, MD
Irfan Hussain, MD
Louis A Morris, MD
Mark E Powis, MD
William G Rector Jr, MD
John F Riopelle, DO
Elizabeth Sofian-Conlan, MD
Leslie S Stark, MD

General Surgery

Stephen B Creaghe, MD
Nita G Ellis, MD
Joyce L Haun, MD
Vaughan F Kendall, MD
Stefanie D Kolpak, MD
Theodore Ron Lin, MD
Karen M Lucas, MD
Daniel P Maher, MD
Stephen K Muckleroy, MD
Steve P Panian, MD
Wendy M Peterson, MD
Charles F Pratt, MD
Andrew J Schreffler, MD
Margaret L Schrieber, MD
Edward A Vaughn, MD
Andrew S Weinfeld, MD

Hearing Aid Center

Judy Drumright, MS CCC-A, FAAA
Sabina Mehta, MA CCC-A, FAAA

Infectious Diseases

Timm A Edell, MD
Janet S Kuhns, MD
Miguel Mogyoros, MD

International Travel Clinic

Audrey Barbour, RPh
Roger James, RPh
Melissa Rasmussen, PharmD
Melissa Seidell, RPh

Neurosurgery

John L Brugman, MD
Edward V Colapinto, MD
Alexander M Jones, MD
Saul S Schwarz, MD
Mark C Watts, MD
James A Wolter, MD

Obstetrics/Gynecology

Andrea M Jazbec, MD
Ernest W Kandel, MD
Wm Merrick Thomas, MD
Lynette C Violet, MD
Kimberly D Warner, MD

Obstetrics/Gynecology–Oncology

Terry L Johnson, DO

Obstetrics/Gynecology– Reproductive Endocrinology

Kenneth A Faber, MD
Donald O Kreger, MD

Oncology and Hematology Clinic

Catherine A Azar, MD
Alvin L Beers Jr, MD
Wilson C Bourg III, MD
Catherine Fiola, PharmD
Anita Garcia, PharmD
Brian E Koester, MD
Karen E Kogel, MD
Susan McInnes, MD
Alexander R Menter, MD

Ophthalmology

George A Chaitkin, MD
Thomas A Gardner, MD
Patricia Maurer, MD
Bradley L Schuster, MD

Optometry

Ed Dodge, OD
Norman Spivy, OD
Michele Jablonka, OD

Orthopedics

David H Bristow, MD
Edward F Bruck, MD
Steve Conlan, MD
Paul S Docktor, MD
David E Gladu, MD
Richard A Hathaway, MD
Paul V Hautamaa, MD
Charles J Holt, MD
David H Kim, MD

William J Mangione, MD
Mark W Melberg, MD
Kerry G Perloff, MD
Edward C Pino, MD
Gordon M Singer, MD
Paul A Swenson, MD
David F Wiener, MD

Otolaryngology (ENT)

Peggy A Battalora, MD
Jonathan E Blacker, MD
Phyllis B Bouvier, MD
Lorna S Brass, MD
Robert J Fieman, MD
Lawrence A Gordon, MD
David K Nosan, MD

Perinatology

Robert S McDuffie, MD
Craig F Stark, MD

Plastic Surgery

Royal K Gerow, MD
Brad C McDowell, MD
Todd A Morton, MD

Retinal Surgery

Wm Manning Mauldin, MD
John Pope, MD
Charles A Wilson, MD

Rheumatology

George F Breth, MD
Robert C Hays, MD
Philip H Huang, MD

Urology

Michael E Chen, MD
Robert S Lee, MD
Stephen J Mohr, MD
Eun Chil Park, MD
Dustin R Ridout, MD
Edward M Swartz, MD
Connie K Wolf, MD

Vascular Surgery

Harris W Hollis, MD
Thomas F Rehring, MD

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

2

Hidden Lake Medical Offices

7701 Sheridan Boulevard, Arvada, CO 80003

303-338-4545 Primary care

303-657-6700 Pharmacy

Clinical Pharmacy Services

Sara Klockars, PharmD, BCPS
Melissa Rice, PharmD, BCPS

Dietitian Services

Melanie W Faught, RD, CDE

Family Medicine

Paulanne Balch, MD
Cara Christine Beatty, MD
John R Burchinal, DO
David J Davis, MD
Paula S Kral, MD
Angela Kuettner, MD
Barbara A Morris, MD
Janisse Cayanan Rears, DO
Kurt S Walters, MD

Internal Medicine

Rebecca Levene Agnew, MD
Terrence W Boland, MD
Timothy E Holcomb, MD
Cynthia J Ireland, MD
Mark W Ptaskiewicz, MD
Sue E Williams, MD

Pediatrics

Kathryn H Berger, MD
M Ryn Wu Kreidl, MD
Darren Scott Zimbelman, MD

Specialty departments and other services

Dietitian	303-338-4545
Pharmacy	303-657-6700
Prescription Refills	303-340-5026
Direct Rx (mail order)	303-340-5077
Radiology	303-338-3456
Weight Management	303-614-1070

Highlands Ranch Medical Offices

9285 Hepburn Street, Highlands Ranch, CO 80129

303-338-4545 Primary care

720-348-4600 Pharmacy

Allergy

Peter J Cvietusa, MD
Betty Mitchell, PA/C

Clinical Pharmacy Services

Sarah Schwiesow, PharmD, BCPS

Dietitian Services

Cassie Green, RD, CNSD, CDE

Family Medicine

Sarah L Boyer, MD
David A Craigie, MD
Peter S Krogh, MD
Jennifer E Kuhl, MD
Deja S VanDeLoo, MD

Internal Medicine

Brownie K Flesche, MD
Jeffrey J Glaves, MD
Ann M Wells, MD
Camilla S Wright, MD

Obstetrics/Gynecology

Steven P Gardner, MD
Jodi L Gibson, MD
Joan Henefeld, NP
Linda Kottman, NP
Gerald E Nelson, MD

Ophthalmology

Lisa B Philpott, MD
Matthew C Sanderson, MD

Optometry

Robert D Good, OD
Milena Kysela, OD
Carl Martinez, OD

Pediatrics

Amber E Bisgard, MD
Wendy J Haas, MD
Katherine S Richardson, MD

Specialty departments and other services

Allergy	720-348-4100
Dietitian	303-338-4545
Ophthalmology	720-348-4700
Pharmacy	720-348-4600
Prescription Refills	303-340-5044
Direct Rx (mail order)	303-340-5077
Radiology	303-338-3456
Weight Management	303-614-1070

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

Ken Caryl Medical Offices

7600 Shaffer Parkway, Littleton, CO 80127

303-338-4545 Primary care

720-922-5050 Pharmacy

Clinical Pharmacy Services

Rachel Digmann, PharmD, BCPS

Dietitian Services

Linda J Daniels, RD, CDE

Family Medicine

Amy K Chudik, DO
David L Kauffman, MD
John R Pearse, MD
Donald G Ward, DO

Internal Medicine

Fernando L Arroyo, MD
Carleen C Chartier, MD

Pediatrics

Manuel R Lorenzo, MD

Specialty departments and other services

Dietitian	303-338-4545
Pharmacy	720-922-5050
Prescription Refills	303-340-5045
Direct Rx (mail order)	303-340-5077
Radiology	303-338-3456
Weight Management	303-614-1070

Lakewood Medical Offices

8383 West Alameda Avenue, Lakewood, CO 80226

303-338-4545 Primary care

303-239-7400 Pharmacy

Allergy

Suzanne L Fishman, MD
Beth Ann Kapadia, MD

Clinical Pharmacy Services

Olga Gersovich, PharmD, BCPS
Kimberly Rhoades, RPh, CDE
Lindsey Semrad, PharmD, BCPS

Dietitian Services

Kristine Thornham, MS, RD, CDE

Family Medicine

Janet Brown, MD
Lucy M Budde, MD
Michael A Camarata, MD
Tanya Michelle Kern, MD
Stacey L Mason, MD
Ronnie Thomas, MD

Internal Medicine

James A Adams, MD
Jason V Barmore, MD
Heather L Burton, MD
Susan I Fixman, MD
Patricia J Flood-Speidel, MD
Debra Anne Friesen, MD
Mark A Huun, MD
Jennifer B Jeans, MD
Charles Eldon Koftan, MD
Li-Fen Lee, MD
Chia-Yen Lien, MD
Judith Lindauer-Gosik, MD

Troy A Long, MD
Atsuko J Ohtake, MD
Rebecca E Rivkin, DO
Heather A Shull, MD
Jennifer Ann Ziouras, MD

Obstetrics/Gynecology

Joyce D Davis, MD
Kathleen A Doyle, MD
David Martinez, MD
James C Mosher, MD
Thomas G Philipson, MD
Mary Susan Schilling, MD

Ophthalmology

Lee P Schelonka, MD
Richard K Stiverson, MD

Optometry

Michael Boender, OD
Edward Christie, OD
Laura Clous, OD
Mark Kruchen, OD
Lorna Ozawa, OD

Pediatrics

Edward J Glasser, MD
Nolan M Lassiter, MD
Sandra H Stenmark, MD
Pamela M Wendell, MD
Karen B Wilson, MD
Jennifer E Wood, MD

Specialty departments and other services

Allergy	303-239-7342
Centers for Complementary Medicine	303-239-7224
Contact Lens	303-239-7282
Dietitian	303-338-4545
Ophthalmology	303-239-7474
Optical Dispensing	303-239-7290
Optometry	303-338-4545
Pharmacy	303-239-7400
Prescription Refills	303-340-5003
Direct Rx (mail order)	303-340-5077
Physical Therapy	303-239-7450
Radiology	303-338-3456
Weight Management	303-614-1070

Physical Therapy

Charlotte O Brady, PT
Traci Hurley, MSPT
Shatu Misra, MSPT
Steve Mullen, MSPT
Mara D Pacyga, MSPT
Louise E Rolofson, PT
Susan E Ross, PT, AT/C, EdD

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

2

Longmont Medical Offices

2345 Bent Way, Longmont, CO 80503

303-338-4545 Primary care

303-678-3300 Pharmacy

Clinical Pharmacy Services

Roberta Shanahan, PharmD, BCPS

Dietitian Services

Sue Heikkinen, MS, RD, CDE

Family Medicine

Suzanne Snowden Stamm, MD

Franklin T Thom, MD

Pamela J Wanner, MD

Paula J Zegob-Hartmann, MD

Internal Medicine

Kristen E Borbe, MD

Trevor L Clayborn, MD

Stuart G Geer, MD

Stephen D Haley, MD

Tracy Ellen Lippard, MD

J Dugan Mahoney, MD

Victoria L Moffatt, MD

Pediatrics

Michael R Martinez, MD

Specialty departments and other services

Dietitian	303-338-4545
Pharmacy	303-340-5019
Prescription Refills	303-340-5019
Direct Rx (mail order)	303-340-5077
Radiology	303-338-3456
Weight Management	303-614-1070

Rock Creek Medical Offices

280 Exempla Circle, Lafayette, CO 80026

303-338-4545 Primary care

720-536-7888 Pharmacy

Allergy

Jatinder S Aulakh, MD

John M Williams, MD

Audiology

Sally E Scholer, MS CCC-A, FAAA

Melissa A Wood, MA CCC-A, FAAA

Connie Berry, AuD CCC-A, FAAA

Sabina Mehta, MA CCC-A, FAAA

Cardiology

Fred A Crawford III, MD

Pamela J Decker, MD

Daniel P Drake, MD

Anuradha Gudavalli, MD

David R Kinnard, MD

DeeAnn M Rivera, MD

David J Zoloto, MD

Clinical Pharmacy Services

Sam Johnson, PharmD,

BCPS-Cardiology

Julie Kelleher, PharmD, BCPS

Kerri Kraft, PharmD-Transplant

Dermatology

Shawn B Allen, MD

Anwell Chang, MD

Timothy E Grayson, MD

Lisa H Scatena, MD

Dietitian Services

Susan L Mindoro, MPH, RD, CDE

Specialty departments and other services

Advanced Wound Care Center	720-536-6875	Minor Procedures	720-536-7050
Allergy	720-536-7625	Neurology	720-536-7700
Anesthesia	303-861-3210	Obstetrics/Gynecology	720-536-7800
Audiology	720-536-6950	Oncology and Hematology	
Cardiovascular Services—			720-536-7200
Cardiology	303-861-3402, option 1	Oncology Pharmacy	720-536-7222
Cardiac Rehab	303-861-3441	Ophthalmology	720-536-6650
Holter Monitors	720-536-6546	Optical Dispensing	720-536-6600
Central OR Scheduling	720-536-6250	Orthopedics	303-861-3408
Clinical Anesthesia Pain Service		Otolaryngology (ENT)	720-536-6950
	303-861-3210	Pathology	303-404-4029
Contact Lens	720-536-6696	PEEC (Pre-Operative Evaluation)	
Dermatology	303-338-3376		720-536-6625
Dietitian	303-338-4545	Pharmacy	720-536-7888
Endocrinology (Franklin)	303-764-4665	Prescription Refills	303-340-5042
Front Desk/Ancillary	720-536-6575	Direct Rx (mail order)	303-340-5077
Gastroenterology	303-861-3655	Physical Therapy/Occupational	
General Surgery	720-536-6800	Therapy	720-536-7300
Head and Neck Surgery	303-861-3404	Pulmonology	303-861-3640
Health Education Resource		Radiology	303-338-3456
Center	720-536-6425	Rheumatology	720-536-7350
Infectious Disease	720-536-7500	Urology	303-861-3406
		Weight Management	303-614-1070

(continues)

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

Rock Creek Medical Offices *(continued)*

280 Exempla Circle, Lafayette, CO 80026

303-338-4545 Primary care

720-536-7888 Pharmacy

Endocrinology

John J Orrego, MD

Family Medicine

Robert B Beeson, MD
Lea G Casperson, MD
Eric T Christiansen, MD
Michael D Feil, DO
Edward P McAuliffe, MD
Nicole A Nagel, MD

Gastroenterology

William R Berry, MD
Britt B Drake, MD
Tom G Matzakos, MD
Barbara A Piasecki, MD

General Surgery

Stephen E Brown, MD
David D Gerding, MD
Terry M Gilliland, MD
Brian D Hess, MD
Jeffery B Leftwich, MD
Joseph Mehan, MD
Brian P Murphy, MD
Ricardo L Pena, MD
Patrick P Ting, MD
Dale E Varner, MD

Hearing Aid Center

Judy Drumright, MS CCC-A, FAAA
Jessica Schrock, AuD CCC-A, FAAA
Karen Schroer, MA CCC-A, FAAA

Hospital Services—Internal Medicine

Jennifer Bracher, MD

Infectious Diseases

Amy N Duckro, DO
Daniel M Mogyoros, MD

Internal Medicine

Rachel A Voogt-Clayborn, MD
Michelle C Harris, MD
Peter M Wolsko, MD

Internal Medicine/Pediatrics

Wendy C Carle, MD

Neurology

Paul A Foley, MD

Obstetrics/Gynecology

Scott M Barton, MD
Melissa S Dunn, MD
Kelly J Isbill, DO
Lissa Pai McIntyre, MD
Diane M Winters, MD

Oncology/Hematology

Chamath R De Silva, MD
Thomas P Hyde, MD
Steven Kallick, MD

Ophthalmology

Laryssa R Dragan, MD
Nancy Flattem, MD
Nancy M Leavenworth Schader, MD

Optometry

Alice Albert, OD
Keith Bowen, OD
Gregory Ellis, OD
Steve Thomas, OD
Daniel Weber, OD

Orthopedics

Darin W Allred, MD
Peter P Chiang, MD
Jeffrey M Hrutkay, MD
James F MacDougall, MD
Julie Anne Melchior, MD
Ruth B Nauts, MD
Dimitrios J Zaronias, MD

Otolaryngology (ENT)

Bradley A Andrews, MD
Andy Tuan Anh Chung, MD
Arthur J Dichard, MD
Herman G Leong, MD
Gary L McDonald, MD

Pediatrics

Callie Gibbs Black, MD
Stephanie Walker Grayson, MD
Tamara L Kusek, MD
Albert Mehl, MD
Physical Therapy
Catherine A Bilyeu, PT
David Peterson, PT
Robin S Pon, PT
Shanti Rawlings, MSPT
Laurie A Robin, MSPT
Karl J Rodriguez, MSPT
Dona Tucker, OT

Plastic Surgery

David W Haymes, MD
Adam D Lowenstein, MD

Pulmonology

William V Kinnard, MD
Esther H Lum, MD
Sarah J McKinley, MD
Patricia Sato, MD

Rheumatology

Richard W Erickson, MD

Urology

Paulette G Holley, MD
John S Kang, MD
Jonathan F Masoudi, MD
Eun Chil Park, MD

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

2

Skyline Medical Offices

1375 East 20th Avenue, Denver, CO 80205

303-338-4545 Primary care

303-764-4669 Pharmacy

Clínica de la Familia

Ricardo Lopez, MD
Juan Miranda-Seijo, MD
Malena E Perdomo, RD

Clinical Pharmacy Services

Bharati Bhardwaja, PharmD,
BCPS-Nephrology
Erin Erpelding, PharmD, BCPS
Jennifer Horn, PharmD, BCPS
Shilpa Kinikar, PharmD,
BCPS-Neurology
Rachana Patel, PharmD, BCPS
Monthuong Tran, PharmD, BCPS,
CDE-Diabetes/Endocrinology

Dietitian Services

Lynda S Belton, RD, CDE,
Endocrinology
Cassie Greene, RD, CNSD,
Nephrology
Amy Bayer, MPH, RD, CDE
Malena Perdomo, RD, CED, Clínica
de la Familia

Endocrinology

David J Depaolo, MD
William J Georgitis, MD
Katherine B Weber, MD

Internal Medicine

Byron E Conner, MD
Lillian M Coppola, MD
Robert E Dexter, MD
Paul E Dicus, MD
Denise N Hunter, MD
Cynthia Lou Justice, MD
Diane Marie Lanese, MD
Alan S Lidsky, MD
Satish A Madan, MD
Patrick W Martin, DO
Mark K Matthews, MD
Jed E Olson, MD
Sean P Riley, MD
Andrew R Robinson, MD
Juventino Saavedra, MD
Kathryn E Schorr-Winchell, MD
Daniel L Wright, MD
Christine A Yang, MD
Maryjo Young, MD

Nephrology

William H Bentley, MD

Neurology

William H Bentley, MD
Deborah G Fisher, MD
Karen A Hall, MD
C Mindy Menaker-Wiener, MD
Antoinette G Quigley, MD
Robert W Schabbing, MD
Jack Sylman, MD

Pediatrics

Harvey P Bograd, MD
Sorena M Kirkegaard, MD
Donald L McQuirk Jr, MD
Stefan T Mokrohisky, MD
Sharisse M Arnold Rehring, MD

Pediatrics-Neonatology

John R Britton, MD
Mark P DeMarie, MD
Elizabeth A Kincannon, MD
Ellina Liptsen, MD
Alfonso F Pantoja, MD
Ann Ladd Ryan, MD

Physical Medicine

David P Mulica, MD

Physical Therapy

Scott Bilyeu, MSPT
Holly Corwin, OT CHT
Kelly Hansen, MSPT
Gregory T Mills, MSPT
Ginger L Pluess, MSPT
Leanne Weinschenker, MSPT

Pulmonology

Christopher A Bates, MD
Timothy R Collins, MD
Michael L Darnell, MD
Rebecca L Mortenson, MD
Clara I Restrepo, MD
Thomas J Stelzner, MD

Specialty departments and other services

Clinica de la Familia	303-338-4545
Clinical Anesthesia	303-861-3210
Dietitian	303-338-4545
Endocrinology	303-764-4665
Neonatology Appointments	303-861-3250
Nephrology	303-764-5360
Neurology	303-861-3380
Optometry	303-338-4545
Pharmacy	303-764-4669
Prescription Refills	303-340-5036
Direct Rx (mail order)	303-340-5077
Physical Therapy/Occupational Therapy	303-861-3105
Pulmonology/ Sleep Apnea	303-861-3640
Radiology	303-338-3456
Rehabilitation Medicine	303-861-3080
Weight Management	303-614-1070

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

Smoky Hill Medical Offices

16290 East Quincy Avenue, Aurora, CO 80015

303-338-4545 Primary care

303-699-3820 Pharmacy

Clinical Pharmacy Services

Katie Petersen, PharmD, BCPS

Dietitian Services

Rachel Kester, RD, CDE

Family Medicine

Sarita G Baker, MD
Donna M Baldwin, DO
Marcia Bourgeois, MD
B Kevin Gordon, MD
Julian T Hsu, MD
Amy L Lemke, MD

Ian E Parsons, MD
Craig W Robbins, MD
Daniel J Son, MD
Eric Youngblood, MD

Internal Medicine

Linda S Cosgrove, MD
Richard G Feret, MD
Margie W Kubowicz, MD

Pediatrics

Shellie K Sasscer, MD
Sarah Beth VanScoy, MD

Specialty departments and other services

Centers for Complementary Medicine	303-699-3670
Dietitian	303-338-4545
Pharmacy	303-699-3820
Prescription Refills	303-340-5012
Direct Rx (mail order)	303-340-5077
Radiology	303-338-3456
Weight Management	303-614-1070

Southwest Medical Offices

5257 S. Wadsworth Boulevard, Littleton, CO 80123

303-338-4545 Primary care

303-972-5010 Pharmacy

Clinical Pharmacy Services

Stephanie Campbell, PharmD, BCPS
Erin Erpelding, PharmD, BCPS

Dietitian Services

Linda Daniels, RD, CDE

Family Medicine

Mark P Hayman, MD
Matthew T Maloney, MD
Andrea N Miller, MD
Karla C Pastrana, MD
John H Yang, MD

Internal Medicine

Kathleen W Mayer, MD
Jerald J Tantillo, MD
Robert K Von Rueden, MD

Obstetrics/Gynecology

Tracy L Anderson, MD
Sally E Berga, MD
Patrick McCrann, MD
William A Shilling, MD

Pediatrics

Pamela S Copp, MD
Neil E Kesselman, MD
Adrienne M Silver, MD
Jean F Stewart, MD

Specialty departments and other services

Dietitian	303-338-4545
Pharmacy	303-972-5010
Prescription Refills	303-340-5009
Direct Rx (mail order)	303-340-5077
Radiology	303-338-3456
Weight Management	303-614-1070

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

2

Westminster Medical Offices

11245 Huron Street, Westminster, CO 80234

303-338-4545 Primary care

303-457-6200 Pharmacy

Clinical Pharmacy Services

Barbara Hoover, PharmD, BCPS
Alfred Lyman, PharmD, BCPS
Melanie Sadler, PharmD, BCPS

Dietitian Services

Brenda Braslow, RD, CDE

Family Medicine

Kevin A Briggs, MD
Michael Gibson, MD
Michelle L Glasgow, MD
Dianne K Glenn, MD
Sarah Younkin Goldberg, MD
Ingrid M Justin, MD
Kelly M O'Keefe, MD
Karen S Ordelheide, MD
Juanita R Redfield, MD
Kenneth M Soda, MD
Bernard J Sopky, MD

Internal Medicine

Gauri Aggarwal, MD
Dennis C Channel, MD
Laurence J Connors, MD
Rosemary Cushman, MD
James T Hardee, MD
Kelly C Jeong, MD
Jerry E Markussen, MD
Daniel S McAninch, MD
Kathleen McGrady, MD

Caroline S Miles, MD
Swarupa T Reddy, MD
Teresa S Welsh, MD
Soumya Yeturi, MD

Obstetrics/Gynecology

Amy H Le, MD
Rory R Moore, MD
Maurice A Mouchawar, MD
Charles D Parke, DO
Anita O Pierce, MD

Ophthalmology

Mark L Peters, MD
Thomas J Wescom, MD

Optometry

Marcia Kolecki, OD
Jeff Peters, OD
T. Van Wilson, OD

Pediatrics

Keith F Battan, MD
Bruce C Doenecke, MD
Deanne M Fujii, MD
Janet L Hartmann, MD
Patrick A Kusek, MD
Susan L Merrill, MD
Lynn S Price, MD
Cynthia K Salazar, MD
Jean S Stevenson, MD

Specialty departments and other services

Centers for Complementary Medicine	303-457-6260
Dietitian	303-338-4545
Disease Management— Asthma	303-457-6156
Diabetes	303-457-6606 or 303-457-6054
Ophthalmology	303-451-0200
Optical Dispensing	303-457-6570
Optometry	303-338-4545
Pharmacy	303-457-6200
Prescription Refills	303-340-5007
Direct Rx (mail order)	303-340-5077
Radiology	303-338-3456
Weight Management	303-614-1070

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

Wheat Ridge Medical Offices

4803 Ward Road, Wheat Ridge, CO 80033

303-338-4545 Primary care

303-421-5050 Pharmacy

Clinical Pharmacy Services

Karen McWay, PharmD, BCPS

Dietitian Services

Lailina Wisoff, RD

Family Medicine

Dewey W Chin, MD

Teresa Bueche Kempfer, MD

Thomas P Merkert, MD

Michele S Salli, MD

Internal Medicine

Norse R Bear, MD

Frank R Becky, MD

David T Berndt, MD

Vivian I Chao, MD

Ling Yuk Chu, MD

Colin H Combs, MD

Jeffrey K Gori, MD

Amanda B Grantham, MD

Michael K Miller, MD

Dawn H Newell, MD

Obstetrics/Gynecology

Camille S Calderwood, MD

Peter Y Kim, MD

Cristin S Panzarella, MD

Sharman L Reed, MD

Ophthalmology

Judeth Jensen, MD

Optometry

Donna Chen Ellinger, OD

Norman Miller, OD

Pediatrics

Katya Bograd, MD

Lori M DiRusso, MD

Steven K Gordon, MD

Joyce Hahn Sedlacek, MD

Physical Therapy

Jennifer R Czarnecki, MSPT

Kirsten S Fischer, PT

Debbie K Maass, PDT

William S Shirey, PT

Specialty departments and other services

Dietitian	303-338-4545
Ophthalmology	303-421-5077
Optical Dispensing	303-421-5078
Optometry	303-338-4545
Pharmacy	303-421-5050
Prescription Refills	303-340-5010
Direct Rx (mail order)	303-340-5077
Physical Therapy	303-421-5044
Radiology	303-338-3456
Weight Management	303-614-1070
TTY for deaf, hard of hearing, or speech impaired	303-421-5070

Exempla West Pines

3800 Lutheran Parkway, Wheat Ridge, CO 80033

Inpatient services only

Clinical Pharmacy Services

Daniel Dugan, PharmD, BCPP

Hospital Services—Mental Health

Jodi Cummins, PsyD

Gregory L Kirk, MD

John Romeo, LPC

Annette Saunders, LCSW

David M Shepard, DO

Mark Trubowitz, DO

Executive Center Behavioral Health

4851 Independence Street, Wheat Ridge, CO 80033

303-467-5850 Appointments

Telephone hours:

8:30 a.m.–5 p.m, Monday–Friday

Clinical Pharmacy Services

Daniel Dugan, PharmD, BCPP

Mental Health

Carol Annibella, NP

Patrick Brenner, LMFT

Richard A Cohn, MD

Peter Conrad, PhD

Pamela Daniel, PhD

Joseph Esterl-Byrne, LPC

Becky B Estill, MD

Linda Franklin, PhD

Colleen Kibbie-Vest, LCSW

Mary Kidd, LPC

Julie Kobayashi, PhD

Richard E Koken, MD

Michelle Larson, LPC CAC III

Cynthia Martinez, LPC

Elizabeth Miller, PhD

Jeanne Pantone, PhD

Shauna Reynolds, NP

Mark W Rhine, MD

Angela Romero, LCSW

Martha Spano, PsyD

James Stevens, LCSW

Jill Surber-Blackwell, LPC

Carole Vogt, PsyD

PRIMARY CARE PROVIDERS AND SPECIALISTS DIRECTORY

2

Hidden Lake Behavioral Health

7701 Sheridan Boulevard, Arvada, CO 80003

303-650-3900 Appointments

Telephone hours:

8:30 a.m.–5 p.m., Monday–Friday

Chemical Dependency

Carrie Herder, CAC II
Jim Milton, LCSW CAC
Darla Oglevie, MA CAC III

Clinical Pharmacy Services

Daniel Dugan, PharmD, BCPP

Eating Disorders

Carolee Nimmer, PhD
Joan Unruh, LPC CAC III

Mental Health

Andreea I Arvinte, MD
Robert Brill, PhD
Floyd Bubeck, LPC
Sallie Charles, NP
John A Cooper, MD
Jennifer Engle, LPC
Molly Esterl, LCSW
John Fitzgibbons, PhD
Nelson Goldhammer, PhD
Lori Greene, MD
Holly F Greenfield, MD
Kim Hagar, LPC
Terri Harlow, PhD
Michelle Larson, LPC CAC III

Maria Lasaga, PsyD
Veronica Laveta, LCSW
Cindy Lee-Lopez, PhD
Judy Libby-Lauwereins, LMFT
Marianne Mahoney, PhD
Carolee Nimmer, PhD
Stewart Nyholm, PhD
Laura Richardson, PhD
Nancy Rogers, LCSW
Michael S Seller, MD
David Soister, LPC
Richard Summers, LCSW
Lisa Williams, LPC

Highline Behavioral Health Center

10350 East Dakota Ave., Denver, CO 80247

303-367-2900 Mental Health

303-367-2800

Chemical Dependency

Chemical Dependency

Dorothy Broken-Leg, MA CAC
Allan W Graham, MD
Douglas Hollinshed, BA CAC
Consuelo Marroquin, CAC
Thomas J Moran, MD
Kevin O'Brien, LCSW CAC
Terry K Schultz, MD

Clinical Pharmacy Services

Kerri Williams, PharmD, BCPP

Eating Disorders

Pam Clark, LPC

Mental Health

Danielle Abram, LCSW

Eric Bailly, LPC CAC II
Joe Barfoot, LCSW
Robert G Bleck, MD
Amanda Bye, LPC
Rick Carter, LPC
Catherine Corsello, MD
Kathleen Cramm, PsyD
R Edward Gibson, MD
Marge Golden, CNS
Steve Hochberg, LPC
Wes Horton, LCSW
Tina Le, MD
Evelyn Lifsey, PhD
Debra Little, LCSW
Craig Mandel, LCSW
Laurie Mauro, LCSW
Abbie Miller, PsyD

Keith Miller, MD
Jean E Milofsky, MD
Sue Nell, LCSW
Kimberly Nuffer, LCSW
Kirsty J O'Donovan, MD
Noah Reaven, PhD
Olyk Salas, LPC
Jamie Spears, LCSW
Helen Spiegel, LCSW
Mark Spragins, LPC
Barry Sroloff, PsyD
Rachael St Claire, PsyD
Michael Tobin, PhD
Seth Wintroub, PsyD
Joanne Whalen, LPC

Continuing Care

2550 S. Parker Road, Aurora, CO 80014

303-636-3300 Information

Clinical Pharmacy Services

Jeanya Charles, PharmD, BCPS
Jennifer Dugan, PharmD, BCPS

Geriatrics, Skilled Nursing Facility, and Assisted Living Rounding Service

Carrie Bamber, NP
Martha Brown, NP
Gail Corkern, NP

RaeAnn Frantz, MD
Marie F Johnson, MD
Jeremiah I Kaplan, MD
Lisa Katchka, NP
Ross S Kazer, MD
Nancy J Kemp-Bell, MD
Catherine Mascarenas-Dudley, NP
Thomas T McCloskey, MD
Nora E Morgenstern, MD
Diane Price, NP

Richard Ratigan, MD
Nora A Reznickova, MD
Krista Rogman, NP
Lorraine Slack, NP
Aaron J Snyder, MD
Barb Solo, NP
Cheryl L Stearns, MD
Reena Varghese, MD



Choosing the proper health care coverage is one of your most important decisions, so we want to be sure you're armed with all of the information you need to make an intelligent decision. This section provides eligibility requirements, including whom you can cover under your Kaiser Permanente for Individuals and Families plan, *Health Plan Description Form*, and other required notices.

THRIVE TIP

Find your balance – and reduce your stress If you're stressed out, take note. Kaiser Permanente members can find help balancing their lives at kp.org/healthyliving. There you can calculate your stress level and read articles in our health encyclopedia on evaluating, managing, and relieving stress. For a more personalized approach, you can sign up for HealthMedia Relax, an interactive healthy lifestyle program designed to help you gauge the sources of your stress and develop a customized stress management plan, including strategies for coping with your unique stress factors and regaining your natural balance.¹

¹Offered in collaboration with HealthMedia, Inc.

ELIGIBILITY REQUIREMENTS

To be eligible for Kaiser Permanente for Individuals and Families, you must:

- live in the Denver metro service area (see page 64 for ZIP codes);
- not already qualify for coverage under an employer's small group plan;¹
- sign a disclosure form declining Business Group of One coverage if you qualify for Business Group of One coverage;² and
- pass a required medical review that is a part of the application process.³

You may also cover certain dependents on your account. These include your spouse and your unmarried, dependent children, including natural children, stepchildren, legally adopted children, and children under permanent court-appointed legal guardianship. Dependent children are eligible for coverage until the end of the month in which they turn 19 or, if full-time students and financially dependent, until the end of the month in which they turn 24. An unmarried child medically certified as disabled and dependent upon the parent is covered at any age.

You may also enroll these dependents in separate plans.



¹If you can answer yes to these three questions, you are not eligible for Kaiser Permanente for Individuals and Families coverage:

1. Do you work for an employer that has from 1 to 50 employees who work 24 hours or more a week?
2. Will your employer receive a tax deduction for your health care coverage?
3. Will your employer pay for your coverage or reimburse you for any portion of your premium?

If you are not eligible for Kaiser Permanente for Individuals and Families coverage based on your answers to the questions above, please contact our Sales and Marketing Department at **303-338-3700** for information.

²Learn about Business Groups of One on page 54.

³If you fail the medical review to qualify for Kaiser Permanente for Individuals and Families, you may be eligible to participate in CoverColorado, a state-sponsored guaranteed-issue health care coverage program. CoverColorado does not impose pre-existing conditions or limitations on coverage. In addition, Colorado has designated CoverColorado as the state alternative mechanism for health coverage of HIPAA (the Health Insurance Portability and Accountability Act of 1996) eligibles in accordance with federal law. You may be eligible for CoverColorado if you have a total of at least 18 months of creditable health coverage without a break in coverage of more than 62 days at any time (including now) and your most recent creditable coverage was under a group health plan. For information about CoverColorado, please contact CoverColorado by mail at 425 South Cherry Street, Suite 160, Glendale, Colorado 80246, or by phone at **303-863-1960**.

ACCESS PLAN

Colorado state law requires an Access Plan describing Kaiser Permanente's network of providers and services be available. To obtain a copy, call Member Services at **303-338-3800**.

ARBITRATION

Except for small claims court cases, claims covered under Colorado Health Care Availability Act, Section 13-64-403, claims reviewed through independent external review as set out in the Colorado Revised Statutes, Section 10-16-113.5, and claims subject to Medicare appeals procedures, any dispute between Members, their heirs, or other associated parties on the one hand and Kaiser Permanente parties on the other hand, for alleged violation of any duty arising from your membership in the Health Plan, must be decided through binding arbitration. This includes claims for premises liability, or relating to the coverage for, or delivery of, services or items, regardless of legal theory. Both sides give up all rights to a jury or court trial, and both sides are responsible for certain costs associated with binding arbitration. This provision shall not limit an individual's access to procedures for review of utilization management determinations as set out in Colorado Revised Statutes and Division of Insurance Regulation.

CONFIDENTIALITY PRACTICES

Your privacy is important to us. Our physicians and employees are required to keep your protected health information (PHI) confidential whether it is oral, written, or electronically transmitted. We have policies, procedures, and other safeguards in place to help protect your PHI from improper use and disclosure in all settings, as required by state and federal laws. We will release your PHI when you give us written authorization to do so, when the law requires us to disclose information, or under certain circumstances when the law permits us to use or disclose information without your permission. For example, in the course of providing treatment, our health care professionals may use and disclose your PHI in order to provide and coordinate your care, without obtaining your authorization. Your PHI may also be used without your authorization to determine who is responsible to pay for medical care and for other health care operations purposes, such as quality assessment and improvement through the use of measurement data, customer service, and compliance programs. If you are enrolled in Kaiser Permanente through your employer or employee organization, we may be allowed under

the law to disclose to them certain PHI, for example, regarding health plan eligibility or payment, or regarding a workers' compensation claim. Sometimes, we contract with others (business associates) to perform services for us and in those cases, our business associates must agree to safeguard any PHI they receive.

Our privacy policies and procedures include information on your right to see, correct or update, and receive copies of your PHI. You may also ask us for a list of our disclosures of your PHI that we are required to track under the law.

For a more complete explanation of our privacy policies, please request a copy of our *Notice of Privacy Practices*, which is on our Web site, and in our medical offices, or by calling Member Services. If you have questions or concerns about our privacy practices, please contact Member Services at **303-338-3800**.

NOT FEDERALLY QUALIFIED

Kaiser Permanente for Individuals and Families plans are not federally qualified health plans.

SYNOPSIS ONLY

This is a synopsis of coverage, effective January 1, 2008, for eligible members that only briefly summarizes the major provisions of the Agreement between Kaiser Permanente and you. There are services or conditions that are excluded from coverage or that may only be covered under certain circumstances. Further information may be obtained by contacting Kaiser Permanente at **1-800-634-4579** or by referring to your *Membership Agreement*. In the event of ambiguity and/or conflict between this synopsis and/or the *Membership Agreement*, the *Membership Agreement* shall control.

UTILIZATION MANAGEMENT PROCESSES

Kaiser Permanente's Utilization Management Program uses the advice and cooperation of practitioners and providers to help achieve quality care that is a good value for our members. Requests for authorization of care (preservice, concurrent, and retrospective) are reviewed for specific plan benefits, current eligibility, and medical appropriateness of hospital and outpatient services in order to determine a member's eligibility for coverage. In determining whether requests for authorization of care will be covered, nationally developed criteria, which have been reviewed and approved by Kaiser Permanente physicians, are applied along with medical expert opinion when necessary.

INFORMATION FOR BUSINESS GROUPS OF ONE

If you are a Business Group of One, you have a choice about the type of plan in which you enroll. You may select a plan for individuals and families as described in this booklet, or you may choose to enroll in a small group plan. In accordance with State of Colorado insurance regulations, the next pages contain the *Health Plan Description Form* for the Kaiser Permanente HMO Basic Limited Mandate Health Benefit Plan and the Kaiser Permanente HMO Standard Health Benefit Plan. For more information about small group coverage available for Business Groups of One, please call the Kaiser Permanente Sales and Marketing Department at **303-338-3700**.

If you choose to apply for a plan through Kaiser Permanente for Individuals and Families, please be sure to complete the *Business Group of One Determination Form* and the *Business Group of One Disclosure Form* as part of the application process.



**2008 Colorado Health Benefit Plan Description Form
Kaiser Foundation Health Plan of Colorado
Small Group Basic Limited Mandate Health Benefit Plan and
Small Group Standard Health Benefit Plan**

PART A: TYPE OF COVERAGE

1. TYPE OF PLAN	Health Maintenance Organization (HMO)
2. OUT-OF-NETWORK CARE COVERED?¹	Only for Emergency Care
3. AREAS OF COLORADO WHERE PLAN IS AVAILABLE	Plan is available only in the following areas: Denver and Boulder Counties and portions of Adams, Arapahoe, Broomfield, Clear Creek, Douglas, Elbert, Gilpin, Jefferson, Larimer, Park and Weld Counties as determined by zip code

PART B: SUMMARY OF BENEFITS

Important Note: This form is not a contract, it is only a summary. The contents of this form are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted below. The benefits shown in this summary may only be available if required plan procedures are followed (e.g., plans may require prior authorization, a referral from your primary care physician, or use of specified providers or facilities). Consult the actual policy to determine the exact terms and conditions of coverage. Coinsurance and copayment options reflect the amount the covered person will pay.

	BASIC IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)	STANDARD IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)
4. Deductible Type²	Not Applicable	
4a. ANNUAL DEDUCTIBLE^{2a} a) Individual ^{2b} b) Family ^{2c}	a) No Deductibles b) No Deductibles	
5. OUT-OF-POCKET ANNUAL MAXIMUM³ a) Individual b) Family c) Is deductible included in the out-of-pocket maximum?	a) \$6,000/Individual b) \$12,000/Family c) Not Applicable	a) \$3,000/Individual b) \$6,000/Family c) Not Applicable
6. LIFETIME OR BENEFIT MAXIMUM PAID BY THE PLAN FOR ALL CARE	No Lifetime Maximum	
7A. COVERED PROVIDERS	Colorado Permanente Medical Group, P.C. See provider directory for a complete list of current providers.	
7B. With respect to network plans, are all the providers listed in 7A. accessible to me through my primary care physician?	Yes	

**2008 Colorado Health Benefit Plan Description Form
Kaiser Foundation Health Plan of Colorado**

PART B: SUMMARY OF BENEFITS CONTINUED

	BASIC IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)	STANDARD IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)
8. MEDICAL OFFICE VISITS⁴ a) Primary Care Providers b) Specialists	Applies toward Out-of-Pocket Maximum (OPM) a) \$40 Copayment each primary care office visit b) \$60 Copayment each specialist office visit	Applies toward Out-of-Pocket Maximum (OPM) a) \$25 Copayment each primary care office visit b) \$40 Copayment each specialist office visit
	Line 13 may apply for procedures performed during an office visit	
9. PREVENTIVE CARE a) Children's services b) Adults' services	Applies toward OPM a) \$40 Copayment each visit b) \$40 Copayment each visit	Applies toward OPM a) \$25 Copayment each visit b) \$25 Copayment each visit
10. MATERNITY a) Prenatal care b) Delivery & inpatient well baby care ⁵	Applies toward OPM a) One-time \$40 Copayment for all routine prenatal visits combined b) \$500 Copayment per day up to \$2,000 per admission	Applies toward OPM a) One-time \$25 Copayment for all routine prenatal visits combined b) \$250 Copayment per day up to \$1,000 per admission
11. PRESCRIPTION DRUGS⁶ Level of coverage and restrictions on prescriptions.	Does not apply toward OPM \$100 annual Pharmacy Deductible per person \$20 Copayment – preferred generic, \$50 Copayment – preferred brand-name, or \$70 Copayment – non-preferred up to a 30-day supply. Mail order drugs filled for a 90-day supply at two Copayments. For drugs on our approved list, please contact your Clinical Pharmacy Call Center at 303-338-4503 or toll-free at 1-800-632-9700 or TTY 1-800-521-4874 .	Does not apply toward OPM \$10 Copayment – preferred generic, \$40 Copayment – preferred brand-name, or \$60 Copayment – non-preferred up to a 30-day supply. Mail order drugs filled for a 90-day supply at two Copayments. For drugs on our approved list, please contact your Clinical Pharmacy Call Center at 303-338-4503 or toll-free at 1-800-632-9700 or TTY 1-800-521-4874 .
12. INPATIENT HOSPITAL	Applies toward OPM \$500 Copayment per day up to \$2,000 per admission	Applies toward OPM \$250 Copayment per day up to \$1,000 per admission
13. OUTPATIENT/AMBULATORY SURGERY	Applies toward OPM \$300 Copayment each visit for outpatient surgery performed in any setting other than inpatient	Applies toward OPM \$150 Copayment each visit for outpatient surgery performed in any setting other than inpatient

**2008 Colorado Health Benefit Plan Description Form
Kaiser Foundation Health Plan of Colorado**

PART B: SUMMARY OF BENEFITS CONTINUED

	BASIC IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)	STANDARD IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)
14. DIAGNOSTICS a) Laboratory & X-ray b) MRI, nuclear medicine, and other high-tech services	Applies toward OPM a) <u>Diagnostic Lab and X-ray, including Therapeutic</u> – No Charge (100% covered) b) <u>MRI/CT/PET</u> - \$300 Copayment per procedure	Applies toward OPM a) <u>Diagnostic Lab and X-ray, including Therapeutic</u> – No Charge (100% covered) for physician ordered services b) <u>MRI/CT/PET</u> - \$150 Copayment per procedure
15. EMERGENCY CARE^{7, 8}	Applies toward OPM \$250 Copayment each visit at a Kaiser Permanente designated Plan or non-Plan emergency room	Applies toward OPM \$125 Copayment each visit at a Kaiser Permanente designated Plan or non-Plan emergency room
16. AMBULANCE	Applies toward OPM \$100 Copayment per incident	
17. URGENT, NON-ROUTINE, AFTER-HOURS CARE	Applies toward OPM \$100 Copayment each visit at a Kaiser Permanente designated Plan medical office, or when temporarily traveling outside the Service Area.	Applies toward OPM \$75 Copayment each visit at a Kaiser Permanente designated Plan medical office, or when temporarily traveling outside the Service Area.
18. BIOLOGICALLY-BASED MENTAL ILLNESS CARE⁹	Coverage is no less extensive than the coverage provided for any other physical illness	
19. OTHER MENTAL HEALTH CARE a) Inpatient care b) Outpatient care	Not covered	Applies toward OPM a) <u>Inpatient</u> - 50% Coinsurance of non- member rates. Limited to 45 inpatient or 90 partial days per year b) <u>Outpatient</u> - 50% Coinsurance of non- member rates for the greater of 20 visits or \$1,500 maximum per year
20. ALCOHOL & SUBSTANCE ABUSE	Not covered	Applies toward OPM 50% Coinsurance for diagnosis, medical treatment and referral services only

**2008 Colorado Health Benefit Plan Description Form
Kaiser Foundation Health Plan of Colorado**

PART B: SUMMARY OF BENEFITS CONTINUED

	BASIC IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)	STANDARD IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)
21. PHYSICAL, OCCUPATIONAL, & SPEECH THERAPY	<p>Applies toward OPM</p> <p>Limited to medically necessary therapeutic treatment</p> <p><u>Inpatient*</u> – Hospital Copayment applies</p> <p><u>Outpatient*</u> - \$40 Copayment each visit up to 25 visits per therapy (physical, speech and occupational therapy) per year</p>	<p>Applies toward OPM</p> <p>Limited to medically necessary therapeutic treatment</p> <p><u>Inpatient*</u> – Hospital Copayment applies</p> <p><u>Outpatient*</u> - \$25 Copayment each visit up to 25 visits per therapy (physical, speech and occupational therapy) per year</p>
	<p>*Therapy for congenital defects and birth abnormalities is covered for children from age 3 to age 6 for both acute and chronic conditions. This benefit is also available for eligible children under the age of 3 who are not participating in Early Intervention Services.</p>	
22. DURABLE MEDICAL EQUIPMENT	<p>Applies toward OPM</p> <p>20% Coinsurance, up to a maximum of \$1,000 paid by Plan per year, within the Service Area. Prosthetic arms and legs covered at 20% Coinsurance which, applies toward the maximum, but is not limited to the maximum. (Includes oxygen). See policy for types and circumstances of coverage.</p>	<p>Applies toward OPM</p> <p>20% Coinsurance, up to a maximum of \$2,000 paid by Plan per year, within the Service Area. Prosthetic arms and legs covered at 20% Coinsurance which, applies toward the maximum, but is not limited to the maximum. (Includes oxygen). See policy for types and circumstances of coverage.</p>
23. OXYGEN	Included in DME benefit	
24. ORGAN TRANSPLANTS	<p>Applies toward OPM</p> <p>Applicable inpatient and outpatient charges apply - no waiting period. Covered transplants are limited to liver, heart, heart/lung, lung, cornea, kidney, kidney/pancreas, other single and multi-organ transplants, and bone marrow for Hodgkin's, aplastic anemia, leukemia, immunodeficiency disease, neuroblastoma, lymphoma, high risk stage II and III breast cancer, and Wiskott-Aldrich syndrome only. Peripheral stem cell support is a covered benefit for the same conditions as listed above for bone marrow transplants.</p>	
25. HOME HEALTH CARE	<p>Applies toward OPM</p> <p>\$20 Copayment each visit for prescribed medically necessary part-time home health services. Not covered outside the Service Area. Limited to 60 visits per year.</p>	<p>No Charge (100% covered) for prescribed medically necessary part-time home health services. Not covered outside the Service Area.</p>
26. HOSPICE CARE	<p>Applies toward OPM</p> <p>a) <u>Inpatient</u>. \$50 Copayment per day</p> <p>b) <u>Outpatient</u>. \$20 Copayment per day</p>	<p>No Charge (100% covered)</p>

**2008 Colorado Health Benefit Plan Description Form
Kaiser Foundation Health Plan of Colorado**

PART B: SUMMARY OF BENEFITS CONTINUED

	BASIC IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)	STANDARD IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)
27. SKILLED NURSING FACILITY CARE	Applies toward OPM \$50 Copayment per day up to 100 days per year for prescribed skilled nursing services at skilled nursing facilities approved by Kaiser Permanente	
28. DENTAL CARE	Not covered except for accidental injuries. Additional coverage available as a separate dental care plan or as an optional benefit	
29. VISION CARE	Excluded	
30. CHIROPRACTIC CARE	Not covered	Not covered [See line 31]
31. SIGNIFICANT ADDITIONAL COVERED SERVICES (list up to 5) (1) Spinal manipulation	None	Applies toward OPM \$25 Copayment each visit

PART C: LIMITATIONS AND EXCLUSIONS

	BASIC IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)	STANDARD IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)
32. PERIOD DURING WHICH PRE-EXISTING CONDITIONS ARE NOT COVERED¹⁰	Not Applicable. Plan does not impose limitation periods for pre-existing conditions.	
33. EXCLUSIONARY RIDERS Can an individual's specific, pre-existing condition be entirely excluded from the policy?	No	
34. HOW DOES THE POLICY DEFINE A "PRE-EXISTING CONDITION"?	Not Applicable. Plan does not exclude coverage for pre-existing conditions.	
35. WHAT TREATMENTS AND CONDITIONS ARE EXCLUDED UNDER THIS POLICY?	Exclusions vary by policy. A list of exclusions is available immediately upon request from your carrier	

PART D: USING THE PLAN

	BASIC IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)	STANDARD IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)
36. Does the enrollee have to obtain a referral and/or prior authorization for specialty care in most or all cases?	No	
37. Is prior authorization required for surgical procedures and hospital care (except in an emergency)?	Yes	

**2008 Colorado Health Benefit Plan Description Form
Kaiser Foundation Health Plan of Colorado**

PART D: USING THE PLAN CONTINUED

	BASIC IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)	STANDARD IN-NETWORK ONLY (Out-of-Network care is not covered except as noted)
38. If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?	No	
39. What is the main customer service number?	Member Services can be reached toll-free at 303-338-3800 or toll-free at 1-800-632-9700 or TTY 1-800-521-4874	
40. Whom do I write/call if I have a complaint or want to file a grievance?¹¹	Member Services 2500 South Havana Street Aurora, CO 80014 303-338-3800 or toll-free 1-800-632-9700 or TTY 1-800-521-4874	
41. Whom do I contact if I am not satisfied with the resolution of my complaint or grievance?	Write to: Colorado Division of Insurance ICARE Section 1560 Broadway, Suite 850 Denver, CO 80202	
42. To assist in filing a grievance, indicate the form number of this policy; whether it is individual, small, or large group; and if it is a short-term policy.	Policy form SGEOC-DENCOS(01-08) and GA-Small-DENCOS(01-08) Small Group	
43. Does the plan have a binding arbitration clause?	Yes	

Endnotes

¹ “Network” refers to a specified group of physicians, hospital, medical clinics and other health care providers that your plan may require you to use in order to get any coverage at all under the plan, or that the plan may encourage you to use because it pays more of your bill if you use their network providers (i.e., go in-network) than if you don't (i.e., go out-of-network).

² “Deductible Type” indicates whether the deductible period is “Calendar Year” (January 1 through December 31) or “Benefit Year” (i.e., based on a benefit year beginning on the policy’s anniversary date) or if the deductible is based on other requirements such as a “Per Accident or Injury” or “Per Confinement.”

^{2a} “Deductible” means the amount you will have to pay for allowable covered expenses under a health plan during a specified time period (e.g., a calendar year or benefit year) before the carrier will cover those expenses. The specific expenses that are subject to deductible may vary by policy. Expenses that are subject to deductible should be noted in boxes 8 through 31.

^{2b} “Individual” means the deductible amount you and each individual covered by a non-HSA qualified policy will have to pay for allowable covered expenses before the carrier will cover those expenses. “Single” means the deductible amount you will have to pay for allowable covered expenses under an HSA-qualified health plan when you are the only individual covered by the plan.

^{2c} “Family” is the maximum deductible amount that is required to be met for all family members covered by a non-HSA qualified policy and it may be an aggregated amount (e.g., “\$3,000 per family”) or specified as the number of individual deductibles that must be met (e.g., “3 deductibles per family”). “Non-single” is the deductible amount that must be met by one or more family members covered by an HSA-qualified plan before any covered expenses are paid.

³ “Out-of-pocket maximum” means the maximum amount you will have to pay for allowable covered expenses under a health plan, which may or may not include the deductibles or copayments, depending on the contract for that plan. The specific deductibles or copayments included in the out-of-pocket maximum may vary by policy. Expenses that are applied toward the out-of-pocket maximum should be noted in boxes 8 through 31.

⁴ Medical office visits include physician, mid-level practitioner, and specialist visits, including outpatient psychotherapy visits for biologically-based mental illness.

⁵ Well baby care includes an in-hospital newborn pediatric visit and newborn hearing screening. The hospital copayment applies to mother and well-baby together; there are not separate copayments.

2008 Colorado Health Benefit Plan Description Form
Kaiser Foundation Health Plan of Colorado

⁶ Prescription drugs otherwise excluded are not covered, regardless of whether preferred generic, preferred brand-name, or non-preferred.

⁷ “Emergency care” means all services delivered in an emergency care facility, that are necessary to screen and stabilize a covered person. The plan must cover this care if a prudent lay person having average knowledge of health services and medicine and acting reasonably would have believed that an emergency medical condition or life or limb threatening emergency existed.

⁸ Non-emergency care delivered in an emergency room is covered only if the covered person receiving such care was referred to the emergency room by his/her carrier or primary care physician. If emergency departments are used by the plan for non-emergency after-hours care, then urgent care copayments apply.

⁹ “Biologically based mental illnesses” means schizophrenia, schizoaffective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder.

¹⁰ Waiver of pre-existing condition exclusions. State law requires carriers to waive some or all of the pre-existing condition exclusion period based on other coverage you recently may have had. Ask your carrier or plan sponsor (e.g., employer) for details.

¹¹ Grievances. Colorado law requires all plans to use consistent grievance procedures. Write the Colorado Division of Insurance for a copy of those procedures.

**Colorado Health Benefit Plan Description Form Addendum
Kaiser Permanente Cancer Screening Guidelines
(Charges may apply)**

(Guidelines are for Basic and Standard, unless otherwise noted)

Breast Cancer:

Screening	(frequency subject to Physician recommendation)	Kaiser Permanente Recommendation
Clinical breast exam	Unlimited	As jointly determined by physician and patient
Mammogram	Basic: Not Covered Standard: Available for all women upon request beginning at age 40	At least every 2 years beginning at age 50
Genetic testing for inherited susceptibility for breast cancer	Available upon referral of a Kaiser Permanente provider for those women who meet the following criteria: Patients with a 10% or greater risk of inherited gene defect	

Colon and Rectal Cancer:

Screening	(frequency subject to Physician recommendation)	Kaiser Permanente Recommendation
Fecal occult blood test (FOBT)	Unlimited	Annually beginning at age 50 through age 75
Flexible sigmoidoscopy	Unlimited	Every 5 – 10 years beginning at age 50 through age 75
Barium enema	Unlimited	Every 5 years beginning at age 50 through age 75
Colonoscopy	Every 10 years, more frequently for high risk patients – as determined by a Kaiser Permanente physician	Every 10 years, more frequently for high risk patients – as determined by a Kaiser Permanente physician

Cervical Cancer:

Screening	(frequency subject to Physician recommendation)	Kaiser Permanente Recommendation
Pap test	Unlimited	Annually for women under age 26. After that, recommended every 2 years after 3 normal annual screenings, for women up to age 65.

Prostate Cancer:

Screening	(frequency subject to Physician recommendation)	Kaiser Permanente Recommendation
Digital rectal exam	Basic: Not Covered Standard: Unlimited	Patients should discuss the benefits and risks of this test with their Kaiser Permanente physician.
Serum prostatic specific antigen (PSA)	Basic: Not Covered Standard: Unlimited	Patients should discuss the benefits and risks of this test with their Kaiser Permanente physician. Not recommended for those over 70.



It couldn't be easier. Just fill out the enclosed application(s) and fax it or mail it in the enclosed postage-paid envelope. Once we get your completed application, we'll notify you of its status by mail.

THRIVE TIP

Online programs for a well-balanced approach to health

If you want to kick-start your commitment to good health, our members-only online programs offer a unique approach to wellness—one that takes your specific needs and interests into account and develops a balanced plan just for you. We offer six programs, so you can pick the ones that correspond to your fitness goals. You can get a total health assessment, manage an ongoing health condition, or develop a personalized plan for weight control, nutrition, stress reduction, or smoking cessation.¹ The choice—and the success—is all yours. For more information, visit kp.org/healthylifestyles.

¹Offered in collaboration with HealthMedia, Inc.

DENVER/BOULDER SERVICE AREA

Please check to see if you reside within our service area, based on your home address. All new membership in Kaiser Permanente is limited to individuals who live within the following ZIP codes:

80001	80037	80134	80220	80256	80307	80501
80002	80038	80135	80221	80257	80308	80502
80003	80040	80137	80222	80259	80309	80503
80004	80041	80138	80223	80260	80310	80504
80005	80042	80150	80224	80261	80314	80510
80006	80044	80151	80225	80262	80321	80513
80007	80045	80154	80226	80263	80322	80514
80010	80046	80155	80227	80264	80323	80516
80011	80047	80160	80228	80265	80328	80520
80012	80102	80161	80229	80266	80329	80530
80013	80104	80162	80230	80270	80401	80533
80014	80107	80163	80231	80271	80402	80534
80015	80108	80165	80232	80273	80403	80537
80016	80109	80166	80233	80274	80419	80538
80017	80110	80201	80234	80275	80421	80539
80018	80111	80202	80235	80279	80422	80540
80019	80112	80203	80236	80280	80425	80541
80020	80113	80204	80237	80281	80427	80542
80021	80116	80205	80238	80285	80433	80543
80022	80117	80206	80239	80290	80437	80544
80023	80120	80207	80241	80291	80439	80601
80024	80121	80208	80243	80292	80452	80602
80025	80122	80209	80244	80293	80453	80603
80026	80123	80210	80246	80294	80454	80614
80027	80124	80211	80247	80295	80455	80621
80028	80125	80212	80248	80299	80457	80623
80030	80126	80214	80249	80301	80465	80640
80031	80127	80215	80250	80302	80466	80642
80033	80128	80216	80251	80303	80470	80643
80034	80129	80217	80252	80304	80471	80651
80035	80130	80218	80254	80305	80474	
80036	80131	80219	80255	80306	80481	

Want to apply? See if you are eligible by reviewing the eligibility requirements on page 52. Then make sure you live in one of the ZIP codes listed on page 64. If you are eligible, follow these simple steps to apply.

- 1** Compare options carefully to choose the best plan for you and your family. As a parent, remember that you may also choose to cover just a child or to enroll different family members on separate plans.
- 2** Detach an application for yourself and for each individual family member you want to cover.
- 3** Read the application fully—it is an important legal document. Complete an application for each family member to be covered. Be sure to indicate for each family member which plan you are applying for (see page 2, question 3 of the application).
- 4** Sign each application form where indicated.
- 5** Complete a *Business Group of One Determination Form* (Section IV of the application) for yourself and your spouse, if you are married and applying together. If you or your spouse qualify as a Business Group of One, sign the *Business Group of One Disclosure Form* as well (Section V of the application).
- 6** Return applications in the enclosed postage-paid envelope, or fax them toll free to **1-866-920-6471**.

We promptly evaluate applications and reply by mail within a week to 10 days.

Applicants who pass medical review and are approved for membership receive a Kaiser Permanente identification card for each covered family member and a *Membership Agreement*, the governing document concerning coverage.

You must immediately inform us if your health status or current medication changes before your membership in Kaiser Permanente for Individuals and Families Plan becomes effective. Changes in health status may result in revocation of the approval for enrollment. Failure to inform us of such change can void your membership. You may notify us by calling **1-800-634-4579**, by faxing 1-800-369-8010, or by writing to Kaiser Foundation Health Plan, Individual Program, 393 E. Walnut Street, LsRs-5, Pasadena, California 91188-8539, Attention: Health Status Update.

NOTES

60016003
COLORADO BRK

Kaiser Permanente for Individuals and Families Membership Application

Instructions: You must fully answer each question in this application even though you may already be a Kaiser Foundation Health Plan member. Omissions or incomplete answers will delay processing of your application. **Intentional misrepresentation can result in rescission of your Kaiser Permanente for Individuals and Families (KPIF) membership (see Section VI on page 5 for details).** This application becomes part of your permanent record with Kaiser Permanente. If English is not your native or primary language, you may call Member Services toll free at **1-800-632-9700** or **303-338-3800** to request assistance completing this questionnaire. Kaiser Permanente does not discriminate based upon: race; color; national origin; ancestry; religion; sex (including gender, gender identity, or gender-related appearance/behavior whether or not stereotypically associated with the person's assigned sex at birth); marital status; sexual orientation; or age of any contracting party, prospective contracting party, or person reasonably expected to benefit from the contract as a subscriber, enrollee, member, or otherwise.

Please print or type in black ink only.

I. Each person in the family must complete a separate application for membership.

A. Height (without shoes) Ft. In. Weight (dressed) Lbs.

B. Male Female

C. Single Married

D. If you were a previous Kaiser Permanente member under a different name, what name did you use:

Last name First name

Previous medical record number

E. Membership application for:

Last name

Mr. Mrs. Miss Ms. First name MI

F. Date of birth

To make sure our Kaiser Permanente for Individuals and Families plan is right for you, please take a few moments to consider these questions:

Yes No Do you work for an employer who has from one to 50 employees who work 24 hours or more a week?

If you answered No, you've picked the right health plan. If you answered Yes, please answer the following questions and read on.

Yes No Will your employer receive a tax deduction for your health care coverage?

Yes No Will your employer pay for your coverage or reimburse you for any portion of your premium?

Important: If you answered Yes to either of the last two questions, you are not eligible for Kaiser Permanente for Individuals and Families plan coverage. However, you may be eligible for small group health insurance coverage.

1. How many times have you been hospitalized in the last 12 months, except for pregnancy?

- Never 2 times
 1 time 3 or more times

2. How many times have you required medical attention in the last 12 months, except for pregnancy?

- 0-2 times 6-8 times
 3-5 times 9 or more times

3. Within the last 3 years have you been advised to have, but have not yet had, surgery, treatment, examination, evaluation, or test for any medical condition?

- Yes No

4. (a) If you have ever regularly smoked cigarettes, what is or was your average daily usage?

- ½ pack or less 2 or more packs
 1 pack N/A
 1½ packs

(b) For how long?

- 9 years or less 20-29 years
 10-14 years Over 30 years
 15-19 years N/A

5. In the last 5 years, have you taken or used illegal drugs or prescription drugs not prescribed by a doctor?

- Yes No

6. In the last 5 years, have you participated in a program that deals with YOUR alcohol or substance abuse?

- Yes No

(Health questionnaire continues on page 2.)

I. Each person in the family must complete a separate application for membership. (continued)

7. Within the last 5 years have you been treated for, or has a doctor advised you that you have, any of the following conditions (please check *all* that apply):

- | | |
|---|--|
| <input type="checkbox"/> AIDS, ARC | <input type="checkbox"/> Painful menstrual cycle or female reproductive disorder |
| <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Lupus/SLE |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Silicone breast implants |
| <input type="checkbox"/> Hernia not repaired/GI reflux | <input type="checkbox"/> Melanoma/Breast/Prostate/Bladder cancer |
| <input type="checkbox"/> Back/Neck pain or injury | <input type="checkbox"/> Skin cancer |
| <input type="checkbox"/> Bone marrow transplant | <input type="checkbox"/> Other cancers |
| <input type="checkbox"/> Crohn's or ulcerative colitis | <input type="checkbox"/> Aneurysm |
| <input type="checkbox"/> Depression or anxiety | <input type="checkbox"/> MS/ALS/Parkinson's/Alzheimer's |
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Neurologic condition |
| <input type="checkbox"/> Eating disorder, anorexia nervosa/bulimia | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Heart or valve condition | <input type="checkbox"/> Prostate condition |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> Emphysema/COPD | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Lung condition, other chronic condition | <input type="checkbox"/> Sickle cell anemia |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Stomach or intestinal problems |
| <input type="checkbox"/> Kidney/Bladder condition incl. kidney stones | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Liver condition | <input type="checkbox"/> Lumps |
| <input type="checkbox"/> Gallstones | |
| <input type="checkbox"/> Anemia or other blood disorder | |
| <input type="checkbox"/> Ulcer | |
- Any other health concerns, complaints, or symptoms that you did not provide information for elsewhere on this questionnaire _____

None of the above

8. (a) Have you consumed 2 or more alcoholic beverages per day on a regular basis within the last 6 months?

- Yes No

(b) If Yes, what was the type and quantity consumed daily?

- Beer: None or less than 32 oz. 32 oz. or more
 Wine: None or less than 18 oz. 18 oz. or more
 Hard: None or less than 4 oz. 4 oz. or more

9. Within the last 12 months have you had any of the following signs or symptoms for which you have not yet seen a health care professional? Please check any items below that apply:

- | | |
|---|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Rectal bleeding |
| <input type="checkbox"/> Swollen glands | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Chronic fatigue |
| <input type="checkbox"/> Abdominal or pelvic pain | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Loss of consciousness | <input type="checkbox"/> Skin lesions |
| <input type="checkbox"/> Unexplained weight loss | <input type="checkbox"/> Lumps |
| <input type="checkbox"/> Chronic pain (if Yes, please explain): _____ | |

None of the above

10. Are you currently taking birth control medication, estrogen, Premarin, Depo-Provera, etc.?

- Yes No

11. (a) Are you regularly taking any prescription medications other than those in question 10?

- Yes No

(b) If Yes, please list each medication here: _____

12. Are you pregnant or an expectant father, or will you be providing medical insurance coverage for a newborn or new adoptee within the next 9 months?

- Yes No

13. For females over age 11 only:

(a) Are you premenstrual (have never menstruated), postmenopausal, or have you had a hysterectomy or tubal ligation?

- Yes No

(b) If No, date of your most recent normal menstrual period:

/ /
 Month Day Year

Please review the health questionnaire to be sure you have answered all questions, 1–13.

II. Billing information (head of household only)

Only the head of household must complete Section II—Billing information, and Section III—Family to be covered.

1. Person to be billed:

Last name

Mr. Mrs.
 Miss Ms.

First name

MI

Date of birth

Social Security number (SSN) or taxpayer ID

Street address

Apt. no.

City

State

ZIP code

2. Account information

- Addition of a family member to an existing account
- Switching coverage from an existing account
- New account

3. For which plan would you like to apply?

- \$2,000 Deductible Plan with HSA Option (100%)
- \$2,000 Deductible Plan with HSA Option (80%)
- \$5,000 Deductible Plan (70%)
- \$2,000 Deductible Plan (70%)
- \$2,000 Deductible Plan (70%) with Rx
- \$30 Copayment Plan

4. Kaiser Permanente medical record number

5. Home phone

6. Work phone

7. Primary language:

- English
- Other _____

8. Race:

- White Black
- Native American Asian/Pacific Islander
- Other (please specify) _____
- Decline to state

9. Ethnicity:

- Latino Non-Latino
- Decline to state

For applicants using an insurance broker:

10. Broker name

11. Broker ID

I understand that the broker of record may receive monetary and/or nonmonetary payments from the Health Plan and/or Kaiser Permanente Insurance Company (KPIC) in connection with the purchase of this health plan coverage.

III. Family to be covered (other than head of household) Each person in the family must complete a separate application for membership.

Relationship	Name – Last	First	MI	Date of birth	Sex (M/F)	SSN
Spouse	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____
Child	_____	_____	_____	_____	_____	_____

The head of household (or subscriber) and spouse, if applying together, must complete, sign, and date this page for their applications to be considered complete.

IV. Business Group of One Determination Form

Please complete and sign this form to determine if you are a self-employed Business Group of One.

Self	Spouse	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Are you or your spouse either a self-employed person with no employees, or a sole proprietor who is not offering or sponsoring health care coverage to your employees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you or your spouse carried on significant business activity as a self-employed person or sole proprietor for a period of at least one year prior to application for coverage?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Do you or your spouse have gross income from your self-employment or sole proprietorship as indicated on federal Internal Revenue forms 1040, Schedule C, F, or SE, or other forms recognized by the federal Internal Revenue Service for income reporting purposes from which you have derived a substantial part of your income from your business as a self-employed person or sole proprietor for one year out of the past three years? Note: Substantial part of your income means income derived from business activities of the Business Group of One that is sufficient to pay for the annual premiums for the Business Group of One's health benefit plan.
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Do you or your spouse work a minimum of 24 hours a week on a permanent basis?

Please sign below

I, _____, attest that the answers to the questions contained in this form are true and correct.

Signature of applicant _____ Date _____

I, _____, attest that the answers to the questions contained in this form are true and correct.

Signature of spouse _____ Date _____ Applicant's or spouse's business _____

If you or your spouse answered Yes to all four questions listed above, please complete and sign the following *Business Group of One Disclosure Form*.

V. Business Group of One Disclosure Form

Please read and sign the following disclosure required by Colorado law:

I, _____, meet the definition of a self-employed Business Group of One as attested to on the accompanying *Business Group of One Determination Form*. I understand that by purchasing an individual policy instead of a small group policy I give up what would otherwise be my right to purchase, during open enrollment periods as specified by law, a Business Group of One Standard, Basic, or other small group health benefit plan from a small employer carrier for a period of three (3) years after the effective date of the individual health benefit plan for which I am applying. I understand that this will be the case unless a small employer carrier voluntarily permits me to purchase a small group policy within such three (3) year period. I understand that the factors used to set new and renewal rates for the individual policy I want to purchase consist of plan design, the carrier's overall cost and utilization trends, the underwriting methodology used to evaluate individual coverage, my age, my family size, and a factor that reflects the cost of care where I live. By comparison, the rating factors that would apply if I purchased a small group Business Group of One policy are limited to plan design, the carrier's overall cost and utilization trends (*index rate*), my age, my family size, and a factor that reflects the cost of care where I live. I have been given a health plan description form showing the benefits under Colorado's small group Standard Health Benefit Plans. I have also been given a *Colorado Health Plan Description Form* for the plan for which I am applying.

Applicant's name _____ Applicant's signature _____

Applicant's business _____ Date _____

All Applicants: Please read the following information and sign in the space below.

If you have questions concerning the benefits and services that are provided by or excluded under this agreement, please contact a member service representative at 1-800-634-4579 before signing this application.

VI. Conditions of Acceptance

You must fully answer each question in this application even though you may already be a Health Plan member. If we decide to accept you for KPIF membership, our decision would be based primarily on health information you provided in your application and would be conditioned on your actual health being consistent with the information you provided. If you are unsure of your current medical condition, we strongly recommend that you ask your current or previous physician to clarify your specific condition.

If you are a present or former Health Plan member, we will review your prior health history with Kaiser Permanente prior to making our decision. We reserve the right to review your use of health services during your first year of membership to confirm consistency with your pre-enrollment health information.

Be sure to complete the form accurately. If you are unsure about the answer to any question for yourself or a dependent, take the time to make sure the information is accurate before submitting it to us.

Note: If we discover that you intentionally provided incomplete or incorrect material information in the enrollment process, we will rescind your membership. This means that we will completely void membership so that no coverage ever existed. You will have to pay as a nonmember for any services we covered.

All faxed and mailed correspondence must be signed and dated by the affected individual or someone legally authorized to act on his or her behalf.

Important note to the Applicant: You or your authorized representative may request a copy of your completed application. For more information, please call 1-800-634-4579.

X	
Applicant/Head of household	Today's date

X	
Applicant's spouse	Today's date

X	
Applicant/Dependent (age 18 or over)	Today's date

Important: Required signatures—all Applicants age 18 or over must sign and date above on the appropriate signature line (head of household, spouse, dependent). Parent or legal guardian must sign for dependents under the age of 18. Use black ink only.

VII. Insurance Fraud Warning

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

VIII. Authorization to Obtain or Release Medical Information

I authorize any physician or other health care professional, hospital or other health care facility, counselor, therapist, or any other medical or medically related facility or professional who has provided any services to me or any of my dependents applying for or having membership in any Kaiser Foundation Health Plan product (each, an *Applicant*) to give Kaiser Foundation Health Plan of Colorado, or its affiliates (*Kaiser Permanente*), their respective agents, employees, designees, or representatives, including my Kaiser Permanente agent or broker, **any and all information or records relating to medical history, medical examinations, services rendered, or treatment given, including treatment for alcohol abuse, substance abuse, mental or emotional disorders, sexually transmitted diseases, HIV (human immunodeficiency virus) status, AIDS (acquired immune deficiency syndrome), or ARC (AIDS-related complex) (Medical Information)** of the Applicant. However, Medical Information does not include genetic information or *psychotherapy notes* (as defined by 45 C.F.R. § 164.501). I understand that such Medical Information may be requested and used in connection with the review, investigation, or evaluation of enrollment or of any claim for benefits after enrollment.

I also authorize Kaiser Permanente to disclose any and all such Medical Information related to any Applicant to any health care provider, health care service plan, self-insurer, or insurance company for the purpose of review, investigation, or evaluation of enrollment or of any claim for benefits after enrollment.

I authorize Kaiser Permanente to disclose to my Kaiser Permanente broker or agent the status of my application for coverage, as well as that of any dependent on whose behalf I am executing this authorization, including whether an application was received, accepted, or rejected; if accepted, the effective date of coverage; and information regarding the status of bills and payments for amounts due for the coverage.

I will sign new authorizations, if necessary, so that, in connection with the review, investigation, or evaluation of enrollment or of any claim for benefits, Kaiser Permanente may request, use, and disclose any Medical Information, HIV/AIDS- or ARC-related information, and psychotherapy notes.

Medical Information, once disclosed, may no longer be protected by federal privacy law, and may be further disclosed.

This authorization is effective immediately and will remain in effect for a period of twenty-four (24) months. A photocopy of this authorization is as valid as the original, and I and my Kaiser Permanente agent or broker are entitled to receive a copy of this form.

I may revoke this authorization (to the extent applicable to my Medical Information) at any time prior to its expiration. However, revocation is not effective to the extent that Kaiser Permanente has already taken action in reliance on it, or for so long as Kaiser Permanente may contest my enrollment or any claim for benefits. I understand that the instructions for revoking authorizations is in Kaiser Permanente's *Notice of Privacy Practices*.

X		
	Applicant/Head of household	Today's date
X		
	Applicant's spouse	Today's date
X		
	Applicant/Dependent (age 12 or over)	Today's date

Important: Required signatures—all Applicants age 18 or over must sign and date above on the appropriate signature line (head of household, spouse, dependent). Parent or legal guardian must sign for dependents under the age of 18. In addition, all Applicants age 12 or over must sign and date above on the appropriate signature line. **Use black ink only.**

IX. Kaiser Foundation Health Plan Arbitration Agreement

Except for small claims court cases, claims covered under Colorado Health Care Availability Act, Section 13-64-403, claims reviewed through independent external review as set out in the Colorado Revised Statutes, Section 10-16-113.5, and claims subject to Medicare appeals procedures, any dispute between Members, their heirs, or other associated parties on the one hand and Kaiser Permanente parties on the other hand, for alleged violation of any duty arising from your membership in Health Plan, must be decided through binding arbitration. This includes claims for premises liability, or relating to the coverage for, or delivery of, services or items, regardless of legal theory. Both sides give up all rights to a jury or court trial, and both sides are responsible for certain costs associated with binding arbitration. This provision shall not limit an individual's access to procedures for review of utilization management determinations as set out in Colorado Revised Statutes and Division of Insurance Regulation.

Note: Any intentional misrepresentation of your current health status may void your coverage and the coverage of your family members. (If you are unsure of your medical condition, please ask your current or previous physician to clarify your specific condition.)

X	
Applicant/Head of household	Today's date
X	
Applicant's spouse	Today's date
X	
Applicant/Dependent (age 18 or over)	Today's date

Important: Required signatures—all Applicants age 18 or over must sign and date above on the appropriate signature line (head of household, spouse, dependent). Parent or legal guardian must sign for dependents under the age of 18. **Use black ink only.**

X. Information about CoverColorado

Colorado residents who do not qualify for Kaiser Permanente for Individuals and Families plan may be eligible to participate in CoverColorado, a state-sponsored guaranteed-issue health care coverage program. In addition, Colorado has designated CoverColorado as the state alternative mechanism for health coverage of HIPAA (the Health Insurance Portability and Accountability Act of 1996) eligibles in accordance with federal law. You may be eligible for CoverColorado if you have a total of at least 18 months of creditable health coverage without a break in coverage of more than 62 days at any time (including now) and your most recent creditable coverage was under a group health plan. CoverColorado does not impose pre-existing conditions or limitations on coverage. For information about CoverColorado, please contact that agency directly at:

CoverColorado
425 S. Cherry Street, Suite 160
Glendale, CO 80246
(303) 863-1960

For office use only:	PH 0 CSC 0	AREA NO. _____
MEDICAL RECORD NO. _____	FAMILY ACCOUNT NO. _____	PURCHASER NO. _____
DATE RECEIVED _____	STATUS: 0 APPROVED 0 DENIED	EFFECTIVE DATE _____



Anything is possible when you're well balanced.

Be well balanced. Apply with Kaiser Permanente today. If you have any questions, please contact your broker or give us a call. Either way, you'll receive the personal attention you deserve.

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