OPTIONS for continuing your membership

Helping you stay covered
Staying covered just got easier

Health coverage is something you can’t afford to be without. So we’re here to help make keeping your Kaiser Permanente coverage as simple and stress-free as possible. We’ll show you the many ways you have to find a new plan that best fits your needs.

By staying with Kaiser Permanente, you can rest easy.

• You don’t have to worry about what to do or where to go if you get sick, injured, or pregnant.
• You can keep the doctors you know and trust, and if you have children they can have their same pediatrician.
• You’re covered, with excellent care and convenient facilities that offer multiple services under one roof.

The Kaiser Permanente health plan you choose might be different from what you previously had, but it will provide you the same great care and services.

If you have any questions about your plan options, we’ll be happy to guide you through the process. Just visit kp.org/continuecoverage or call our Member Service Contact Center at 1-800-464-4000, 24 hours a day, 7 days a week (closed holidays). For TTY for the hearing/speech impaired, call 1-800-777-1370.

Going through change can be stressful, so it’s nice to know that continuing your health care coverage doesn’t have to be.
A few things to know before you start

Health care reform and you
The federal Affordable Care Act (ACA) has made the biggest change in the U.S. health care system since Medicare was established in 1965. You now have more protections and easy access to high-quality health coverage.

- You can no longer be denied coverage or dropped from your plan if you have a medical condition or get sick.
- You don’t have to pass a medical exam to qualify for coverage.
- There are no annual or lifetime dollar limits on essential health benefits.
- You can apply for federal financial assistance if you get your coverage through Covered California, the state’s Health Insurance Marketplace, which can help pay for your health care premiums and out-of-pocket costs.
- Medi-Cal has been expanded in California to cover more low-income adults.

Make sure you maintain your coverage before it’s too late.
- The ACA requires most U.S. citizens and those lawfully present in the U.S. to have minimum essential health coverage.
- If you don’t have coverage or receive coverage from an employer, and go without it for 3 months or longer (or 1 month or longer if you had a previous coverage gap during the same calendar year), you may have to pay a tax penalty to the federal government.

You have options for maintaining Kaiser Permanente coverage.
- California’s state-run Health Insurance Marketplace, Covered California, lets you shop, compare, and buy health care coverage.
- You can also get your coverage directly from Kaiser Permanente.
- Medi-Cal is also available for those who meet established income requirements.

Don’t miss your deadline

**Special enrollment**
The loss of your employer-sponsored coverage means you’re eligible for a special enrollment period. It can begin before you lose coverage and lasts 60 days after the date you lose (or would lose) coverage. If you sign up before your coverage ends, your new coverage may begin immediately and you won’t have any gap in coverage.

**For COBRA, Cal-COBRA, and Temporary Continuation of Coverage**
You can choose to sign up within 60 days of when you receive your COBRA election notice or the date you lose (or would lose) coverage, whichever is later. Contact your former employer to find out whether you’re eligible and how you can enroll.

**Open enrollment**
Other than special enrollments, the only time you can enroll through Covered California or directly with Kaiser Permanente is during the open enrollment period. Open enrollment for 2015 coverage is from November 15, 2014, through February 15, 2015. If you qualify for Medi-Cal, you can enroll anytime during the year.

Take the first step toward staying covered

Explore your options  Begin on page 4
You have many options to choose from, so let us give you a guided tour.

- Choose how you’d like to continue your Kaiser Permanente coverage.
- Go to that section to learn more.
- See how you can stay covered.

You can also visit kp.org/continuecoverage to answer a few simple questions and get recommendations customized just for you.

If you have questions, please call our Member Service Contact Center at 1-800-464-4000.
How would you like to continue your Kaiser Permanente coverage?

Kaiser Permanente for Individuals and Families

- Lots of plan types to choose from
- Coverage to fit your needs and budget
- A Kaiser Permanente health plan specialist to help you find the right plan

Kaiser Permanente Senior Advantage (HMO) Plan

- Are you eligible for Medicare?
- Kaiser Permanente coverage combined with original Medicare. Includes Medicare Part D prescription drug coverage.

If you’re a Kaiser Permanente Senior Advantage member whose group coverage is ending, you may have already received information from us about our Kaiser Permanente Senior Advantage plan for individuals. If you want more information, please contact us to learn how you can continue your Kaiser Permanente membership.

Kaiser Permanente for Individuals and Families plans through Covered California

- Federal help with premiums and out-of-pocket expenses if you qualify
- Shop, compare, and buy health care coverage
- A health plan specialist to help guide you through Covered California

Medi-Cal

- Coverage for low-income Californians who meet established income guidelines

Major Risk Medical Insurance Program

- Health insurance for individuals and their families who were denied coverage before health care reform because of pre-existing conditions

Kaiser Permanente’s Child Health Program

- A Kaiser Permanente program that helps pay for coverage for uninsured children up to age 19, whose household income meets established income guidelines and who have no access to public or private health coverage programs

Medi-Cal Access Program

- Low-cost health coverage provided through California’s Medi-Cal Access Program for middle-income, pregnant women who qualify

We’re here to help

You can also visit kp.org/continuecoverage to answer a few simple questions and get recommendations customized just for you. If you have questions, call our Member Service Contact Center at 1-800-464-4000.
Kaiser Permanente for Individuals and Families plans

We offer a range of plans to fit your needs and budget. You can pick one plan for your entire family or separate plans for each person.

Shopping for a Kaiser Permanente plan

You can select from several levels of coverage.

- All plan levels offer the same essential health benefits (such as doctor visits, hospital care, prescriptions, and maternity care) and include most preventive services for no charge.

- The categories don’t reflect the quality or amount of care the plans provide. You’ll still receive the same Kaiser Permanente care you’re used to.

- The main difference is what you pay for coverage. For example, our Bronze plans generally offer lower premiums and higher out-of-pocket costs. Gold plans generally have higher premiums and lower out-of-pocket costs.

- There are 2 ways to qualify for the Minimum Coverage plan. You must either be under 30 when the plan goes into effect or prove financial hardship or lack of affordable coverage with a certificate from Covered California.

We can help you stay covered

Contact us now

If you’d like to buy your new individual or family plan directly through Kaiser Permanente, call us at 1-800-245-3181 or visit us at buykp.org. We’ll help you compare plans, get a quote, and find the plan that’s right for you.

Kaiser Permanente Senior Advantage (HMO) Plan

With Senior Advantage, you get all the benefits of a Kaiser Permanente membership, along with the convenience of having your Medicare services covered under one plan. Plus, you can keep seeing your Kaiser Permanente doctor and continue to receive the quality care you’ve come to expect as a Kaiser Permanente member.

If you are a Kaiser Permanente Senior Advantage member whose group coverage is ending, you don’t need to do anything right now. We’ll send you information about our individual plan coverage (which is different from your group coverage) and what you need to do to continue your membership. If you have any questions, call our Member Service Contact Center at 1-800-443-0815 or 711 (TTY for the deaf, hard of hearing, or speech impaired), 7 days a week from 8 a.m. to 8 p.m.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year, and for group members, at other times in accord with your group’s contract with us.

The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply.

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Kaiser Permanente for Individuals and Families plans

Health Insurance Marketplaces, sometimes known as the health insurance “exchanges,” are federal or state-run markets where you can buy health care coverage and apply for financial assistance from the federal government. In California, the Marketplace is called Covered California.

You can buy your Kaiser Permanente plan through Covered California. We have tools and support that can help you find the Kaiser Permanente plan that works best for you.

Getting federal financial assistance
To get federal financial assistance to help pay for care and coverage, you’ll need to buy your plan through Covered California.

• Help is available for premiums and out-of-pocket expenses.
• If you qualify, the federal government can pay Kaiser Permanente any financial assistance on your behalf.
• Assistance will be on a sliding scale, based on income and family size.

This chart shows the estimated family income levels that qualify people for help paying premiums. The numbers change slightly every year, so it’s important to contact us to check the amounts.

<table>
<thead>
<tr>
<th>Number of people in household</th>
<th>Annual family income level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$46,680 or below</td>
</tr>
<tr>
<td>2</td>
<td>$62,920 or below</td>
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<tr>
<td>3</td>
<td>$79,160 or below</td>
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<tr>
<td>4</td>
<td>$95,400 or below</td>
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<tr>
<td>5</td>
<td>$111,640 or below</td>
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<tr>
<td>6</td>
<td>$127,880 or below</td>
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<tr>
<td>7</td>
<td>$144,120 or below</td>
</tr>
<tr>
<td>8</td>
<td>$160,360 or below</td>
</tr>
</tbody>
</table>

Shopping for a Kaiser Permanente plan
You can select from several levels of coverage.

- All plan levels offer the same essential health benefits (such as doctor visits, hospital care, prescriptions, and maternity care) and include many preventive services for no charge.
- The categories don’t reflect the quality or amount of care the plans provide.
- The main difference is what you pay for coverage. For example, our Bronze plans generally offer lower premiums and higher out-of-pocket costs. Gold plans generally have higher premiums and lower out-of-pocket costs.
- There are 2 ways to qualify for the Minimum Coverage plan. You must either be under 30 when the plan goes into effect or prove financial hardship or lack of affordable coverage with a certificate from Covered California. Federal financial assistance is not available with this plan.

What if you don’t qualify for federal financial assistance?
Even if you can’t get assistance from the federal government, you can buy a Kaiser Permanente plan directly from us or through Covered California. You may also qualify for Medi-Cal.

Let us help you stay covered

Contact us now
For help with Covered California and finding the right Kaiser Permanente plan for you, visit kp.org/continuecoverage or call our Member Service Contact Center at 1-800-464-4000.

Explore plans and rates
At buykp.org, you can compare individual or family plans, get a quote, and see if you might be eligible for federal financial assistance. There’s also an online tool to give you an estimate of how much federal assistance you may receive to help pay your premium.
You may be eligible for other programs, based on your financial or other circumstances. These include Medi-Cal and the options listed below.

**Medi-Cal**

**Who may be eligible?**
Californians under the age of 65 with income below 138 percent of the Federal Poverty Level are eligible for Medi-Cal.

**For more information on eligibility and how to apply:**
- Visit the Covered California website at coveredca.com.
- Contact your county Social Services office.
- Call our Member Service Contact Center at 1-800-464-4000 or 711 (TTY for the hearing/speech impaired), 24/7 (closed holidays).

**Major Risk Medical Insurance Program (MRMIP)**

Health insurance for individuals and their families who were denied coverage before health care reform because of pre-existing conditions.

**Who may be eligible?**
People living in California who:
- are not eligible for both Part A and Part B of Medicare, unless eligible solely because of end-stage renal disease (ESRD); and
- are not eligible to purchase any health insurance for continuation of benefits under COBRA or Cal-COBRA; and
- were unable to secure adequate coverage before health care reform.

**For more information:**
- Call 1-800-289-6574 to request a copy of the MRMIP handbook.
- Visit the MRMIP website at mrmib.ca.gov/mrmib/mrmip.

**Child Health Program**

This program provides a Kaiser Permanente subsidy to help pay the premiums for one of our Individual and Family plans. It also offers a Medical Financial Assistance Award to help pay out-of-pocket costs for services at Kaiser Permanente locations.

**Who may be eligible?**
Children who:
- Are under 19 years of age
- Do not have access to any other public or private health coverage (such as, but not limited to, Medi-Cal, Covered California, and job-based coverage)
- Are not eligible for reduced premiums and reduced cost-sharing assistance from the federal government
- Live in a household with incomes up to 300 percent of the Federal Poverty Level

In Southern California, enrollment is limited and may close to new applicants without notice.

**For more information:**
- Call 1-800-464-4000, 24/7 (closed holidays), TTY users, call 1-800-777-1370 or 711.
- Visit us at info.kp.org/child-healthprogram.

**Medi-Cal Access Program**

If you have a baby on the way, you may be eligible for low-cost health care coverage and prenatal care through California’s Medi-Cal Access Program.

**Who may be eligible?**
Pregnant women living in California who meet established income guidelines and:
- are pregnant but not more than 30 weeks pregnant, as of the application date;
- are not a recipient of no-cost Medi-Cal or Medicare Part A and Part B benefits as of the application date; and
- are uninsured or covered by private insurance with a separate maternity deductible or copayment of more than $500.

**For more information:**
- Call 1-800-433-2611, Monday through Friday from 8 a.m. to 8 p.m. and Saturday from 8 a.m. to 5 p.m.
- Visit the AIM program website at mrmib.ca.gov/mrmib/aim.

Get help staying covered

**Contact us now**

For help understanding your options and finding the right fit for you and your family, visit kp.org/continuecoverage or call our Member Service Contact Center at 1-800-464-4000.
COBRA, Cal-COBRA, and Temporary Continuation of Coverage (TCC)

If you lose your group coverage, you may be eligible for temporary continuation of the same coverage through COBRA, Cal-COBRA, or TCC. TCC is for eligible Federal Employees Health Benefits Program (FEHBP) members only.

**COBRA**
Most employers with at least 20 employees must offer COBRA coverage.

**Cal-COBRA**
If your coverage was through an employer with fewer than 20 employees, you may be eligible for Cal-COBRA coverage. Also, if you’ve had COBRA coverage for 18 months, you may be eligible for 18 more months of Cal-COBRA.

**Temporary Continuation of Coverage**
If you were covered under the Federal Employees Health Benefits Program, you may be eligible for TCC. You must notify your employing office within 60 days of a qualifying event in order to obtain TCC for a child who loses FEHBP coverage. TCC enrollments and premiums always begin 32 days after regular coverage ends.

Call your employer and stay covered

**Act now**
For COBRA, Cal-COBRA, and TCC plans, you’ll need to contact your former employer to find out whether you’re eligible, what the premiums are, and how you can enroll.

If you have any questions, please visit kp.org/continuecoverage or call our Member Service Contact Center at 1-800-464-4000.
Kaiser Permanente
Member Service Contact Center

1-800-464-4000
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