

Healthy together

Care and coverage that fits your life

Kaiser Permanente for
Individuals and Families

Welcome to care that fits your life



*These features are available when you get care at Kaiser Permanente facilities.

The right choice for your health

Welcome to your Kaiser Permanente for Individuals and Families enrollment guide. This guide will help you select the right health plan for your needs.

Simple steps to apply

Use this guide to help you find a plan that works for you. Then, apply online or fill out a paper application.

- Choose your health plan** 3
- Find your rate** 11
- Find a facility near you** 16



Visit buykp.org/apply to compare plans, see if you qualify for federal financial assistance, calculate your rate, or apply online.

Important deadline for open enrollment

The open enrollment period for 2018 coverage runs from **November 1, 2017, through December 15, 2017**. You can change or apply for coverage through Kaiser Permanente, or we can help you apply through the Health Insurance Marketplace.

For coverage that starts on January 1, 2018, we must receive your Application for Health Coverage and first month’s premium **no later than December 15, 2017**.

Enrolling during a special enrollment period

Are you getting married, having a baby, or losing your health coverage? You may also enroll or change your coverage throughout the year if you have a triggering event (or qualifying life event).

See the Enrolling During a Special Enrollment Period guide for a list of triggering events and instructions. Visit kp.org/specialenrollment or call **1-800-494-5314 (TTY 711)** to request a copy.

Your care, your way

Get care where, when, and how you want it. With more options to choose from, it's easier to stay on top of your health.

Choose how you connect to care



Online

Stay on top of your care at **kp.org**. Once you're registered, you can view your medical record, refill most prescriptions, schedule routine appointments, and more. Email your doctor's office anytime with nonurgent questions. You'll usually get a response within 2 business days.



Phone

You may be able to save a trip to the doctor's office by having a phone appointment instead. We also offer care guidance and advice by phone 24/7.



In person

Most of our locations have many services under one roof, so you can see your doctor, get lab services or X-rays, and pick up a prescription – all in the same trip.



Online wellness tools

Visit **kp.org/healthyliving** for wellness information, health calculators, fitness videos, podcasts, and recipes from world-class chefs.



Discounts for members

Enjoy discounts on products and services that can help you stay healthy – like gym memberships, massage therapy, and more. Explore your options at **kp.org/choosehealthy**.

Some features are available only when you get care at Kaiser Permanente facilities.

Have questions? Call us at **1-800-494-5314**. • Go to **buykp.org/apply**. • Or contact your agent or broker.

Choose your health plan

Understanding health plans

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

Copay and coinsurance plans

Platinum, Gold

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

Deductible plans

Gold, Silver, Bronze

With a deductible plan, your monthly rate is lower, but you'll have to reach a deductible. This means you'll pay the full charges for most covered services until you reach a set amount known as your **deductible**. Then you'll start paying less – just a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you meet your deductible.

Choosing a plan based on your care needs

If you need a lot of care, you may want a plan with a higher monthly rate so that you pay less when you come in for care. If you don't go to the doctor much, you may want a plan with a lower monthly rate, keeping in mind you'll pay more if and when you do get care.

Monthly rate versus out-of-pocket costs

Plan level	What you pay for your monthly rate	What you pay when you get care (Emergency Department visit, lab test, etc.)
Platinum		
Gold		
Silver		
Bronze		

An example of costs when you get care

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

Plan name	Office visit	X-ray	Generic drug
KP Gold I \$20 - Fit (No deductible)	\$20	\$30	\$10* generic/ \$3* generic maintenance
KP Silver II \$35 - Fit (\$2,000 deductible)	\$35	\$40	\$15* generic/ \$3* generic maintenance
KP Bronze I \$50 - Fit (\$6,500 deductible)	\$50	\$60	\$30* generic/ \$3* generic maintenance

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

The cost estimates above are from our estimate tools website, kp.org/treatmentestimates. Visit this site anytime to get an idea of what the charges for common services might be before you meet your deductible.

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Understanding the plans: benefit highlights

The charts on the next few pages show you a sample of each plan’s benefits. Review the diagram below to help you understand how to read those charts.

Here’s a quick look at how to use the chart

	M KP Silver III \$40 - Fit
Plan type	Deductible
Features	
Annual medical deductible (individual/family)	\$3,500/\$7,000
Annual out-of-pocket maximum (individual/family)	\$7,350/\$14,700
Benefits	
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	\$40
Specialty care office visit	\$50
Most X-rays	\$40
Most lab tests	\$40
MRI, CT, PET	\$300 after deductible
Outpatient surgery	30% after deductible
Mental health visit	\$40
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care visit, first postpartum visit	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	30% after deductible
Urgent care visit	20% applicable charges/ \$40 primary or \$50 specialty
Prescription drugs (up to a 30-day supply)	
Generic	\$15* generic/ \$3* generic maintenance
Preferred brand	50%
Non-preferred brand	50%
Specialty	50%
Whole health	
Healthy services	KP Fit Rewards participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits

KP Offered through Kaiser Permanente

M Offered through the Health Insurance Marketplace

Annual deductible

You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you’d pay the full charges for covered services until you reach \$3,500 for yourself or \$7,000 for your family. Then you’d start paying copays or coinsurance.

Annual out-of-pocket maximum

This is the most you’ll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you’d never pay more than \$7,350 for yourself and no more than \$14,700 for your family for your copays, coinsurance, and deductible in a calendar year.

Preventive care at no charge

Most preventive care services—including routine physical exams and mammograms—are covered at no charge. Plus, they’re not subject to the deductible.

Covered before you reach the deductible

With some services, you’ll only pay a copay or coinsurance, regardless of whether you’ve reached your deductible. Under this plan, primary care visits are covered at a \$40 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits all are covered before you reach the deductible.

Coinurance

After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you’d pay 30% after deductible of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay

This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you’d pay a 20% applicable charges/\$40 primary or \$50 specialty copay for urgent care visits, whether or not you have met your deductible.

- KP** Offered through Kaiser Permanente
- M** Offered through the Health Insurance Marketplace

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on healthcare.gov.

	KP M KP Bronze II 30% – Fit	KP M KP Bronze I \$50 – Fit	KP KP Silver V \$40 – Fit	KP KP Silver IV \$35 – Fit
Plan type	Deductible	Deductible	Deductible	Deductible
Features				
Annual medical deductible (individual/family)	\$5,500/\$11,000	\$6,500/\$13,000	\$3,500/\$7,000	\$2,000/\$4,000
Annual out-of-pocket maximum (individual/family)	\$6,550/\$13,100	\$7,350/\$14,700	\$7,350/\$14,700	\$7,000/\$14,000
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	30% after deductible	\$50	\$40	\$35
Specialty care office visit	30% after deductible	\$100	\$50	\$45
Most X-rays	30% after deductible	\$60	\$40	\$40
Most lab tests	30% after deductible	\$60	\$40	\$40
MRI, CT, PET	30% after deductible	40% after deductible	\$300 after deductible	\$300 after deductible
Outpatient surgery	30% after deductible	40% after deductible	30% after deductible	30% after deductible
Mental health visit	30% after deductible	\$50	\$40	\$35
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	40% after deductible	30% after deductible	30% after deductible
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	40% after deductible	30% after deductible	30% after deductible
Emergency and urgent care				
Emergency Department visit	30% after deductible	40% after deductible	30% after deductible	30% after deductible
Urgent care visit	30% after deductible	20% applicable charges/ \$50 primary or \$100 specialty	20% applicable charges/ \$40 primary or \$50 specialty	20% applicable charges/ \$35 primary or \$45 specialty
Prescription drugs (up to a 30-day supply)				
Generic	30% after deductible	\$30* generic/ \$3* generic maintenance	\$15* generic/ \$3* generic maintenance	\$15* generic/ \$3* generic maintenance
Preferred brand	30% after deductible	50% after \$1,000 pharmacy deductible	50%	50% after \$500 pharmacy deductible
Non-preferred brand	30% after deductible	50% after \$1,000 pharmacy deductible	50%	50% after \$500 pharmacy deductible
Specialty	30% after deductible	50% after \$1,000 pharmacy deductible	50%	50% after \$500 pharmacy deductible
Whole health				
Healthy services	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits

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

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*Waived if admitted

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KP Offered through Kaiser Permanente
M Offered through the Health Insurance Marketplace

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	M KP Silver III \$40 – Fit	M KP Silver II \$35 – Fit	KP M KP Gold III \$20 – Fit	KP M KP Gold I \$20 – Fit	KP M KP Platinum \$10 – Fit
Plan type	Deductible	Deductible	Deductible	Copayment	Copayment
Features					
Annual medical deductible (individual/family)	\$3,500/\$7,000	\$2,000/\$4,000	\$1,000/\$2,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$7,350/\$14,700	\$7,000/\$14,000	\$6,350/\$12,700	\$6,350/\$12,700	\$4,000/\$8,000
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge				
Outpatient services (per visit or procedure)					
Primary care office visit	\$40	\$35	\$20	\$20	\$10
Specialty care office visit	\$50	\$45	\$30	\$30	\$20
Most X-rays	\$40	\$40	\$30	\$30	\$10
Most lab tests	\$40	\$40	\$30	\$30	\$10
MRI, CT, PET	\$300 after deductible	\$300 after deductible	\$250 after deductible	\$350	\$100
Outpatient surgery	30% after deductible	30% after deductible	20% after deductible	30%	\$100
Mental health visit	\$40	\$35	\$20	\$20	\$10
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	30% after deductible	\$250 per day after deductible	30%	\$200 per day up to 4 days ¹
Maternity					
Routine prenatal care visit, first postpartum visit	No charge				
Delivery and inpatient well-baby care	30% after deductible	30% after deductible	\$250 per day after deductible	30%	\$200 per day up to 4 days ¹
Emergency and urgent care					
Emergency Department visit	30% after deductible	30% after deductible	\$250 ² after deductible	\$350 ²	\$250 ²
Urgent care visit	20% applicable charges/ \$40 primary or \$50 specialty	20% applicable charges/ \$35 primary or \$45 specialty	20% applicable charges/ \$20 primary or \$30 specialty	20% applicable charges/ \$20 primary or \$30 specialty	20% applicable charges/ \$10 primary or \$20 specialty
Prescription drugs (up to a 30-day supply)					
Generic	\$15* generic/ \$3* generic maintenance	\$15* generic/ \$3* generic maintenance	\$10* generic/ \$3* generic maintenance	\$10* generic/ \$3* generic maintenance	\$5* generic/ \$3* generic maintenance
Preferred brand	50%	50% after \$500 pharmacy deductible	50% after \$200 pharmacy deductible	\$50	\$45
Non-preferred brand	50%	50% after \$500 pharmacy deductible	50% after \$200 pharmacy deductible	\$50	\$45
Specialty	50%	50% after \$500 pharmacy deductible	50% after \$200 pharmacy deductible	\$200	\$200
Whole health					
Healthy services	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits

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²Waived if admitted

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KP Offered through Kaiser Permanente

M Offered through the Health Insurance Marketplace

ChiroAcuMassage Plans

Financial assistance options with lower copays, coinsurance, and deductibles are available for certain plans, and for Native Alaskans and American Indians on healthcare.gov.

	KP M KP Bronze I \$50 – ChiroAcuMassage – Fit	M KP Silver II \$35 – ChiroAcuMassage – Fit	KP KP Silver IV \$35 – ChiroAcuMassage – Fit	KP M KP Gold I \$20 – ChiroAcuMassage – Fit	KP M KP Platinum \$10 – ChiroAcuMassage – Fit
Plan type	Deductible	Deductible	Deductible	Copayment	Copayment
Features					
Annual medical deductible (individual/family)	\$6,500/\$13,000	\$2,000/\$4,000	\$2,000/\$4,000	None/None	None/None
Annual out-of-pocket maximum (individual/family)	\$7,350/\$14,700	\$7,000/\$14,000	\$7,000/\$14,000	\$6,350/\$12,700	\$4,000/\$8,000
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge				
Outpatient services (per visit or procedure)					
Primary care office visit	\$50	\$35	\$35	\$20	\$10
Specialty care office visit	\$100	\$45	\$45	\$30	\$20
Most X-rays	\$60	\$40	\$40	\$30	\$10
Most lab tests	\$60	\$40	\$40	\$30	\$10
MRI, CT, PET	40% after deductible	\$300 after deductible	\$300 after deductible	\$350	\$100
Outpatient surgery	40% after deductible	30% after deductible	30% after deductible	30%	\$100
Mental health visit	\$50	\$35	\$35	\$20	\$10
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	40% after deductible	30% after deductible	30% after deductible	30%	\$200 per day up to 4 days ¹
Maternity					
Routine prenatal care visit, first postpartum visit	No charge				
Delivery and inpatient well-baby care	40% after deductible	30% after deductible	30% after deductible	30%	\$200 per day up to 4 days ¹
Emergency and urgent care					
Emergency Department visit	40% after deductible	30% after deductible	30% after deductible	\$350 ¹	\$250 ¹
Urgent care visit	20% applicable charges/ \$50 primary or \$100 specialty	20% applicable charges/ \$35 primary or \$45 specialty	20% applicable charges/ \$35 primary or \$45 specialty	20% applicable charges/ \$20 primary or \$30 specialty	20% applicable charges/ \$10 primary or \$20 specialty
Prescription drugs (up to a 30-day supply)					
Generic	\$30* generic/ \$3* generic maintenance	\$15* generic/ \$3* generic maintenance	\$15* generic/ \$3* generic maintenance	\$10* generic/ \$3* generic maintenance	\$5* generic/ \$3* generic maintenance
Preferred brand	50% after \$1,000 pharmacy deductible	50% after \$500 pharmacy deductible	50% after \$500 pharmacy deductible	\$50	\$45
Non-preferred brand	50% after \$1,000 pharmacy deductible	50% after \$500 pharmacy deductible	50% after \$500 pharmacy deductible	\$50	\$45
Specialty	50% after \$1,000 pharmacy deductible	50% after \$500 pharmacy deductible	50% after \$500 pharmacy deductible	\$200	\$200
Whole health					
Healthy services	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits

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M Offered through the Health Insurance Marketplace

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through the Health Insurance Marketplace.

	M KP Silver III \$35 - Fit CSR 73	M KP Silver III \$5 - Fit CSR 87	M KP Silver III \$5 - Fit CSR 94	M KP Silver II \$30 - Fit CSR 73	M KP Silver II \$15 - Fit CSR 87
Plan type	Deductible	Deductible	Copayment	Deductible	Deductible
Features					
Annual medical deductible (individual/family)	\$3,000/\$6,000	\$50/\$100	None/None	\$2,000/\$4,000	\$50/\$100
Annual out-of-pocket maximum (individual/family)	\$5,850/\$11,700	\$2,450/\$4,900	\$2,250/\$4,500	\$5,850/\$11,700	\$2,450/\$4,900
Benefits					
Preventive care					
Routine physical exam, mammograms, etc.	No charge				
Outpatient services (per visit or procedure)					
Primary care office visit	\$35	\$5	\$5	\$30	\$15
Specialty care office visit	\$45	\$10	\$5	\$35	\$25
Most X-rays	\$40	\$10	\$5	\$40	\$15
Most lab tests	\$40	\$10	\$5	\$40	\$15
MRI, CT, PET	\$300 after deductible	\$250	\$10	\$300 after deductible	\$150
Outpatient surgery	30% after deductible	20% after deductible	10%	30% after deductible	20% after deductible
Mental health visit	\$35	\$5	\$5	\$30	\$15
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	10%	30% after deductible	20% after deductible
Maternity					
Routine prenatal care visit, first postpartum visit	No charge				
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	10%	30% after deductible	20% after deductible
Emergency and urgent care					
Emergency Department visit	30% after deductible	20% after deductible	10%	30% after deductible	20% after deductible
Urgent care visit	20% applicable charges/ \$35 primary or \$45 specialty	20% applicable charges/ \$5 primary or \$10 specialty	20% applicable charges/ \$5 primary or \$5 specialty	20% applicable charges/ \$30 primary or \$35 specialty	20% applicable charges/ \$15 primary or \$25 specialty
Prescription drugs (up to a 30-day supply)					
Generic	\$15* generic/ \$3* generic maintenance	\$15* generic/ \$3* generic maintenance	\$10* generic/ \$3* generic maintenance	\$15* generic/ \$3* generic maintenance	\$10* generic/ \$3* generic maintenance
Preferred brand	50%	50% coinsurance	5%	50% after \$500 pharmacy deductible	40%
Non-preferred brand	50%	50% coinsurance	5%	50% after \$500 pharmacy deductible	40%
Specialty	50%	50% coinsurance	5%	50% after \$500 pharmacy deductible	40%
Whole health					
Healthy services	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits

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	M KP Silver II \$5 - Fit CSR 94	M KP Silver II \$30 - ChiroAcuMassage - Fit CSR 73	M KP Silver II \$15 - ChiroAcuMassage - Fit CSR 87	M KP Silver II \$5 - ChiroAcuMassage - Fit CSR 94
Plan type	Copayment	Deductible	Deductible	Copayment
Features				
Annual medical deductible (individual/family)	\$0	\$2,000/\$4,000	\$50/\$100	\$0
Annual out-of-pocket maximum (individual/family)	\$2,250/\$4,500	\$5,850/\$11,700	\$2,450/\$4,900	\$2,250/\$4,500
Benefits				
Preventive care				
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge
Outpatient services (per visit or procedure)				
Primary care office visit	\$5	\$30	\$15	\$5
Specialty care office visit	\$10	\$35	\$25	\$10
Most X-rays	\$5	\$40	\$15	\$5
Most lab tests	\$5	\$40	\$15	\$5
MRI, CT, PET	\$50	\$300 after deductible	\$150	\$50
Outpatient surgery	10%	30% after deductible	20% after deductible	10% coinsurance
Mental health visit	\$5	\$30	\$15	\$5
Inpatient hospital care				
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	10%	30% after deductible	20% after deductible	10% coinsurance
Maternity				
Routine prenatal care visit, first postpartum visit	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	10%	30% after deductible	20% after deductible	10% coinsurance
Emergency and urgent care				
Emergency Department visit	10%	30% after deductible	20% after deductible	10% coinsurance
Urgent care visit	20% applicable charges/ \$5 primary or \$10 specialty	20% applicable charges/ \$30 primary or \$35 specialty	20% applicable charges/ \$15 primary or \$25 specialty	20% applicable charges/ \$5 primary or \$10 specialty
Prescription drugs (up to a 30-day supply)				
Generic	\$5* generic/\$0* generic maintenance	\$15* generic/\$3* generic maintenance	\$10* generic/\$3* generic maintenance	\$5* generic/\$0* generic maintenance
Preferred brand	10%	50% after \$500 pharmacy deductible	40%	10%
Non-preferred brand	10%	50% after \$500 pharmacy deductible	40%	10%
Specialty	10%	50% after \$500 pharmacy deductible	40%	10%
Whole health				
Healthy services	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits	KP Fit Rewards** Participating fitness center membership: \$200 per year. Home fitness program: \$10 per year for 2 home kits

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

[†]After 4 days, there is no charge for covered services related to the admission.

[‡]Waived if admitted

**Kaiser Permanente Fit Rewards is administered by American Specialty Health Fitness, Inc., through its Active&Fit® program. American Specialty Health Fitness, Inc. (ASH Fitness), is a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit logo are federally registered trademarks of ASH.

This plan summary is intended to highlight only some of the most frequently asked about benefits and their copayments, coinsurance, and deductibles. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the *Evidence of Coverage*, please visit kp.org/plandocuments, call us at 808-432-5955, or contact your broker. For services subject to the deductible, you will have to pay health care expenses out of pocket until you meet your deductible. Most deductibles, copayments, and coinsurance contribute to the out-of-pocket maximum.

The 2018 Kaiser Permanente for Individuals and Families rates and benefits are still pending state regulatory review and may be subject to change. If rates are revised, we will send you those revised rates as soon as they are available. Benefits are for effective dates beginning January 1, 2018, and are subject to change.

Find your rate

Use the monthly rates charts on the following pages, or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care. See page 4 for more information.

What determines your rate?

Your rate is based on the following:

- The plan you select
- Where you live
- Your age on your start date (effective date)
- If you use tobacco
- If you already have pediatric dental coverage for children 18 and younger
- If you qualify for federal financial assistance. Visit buykp.org/apply or call us at **1-800-494-5314** to see if you may qualify.

Interested in a family plan?

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

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

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

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

ZIP codes			
96701	96759-96774	96828	96853-54
96703-96710	96776-96786	96830	96857-61
96712-96722	96788-96793	96836-41	96863
96725-96734	96795-96797	96843-44	
96737-96757	96801-96826	96846-50	

Pediatric dental care benefits

When you purchase a health plan directly from Kaiser Permanente, your plan includes Hawaii Dental Service (HDS) pediatric dental benefits for children age 18 and younger. The pediatric dental plan includes 2 free examinations, cleanings, and fluoride treatments per calendar year. Plus you'll have access to the large HDS network of dentists – 9 out of 10 of Hawaii's licensed, practicing dentists accept HDS.

If you buy your health plan through healthcare.gov, individuals on your plan aged 18 and younger must still have pediatric dental benefits. You can purchase the same HDS pediatric dental plan on healthcare.gov by selecting the pediatric dental plan named "HDS 2990."

Pediatric dental plan features	You pay
Examination – twice per calendar year	\$0
Bitewing X-rays – twice per calendar year	70%
Cleanings – twice per calendar year	\$0
Sealants	\$0
Fillings	70%
Fluoride – twice per calendar year	\$0

If you do not have pediatric dental coverage from another company, please add the pediatric dental plan rate of \$27.08 per child age 18 and younger.

Have questions? Call us at **1-800-494-5314**. • Go to buykp.org/apply. • Or contact your agent or broker.

2018 Monthly rates Off Exchange

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Age on 2018 effective date	KP Platinum \$10 - Fit	KP Gold I \$20 - Fit	KP Silver IV \$35 - Fit	KP Bronze I \$50 - Fit	KP Platinum \$10 - ChiroAcu Massage - Fit	KP Gold I \$20 - ChiroAcu Massage - Fit	KP Silver IV \$35 - ChiroAcu Massage - Fit	KP Bronze I \$50 - ChiroAcu Massage - Fit	KP Gold III \$20 - Fit	KP Silver V \$40 - Fit	KP Platinum \$10 - PedDent - Fit
0-14	\$320.13	\$284.03	\$238.51	\$211.87	\$323.41	\$287.01	\$241.06	\$214.22	\$268.60	\$228.70	\$320.13
15	348.59	309.28	259.71	230.70	352.15	312.52	262.49	233.26	292.47	249.02	348.59
16	359.47	318.94	267.82	237.90	363.15	322.28	270.68	240.54	301.60	256.80	359.47
17	370.35	328.59	275.93	245.10	374.14	332.03	278.87	247.82	310.73	264.57	370.35
18	382.07	338.98	284.66	252.86	385.97	342.54	287.70	255.66	320.56	272.94	382.07
19	393.79	349.38	293.39	260.61	397.81	353.04	296.52	263.50	330.39	281.31	393.79
20	405.92	360.15	302.43	268.64	410.07	363.92	305.66	271.62	340.57	289.98	405.92
21	418.48	371.29	311.78	276.95	422.75	375.18	315.11	280.02	351.11	298.95	418.48
22	418.48	371.29	311.78	276.95	422.75	375.18	315.11	280.02	351.11	298.95	418.48
23	418.48	371.29	311.78	276.95	422.75	375.18	315.11	280.02	351.11	298.95	418.48
24	418.48	371.29	311.78	276.95	422.75	375.18	315.11	280.02	351.11	298.95	418.48
25	420.15	372.77	313.03	278.06	424.44	376.68	316.37	281.14	352.51	300.14	420.15
26	428.52	380.20	319.27	283.60	432.90	384.18	322.67	286.74	359.53	306.12	428.52
27	438.56	389.11	326.75	290.25	443.05	393.18	330.23	293.46	367.96	313.30	438.56
28	454.88	403.59	338.91	301.05	459.53	407.82	342.52	304.38	381.65	324.96	454.88
29	468.27	415.47	348.88	309.91	473.06	419.82	352.61	313.34	392.89	334.52	468.27
30	474.97	421.41	353.87	314.34	479.82	425.82	357.65	317.82	398.51	339.31	474.97
31	485.01	430.32	361.36	320.99	489.97	434.83	365.21	324.54	406.93	346.48	485.01
32	495.06	439.23	368.84	327.63	500.12	443.83	372.77	331.26	415.36	353.66	495.06
33	501.33	444.80	373.52	331.79	506.46	449.46	377.50	335.46	420.63	358.14	501.33
34	508.03	450.74	378.50	336.22	513.22	455.46	382.54	339.95	426.24	362.92	508.03
35	511.38	453.71	381.00	338.44	516.60	458.46	385.06	342.19	429.05	365.31	511.38
36	514.72	456.68	383.49	340.65	519.99	461.47	387.58	344.43	431.86	367.71	514.72
37	518.07	459.65	385.99	342.87	523.37	464.47	390.11	346.67	434.67	370.10	518.07
38	521.42	462.62	388.48	345.08	526.75	467.47	392.63	348.91	437.48	372.49	521.42
39	528.12	468.56	393.47	349.51	533.51	473.47	397.67	353.39	443.10	377.27	528.12
40	534.81	474.50	398.46	353.95	540.28	479.47	402.71	357.87	448.71	382.06	534.81
41	544.85	483.41	405.94	360.59	550.42	488.48	410.27	364.59	457.14	389.23	544.85
42	554.48	491.95	413.11	366.96	560.15	497.11	417.52	371.03	465.22	396.11	554.48
43	567.87	503.84	423.09	375.82	573.68	509.11	427.60	379.99	476.45	405.67	567.87
44	584.61	518.69	435.56	386.90	590.59	524.12	440.21	391.19	490.50	417.63	584.61
45	604.28	536.14	450.21	399.92	610.46	541.75	455.02	404.35	507.00	431.68	604.28
46	627.71	556.93	467.67	415.43	634.13	562.76	472.66	420.03	526.66	448.42	627.71
47	654.08	580.32	487.32	432.88	660.76	586.40	492.52	437.67	548.78	467.26	654.08
48	684.21	607.05	509.76	452.82	691.20	613.41	515.20	457.83	574.06	488.78	684.21
49	713.92	633.41	531.90	472.48	721.22	640.05	537.58	477.72	598.99	510.00	713.92
50	747.40	663.12	556.84	494.64	755.04	670.06	562.79	500.12	627.08	533.92	747.40
51	780.46	692.45	581.47	516.52	788.43	699.70	587.68	522.24	654.81	557.54	780.46
52	816.86	724.75	608.60	540.61	825.21	732.34	615.09	546.60	685.36	583.55	816.86
53	853.69	757.42	636.04	564.98	862.42	765.36	642.82	571.24	716.26	609.85	853.69
54	893.44	792.70	665.65	591.29	902.58	801.00	672.76	597.84	749.61	638.25	893.44
55	933.20	827.97	695.27	617.60	942.74	836.64	702.69	624.45	782.97	666.65	933.20
56	976.30	866.21	727.39	646.13	986.28	875.28	735.15	653.29	819.13	697.45	976.30
57	1,019.82	904.82	759.81	674.93	1,030.25	914.30	767.92	682.41	855.64	728.54	1,019.82
58	1,066.27	946.04	794.42	705.67	1,077.17	955.95	802.90	713.49	894.62	761.72	1,066.27
59	1,089.29	966.46	811.57	720.91	1,100.43	976.58	820.23	728.89	913.93	778.16	1,089.29
60	1,135.74	1,007.67	846.18	751.65	1,147.35	1,018.23	855.21	759.98	952.90	811.34	1,135.74
61	1,175.91	1,043.31	876.11	778.24	1,187.94	1,054.24	885.46	786.86	986.61	840.04	1,175.91
62	1,202.28	1,066.71	895.75	795.68	1,214.57	1,077.88	905.31	804.50	1,008.73	858.88	1,202.28
63	1,235.34	1,096.04	920.38	817.56	1,247.97	1,107.52	930.20	826.62	1,036.46	882.49	1,235.34
64+	1,255.42	1,113.86	935.34	830.85	1,268.25	1,125.53	945.33	840.06	1,053.32	896.84	1,255.42

Rates are effective January 1, 2018, through December 31, 2018.
Pediatric dental plan: Add the \$27.08 per child age 18 and younger.

2018 Monthly rates Off Exchange

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Age on 2018 effective date	KP Gold I \$20 - PedDent - Fit	KP Silver IV \$35 - PedDent - Fit	KP Bronze I \$50 - PedDent - Fit	KP Platinum \$10 - PedDent - ChiroAcu - Massage - Fit	KP Gold I \$20 - PedDent - ChiroAcu - Massage - Fit	KP Silver IV \$35 - PedDent - ChiroAcu - Massage - Fit	KP Bronze I \$50 - PedDent - ChiroAcu - Massage - Fit	KP Gold III \$20 - PedDent - Fit	KP Silver V \$40 - PedDent - Fit	KP Bronze II 30% - Fit	KP Bronze II 30% - PedDent - Fit
0-14	\$284.03	\$238.51	\$211.87	\$323.41	\$287.01	\$241.06	\$214.22	\$268.60	\$228.70	\$200.93	\$200.93
15	309.28	259.71	230.70	352.15	312.52	262.49	233.26	292.47	249.02	218.79	218.79
16	318.94	267.82	237.90	363.15	322.28	270.68	240.54	301.60	256.80	225.62	225.62
17	328.59	275.93	245.10	374.14	332.03	278.87	247.82	310.73	264.57	232.44	232.44
18	338.98	284.66	252.86	385.97	342.54	287.70	255.66	320.56	272.94	239.80	239.80
19	349.38	293.39	260.61	397.81	353.04	296.52	263.50	330.39	281.31	247.15	247.15
20	360.15	302.43	268.64	410.07	363.92	305.66	271.62	340.57	289.98	254.77	254.77
21	371.29	311.78	276.95	422.75	375.18	315.11	280.02	351.11	298.95	262.65	262.65
22	371.29	311.78	276.95	422.75	375.18	315.11	280.02	351.11	298.95	262.65	262.65
23	371.29	311.78	276.95	422.75	375.18	315.11	280.02	351.11	298.95	262.65	262.65
24	371.29	311.78	276.95	422.75	375.18	315.11	280.02	351.11	298.95	262.65	262.65
25	372.77	313.03	278.06	424.44	376.68	316.37	281.14	352.51	300.14	263.70	263.70
26	380.20	319.27	283.60	432.90	384.18	322.67	286.74	359.53	306.12	268.95	268.95
27	389.11	326.75	290.25	443.05	393.18	330.23	293.46	367.96	313.30	275.26	275.26
28	403.59	338.91	301.05	459.53	407.82	342.52	304.38	381.65	324.96	285.50	285.50
29	415.47	348.88	309.91	473.06	419.82	352.61	313.34	392.89	334.52	293.90	293.90
30	421.41	353.87	314.34	479.82	425.82	357.65	317.82	398.51	339.31	298.11	298.11
31	430.32	361.36	320.99	489.97	434.83	365.21	324.54	406.93	346.48	304.41	304.41
32	439.23	368.84	327.63	500.12	443.83	372.77	331.26	415.36	353.66	310.71	310.71
33	444.80	373.52	331.79	506.46	449.46	377.50	335.46	420.63	358.14	314.65	314.65
34	450.74	378.50	336.22	513.22	455.46	382.54	339.95	426.24	362.92	318.86	318.86
35	453.71	381.00	338.44	516.60	458.46	385.06	342.19	429.05	365.31	320.96	320.96
36	456.68	383.49	340.65	519.99	461.47	387.58	344.43	431.86	367.71	323.06	323.06
37	459.65	385.99	342.87	523.37	464.47	390.11	346.67	434.67	370.10	325.16	325.16
38	462.62	388.48	345.08	526.75	467.47	392.63	348.91	437.48	372.49	327.26	327.26
39	468.56	393.47	349.51	533.51	473.47	397.67	353.39	443.10	377.27	331.46	331.46
40	474.50	398.46	353.95	540.28	479.47	402.71	357.87	448.71	382.06	335.67	335.67
41	483.41	405.94	360.59	550.42	488.48	410.27	364.59	457.14	389.23	341.97	341.97
42	491.95	413.11	366.96	560.15	497.11	417.52	371.03	465.22	396.11	348.01	348.01
43	503.84	423.09	375.82	573.68	509.11	427.60	379.99	476.45	405.67	356.41	356.41
44	518.69	435.56	386.90	590.59	524.12	440.21	391.19	490.50	417.63	366.92	366.92
45	536.14	450.21	399.92	610.46	541.75	455.02	404.35	507.00	431.68	379.27	379.27
46	556.93	467.67	415.43	634.13	562.76	472.66	420.03	526.66	448.42	393.97	393.97
47	580.32	487.32	432.88	660.76	586.40	492.52	437.67	548.78	467.26	410.52	410.52
48	607.05	509.76	452.82	691.20	613.41	515.20	457.83	574.06	488.78	429.43	429.43
49	633.41	531.90	472.48	721.22	640.05	537.58	477.72	598.99	510.00	448.08	448.08
50	663.12	556.84	494.64	755.04	670.06	562.79	500.12	627.08	533.92	469.09	469.09
51	692.45	581.47	516.52	788.43	699.70	587.68	522.24	654.81	557.54	489.84	489.84
52	724.75	608.60	540.61	825.21	732.34	615.09	546.60	685.36	583.55	512.69	512.69
53	757.42	636.04	564.98	862.42	765.36	642.82	571.24	716.26	609.85	535.80	535.80
54	792.70	665.65	591.29	902.58	801.00	672.76	597.84	749.61	638.25	560.76	560.76
55	827.97	695.27	617.60	942.74	836.64	702.69	624.45	782.97	666.65	585.71	585.71
56	866.21	727.39	646.13	986.28	875.28	735.15	653.29	819.13	697.45	612.76	612.76
57	904.82	759.81	674.93	1,030.25	914.30	767.92	682.41	855.64	728.54	640.08	640.08
58	946.04	794.42	705.67	1,077.17	955.95	802.90	713.49	894.62	761.72	669.23	669.23
59	966.46	811.57	720.91	1,100.43	976.58	820.23	728.89	913.93	778.16	683.67	683.67
60	1,007.67	846.18	751.65	1,147.35	1,018.23	855.21	759.98	952.90	811.34	712.83	712.83
61	1,043.31	876.11	778.24	1,187.94	1,054.24	885.46	786.86	986.61	840.04	738.04	738.04
62	1,066.71	895.75	795.68	1,214.57	1,077.88	905.31	804.50	1,008.73	858.88	754.59	754.59
63	1,096.04	920.38	817.56	1,247.97	1,107.52	930.20	826.62	1,036.46	882.49	775.34	775.34
64+	1,113.86	935.34	830.85	1,268.25	1,125.53	945.33	840.06	1,053.32	896.84	787.95	787.95

Rates are effective January 1, 2018, through December 31, 2018.
Pediatric dental plan: Add the \$27.08 per child age 18 and younger.

2018 Monthly rates On Exchange

Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Age on 2018 effective date	KP Platinum \$10 - Fit	KP Gold I \$20 - Fit	KP Silver II \$35 - Fit	KP Silver II \$30 - Fit CSR 73	KP Silver II \$15 - Fit CSR 87	KP Silver II \$5 - Fit CSR 94	KP Bronze I \$50 - Fit	KP Platinum \$10 - ChiroAcu Massage - Fit	KP Gold I \$20 - ChiroAcu Massage - Fit	KP Silver II \$35 - ChiroAcu Massage - Fit
0-14	\$320.13	\$284.03	\$272.99	\$272.99	\$272.99	\$272.99	\$211.87	\$323.41	\$287.01	\$275.90
15	348.59	309.28	297.26	297.26	297.26	297.26	230.70	352.15	312.52	300.43
16	359.47	318.94	306.54	306.54	306.54	306.54	237.90	363.15	322.28	309.80
17	370.35	328.59	315.82	315.82	315.82	315.82	245.10	374.14	332.03	319.18
18	382.07	338.98	325.81	325.81	325.81	325.81	252.86	385.97	342.54	329.28
19	393.79	349.38	335.80	335.80	335.80	335.80	260.61	397.81	353.04	339.38
20	405.92	360.15	346.15	346.15	346.15	346.15	268.64	410.07	363.92	349.84
21	418.48	371.29	356.85	356.85	356.85	356.85	276.95	422.75	375.18	360.66
22	418.48	371.29	356.85	356.85	356.85	356.85	276.95	422.75	375.18	360.66
23	418.48	371.29	356.85	356.85	356.85	356.85	276.95	422.75	375.18	360.66
24	418.48	371.29	356.85	356.85	356.85	356.85	276.95	422.75	375.18	360.66
25	420.15	372.77	358.28	358.28	358.28	358.28	278.06	424.44	376.68	362.10
26	428.52	380.20	365.42	365.42	365.42	365.42	283.60	432.90	384.18	369.31
27	438.56	389.11	373.98	373.98	373.98	373.98	290.25	443.05	393.18	377.97
28	454.88	403.59	387.90	387.90	387.90	387.90	301.05	459.53	407.82	392.03
29	468.27	415.47	399.32	399.32	399.32	399.32	309.91	473.06	419.82	403.57
30	474.97	421.41	405.03	405.03	405.03	405.03	314.34	479.82	425.82	409.34
31	485.01	430.32	413.59	413.59	413.59	413.59	320.99	489.97	434.83	418.00
32	495.06	439.23	422.16	422.16	422.16	422.16	327.63	500.12	443.83	426.66
33	501.33	444.80	427.51	427.51	427.51	427.51	331.79	506.46	449.46	432.07
34	508.03	450.74	433.22	433.22	433.22	433.22	336.22	513.22	455.46	437.84
35	511.38	453.71	436.07	436.07	436.07	436.07	338.44	516.60	458.46	440.72
36	514.72	456.68	438.93	438.93	438.93	438.93	340.65	519.99	461.47	443.61
37	518.07	459.65	441.78	441.78	441.78	441.78	342.87	523.37	464.47	446.49
38	521.42	462.62	444.64	444.64	444.64	444.64	345.08	526.75	467.47	449.38
39	528.12	468.56	450.35	450.35	450.35	450.35	349.51	533.51	473.47	455.15
40	534.81	474.50	456.06	456.06	456.06	456.06	353.95	540.28	479.47	460.92
41	544.85	483.41	464.62	464.62	464.62	464.62	360.59	550.42	488.48	469.57
42	554.48	491.95	472.83	472.83	472.83	472.83	366.96	560.15	497.11	477.87
43	567.87	503.84	484.25	484.25	484.25	484.25	375.82	573.68	509.11	489.41
44	584.61	518.69	498.52	498.52	498.52	498.52	386.90	590.59	524.12	503.84
45	604.28	536.14	515.30	515.30	515.30	515.30	399.92	610.46	541.75	520.79
46	627.71	556.93	535.28	535.28	535.28	535.28	415.43	634.13	562.76	540.98
47	654.08	580.32	557.76	557.76	557.76	557.76	432.88	660.76	586.40	563.71
48	684.21	607.05	583.46	583.46	583.46	583.46	452.82	691.20	613.41	589.67
49	713.92	633.41	608.79	608.79	608.79	608.79	472.48	721.22	640.05	615.28
50	747.40	663.12	637.34	637.34	637.34	637.34	494.64	755.04	670.06	644.13
51	780.46	692.45	665.53	665.53	665.53	665.53	516.52	788.43	699.70	672.62
52	816.86	724.75	696.58	696.58	696.58	696.58	540.61	825.21	732.34	704.00
53	853.69	757.42	727.98	727.98	727.98	727.98	564.98	862.42	765.36	735.74
54	893.44	792.70	761.88	761.88	761.88	761.88	591.29	902.58	801.00	770.00
55	933.20	827.97	795.78	795.78	795.78	795.78	617.60	942.74	836.64	804.26
56	976.30	866.21	832.54	832.54	832.54	832.54	646.13	986.28	875.28	841.41
57	1,019.82	904.82	869.65	869.65	869.65	869.65	674.93	1,030.25	914.30	878.92
58	1,066.27	946.04	909.26	909.26	909.26	909.26	705.67	1,077.17	955.95	918.95
59	1,089.29	966.46	928.89	928.89	928.89	928.89	720.91	1,100.43	976.58	938.79
60	1,135.74	1,007.67	968.50	968.50	968.50	968.50	751.65	1,147.35	1,018.23	978.82
61	1,175.91	1,043.31	1,002.76	1,002.76	1,002.76	1,002.76	778.24	1,187.94	1,054.24	1,013.44
62	1,202.28	1,066.71	1,025.24	1,025.24	1,025.24	1,025.24	795.68	1,214.57	1,077.88	1,036.16
63	1,235.34	1,096.04	1,053.43	1,053.43	1,053.43	1,053.43	817.56	1,247.97	1,107.52	1,064.66
64+	1,255.42	1,113.86	1,070.55	1,070.55	1,070.55	1,070.55	830.85	1,268.25	1,125.53	1,081.97

Rates are effective January 1, 2018, through December 31, 2018.

Pediatric dental plan: Add the \$27.08 per child age 18 and younger.

2018 Monthly rates On Exchange

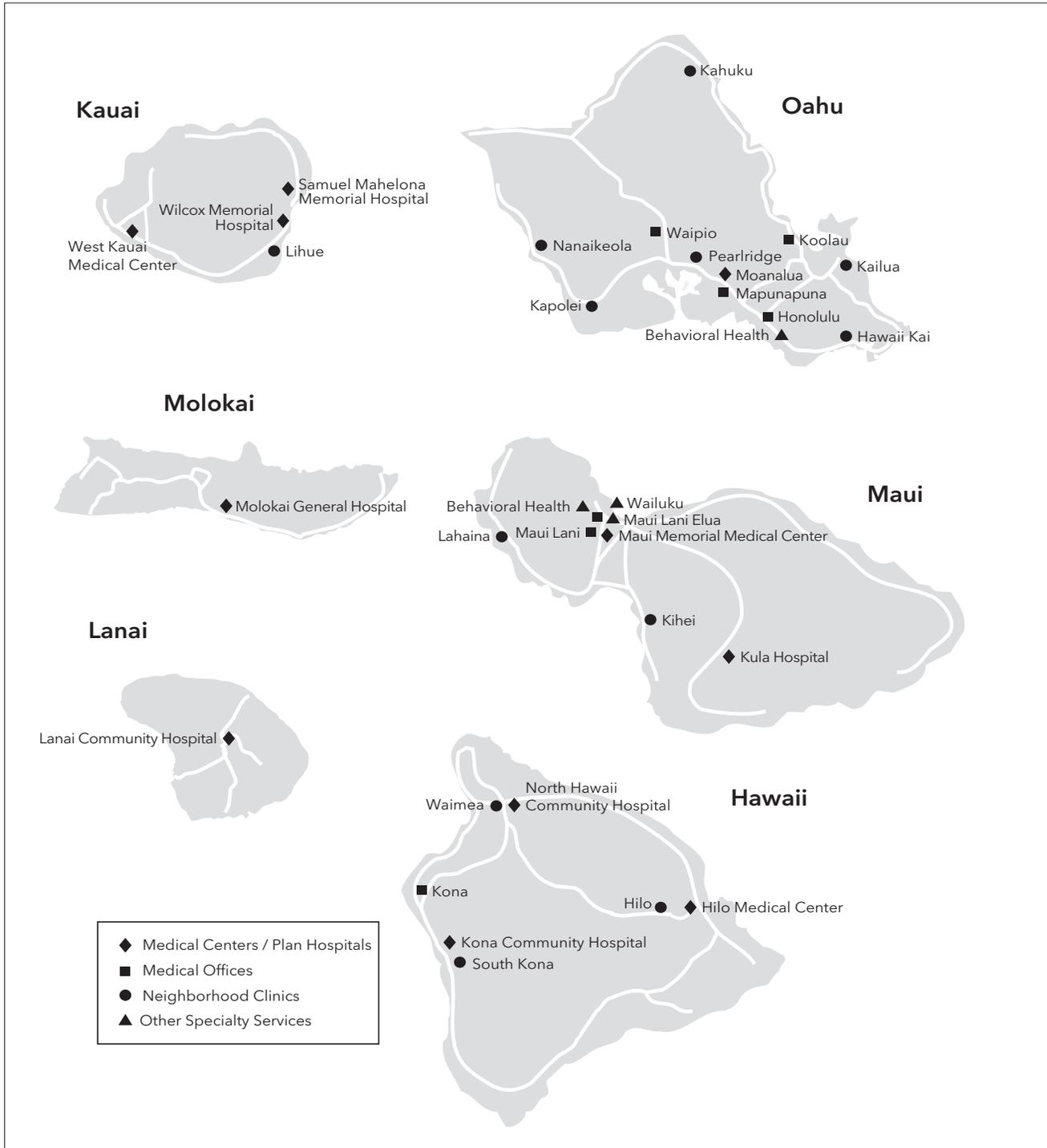
Please note: These rates do not include the federal financial assistance you may be eligible to receive through the Health Insurance Marketplace.

Age on 2018 effective date	KP Silver II \$30 - ChiroAcu Massage - Fit CSR 73	KP Silver II \$15 - ChiroAcu Massage - Fit CSR 87	KP Silver II \$5 - ChiroAcu Massage - Fit CSR 94	KP Bronze I \$50 - ChiroAcu Massage - Fit	KP Gold III \$20 - Fit	KP Silver III \$40 - Fit	KP Silver III \$35 - Fit CSR 73	KP Silver III \$5 - Fit CSR 87	KP Silver III \$5 - Fit CSR 94	KP Bronze II 30% - Fit
0-14	\$275.90	\$275.90	\$275.90	\$214.22	\$268.60	\$261.59	\$261.59	\$261.59	\$261.59	\$200.93
15	300.43	300.43	300.43	233.26	292.47	284.84	284.84	284.84	284.84	218.79
16	309.80	309.80	309.80	240.54	301.60	293.73	293.73	293.73	293.73	225.62
17	319.18	319.18	319.18	247.82	310.73	302.62	302.62	302.62	302.62	232.44
18	329.28	329.28	329.28	255.66	320.56	312.20	312.20	312.20	312.20	239.80
19	339.38	339.38	339.38	263.50	330.39	321.77	321.77	321.77	321.77	247.15
20	349.84	349.84	349.84	271.62	340.57	331.69	331.69	331.69	331.69	254.77
21	360.66	360.66	360.66	280.02	351.11	341.94	341.94	341.94	341.94	262.65
22	360.66	360.66	360.66	280.02	351.11	341.94	341.94	341.94	341.94	262.65
23	360.66	360.66	360.66	280.02	351.11	341.94	341.94	341.94	341.94	262.65
24	360.66	360.66	360.66	280.02	351.11	341.94	341.94	341.94	341.94	262.65
25	362.10	362.10	362.10	281.14	352.51	343.31	343.31	343.31	343.31	263.70
26	369.31	369.31	369.31	286.74	359.53	350.15	350.15	350.15	350.15	268.95
27	377.97	377.97	377.97	293.46	367.96	358.36	358.36	358.36	358.36	275.26
28	392.03	392.03	392.03	304.38	381.65	371.69	371.69	371.69	371.69	285.50
29	403.57	403.57	403.57	313.34	392.89	382.64	382.64	382.64	382.64	293.90
30	409.34	409.34	409.34	317.82	398.51	388.11	388.11	388.11	388.11	298.11
31	418.00	418.00	418.00	324.54	406.93	396.31	396.31	396.31	396.31	304.41
32	426.66	426.66	426.66	331.26	415.36	404.52	404.52	404.52	404.52	310.71
33	432.07	432.07	432.07	335.46	420.63	409.65	409.65	409.65	409.65	314.65
34	437.84	437.84	437.84	339.95	426.24	415.12	415.12	415.12	415.12	318.86
35	440.72	440.72	440.72	342.19	429.05	417.86	417.86	417.86	417.86	320.96
36	443.61	443.61	443.61	344.43	431.86	420.59	420.59	420.59	420.59	323.06
37	446.49	446.49	446.49	346.67	434.67	423.33	423.33	423.33	423.33	325.16
38	449.38	449.38	449.38	348.91	437.48	426.06	426.06	426.06	426.06	327.26
39	455.15	455.15	455.15	353.39	443.10	431.53	431.53	431.53	431.53	331.46
40	460.92	460.92	460.92	357.87	448.71	437.01	437.01	437.01	437.01	335.67
41	469.57	469.57	469.57	364.59	457.14	445.21	445.21	445.21	445.21	341.97
42	477.87	477.87	477.87	371.03	465.22	453.08	453.08	453.08	453.08	348.01
43	489.41	489.41	489.41	379.99	476.45	464.02	464.02	464.02	464.02	356.41
44	503.84	503.84	503.84	391.19	490.50	477.70	477.70	477.70	477.70	366.92
45	520.79	520.79	520.79	404.35	507.00	493.77	493.77	493.77	493.77	379.27
46	540.98	540.98	540.98	420.03	526.66	512.92	512.92	512.92	512.92	393.97
47	563.71	563.71	563.71	437.67	548.78	534.46	534.46	534.46	534.46	410.52
48	589.67	589.67	589.67	457.83	574.06	559.08	559.08	559.08	559.08	429.43
49	615.28	615.28	615.28	477.72	598.99	583.36	583.36	583.36	583.36	448.08
50	644.13	644.13	644.13	500.12	627.08	610.71	610.71	610.71	610.71	469.09
51	672.62	672.62	672.62	522.24	654.81	637.73	637.73	637.73	637.73	489.84
52	704.00	704.00	704.00	546.60	685.36	667.48	667.48	667.48	667.48	512.69
53	735.74	735.74	735.74	571.24	716.26	697.57	697.57	697.57	697.57	535.80
54	770.00	770.00	770.00	597.84	749.61	730.05	730.05	730.05	730.05	560.76
55	804.26	804.26	804.26	624.45	782.97	762.54	762.54	762.54	762.54	585.71
56	841.41	841.41	841.41	653.29	819.13	797.76	797.76	797.76	797.76	612.76
57	878.92	878.92	878.92	682.41	855.64	833.32	833.32	833.32	833.32	640.08
58	918.95	918.95	918.95	713.49	894.62	871.28	871.28	871.28	871.28	669.23
59	938.79	938.79	938.79	728.89	913.93	890.08	890.08	890.08	890.08	683.67
60	978.82	978.82	978.82	759.98	952.90	928.04	928.04	928.04	928.04	712.83
61	1,013.44	1,013.44	1,013.44	786.86	986.61	960.86	960.86	960.86	960.86	738.04
62	1,036.16	1,036.16	1,036.16	804.50	1,008.73	982.41	982.41	982.41	982.41	754.59
63	1,064.66	1,064.66	1,064.66	826.62	1,036.46	1,009.42	1,009.42	1,009.42	1,009.42	775.34
64+	1,081.97	1,081.97	1,081.97	840.06	1,053.32	1,025.82	1,025.82	1,025.82	1,025.82	787.95

Rates are effective January 1, 2018, through December 31, 2018.
Pediatric dental plan: Add the \$27.08 per child age 18 and younger.

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HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) ATENSYON: Kung nagsulti ka og Cebuano, aduna kay magamit nga mga serbisyo sa tabang sa lengguwahe, nga walay bayad. Tawag sa **1-800-966-5955** (TTY: **711**).

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-966-5955** (TTY: **711**)。

Chuuk (Chukese) MEI AUCHEA: Ika iei foosun fonuomw: Foosun Chuuk, iwe en mei tongeni omw kopwe angei aninisin chiakku, ese kamo. Kori **1-800-966-5955** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) PAKDAAR: No agsasaoka iti Ilokano, dagiti awan bayadna a serbisio a para iti beddeng ti lengguahe ket sidadaan para kenka. Awagan ti **1-800-966-5955** (TTY: **711**).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-966-5955** (TTY: **711**) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-966-5955** (TTY: **711**) 번으로 전화해 주십시오.

ລາວ (Laotian) ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-966-5955 (TTY: 711).

Kajin Majōl (Marshallese) LALE: Ñe kwōj kōnono Kajin Majōl, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejjelok wōñāñ. Kaalok **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yáníłti’go Diné Bizaad, saad bee áká’ánída’áwo’déé’, t’áá jiik’eh, éi ná hóló, koji’ hódíílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoani, e fai fua e leai se totogi, mo oe, Telefoni mai: **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA’I: Kapau ‘oku ke Lea Faka-Tonga, ko e kau tokoni fakatonu lea ‘oku nau fai atu ha tokoni ta’etotongi, pea teke lava ‘o ma’u ia. Telefoni mai **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-966-5955** (TTY: **711**).

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