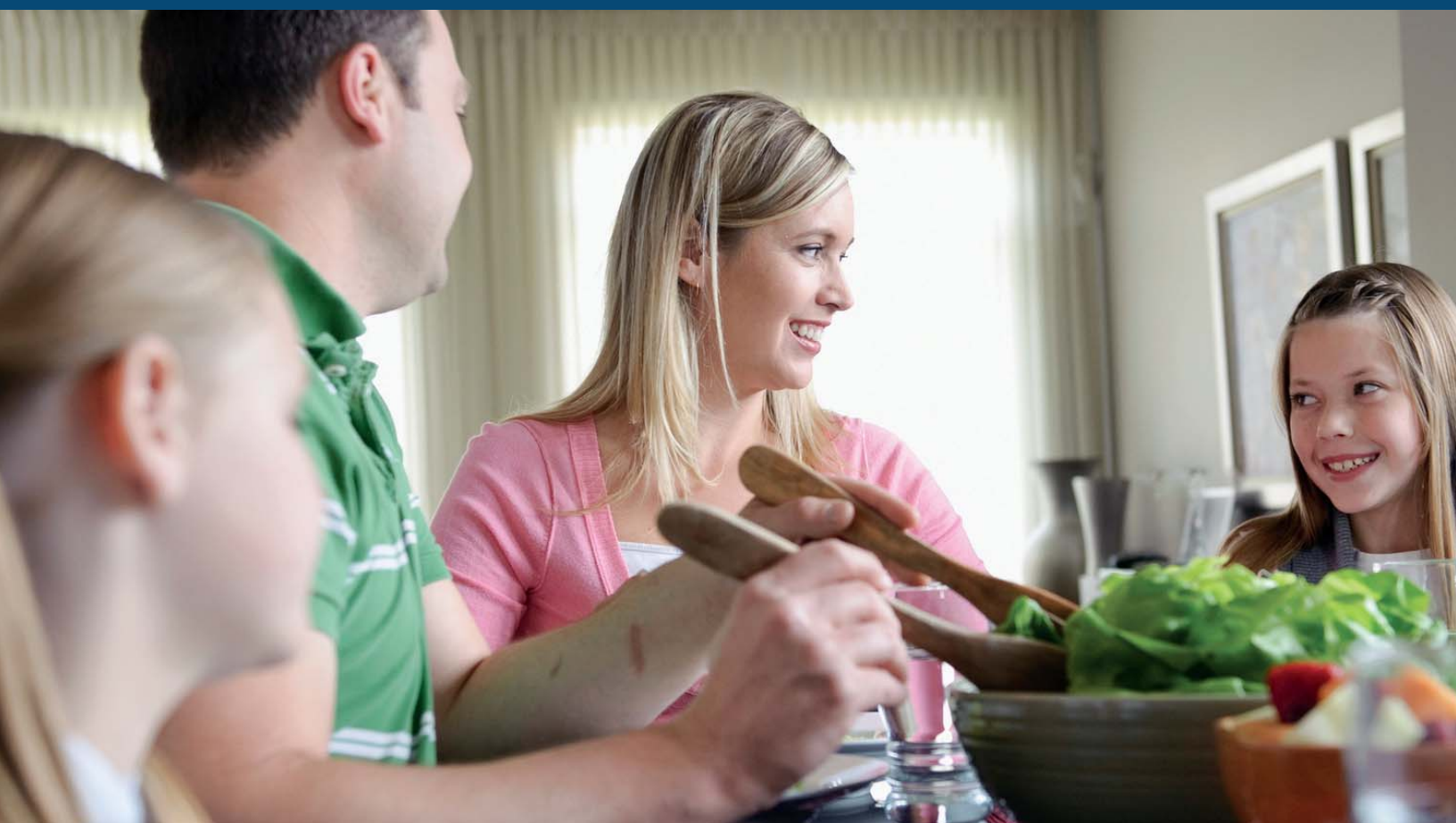


# HealthSpan for Individuals and Families Enrollment Guide



# A better choice for good health

With care and coverage working seamlessly together, HealthSpan is uniquely designed to give you the information and support you need to live healthy



## your choice of top doctors

Our doctors are among the best, and caring for people is their passion.



## personalized care and attention

Your doctors, nurses, and specialists are connected to your electronic health record, so they can work together to deliver great care that's right for you.



## services under one roof

You can do more and drive less because some of our locations include pharmacy, lab, X-ray services, and more.



## lots of healthy extras

Stay at your best with healthy resources like farmers markets and wellness classes.



## online access anytime, anywhere

Use your computer, smartphone, or mobile device to email your doctor's office, schedule routine appointments, view lab test results, refill prescriptions, and more.\*



## a better experience

We care about the whole you — body, mind, and spirit. Our doctors, health plans, and medical facilities all work as one.

[HealthSpan.org/welcome](https://www.healthspan.org/welcome)

Note: Many features discussed in this book are available only to members receiving care at HealthSpan medical facilities.

For a certain period of time, information and resources for HealthSpan will still be located on the Kaiser Permanente website [kp.org](https://www.kp.org), including the services available through My Health Manager\*.

\*These secure online features are available for managing care at HealthSpan facilities.

Welcome to your *HealthSpan for Individuals and Families Enrollment Guide*. This guide will help you understand what health care means for you and how to select the right health plan for your needs.



### Important deadline

Open enrollment ends **March 31, 2014**. See page 12 for details, and learn about special situations that may allow you to submit your application for health coverage after this date.

## What's inside

### Understanding health care

|  |   |
|--|---|
| Why health care matters .....                  | 2 |
| What health care reform means for you .....    | 3 |
| Do you qualify for financial assistance? ..... | 4 |

### Your partner for better health .....

|   |    |
|---|----|
| The power to choose .....                     | 6  |
| Excellent care .....                          | 7  |
| Online access anytime, anywhere .....         | 8  |
| Convenient classes, resources, and more ..... | 9  |
| Everything at your fingertips .....           | 10 |

### Find a provider near you .....

### When to enroll in your plan .....

|                              |    |
|------------------------------|----|
| Simple steps to enroll ..... | 13 |
|------------------------------|----|

### Choosing the right plan for you .....

|                                      |    |
|--------------------------------------|----|
| Health plan types .....              | 15 |
| Comparing health plans .....         | 17 |
| Health plan benefit highlights ..... | 18 |
| Health plan rates .....              | 20 |

### Important details and notices .....

This is a guide for enrollment in health insurance. Enclosed is a summary of rates and benefits. For complete details of coverage and an explanation of exclusions and limitations please contact your broker or call one of our licensed insurance agents at **1-866-479-5969 option 5, or 216-479-5613**.

# Why health care matters

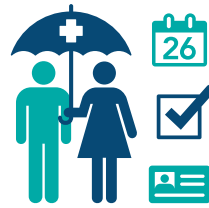
Health care coverage makes it easier to get the care you need to get healthy and stay healthy. There are two parts of health care. One part involves the team (doctors, nurses, specialists) that provides care and the facilities where you receive care. The other part is the coverage you need to pay for that care. At HealthSpan, we offer both parts in one convenient package.



## Health care

Almost everyone gets sick or hurt, or needs some kind of medical help. To get better, you usually need care—like seeing a doctor, staying in a hospital, taking medication, or all of the above. Health care includes many important services, such as:

- doctors' office visits
- hospital stays
- emergency room visits
- X-rays
- laboratory tests
- prescription drugs
- preventive care
  - well-baby visits
  - well-woman visits
  - immunizations
  - screenings



## Health coverage

Health insurance is a lot like the insurance people have to protect their car or home. Some people get health insurance through their jobs, and some buy it themselves. Without insurance, high medical bills can wipe out savings and even lead to bankruptcy. Insurance helps protect you financially if you have a serious illness or injury that requires extensive care.

- Each month, you pay a premium—your monthly rate—to your insurance company or health plan for your health care coverage. If you qualify for federal financial assistance, you might get help paying this premium. The federal government would pay any financial assistance to HealthSpan on your behalf. See page 4 to learn more.
- When you need care (such as doctor visits, hospital care, and medications), your insurance company or health plan may help you pay for it.



## How you benefit

Here are some of the major advantages of having health care coverage:

- **Peace of mind.** You shouldn't have to worry about how you're going to pay if you get sick, injured, or pregnant. Life is unpredictable, but when you have health coverage, you have more control, and you can rest easy knowing that you're going to get the care you need.
- **Care when you need it.** You can see a doctor when you're sick or just need preventive care. You don't need to ignore symptoms or hope they'll go away. You can get treated before things get worse.
- **Stay on a healthy path.** Preventive care helps you catch minor symptoms before they become problems. Screenings, like mammograms and cholesterol level tests, can catch problems early—when they're easier to treat.

# What health care reform means for you

On March 23, 2010, the Affordable Care Act (ACA) – also known as health care reform – became federal law. Many of the changes resulting from the law mean more peace of mind for you and your family.

If you have health coverage now, you're probably already enjoying some of the benefits of health care reform, including more preventive care for no charge and being able to keep your children on your plan until they turn 28. If this is your first time shopping for health coverage, or you're switching plans, you'll be getting all of these benefits and more with your new ACA-compliant plan.

## Everyone can enroll

Anyone can get coverage. You can no longer be denied coverage because of a medical condition, and you don't have to pass a medical exam to qualify for coverage.

## Stay up-to-date with ACA requirements

All of our plans can help you meet the requirement that most U.S. citizens and legal residents have a basic level of health coverage starting January 1, 2014. In most cases, if you don't buy coverage and go without it for three consecutive months or longer, you'll be charged a tax penalty by the government.

Some people don't have to buy insurance. For example, if your income is below a certain level or you have certain religious beliefs, you may not have to purchase insurance. In such cases, you may be able to file for an exemption at the Health Insurance Marketplace.

## Pediatric dental coverage

To meet the requirements of the ACA, you must have pediatric dental coverage. You can enroll in pediatric dental coverage through Delta Dental, or through another insurer of your choice. For information about enrolling through Delta Dental, visit [mysmilecoverage.com/kaiser](http://mysmilecoverage.com/kaiser). On your application, you'll need to confirm that you will enroll or already have enrolled in qualified pediatric dental coverage, as required by law.

## Marketplaces are open

You can buy your HealthSpan plan directly from us, or you can visit the Health Insurance Marketplace in Ohio. The Marketplace is a federal market where you can shop, compare, and buy health care coverage.

## The choice is yours

When shopping at the Marketplace for a HealthSpan plan, you'll see three levels of coverage – Bronze, Silver, and Gold. You can choose the plan that best meets your needs.

- All plans will offer the same essential health benefits (such as doctor visits, hospital care, prescriptions, and maternity care) and will include certain preventive services for no charge.
- The main difference is how you pay for care. Our Bronze plans generally offer lower premiums but higher out-of-pocket costs. Gold plans generally have higher premiums and lower out-of-pocket costs.
- There's an additional Catastrophic plan, a high-deductible plan option for applicants under age 30. Applicants age 30 and older may also purchase this plan only if they provide a certificate from the Health Insurance Marketplace in Ohio demonstrating hardship or lack of affordable coverage. The Catastrophic plan has the same basic benefits as the Bronze, Silver, and Gold plans. But it has lower premiums and higher out-of-pocket costs (including a higher deductible than the other deductible plans). However, the Catastrophic plan offers a total of three office visits for certain services as well as preventive care services for no charge before the deductible.

# Do you qualify for financial assistance?

If you need help paying for health care, you may qualify for financial assistance. Under health care reform, the federal government will provide financial assistance for people with qualifying incomes. Here's some information to help you find out whether you may be eligible.

## Federal financial assistance available

Starting in October 2013, you'll be able to apply for financial assistance from the federal government to help pay for care and coverage under HealthSpan's new 2014 plans.

- Help with premiums and out-of-pocket expenses (deductibles, copayments, coinsurance) will be available only if you buy your new ACA-compliant HealthSpan coverage through your Health Insurance Marketplace, the Health Insurance Marketplace in Ohio.
- If you qualify, the federal government will pay HealthSpan any financial assistance on your behalf.
- Assistance will be on a sliding scale, based on modified adjusted gross income and family size.

## Are you eligible for assistance?

There are a few ways to find out:

- Use this chart to get an idea of whether you and your family may qualify:

| Number of people in household | 2013 annual family income levels to qualify <sup>1</sup> |
|-------------------------------|--|
| 1                             | \$45,960 or below  |
| 2                             | \$62,040 or below  |
| 3                             | \$78,120 or below  |
| 4                             | \$94,200 or below  |
| 5                             | \$110,280 or below                                       |
| 6                             | \$126,360 or below                                       |
| 7                             | \$142,440 or below                                       |
| 8                             | \$158,520 or below                                       |

<sup>1</sup>2013 modified adjusted gross income levels are the latest available; assistance will be based on estimated 2014 modified adjusted gross income.

- Use HealthSpan's online calculator at [HealthSpan.org/quote](http://HealthSpan.org/quote). You'll get an estimate of how much assistance you may receive to help pay your premium.

## What should you do next?

Go to [healthcare.gov](http://healthcare.gov) for a determination of your total financial assistance eligibility for your premium and out-of-pocket expenses. You'll also be able to enroll in an ACA-compliant HealthSpan plan through the Health Insurance Marketplace in Ohio if you qualify for assistance.

Please note that if you have the option of receiving health coverage through your employer, you may not be eligible for financial assistance.

## What if you don't qualify for assistance?

You have two choices:

- You can still purchase an ACA-compliant HealthSpan plan through the Health Insurance Marketplace in Ohio.
- Or you can purchase your coverage directly from us—that's easiest.

Either way, your plan will offer the same benefits and services.

## Have questions?

We've got answers. We'll help you decide which HealthSpan plan is best for you, even if you apply through [healthcare.gov](http://healthcare.gov). Call us at **1-866-479-5969 option 5**, or contact your agent or broker.

You can also review the "Choosing the right plan for you" section on page 14 and the "Health plan benefit highlights" chart starting on page 18 for helpful details on your health care coverage options. For information on when and how to enroll, see page 12.

# Your partner for better health

Making smart decisions about your health may be easier than you think, whether you're looking for a new plan or choosing health coverage for the first time. Take a look at all you get with your membership, and you'll see how HealthSpan can help you live a healthier life.

-  **The power to choose**  
Make the best choice for you and your family. With many great doctors and convenient facilities to choose from, it's easier to get the care you need when you need it.
-  **Excellent care**  
Your electronic health record informs your care team at HealthSpan facilities and enables their teamwork. This way you're treated as a person, not a symptom.
-  **Online access anytime, anywhere**  
Stay better informed about your health – and better able to manage it – with online and mobile tools that help you get the support you need.
-  **Convenient classes, resources, and more**  
Take your health beyond checkups with a partner that provides the inspiration and information you need to live life to the fullest.
-  **Everything at your fingertips**  
Make life easier. Our online and mobile resources can help you to pick the right plan, find locations near you, and get the most out of your coverage.

For a certain period of time, information and resources for HealthSpan will still be located on the Kaiser Permanente website [kp.org](http://kp.org), including the services available through My Health Manager\*.

Some content and documents may reference the Kaiser Permanente brand name, but please note that in Ohio, this content now applies to HealthSpan Integrated Care.

\*These secure online features are available for managing care at HealthSpan facilities.

## The power to choose

Stay in charge of your health. It's simple to make the right choice when you've got great doctors, convenient facilities, and care when you need it.



### Your choice of top doctors

We've carefully selected our doctors so you can make the right choice for you and your family. Many of our highly respected doctors come from the top medical schools in the country. And it's easy to take your pick—just go online to view our doctor profiles. You can choose or change your doctor anytime.



### Under-one-roof convenience

Save time and avoid driving all over town for care. You have locations to choose from, some of which offer multiple services under one roof. You can see your doctor, get a lab test or an X-ray, and pick up your medications—all without leaving the building.



### What you need, when you need it

- Email your doctor's office with nonurgent questions.
- Refill most prescriptions online with free shipping.
- Make routine appointments with a call or click.
- View recent office visits and most test results online.
- Get same-day, after-hours, and weekend services at some locations.
- Call for advice from a registered nurse, 24 hours a day.
- Travel freely; you're covered for emergency care worldwide.

### Your electronic health record brings it all together

#### Your doctor's office

Your record gets updated with each visit to our HealthSpan facilities, so it's always current.

#### Pharmacy, lab, X-ray

No need for paperwork when you get services at our facilities—your doctor's orders are already there.



## Excellent care

Teamwork and expertise combined help make our doctors, nurses, and specialists better informed to provide the best care for your needs.



### Personalized care and attention

A care team that's informed and focused on you can lead to better health. Supported by your secure electronic health record, your care teams are better prepared to deliver the right care at the right time – even if you go to different HealthSpan locations in your area.



### Easy access to specialty care

Our specialists are connected to real-time updates on your electronic health record, so they can diagnose and treat conditions more efficiently. Contact your doctor to request a referral.



### A focus on you and your family

With medical care and health coverage working together, there are fewer administrative hassles for you and your care team. You're empowered to get the care you need, and your doctors, nurses, and specialists can focus on what they do best – to help you get well and stay well.

### Specialty care

Your specialists are up to speed and ready to take care of you.

### At home or on the go

Get your health information on your computer or mobile device to stay informed and in charge.

## Online access anytime, anywhere

At home or on the go, we've got you covered. Plug into your health with our online and mobile tools that help you get what you want, when you want it.



### It's easy to stay connected

Members registered on **kp.org** have secure access to My Health Manager \*, the online tool that helps you manage your care at our facilities.

- Email your doctor's office.
- Refill most prescriptions.
- View most lab and radiology test results.
- Schedule or cancel routine appointments.
- Care for a family member using these features.



### A website full of healthy ideas

Get informed and inspired on our award-winning website, **kp.org**. Take charge of your health with articles, wellness topics, and health calculators. Our music channels, podcasts, fitness videos, and recipes from world-class chefs can help you find new ways to live well.



### Good health on the go

Manage your care at home, work, or play with our mobile app. It puts all the convenient features of My Health Manager right in the palm of your hand. You can download the free HealthSpan app from the now registered App Store<sup>SM</sup> or Google Play<sup>®</sup>.

App Store is a service mark of Apple, Inc., and Google Play is a trademark of Google, Inc.

### Top reasons to join HealthSpan

#### Better care

A care team that's coordinated and focused on you.

#### Better doctors

Choose from top doctors who are in it because they care.

For a certain period of time, information and resources for HealthSpan will still be located on the Kaiser Permanente website [kp.org](http://kp.org), including the services available through My Health Manager\*.

Some content and documents may reference the Kaiser Permanente brand name, but please note that in Ohio, this content now applies to HealthSpan Integrated Care.

\*These secure online features are available for managing care at HealthSpan facilities.

**Have questions?** Call us at **1-866-479-5969 option 5** • Go to **HealthSpan.org/quote** • Or contact your agent or broker.

## Everything at your fingertips

We know you have a busy schedule. That's why we do everything we can to make things simpler for you – whether you're enrolling in a health plan or looking for a medical facility to get care.



### Online enrollment

You'll find the *Application for Health Coverage* included with this guide. Or go to **HealthSpan.org/quote** to download a copy of the application. If you're working with an agent or broker, use the personalized link he or she has provided.



### Checking for financial help

Federal financial assistance to help pay for health coverage is available for those who qualify. If you qualify for assistance and purchase a HealthSpan plan through the Health Insurance Marketplace in Ohio, the federal government will pay any financial assistance directly to HealthSpan on your behalf. Use our online calculator at **HealthSpan.org/quote** to get an estimate of how much assistance you may receive to help pay your premium.



### Location, location, location

It's easy to find the care you need, when you need it. HealthSpan facilities are located in your area. Visit **kp.org/facilities** to find one near your home or office.

### We're always here to help

#### Call us

Call **1-866-479-5969 option 5** to speak with one of our licensed insurance representatives who will be happy to help you understand your options and pick the right HealthSpan health plan for you.

#### Go online

Ready to purchase a HealthSpan plan? Visit **HealthSpan.org/quote** to get started, or contact your agent or broker.

# When to enroll in your plan

Once you understand why you need health care coverage and whether you qualify for financial assistance, the next step is knowing when and how to enroll. Here's an overview of what you need to do to get the plan of your choice.

## Open enrollment

There's a deadline to apply for health care coverage. You can apply only between October 1, 2013, and March 31, 2014. This is called the open enrollment period. It's when you can enroll in health plans through the Health Insurance Marketplace in Ohio or directly through HealthSpan.

**To enroll during this 2014 open enrollment period, you must make sure we receive your completed *Application for Health Coverage* – along with your first month's premium – no later than March 31, 2014.**

## Special enrollment

After open enrollment, you can still enroll during special enrollment periods in the case of certain events that change your status. Special enrollment periods last 60 days after any of these events, which may include the following:

- marriage
- birth or adoption of a child
- divorce
- loss of job and employer-sponsored coverage

Please include proof of your special event with your application.

### Open enrollment period – October 1, 2013 through March 31, 2014

| If you want your coverage to start on: | Your completed application and first month's premium must be received by: |
|--|---|
| January 1, 2014                        | October 1, 2013 – December 15, 2013                                       |
| February 1, 2014                       | December 16, 2013 – January 15, 2014                                      |
| March 1, 2014                          | January 16, 2014 – February 15, 2014                                      |
| April 1, 2014                          | February 16, 2014 – March 15, 2014  |
| May 1, 2014                            | March 16, 2014 – March 31, 2014   |

### Special enrollment period – April 1, 2014 through November 15, 2014

#### Enrolling outside open enrollment due to a life-changing event

| If you want your coverage to start on: | Your completed application, first month's premium, and proof of special event must be received by: |
|--|--|
| May 1, 2014                            | April 1, 2014 – April 15, 2014   |
| June 1, 2014                           | April 16, 2014 – May 15, 2014  |
| July 1, 2014                           | May 16, 2014 – June 15, 2014   |
| August 1, 2014                         | June 16, 2014 – July 15, 2014  |
| September 1, 2014                      | July 16, 2014 – August 15, 2014  |
| October 1, 2014                        | August 16, 2014 – September 15, 2014   |
| November 1, 2014                       | September 16, 2014 – October 15, 2014  |
| December 1, 2014                       | October 16, 2014 – November 15, 2014   |

Some content and documents may reference the Kaiser Permanente brand name, but please note that in Ohio, this content now applies to HealthSpan Integrated Care.

**Have questions?** Call us at **1-866-479-5969 option 5** • Go to **HealthSpan.org/quote** • Or contact your agent or broker.

## Simple steps to enroll



### 1. Choose a plan

Pick the plan that's right for you. You can cover your entire family under the same plan or separate plans.



### 2. Confirm your rate area

Check the "Health plan rates" section on page 20 to see whether your home county is listed. If it isn't, call us at **1-866-479-5969 option 5**, or contact your agent or broker.



### 3. See if you're eligible for financial assistance

You may be eligible for financial assistance from the federal government for your 2014 HealthSpan health plan. If you qualify, the federal government will pay any financial assistance to HealthSpan on your behalf. Help may be available for:

- monthly premiums
- out-of-pocket costs, such as copayments, coinsurance, or deductibles

See the "Do you qualify for financial assistance?" section of this guide on page 4 for more information. If you're eligible, you must purchase your HealthSpan plan through the Health Insurance Marketplace in Ohio to get assistance. If you're not eligible, continue to step 4.



### 4. Complete your application

Complete a paper application. If you're working with an agent or broker, be sure to complete that section of the application. You can also download an application at **HealthSpan.org/quote**



### 5. Select your payment method

Payment for your first month's coverage by check, money order, debit card, or credit card is required with your application.



### 6. Sign the application form

Please make sure you've signed everywhere indicated on the application. If your application is missing any information, signatures, or payment, this may delay your effective date or cancel your application.



### 7. Submit the application form

- **Online:** For the fastest response, enroll online today at **Healthspan.org/brokers**. Or if you're working with an agent or broker, use the personalized link he or she has provided.
- **Fax:** 1-216-479-5430
- **Mail:** HealthSpan

California Service Center - HSIF  
 P.O. Box 23219  
 San Diego, CA 92193-9921

# Choosing the right plan for you

Before you buy your plan—whether directly from us or through the Health Insurance Marketplace in Ohio—we can help you decide which HealthSpan plan is best for you. That way, you'll know which plan to select as you complete your enrollment. Here's some important information to help you make your decision.



## Health plan types

Learn about our plans, and see examples of how they work. They all offer the same basic health benefits, along with quality care and support. No matter which plan you select, you get top doctors and a care team focused on you—all working together with the latest technology to offer well-coordinated, personalized care.



## Comparing health plans

Get an overview of what you might pay for services under different plans, and get a sense of which one best meets your needs.



## Health plan benefit highlights

Compare plans and benefits.



## Health plan rates

Fill out our rate worksheet so you can determine your monthly rate.

## Health plan types

With each level of coverage—Bronze, Silver, and Gold—there are different types of plans that work in different ways, depending on how you want to pay for services. You can choose one plan for your entire family or separate plans for different family members. If your family members choose different plans, each plan will have a separate deductible and out-of-pocket maximum.

### Copayment plans

Copayment plans have set fees for most covered services and no deductibles.

- With copayments, you know in advance how much you'll pay for things like doctor's office visits or prescriptions.

#### How it works

*Let's say you injure your ankle and visit your primary care physician, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication.*

With the KP Gold 0/20 copayment plan, you would pay a separate copayment for each of the covered services you received. You do not have to reach a deductible.

- In this case, you would pay a \$20 copay for the doctor's office visit, 30 percent coinsurance for the X-ray, and a \$10 copay for the generic drug.
- Your copays would contribute to your out-of-pocket maximum.

Please note this is only an example of how a copayment plan works. See the "Health plan benefit highlights" chart starting on page 18 for more detailed information.

### Deductible plans

Deductible plans have lower monthly rates. If you need care, you'll usually pay full charge for most covered services until you reach a set amount known as your *deductible*.

- Once you've reached your deductible, you'll pay a copayment or coinsurance for most covered services for the rest of the calendar year.
- Most preventive care services will be covered at no charge even before you reach your deductible.

#### How it works

*Let's say you injure your ankle and visit your primary care physician, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication.*

On the KP Silver 1500/30 deductible plan, you would have to pay \$1,500 out of your own pocket before being eligible to pay a copay or coinsurance for most covered services. However, our Silver deductible plan offers generic drugs and office visits for certain services for a copay before the deductible is met.

- In this example, the doctor's office visit and the prescription are available for a copay before you reach your deductible. You would pay just a \$30 copay for the doctor's office visit and a \$15 copay for the generic drug.
- Your copays would contribute toward your out-of-pocket maximum but not toward your deductible.
- You would pay full charge for the X-ray. This amount would be applied to your \$1,500 annual deductible. After reaching your deductible, you would pay a 30 percent coinsurance for the X-ray.

Please note this is only an example of how a deductible plan works. See the "Health plan benefit highlights" chart starting on page 18 for more detailed information.

## HSA-qualified deductible plans

HSA-qualified deductible plans allow you to pay for qualified medical expenses with tax-deductible dollars.

- You can contribute tax-deductible dollars into an HSA (health savings account), and use this money to help pay for eligible medical expenses, such as eyeglasses and laser eye surgery, dental care, acupuncture, and chiropractic services. For a complete list of qualified medical expenses, see Publication 502, Medical and Dental Expenses, at [irs.gov](http://irs.gov).
- If you select a plan qualified for an HSA, we'll send you additional information about setting up your account.
- Tax references relate to federal income tax only. For more information, consult your financial or tax adviser. To learn more about health savings accounts, visit [irs.gov/publications/p969/ar02.html](http://irs.gov/publications/p969/ar02.html) or call 1-800-829-1040.

### How it works

*Let's say you injure your ankle and visit your primary care physician, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication.*

With the KP Bronze 5000/30% HSA-qualified deductible plan, you would pay full charge for most covered services until you reach your \$5,000 deductible. However, if you open and fund an HSA, you can pay for your deductible, copays, and coinsurance with tax-deductible dollars. Most preventive care services would be covered at no charge even before the deductible is met.

- In the situation above, you would pay the first \$5,000 of your medical and pharmacy expenses out of your own pocket. Then you would start paying a copay or coinsurance for most covered services.
- If you haven't reached your deductible, you would pay full charge for the doctor's office visit, the X-ray, and the medication. After reaching your deductible, you would pay 30 percent for the doctor's office visit, 30 percent coinsurance for the X-ray, and a \$20 copay for the generic drug.
- All the charges you pay for covered services would apply to your deductible, and your deductible would contribute to your out-of-pocket maximum.

Please note this is only an example of how an HSA-qualified plan works. See the "Health plan benefit highlights" chart starting on page 18 for more detailed information.

## The HSA difference for family plans

Deductibles and out-of-pocket maximums work differently in traditional deductible plans and most HSA-qualified deductible plans with family coverage.

Deductible plans with family coverage have both an individual deductible and a family deductible. That means that one member of the family can meet the lower individual deductible and be eligible for coinsurance or copayments before the higher family deductible is satisfied. Similarly, one family member can meet the individual out-of-pocket maximum before the family out-of-pocket maximum is met.

However, in most HSA-qualified deductible plans with family coverage, there is no individual deductible or out-of-pocket maximum. You can meet the family deductible or out-of-pocket maximum with one family member's expenses or a combination of family members' out-of-pocket costs.

## A focus on prevention

Preventive screenings help keep you healthy by providing an early alert for many health conditions. That way, they can be treated before they become serious. Under health care reform, many are available at no charge—even if you have a deductible plan.

### Here are some examples of preventive care services:

- routine preventive physical exams
- well-child visits (0 to 23 months)
- well-woman visits
- immunizations
- annual flu shots
- routine preventive laboratory tests
- flexible sigmoidoscopies and colonoscopies
- bone density scans
- tuberculosis tests
- autism screenings
- mammogram screenings
- contraceptive care and counseling
- breastfeeding support

For a complete list of our preventive care services, visit [kp.org/prevention](http://kp.org/prevention).



## Comparing health plans

See the “Health plan benefit highlights” chart starting on the next page for an overview of what you can expect to pay for services under our plans. This will help you understand which one best meets your needs. For deductible plans, keep in mind that most of the amounts shown apply only after you reach your deductible. To get an idea of what you might pay before reaching your deductible, check out the treatment fee tool and resources at [kp.org/treatmentestimates](http://kp.org/treatmentestimates).

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

|   | KP Silver 1500/30  |
|---|--|
| Plan type   | Deductible   |
| <b>Features</b>   |  |
| Individual plan annual deductible (subscriber only)                 | \$1,500  |
| Family plan annual deductible (individual/family)                   | \$1,500/\$3,000  |
| Individual plan annual out-of-pocket maximum (subscriber only)      | \$6,350  |
| Family plan annual out-of-pocket maximum (individual/family)        | \$6,350/\$12,700   |
| <b>Benefits</b>   |  |
| Preventive care   |  |
| Routine physical exam   | No charge  |
| Outpatient services (per visit or procedure)                        |  |
| Primary care office visit   | \$30   |
| Specialty care office visit   | \$50   |
| Most X-rays   | 30% after deductible   |
| Most lab tests  | 30% after deductible   |
| MRI, CT, PET  | \$250 after deductible   |
| Outpatient surgery  | 30% after deductible   |
| Mental health visit   | \$30   |
| Inpatient hospital care (per admission)                             |  |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications | 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  | \$350  |
| Urgent care visit   | \$75   |
| Prescription drugs  |  |
| Plan pharmacy (up to a 30-day supply)                               | Generic: \$15<br>Brand: \$45<br>Specialty: 30%<br>After \$250 brand/specialty deductible |
| Mail order (up to a 62-day supply)                                  | Generic: \$15<br>Brand: \$45<br>Specialty: 30%<br>After \$250 brand/specialty deductible |

### 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 charge for most services until you reach \$1,500 for yourself or \$3,000 for your family. Then you’d start paying copayments (copays) or coinsurance.

### Annual out-of-pocket maximum

This is the most you’ll pay for care during a policy period (usually a year) before your plan starts paying 100 percent for most covered services. In this example, you’d never pay more than \$6,350 for yourself and no more than \$12,700 for your family for your deductible, copayments, and coinsurance.

### 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.

### Not subject to the deductible

Some services are always covered at a copay or coinsurance, regardless of whether you’ve reached your deductible. Under this plan, primary care visits are covered at a \$30 copay—even before you meet your deductible. With our Silver deductible plans, primary care, specialty care, and urgent care visits are not subject to the deductible.

### Coinsurance

After reaching your deductible, you may start paying a percentage of the total cost for certain services. Here, you’d pay 30 percent of the cost for your inpatient hospital care after you reach your deductible. Your plan would pay the rest.

### Copayment

This is the set amount you pay for certain services, usually after you reach your deductible. Here, you’d start paying a \$350 copay for Emergency Department visits after your deductible is met.

## Health plan benefit highlights

|   | KP Bronze 5000/30% HSA  | KP Bronze 4500/50   | KP Silver 1750/25% HSA   | KP Silver 1500/30  |
|---|---|---|--|--|
| <b>Plan type</b>  | HSA-qualified   | Deductible  | HSA-qualified  | Deductible   |
| <b>Features</b>   |   |   |  |  |
| Individual plan annual deductible (subscriber only)                 | \$5,000   | \$4,500   | \$1,750  | \$1,500  |
| Family plan annual deductible (individual/family)                   | \$10,000/\$10,000   | \$4,500/\$9,000   | \$3,500/\$3,500  | \$1,500/\$3,000  |
| Individual plan annual out-of-pocket maximum (subscriber only)      | \$6,350   | \$6,350   | \$5,000  | \$6,350  |
| Family plan annual out-of-pocket maximum (individual/family)        | \$12,700/\$12,700   | \$6,350/\$12,700  | \$10,000/\$10,000  | \$6,350/\$12,700   |
| <b>Benefits</b>   |   |   |  |  |
| <b>Preventive care</b>  |   |   |  |  |
| Routine physical exam   | No charge   | No charge   | No charge  | No charge  |
| <b>Outpatient services (per visit or procedure)</b>                 |   |   |  |  |
| Primary care office visit   | 30% after deductible  | \$50  | 25% after deductible   | \$30   |
| Specialty care office visit   | 30% after deductible  | \$70  | 25% after deductible   | \$50   |
| Most X-rays   | 30% after deductible  | 20% after deductible  | 25% after deductible   | 30% after deductible   |
| Most lab tests  | 30% after deductible  | 20% after deductible  | 25% after deductible   | 30% after deductible   |
| MRI, CT, PET  | 30% after deductible  | \$500 after deductible  | 25% after deductible   | \$250 after deductible   |
| Outpatient surgery  | 30% after deductible  | 20% after deductible  | 25% after deductible   | 30% after deductible   |
| Mental health visit   | 30% after deductible  | \$50  | 25% after deductible   | \$30   |
| <b>Inpatient hospital care (per admission)</b>                      |   |   |  |  |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications | 30% after deductible  | 20% after deductible  | 25% after deductible   | 30% after deductible   |
| <b>Maternity</b>  |   |   |  |  |
| Routine prenatal care visit, first postpartum visit                 | No charge   | No charge   | No charge  | No charge  |
| Delivery and inpatient well-baby care                               | 30% after deductible  | 20% after deductible  | 25% after deductible   | 30% after deductible   |
| <b>Emergency and urgent care</b>                                    |   |   |  |  |
| Emergency Department visit  | 30% after deductible  | 20% after deductible  | 25% after deductible   | \$350  |
| Urgent care visit   | 30% after deductible  | \$75  | 25% after deductible   | \$75   |
| <b>Prescription drugs</b>   |   |   |  |  |
| Plan pharmacy (up to a 30-day supply)                               | Generic: \$20<br>Brand/specialty: 30%<br>All after deductible | Generic: \$25<br>Brand/specialty: 50%<br>After \$500 brand/specialty deductible | Generic: \$15<br>Brand: \$45<br>Specialty: 25%<br>All after deductible | Generic: \$15<br>Brand: \$45<br>Specialty: 30%<br>After \$250 brand/specialty deductible |
| Mail order (up to a 62-day supply)                                  | Generic: \$20<br>Brand/specialty: 30%<br>All after deductible | Generic: \$25<br>Brand/specialty: 50%<br>After \$500 brand/specialty deductible | Generic: \$15<br>Brand: \$45<br>Specialty: 25%<br>All after deductible | Generic: \$15<br>Brand: \$45<br>Specialty: 30%<br>After \$250 brand/specialty deductible |

This is a summary of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. For more information, please refer to the *Evidence of Coverage* which will be mailed to you upon enrollment or upon request. 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.

Some content and documents may reference the Kaiser Permanente brand name, but please note that in Ohio, this content now applies to HealthSpan Integrated Care.

Have questions? Call us at 1-866-479-5969 option 5 • Go to [HealthSpan.org/quote](https://HealthSpan.org/quote) • Or contact your agent or broker.

## Health plan benefit highlights

|   | KP Gold 1000/20                                | KP Gold 0/20                                   | KP Catastrophic 6350/0% <sup>2</sup>   |
|---|--|--|--|
| <b>Plan type</b>  | Deductible                                     | Copayment                                      | Deductible   |
| <b>Features</b>   |  |  |  |
| Individual plan annual deductible (subscriber only)                 | \$1,000  | None   | \$6,350  |
| Family plan annual deductible (individual/family)                   | \$1,000/\$2,000                                | None   | \$6,350/\$12,700   |
| Individual plan annual out-of-pocket maximum (subscriber only)      | \$6,350  | \$6,350  | \$6,350  |
| Family plan annual out-of-pocket maximum (individual/family)        | \$6,350/\$12,700                               | \$6,350/\$12,700                               | \$6,350/\$12,700   |
| <b>Benefits</b>   |  |  |  |
| <b>Preventive care</b>  |  |  |  |
| Routine physical exam   | No charge                                      | No charge                                      | No charge  |
| <b>Outpatient services (per visit or procedure)</b>                 |  |  |  |
| Primary care office visit   | \$20   | \$20   | First 3 office visits no charge. <sup>3</sup><br>Additional visits no charge after deductible. |
| Specialty care office visit   | \$40   | \$40   | No charge after deductible   |
| Most X-rays   | 20% after deductible                           | 30%  | No charge after deductible   |
| Most lab tests  | 20% after deductible                           | 30%  | No charge after deductible   |
| MRI, CT, PET  | \$150 after deductible                         | \$250  | No charge after deductible   |
| Outpatient surgery  | 20% after deductible                           | 30%  | No charge after deductible   |
| Mental health visit   | \$20   | \$20   | First 3 office visits no charge. <sup>3</sup><br>Additional visits no charge after deductible. |
| <b>Inpatient hospital care (per admission)</b>                      |  |  |  |
| Room and board, surgery, anesthesia, X-rays, lab tests, medications | 20% after deductible                           | \$500 per day, up to 4 days <sup>1</sup>       | No charge after deductible   |
| <b>Maternity</b>  |  |  |  |
| Routine prenatal care visit, first postpartum visit                 | No charge                                      | No charge                                      | No charge  |
| Delivery and inpatient well-baby care                               | 20% after deductible                           | \$500 per day, up to 4 days <sup>1</sup>       | No charge after deductible   |
| <b>Emergency and urgent care</b>                                    |  |  |  |
| Emergency Department visit  | \$250  | \$250  | No charge after deductible   |
| Urgent care visit   | \$75   | \$75   | No charge after deductible   |
| <b>Prescription drugs</b>   |  |  |  |
| Plan pharmacy (up to a 30-day supply)                               | Generic: \$10<br>Brand: \$30<br>Specialty: 20% | Generic: \$10<br>Brand: \$30<br>Specialty: 30% | No charge after deductible   |
| Mail order (up to a 62-day supply)                                  | Generic: \$10<br>Brand: \$30<br>Specialty: 20% | Generic: \$10<br>Brand: \$30<br>Specialty: 30% | No charge after deductible   |

This is a summary of the most frequently asked-about benefits and their copayments, coinsurance, and deductibles. For more information, please refer to the *Evidence of Coverage* which will be mailed to you upon enrollment or upon request. 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.

<sup>1</sup>After 4 days, there is no charge for covered services related to the admission.

<sup>2</sup>Only applicants under age 30, or applicants age 30 and older who provide a certificate from the Health Insurance Marketplace in Ohio demonstrating hardship or lack of affordable coverage, may purchase a KP Catastrophic 6350/0% plan.

<sup>3</sup>The KP Catastrophic 6350/0% plan includes three office visits at no charge before you reach your deductible. Office visits include primary care or outpatient mental health care.

Some content and documents may reference the Kaiser Permanente brand name, but please note that in Ohio, this content now applies to HealthSpan Integrated Care.

Have questions? Call us at 1-866-479-5969 option 5 • Go to [HealthSpan.org/quote](https://HealthSpan.org/quote) • Or contact your agent or broker.

## Health plan rates

We're here to help you find the best plan for your needs. Use the following rate charts and the plan cost worksheet on page 22 to help you evaluate your plan options.

---

### What determines your rate?

Your rate is based on the following:

- the plan you select
- where you live, based on your county
- your age as of 2014 effective date
- whether you use tobacco

If you move and change your home county, your monthly rate may change. If you move to an area that isn't covered by HealthSpan, your coverage will not continue.

### Our service area

Please check to see if you reside in our service area, based on your home address. You may apply for HealthSpan for Individuals and Families coverage only if you permanently reside in Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Stark, Summit, or Wayne county.

When figuring out your rate, please keep the following in mind. Although family members can enroll in different plans, there are some advantages to enrolling family members in the same plan:

- Family members can combine their eligible out-of-pocket expenses to meet a family deductible or out-of-pocket maximum.
- Children can be covered under your plan until they reach age 28, whether or not they're in school, living at home, or away from the family. But they need to be on the same plan as you.
- Family rates include charges for no more than the three oldest children under age 21. Other children under 21 are covered at no additional cost, as long as they're all covered under the same plan.
- You may want to consider different plans with different rates for various family members based on your family's needs. Just keep in mind that you may pay more if you have more than three children under age 21 who are not covered under the same plan.

### Preventive care at no extra charge

As you review the rates, keep in mind that preventive care services are available at no charge before you reach your deductible. That means you get a wide range of services that can help you stay healthy—including immunizations, diabetes and cancer screenings, counseling for smoking and alcohol abuse, and more—at no charge. For a complete list of preventive care services, visit [kp.org/prevention](http://kp.org/prevention).

## Working out your rate

To calculate the total rate for your health plan for you and your family, just follow these steps:

1. List everyone you want to cover:
    - yourself
    - your spouse
    - all your adult children ages 21 through 27
    - your children under 21
  2. Find your preferred plan in the rate chart that has your county listed in the upper left corner of the next pages.
  3. Find the rate for each family member, based on age.
  4. For children who are under 21 and covered under the same plan, include a rate for no more than three children.
  5. Add up the rates.
- The worksheet below can help. Go to [HealthSpan.org/quote](https://www.healthspan.org/quote) or call us or your broker for assistance.

## Federal assistance and your rate

If you qualify for financial assistance, these rates do not apply to you. The federal government will pay any financial assistance to HealthSpan on your behalf. To learn more, read the “Do you qualify for financial assistance?” section on page 4.

**Your monthly rate worksheet**

| Plan choice        |                   | A               | B               | C               |
|--------------------|-------------------|-----------------|-----------------|-----------------|
| Family member name | Family member age | Rate for plan A | Rate for plan B | Rate for plan C |
|                    |                   | \$              | \$              | \$              |
|                    |                   | \$              | \$              | \$              |
|                    |                   | \$              | \$              | \$              |
|                    |                   | \$              | \$              | \$              |
|                    |                   | \$              | \$              | \$              |
|                    |                   | \$              | \$              | \$              |
| Total premium rate |                   | \$              | \$              | \$              |

## Rates

Lorain, Cuyahoga, Geauga, and Lake Counties

### Do you qualify for financial assistance?

If so, you may pay lower premiums than those listed in this chart. See page 4 for details.

| Monthly rates 2014         |                        |                   |                        |                   |                 |              |                                      |
|----------------------------|------------------------|-------------------|------------------------|-------------------|-----------------|--------------|--------------------------------------|
| Age on 2014 effective date | KP Bronze 5000/30% HSA | KP Bronze 4500/50 | KP Silver 1750/25% HSA | KP Silver 1500/30 | KP Gold 1000/20 | KP Gold 0/20 | KP Catastrophic 6350/0% <sup>1</sup> |
| 20 and under               | \$92.09                | \$102.86          | \$122.00               | \$131.25          | \$148.70        | \$162.34     | \$87.73                              |
| 21                         | 145.02                 | 161.98            | 192.12                 | 206.69            | 234.17          | 255.66       | 138.16                               |
| 22                         | 145.02                 | 161.98            | 192.12                 | 206.69            | 234.17          | 255.66       | 138.16                               |
| 23                         | 145.02                 | 161.98            | 192.12                 | 206.69            | 234.17          | 255.66       | 138.16                               |
| 24                         | 145.02                 | 161.98            | 192.12                 | 206.69            | 234.17          | 255.66       | 138.16                               |
| 25                         | 145.60                 | 162.63            | 192.89                 | 207.51            | 235.11          | 256.68       | 138.71                               |
| 26                         | 148.50                 | 165.87            | 196.74                 | 211.65            | 239.79          | 261.79       | 141.48                               |
| 27                         | 151.98                 | 169.76            | 201.35                 | 216.61            | 245.41          | 267.93       | 144.79                               |
| 28                         | 157.64                 | 176.08            | 208.84                 | 224.67            | 254.54          | 277.90       | 150.18                               |
| 29                         | 162.28                 | 181.26            | 214.99                 | 231.28            | 262.04          | 286.08       | 154.60                               |
| 30                         | 164.60                 | 183.85            | 218.06                 | 234.59            | 265.78          | 290.17       | 156.81                               |
| 31                         | 168.08                 | 187.74            | 222.67                 | 239.55            | 271.40          | 296.31       | 160.13                               |
| 32                         | 171.56                 | 191.63            | 227.28                 | 244.51            | 277.02          | 302.44       | 163.45                               |
| 33                         | 173.74                 | 194.06            | 230.16                 | 247.61            | 280.54          | 306.28       | 165.52                               |
| 34                         | 176.06                 | 196.65            | 233.24                 | 250.92            | 284.28          | 310.37       | 167.73                               |
| 35                         | 177.22                 | 197.94            | 234.78                 | 252.57            | 286.16          | 312.42       | 168.83                               |
| 36                         | 178.38                 | 199.24            | 236.31                 | 254.22            | 288.03          | 314.46       | 169.94                               |
| 37                         | 179.54                 | 200.54            | 237.85                 | 255.88            | 289.90          | 316.51       | 171.04                               |
| 38                         | 180.70                 | 201.83            | 239.39                 | 257.53            | 291.78          | 318.55       | 172.15                               |
| 39                         | 183.02                 | 204.42            | 242.46                 | 260.84            | 295.52          | 322.64       | 174.36                               |
| 40                         | 185.34                 | 207.02            | 245.53                 | 264.14            | 299.27          | 326.73       | 176.57                               |
| 41                         | 188.82                 | 210.90            | 250.15                 | 269.11            | 304.89          | 332.87       | 179.89                               |
| 42                         | 192.15                 | 214.63            | 254.56                 | 273.86            | 310.28          | 338.75       | 183.06                               |
| 43                         | 196.79                 | 219.81            | 260.71                 | 280.47            | 317.77          | 346.93       | 187.49                               |
| 44                         | 202.59                 | 226.29            | 268.40                 | 288.74            | 327.14          | 357.16       | 193.01                               |
| 45                         | 209.41                 | 233.90            | 277.43                 | 298.45            | 338.14          | 369.17       | 199.51                               |
| 46                         | 217.53                 | 242.98            | 288.19                 | 310.03            | 351.26          | 383.49       | 207.24                               |
| 47                         | 226.67                 | 253.18            | 300.29                 | 323.05            | 366.01          | 399.60       | 215.95                               |
| 48                         | 237.11                 | 264.84            | 314.12                 | 337.93            | 382.87          | 418.00       | 225.89                               |
| 49                         | 247.41                 | 276.34            | 327.76                 | 352.61            | 399.49          | 436.15       | 235.70                               |
| 50                         | 259.01                 | 289.30            | 343.13                 | 369.14            | 418.23          | 456.61       | 246.76                               |
| 51                         | 270.46                 | 302.10            | 358.31                 | 385.47            | 436.73          | 476.80       | 257.67                               |
| 52                         | 283.08                 | 316.19            | 375.03                 | 403.45            | 457.10          | 499.05       | 269.69                               |
| 53                         | 295.84                 | 330.45            | 391.93                 | 421.64            | 477.71          | 521.54       | 281.85                               |
| 54                         | 309.62                 | 345.84            | 410.18                 | 441.27            | 499.95          | 545.83       | 294.97                               |
| 55                         | 323.40                 | 361.22            | 428.44                 | 460.91            | 522.20          | 570.12       | 308.10                               |
| 56                         | 338.33                 | 377.91            | 448.23                 | 482.20            | 546.32          | 596.45       | 322.33                               |
| 57                         | 353.42                 | 394.76            | 468.21                 | 503.69            | 570.67          | 623.04       | 336.70                               |
| 58                         | 369.51                 | 412.74            | 489.53                 | 526.64            | 596.67          | 651.42       | 352.04                               |
| 59                         | 377.49                 | 421.64            | 500.10                 | 538.00            | 609.55          | 665.48       | 359.63                               |
| 60                         | 393.59                 | 439.62            | 521.42                 | 560.95            | 635.54          | 693.86       | 374.97                               |
| 61                         | 407.51                 | 455.18            | 539.87                 | 580.79            | 658.02          | 718.40       | 388.23                               |
| 62                         | 416.65                 | 465.38            | 551.97                 | 593.81            | 672.77          | 734.51       | 396.94                               |
| 63                         | 428.10                 | 478.18            | 567.15                 | 610.14            | 691.27          | 754.71       | 407.85                               |
| 64+                        | 435.05                 | 485.93            | 576.35                 | 620.06            | 702.50          | 766.97       | 414.47                               |

<sup>1</sup>Only applicants under age 30, or applicants over age 30 who provide a certificate from the Health Insurance Marketplace in Ohio demonstrating hardship or lack of affordable coverage, may purchase a Catastrophic plan.

Have questions? Call us at 1-866-479-5969 option 5 • Go to [HealthSpan.org/quote](http://HealthSpan.org/quote) • Or contact your agent or broker.

## Rates

Summit, Portage, and Medina Counties

### Do you qualify for financial assistance?

If so, you may pay lower premiums than those listed in this chart.  
See page 4 for details.

| Monthly rates 2014         |                        |                   |                        |                   |                 |              |                                      |
|----------------------------|------------------------|-------------------|------------------------|-------------------|-----------------|--------------|--------------------------------------|
| Age on 2014 effective date | KP Bronze 5000/30% HSA | KP Bronze 4500/50 | KP Silver 1750/25% HSA | KP Silver 1500/30 | KP Gold 1000/20 | KP Gold 0/20 | KP Catastrophic 6350/0% <sup>1</sup> |
| 20 and under               | \$97.97                | \$109.43          | \$129.79               | \$139.62          | \$158.19        | \$172.71     | \$93.33                              |
| 21                         | 154.28                 | 172.32            | 204.39                 | 219.88            | 249.12          | 271.98       | 146.98                               |
| 22                         | 154.28                 | 172.32            | 204.39                 | 219.88            | 249.12          | 271.98       | 146.98                               |
| 23                         | 154.28                 | 172.32            | 204.39                 | 219.88            | 249.12          | 271.98       | 146.98                               |
| 24                         | 154.28                 | 172.32            | 204.39                 | 219.88            | 249.12          | 271.98       | 146.98                               |
| 25                         | 154.89                 | 173.01            | 205.20                 | 220.76            | 250.11          | 273.07       | 147.57                               |
| 26                         | 157.98                 | 176.46            | 209.29                 | 225.16            | 255.10          | 278.51       | 150.51                               |
| 27                         | 161.68                 | 180.59            | 214.20                 | 230.43            | 261.07          | 285.03       | 154.04                               |
| 28                         | 167.70                 | 187.32            | 222.17                 | 239.01            | 270.79          | 295.64       | 159.77                               |
| 29                         | 172.64                 | 192.83            | 228.71                 | 246.04            | 278.76          | 304.34       | 164.47                               |
| 30                         | 175.11                 | 195.59            | 231.98                 | 249.56            | 282.75          | 308.69       | 166.82                               |
| 31                         | 178.81                 | 199.72            | 236.88                 | 254.84            | 288.73          | 315.22       | 170.35                               |
| 32                         | 182.51                 | 203.86            | 241.79                 | 260.12            | 294.71          | 321.75       | 173.88                               |
| 33                         | 184.82                 | 206.44            | 244.86                 | 263.41            | 298.44          | 325.83       | 176.08                               |
| 34                         | 187.29                 | 209.20            | 248.13                 | 266.93            | 302.43          | 330.18       | 178.43                               |
| 35                         | 188.53                 | 210.58            | 249.76                 | 268.69            | 304.42          | 332.36       | 179.61                               |
| 36                         | 189.76                 | 211.96            | 251.40                 | 270.45            | 306.41          | 334.53       | 180.79                               |
| 37                         | 191.00                 | 213.34            | 253.03                 | 272.21            | 308.41          | 336.71       | 181.96                               |
| 38                         | 192.23                 | 214.71            | 254.67                 | 273.97            | 310.40          | 338.88       | 183.14                               |
| 39                         | 194.70                 | 217.47            | 257.94                 | 277.49            | 314.39          | 343.24       | 185.49                               |
| 40                         | 197.17                 | 220.23            | 261.21                 | 281.01            | 318.37          | 347.59       | 187.84                               |
| 41                         | 200.87                 | 224.37            | 266.11                 | 286.28            | 324.35          | 354.11       | 191.37                               |
| 42                         | 204.42                 | 228.33            | 270.81                 | 291.34            | 330.08          | 360.37       | 194.75                               |
| 43                         | 209.36                 | 233.84            | 277.35                 | 298.38            | 338.05          | 369.07       | 199.45                               |
| 44                         | 215.53                 | 240.74            | 285.53                 | 307.17            | 348.02          | 379.95       | 205.33                               |
| 45                         | 222.78                 | 248.84            | 295.14                 | 317.50            | 359.73          | 392.74       | 212.24                               |
| 46                         | 231.42                 | 258.49            | 306.58                 | 329.82            | 373.68          | 407.97       | 220.47                               |
| 47                         | 241.14                 | 269.34            | 319.46                 | 343.67            | 389.37          | 425.10       | 229.73                               |
| 48                         | 252.24                 | 281.75            | 334.17                 | 359.50            | 407.31          | 444.68       | 240.31                               |
| 49                         | 263.20                 | 293.98            | 348.68                 | 375.11            | 424.99          | 463.99       | 250.75                               |
| 50                         | 275.54                 | 307.77            | 365.04                 | 392.70            | 444.92          | 485.75       | 262.51                               |
| 51                         | 287.73                 | 321.38            | 381.18                 | 410.07            | 464.60          | 507.24       | 274.12                               |
| 52                         | 301.15                 | 336.38            | 398.96                 | 429.20            | 486.28          | 530.90       | 286.91                               |
| 53                         | 314.73                 | 351.54            | 416.95                 | 448.55            | 508.20          | 554.83       | 299.84                               |
| 54                         | 329.38                 | 367.91            | 436.37                 | 469.44            | 531.87          | 580.67       | 313.80                               |
| 55                         | 344.04                 | 384.28            | 455.78                 | 490.33            | 555.53          | 606.51       | 327.77                               |
| 56                         | 359.93                 | 402.03            | 476.84                 | 512.98            | 581.19          | 634.52       | 342.90                               |
| 57                         | 375.98                 | 419.95            | 498.09                 | 535.84            | 607.10          | 662.81       | 358.19                               |
| 58                         | 393.10                 | 439.08            | 520.78                 | 560.25            | 634.75          | 693.00       | 374.51                               |
| 59                         | 401.59                 | 448.56            | 532.02                 | 572.34            | 648.45          | 707.96       | 382.59                               |
| 60                         | 418.71                 | 467.69            | 554.71                 | 596.75            | 676.10          | 738.15       | 398.90                               |
| 61                         | 433.52                 | 484.23            | 574.33                 | 617.86            | 700.02          | 764.26       | 413.01                               |
| 62                         | 443.24                 | 495.09            | 587.20                 | 631.71            | 715.71          | 781.39       | 422.27                               |
| 63                         | 455.43                 | 508.70            | 603.35                 | 649.08            | 735.39          | 802.88       | 433.89                               |
| 64+                        | 462.83                 | 516.95            | 613.16                 | 659.63            | 747.35          | 815.93       | 440.93                               |

<sup>1</sup>Only applicants under age 30, or applicants over age 30 who provide a certificate from the Health Insurance Marketplace in Ohio demonstrating hardship or lack of affordable coverage, may purchase a Catastrophic plan.



## Rates

### Wayne and Stark Counties

## Do you qualify for financial assistance?

If so, you may pay lower premiums than those listed in this chart.  
See page 4 for details.

| Monthly rates 2014         |                        |                   |                        |                   |                 |              |                                      |
|----------------------------|------------------------|-------------------|------------------------|-------------------|-----------------|--------------|--------------------------------------|
| Age on 2014 effective date | KP Bronze 5000/30% HSA | KP Bronze 4500/50 | KP Silver 1750/25% HSA | KP Silver 1500/30 | KP Gold 1000/20 | KP Gold 0/20 | KP Catastrophic 6350/0% <sup>1</sup> |
| 20 and under               | \$102.63               | \$114.64          | \$135.97               | \$146.27          | \$165.72        | \$180.93     | \$97.78                              |
| 21                         | 161.62                 | 180.53            | 214.12                 | 230.35            | 260.98          | 284.93       | 153.98                               |
| 22                         | 161.62                 | 180.53            | 214.12                 | 230.35            | 260.98          | 284.93       | 153.98                               |
| 23                         | 161.62                 | 180.53            | 214.12                 | 230.35            | 260.98          | 284.93       | 153.98                               |
| 24                         | 161.62                 | 180.53            | 214.12                 | 230.35            | 260.98          | 284.93       | 153.98                               |
| 25                         | 162.27                 | 181.25            | 214.98                 | 231.27            | 262.02          | 286.07       | 154.60                               |
| 26                         | 165.50                 | 184.86            | 219.26                 | 235.88            | 267.24          | 291.77       | 157.67                               |
| 27                         | 169.38                 | 189.19            | 224.40                 | 241.41            | 273.51          | 298.61       | 161.37                               |
| 28                         | 175.69                 | 196.24            | 232.75                 | 250.39            | 283.69          | 309.72       | 167.38                               |
| 29                         | 180.86                 | 202.01            | 239.60                 | 257.76            | 292.04          | 318.84       | 172.30                               |
| 30                         | 183.44                 | 204.90            | 243.03                 | 261.45            | 296.21          | 323.39       | 174.77                               |
| 31                         | 187.32                 | 209.23            | 248.17                 | 266.97            | 302.48          | 330.23       | 178.46                               |
| 32                         | 191.20                 | 213.57            | 253.30                 | 272.50            | 308.74          | 337.07       | 182.16                               |
| 33                         | 193.63                 | 216.27            | 256.52                 | 275.96            | 312.65          | 341.34       | 184.47                               |
| 34                         | 196.21                 | 219.16            | 259.94                 | 279.64            | 316.83          | 345.90       | 186.93                               |
| 35                         | 197.51                 | 220.61            | 261.65                 | 281.49            | 318.92          | 348.18       | 188.16                               |
| 36                         | 198.80                 | 222.05            | 263.37                 | 283.33            | 321.01          | 350.46       | 189.39                               |
| 37                         | 200.09                 | 223.50            | 265.08                 | 285.17            | 323.09          | 352.74       | 190.63                               |
| 38                         | 201.38                 | 224.94            | 266.79                 | 287.02            | 325.18          | 355.02       | 191.86                               |
| 39                         | 203.97                 | 227.83            | 270.22                 | 290.70            | 329.36          | 359.58       | 194.32                               |
| 40                         | 206.56                 | 230.72            | 273.65                 | 294.39            | 333.53          | 364.14       | 196.79                               |
| 41                         | 210.44                 | 235.05            | 278.78                 | 299.91            | 339.80          | 370.98       | 200.48                               |
| 42                         | 214.15                 | 239.20            | 283.71                 | 305.21            | 345.80          | 377.53       | 204.02                               |
| 43                         | 219.32                 | 244.98            | 290.56                 | 312.58            | 354.15          | 386.65       | 208.95                               |
| 44                         | 225.79                 | 252.20            | 299.13                 | 321.80            | 364.59          | 398.05       | 215.11                               |
| 45                         | 233.39                 | 260.68            | 309.19                 | 332.62            | 376.86          | 411.44       | 222.35                               |
| 46                         | 242.44                 | 270.79            | 321.18                 | 345.52            | 391.47          | 427.39       | 230.97                               |
| 47                         | 252.62                 | 282.17            | 334.67                 | 360.04            | 407.91          | 445.34       | 240.67                               |
| 48                         | 264.26                 | 295.17            | 350.09                 | 376.62            | 426.70          | 465.86       | 251.76                               |
| 49                         | 275.73                 | 307.98            | 365.29                 | 392.98            | 445.23          | 486.09       | 262.69                               |
| 50                         | 288.66                 | 322.43            | 382.42                 | 411.40            | 466.11          | 508.88       | 275.01                               |
| 51                         | 301.43                 | 336.69            | 399.33                 | 429.60            | 486.73          | 531.39       | 287.17                               |
| 52                         | 315.49                 | 352.39            | 417.96                 | 449.64            | 509.43          | 556.18       | 300.57                               |
| 53                         | 329.71                 | 368.28            | 436.80                 | 469.91            | 532.40          | 581.26       | 314.12                               |
| 54                         | 345.07                 | 385.43            | 457.15                 | 491.80            | 557.19          | 608.32       | 328.75                               |
| 55                         | 360.42                 | 402.58            | 477.49                 | 513.68            | 581.99          | 635.39       | 343.37                               |
| 56                         | 377.07                 | 421.17            | 499.54                 | 537.40            | 608.87          | 664.74       | 359.23                               |
| 57                         | 393.88                 | 439.95            | 521.81                 | 561.36            | 636.01          | 694.37       | 375.25                               |
| 58                         | 411.82                 | 459.99            | 545.58                 | 586.93            | 664.98          | 726.00       | 392.34                               |
| 59                         | 420.71                 | 469.92            | 557.35                 | 599.60            | 679.33          | 741.67       | 400.81                               |
| 60                         | 438.65                 | 489.96            | 581.12                 | 625.17            | 708.30          | 773.30       | 417.90                               |
| 61                         | 454.16                 | 507.29            | 601.68                 | 647.28            | 733.35          | 800.65       | 432.68                               |
| 62                         | 464.35                 | 518.66            | 615.17                 | 661.79            | 749.80          | 818.60       | 442.38                               |
| 63                         | 477.12                 | 532.92            | 632.08                 | 679.99            | 770.41          | 841.11       | 454.55                               |
| 64+                        | 484.85                 | 541.58            | 642.35                 | 691.04            | 782.93          | 854.78       | 461.93                               |

<sup>1</sup>Only applicants under age 30, or applicants over age 30 who provide a certificate from the Health Insurance Marketplace in Ohio demonstrating hardship or lack of affordable coverage, may purchase a Catastrophic plan.

Have questions? Call us at 1-866-479-5969 option 5 • Go to [HealthSpan.org/quote](http://HealthSpan.org/quote) • Or contact your agent or broker.

# Important details and notices

## Plan coverage

Upon acceptance, you will receive an *Evidence of Coverage*, which includes exact terms and conditions of membership as well as plan exclusions and limitations. If you have specific questions before applying, please contact Customer Relations at **1-800-686-7100**.

Please review this information carefully.

## The state of Ohio requires that we provide the following notices:

### Important information about our providers

HealthSpan Integrated Care contracts with approximately 250 primary care physicians and approximately 1,700 specialists through the HealthSpan Physicians Medical Group, as well as with affiliated community-based physicians in our service area. No benefits are payable for covered services received outside HealthSpan that have not been prescribed, directed, and arranged by a HealthSpan physician and approved by the Health Plan. This applies to all covered services except emergency services.

### Protecting your privacy

Your privacy is important to us. Our physicians and employees are required to keep your protected health information (PHI) confidential, and 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, and 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, customer service, and compliance programs. If you are enrolled in HealthSpan 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, whether electronic, oral, or hard copy.

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 available on our website, in our medical offices, or by calling Customer Relations. If you have questions or concerns about our privacy practices, please contact Customer Relations at **216-621-7100** or toll free at **1-800-686-7100**. TTY lines for the deaf, hard of hearing, or speech impaired are **216-635-4444** or toll free at **1-877-676-6677**.

---

## Review of medical services

At HealthSpan, we use a utilization management program to ensure that the clinical services we offer are medically necessary and provided in an efficient, timely, and safe manner. Here in Ohio, our utilization management program is known as the Medical Management Program, which works with our providers to plan, organize, and deliver quality health care services. Some services require prior notification and/or prior authorization by the Medical Management Program.

Examples include but are not limited to:

- Inpatient admissions
- Referrals for specialist care (except self-referral to select specialties)
- Outpatient surgery
- Specialized services, such as home health and hospice care
- Durable medical supplies and equipment
- Skilled nursing and inpatient rehabilitation facilities
- Treatments initiated by a behavioral health (mental health and/or chemical dependency) specialist

In order to receive covered services from a provider other than your primary care physician, except for covered Plan obstetrical or gynecological services, outpatient mental health and chemical dependency services, emergency services, and optometry services from a Plan optometrist, you must have a referral and a written authorization for medical care. Some treatments and services have specific criteria developed or adopted by the HealthSpan Physicians Medical Group, or may be required by state or federal agencies, that define medical necessity. In any case, only physicians make the final decisions regarding medical necessity.

You are invited to call the HealthSpan Nurse and Physician Advice Line if you are considering urgent care. In case of a true medical emergency, call **911**. Emergency care does not require prior authorization. You are strongly encouraged to contact HealthSpan after emergency care is received so HealthSpan can coordinate follow-up services. If you are admitted to a non-Plan hospital in connection with emergency care, you, a member of your family, or the admitting physician must contact us before you are admitted, within 24 hours, or as soon as medically possible, so that we may decide whether to make arrangements for

necessary continued hospitalization or transfer you to another facility.

**Emergency medical condition:** A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the person's health (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction of any bodily organ or part

In the event any service is denied by our Medical Management Program, you may appeal.

Try a better approach to health.  
Apply now!



[HealthSpan.org](http://HealthSpan.org)