

# Working together to keep **you healthy.**

Continuing coverage that's right for you—right now.

When your circumstances change, Kaiser Permanente can offer you a variety of options to continue your health care coverage.

## **Navigating your way through the options**

Where do you begin? We offer a wide range of plans for you to choose from. You may want to continue the coverage you had through your group plan. COBRA and Cal-COBRA offer temporary continuation of the same coverage you had through your employer. New legislation for 2009 may make this a more affordable option than before.

Another possibility for you may be one of our conversion plans, which enable you to automatically transfer to an individual plan with no lapse in your health care coverage.

**This does not require medical review.**

You might also explore our variety of individual and family plans—both copayment and deductible options are available. Or, Senior Advantage offers all the advantages of Medicare, and more. Finally, if you qualify, you may consider a subsidized plan.

## **Resources for a healthy viewpoint**

Whichever direction you pursue, you'll continue to have access to many of the health tips and tools on [kaiserpermanente.org](http://kaiserpermanente.org). Because even if you are no longer a Kaiser Permanente member, we always want you to choose health.

With a variety of options to help you continue your health care coverage, you can feel secure in your ability to maintain your well-being. See inside for details about the choices available to you.

# Overview of your options

## Getting started

In the chart below, you'll see several categories of continuing coverage. Follow these easy steps:

- Ask yourself each question and check the boxes that apply to you.
- Review the copayments/deductibles listed for each option.

- Then read the paragraph below each box, which describes the main advantages of each plan.
- For more detailed information, turn to the page number noted in the shaded box.

<p><b>Want an easy way to keep your coverage?</b></p> <p>Do you:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> prefer a plan that doesn't require a medical review?</li> <li><input type="checkbox"/> want coverage that's the same or similar to what you had through your employer?</li> </ul>	<p><b>Willing to pay more for comprehensive coverage?</b></p> <p>Do you:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> have small children?</li> <li><input type="checkbox"/> want predictable out-of-pocket expenses?</li> <li><input type="checkbox"/> need to see the doctor often?</li> </ul>	<p><b>Want lower premiums?</b></p> <p>Do you:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> rarely need to see the doctor?</li> <li><input type="checkbox"/> want coverage mostly for the big things?</li> </ul>	<p><b>Want a savings plan for medical expenses?</b></p> <p>Do you:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> see a doctor mostly for preventive care?</li> <li><input type="checkbox"/> want more control over health care costs?</li> <li><input type="checkbox"/> want lower premiums?</li> </ul>	<p><b>Are you eligible for Medicare?</b></p> <p>Are you:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> age 65 or older?</li> <li><input type="checkbox"/> disabled?</li> </ul>	<p><b>Not sure if you can afford health coverage?</b></p> <p>Do you:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> have no other source of income, in which case you may qualify for state aid?</li> <li><input type="checkbox"/> want preventive care for you and your family?</li> </ul>
<ul style="list-style-type: none"> <li>■ COBRA</li> <li>■ Cal-COBRA</li> </ul> <p>Conversion plans:</p> <ul style="list-style-type: none"> <li>■ Copayment 25</li> <li>■ Deductible 30/1500</li> </ul> <p style="text-align: right;">PAGE <b>4</b></p>	<p>Copayment plans:</p> <ul style="list-style-type: none"> <li>■ Copayment 25</li> <li>■ Copayment 50</li> </ul> <p style="text-align: right;">PAGE <b>5</b></p>	<p>Deductible plans:</p> <ul style="list-style-type: none"> <li>■ Deductible 20/500</li> <li>■ Deductible 25/1000</li> <li>■ Deductible 30/1500</li> </ul> <p style="text-align: right;">PAGE <b>6</b></p>	<p>HSA-qualified plans*:</p> <ul style="list-style-type: none"> <li>■ Deductible 0/1500</li> <li>■ Deductible 0/2700</li> <li>■ Deductible 30/2700</li> </ul> <p style="text-align: right;">PAGE <b>8</b></p>	<p>Senior Advantage plan:</p> <ul style="list-style-type: none"> <li>■ Kaiser Permanente coverage combined with Medicare coverage in one single plan</li> </ul> <p style="text-align: right;">PAGE <b>9</b></p>	<p>Subsidized plans:</p> <ul style="list-style-type: none"> <li>■ Medi-Cal</li> <li>■ MRMIP</li> <li>■ Healthy Families</li> <li>■ Steps Plan</li> <li>■ Child Health Plan</li> </ul> <p style="text-align: right;">PAGE <b>10</b></p>
<p>Electing <b>COBRA</b> or <b>Cal-COBRA</b> offers temporary continuation of the same coverage your group offers. Or you may be able to convert to one of our individual <b>conversion</b> copayment or deductible plans. Your coverage may not be as comprehensive as what you had through your employer, but it is generally an affordable option for many people. <b>No medical review required.</b></p>	<p>One of our <b>COPAYMENT PLANS</b> may be right for you. You'll know in advance exactly how much you'll pay for prescriptions or visits to the doctor. <b>Medical review required.</b></p>	<p>You may consider one of our <b>DEDUCTIBLE PLANS</b>. You pay lower monthly premiums, and a higher share of the costs in deductibles, copayments, and coinsurance for covered services. <b>Medical review required.</b></p>	<p>Check out our <b>HSA-QUALIFIED DEDUCTIBLE PLANS</b>. They offer traditional medical coverage, lower premiums, and a tax-free* way to help you build savings for qualified medical expenses. <b>Medical review required.</b></p> <p><small>*Tax references for these HSA-qualified plans relate to federal income tax only.</small></p>	<p>If you are a Kaiser Permanente <b>SENIOR ADVANTAGE</b> member whose group coverage is ending, you don't need to do anything right now. We'll send you information about Individual Plan benefits (which may be different from your group coverage) and what you need to do to continue your membership.</p>	<p>Check out our <b>SUBSIDIZED PLANS</b>. Government-sponsored programs such as Healthy Families and Medi-Cal provide coverage for eligible low-income children and their parents. The Kaiser Permanente Child Health Plan and our Steps Plan also provide coverage at low cost. <b>No medical review required.</b></p>

## Key terms

Knowing these important terms will help as you're comparing options.

**Coinsurance.** Percentage of charges you pay when you receive a covered service.

**Copayment.** Specific dollar amount you pay when you receive certain covered services or prescriptions. Copayments vary depending on the plan and the service.

**Deductible.** Fixed amount you must pay in a calendar year before Kaiser Permanente will cover certain services in that calendar year.

**Health savings account (HSA).** A savings account intended to be used for health care expenses.

**Hospitalization services.** These include room and board, surgery, anesthesia, X-rays, lab tests, and drugs received in an inpatient setting.

**Medical review.** A process used to assess an applicant's current and past health information to determine eligibility for health care coverage.

**Monthly rate/premium.** The fixed amount that you'll pay every month for health coverage.

**Preventive care.** Includes screening exams, routine preventive physical exams for adults and children, prenatal care, and vaccines (immunizations).

**Subsidized plans.** Select health care plans that are supported financially in part or in whole by the state or federal government, or by Kaiser Permanente.

We're here to guide you through the process of continuing your health care. Questions? Visit us at [kaiserpermanente.org](http://kaiserpermanente.org) or call us at

**1-800-464-4000.**

# COBRA/Cal-COBRA and Conversion Plans

If you lose your group coverage, your former employer may offer continuing coverage through **COBRA**, with **no medical review required**. Recent legislation provides for a 65-percent subsidy on the cost of COBRA premiums for eligible covered employees for up to nine months. This benefit is available to **Cal-COBRA** members as well. If you'd like a COBRA enrollment package, contact your former employer.

**Cal-COBRA** is available to people who were employees of small businesses, which COBRA does not cover. Contact us to get an enrollment packet for Cal-COBRA.

**Conversion plans** give you the opportunity to buy individual coverage directly from Kaiser Permanente. Benefits are described in the next column. You'll experience no lapse in coverage, and **no medical review is required**.

COBRA	CAL-COBRA
<b>BENEFITS</b>	
Same premiums and benefits as under your employer's plan <sup>1</sup>	

## ELIGIBILITY FOR COBRA

Prior coverage must have been through a group of 20 or more eligible employees.<sup>1</sup> All eligible family members who were covered under your original group plan coverage may apply. **No medical review is required**. There will be no lapse in coverage between the termination of your group coverage and the start of your COBRA coverage. Applications for these plans must be submitted within 63 days of the date of our termination letter or of your membership termination date (whichever date is later).

## ELIGIBILITY FOR CAL-COBRA

Eligibility is the same as for COBRA, except: Prior coverage must have been through a group of 2 to 19 eligible employees,<sup>1</sup> or you have exhausted the time limit for COBRA and that time limit was less than 36 months. Medicare-entitled members are not eligible for Cal-COBRA. There will be no lapse in coverage between the termination of your group coverage (including COBRA) and the start of your Cal-COBRA coverage.

## Kaiser Permanente for Individuals and Families – Conversion Plans<sup>2</sup>

COPAYMENT 25	DEDUCTIBLE 30/1500
<b>MEDICAL CALENDAR-YEAR DEDUCTIBLE<sup>3</sup></b>	
<b>INDIVIDUAL</b> <i>(self-enrollment, one member)</i>	
None	\$1,500
<b>FAMILY</b> <i>(two or more members)</i>	
Any one member	
None	\$1,500
Entire family	
None	\$3,000
<b>BENEFITS</b>	
<b>ROUTINE OFFICE VISIT</b> \$25 per visit	\$30 per visit
<b>HOSPITALIZATION</b> \$200 per day	\$500 per day after deductible
<b>EMERGENCY DEPARTMENT</b> \$100 per visit	\$150 per visit after deductible
<b>AMBULANCE SERVICES</b> \$100 per trip	\$150 per trip after deductible
<b>OUTPATIENT SURGERY</b> \$100 per procedure	\$250 per procedure after deductible
<b>ROUTINE LAB TESTS/X-RAY</b> \$10 per encounter	\$10 per encounter after deductible
<b>PRESCRIPTION</b> <i>(per prescription)</i>	
Plan Pharmacy (up to a 30-day supply)	
Generic: \$10	Generic: \$10
Brand: \$35	Brand: \$35
Mail-order (up to a 100-day supply)	
Generic: \$20	Generic: \$20
Brand: \$70	Brand: \$70

<sup>1</sup>Any premium or benefit changes that are made to your group's plan will also be reflected in your coverage. An administrative charge will also be added to your monthly billing.

# Copayment Plans

With Kaiser Permanente copayment plans, there are no deductibles or percentages to figure out. You generally have one set cost (or copayment) that you pay for covered services starting from the first day of coverage. All eligible family members may apply. **Medical review is required**.

## How it works

When you receive routine care, including doctor's office visits, inpatient hospitalization, and after-hours care, all you pay is your copayment. (The copayment is higher for inpatient hospitalization and emergency care; emergency care copayments are waived if you're admitted to the hospital.) Coverage varies by plan, so see the appropriate *Membership Agreement*. To obtain a copy, call **1-800-464-4000**.

## Kaiser Permanente for Individuals and Families – Copayment Plans

COPAYMENT 25	COPAYMENT 50
<b>MEDICAL CALENDAR-YEAR DEDUCTIBLE<sup>3</sup></b>	
<b>INDIVIDUAL</b> <i>(self-enrollment, one member)</i>	
None	None
<b>FAMILY</b> <i>(two or more members)</i>	
Any one member	
None	None
Entire family	
None	None
<b>BENEFITS</b>	
<b>ROUTINE OFFICE VISIT</b> \$25 per visit	\$50 per visit
<b>HOSPITALIZATION</b> \$200 per day	\$500 per day
<b>EMERGENCY DEPARTMENT</b> \$100 per visit	\$150 per visit
<b>AMBULANCE SERVICES</b> \$100 per trip	\$300 per trip
<b>OUTPATIENT SURGERY</b> \$100 per procedure	\$250 per procedure
<b>ROUTINE LAB TESTS/X-RAY</b> \$10 per encounter	\$10 per encounter
<b>PRESCRIPTION</b> <i>(per prescription)</i>	
Plan Pharmacy (up to a 30-day supply)	
Generic: \$10	Not covered
Brand: \$35	
Mail-order (up to a 100-day supply)	
Generic: \$20	Not covered
Brand: \$70	

<sup>3</sup>If you have more questions about what is subject to the deductible, call **1-800-464-4000**.

These charts are only a summary. See the *Individual Plan Membership Agreement and Disclosure Form* and *Evidence of Coverage* for more information.

# Deductible Plans

Our deductible plans are another option for you to get the health care you need that also fits your budget. The main difference between deductible plans and copayment plans is the amount you pay for care when you go to the doctor or hospital. With a deductible plan, you'll pay more for care at the time of service because you pay lower monthly premiums up front. **Medical review is required.**

## What's a deductible?

You may know about deductibles from other insurance plans you've purchased, like home or auto insurance policies. Our deductible plans work in much the same way. Your plan has a set amount known as the medical deductible. Each calendar year, you pay the full charges out of pocket for certain care and services until you reach your deductible.

## Paying up front

For doctor's office visits and preventive care services, you'll only pay a copayment or coinsurance, even if you haven't met your deductible yet. Once you meet your deductible, we pay for most covered services (not including applicable copayments or coinsurance) for the rest of the calendar year. On January 1 of the next year, you start over and pay full charges for your care until you reach your deductible.

## Kaiser Permanente for Individuals and Families – Deductible Plans

DEDUCTIBLE 20/500	DEDUCTIBLE 25/1000	DEDUCTIBLE 30/1500
<b>MEDICAL CALENDAR-YEAR DEDUCTIBLE<sup>1</sup></b>		
<b>INDIVIDUAL (self-enrollment, one member)</b>		
\$500	\$1,000	\$1,500
<b>FAMILY (two or more members)</b>		
Any one member \$500	\$1,000	\$1,500
Entire family \$1,000	\$2,000	\$3,000
<b>BENEFITS</b>		
<b>ROUTINE OFFICE VISIT</b>		
\$20 per visit	\$25 per visit	\$30 per visit
<b>HOSPITALIZATION</b>		
\$100 per day after deductible	\$250 per day after deductible	\$500 per day after deductible
<b>EMERGENCY DEPARTMENT</b>		
\$100 per visit after deductible	\$100 per visit after deductible	\$150 per visit after deductible
<b>AMBULANCE SERVICES</b>		
\$150 per trip after deductible	\$150 per trip after deductible	\$150 per trip after deductible
<b>OUTPATIENT SURGERY</b>		
\$50 per procedure after deductible	\$150 per procedure after deductible	\$250 per procedure after deductible
<b>ROUTINE LAB TESTS/X-RAY</b>		
\$10 per encounter after deductible	\$10 per encounter after deductible	\$10 per encounter after deductible
<b>PRESCRIPTION (per prescription)</b>		
Plan Pharmacy (up to a 30-day supply) Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35	Generic: \$10 Brand: \$35
Mail-order (up to a 100-day supply) Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70	Generic: \$20 Brand: \$70

<sup>1</sup>For more information on how to meet your deductible, call **1-800-464-4000**.

This chart is only a summary. See the *Individual Plan Membership Agreement and Disclosure Form* and *Evidence of Coverage* for more information.

## If a change is in your future

We suggest the following if your group coverage from Kaiser Permanente is ending and you will not continue with us through another plan:

- 1. See your doctor one more time while you're still covered.** It's a good idea to have a final checkup and get advice on what kind of care you might need in the near future. But first double-check the date your coverage ends so that you're not surprised by unexpected charges.
- 2. Get copies of your medical records.** Be sure to have your medical record number and those of all your covered dependents handy. Then visit or call the medical center associated with the medical offices where you normally receive care. (See *Your Guidebook to Kaiser Permanente Services* or **kaiserpermanente.org** for phone numbers.) You can get copies of your medical records, which are usually kept for up to seven years after the termination date. You'll be asked to fill out a medical authorization form and check off the items you need, such as:
  - General medical information, including immunization records
  - Details about certain injuries, illnesses, and treatments
  - X-ray and lab test results
- 3. Consider your pharmacy options.** You can still get prescription refills through Kaiser Permanente pharmacies after your coverage ends—but you'll typically pay a higher nonmember rate. Or you can easily switch to a non-Kaiser Permanente pharmacy. Just have the Kaiser Permanente pharmacy phone number and your prescription number ready when you visit or call your new pharmacist, who can then transfer your prescriptions by phone.

# HSA-Qualified Plans

If you're looking to continue your Kaiser Permanente coverage, an HSA-qualified plan may be right for you. Our HSA-qualified deductible plans help you manage your personal health as well as your financial health. They combine a health savings account (HSA) with an HSA-qualified deductible plan. So you can use pretax dollars for contributions to your HSA, plus you have access to Kaiser Permanente's health care services at a lower monthly premium. **Medical review is required.**

## What is a health savings account (HSA)?

An HSA is a savings account that works in conjunction with an HSA-qualified deductible plan. You can withdraw money tax-free to use for qualified medical expenses, or grow the account and use the funds for qualified medical expenses in the future, even after you retire. You can withdraw funds at any time to pay for a qualified medical expense, including most medical expenses not covered by your health plan. These can include:

- Deductibles, copayments, and coinsurance
- Glasses, LASIK eye surgery, and contact lenses
- Dental and orthodontic services
- Prescription drugs
- Certain types of alternative medicine services
- Qualified long-term care services and premiums

For more information on HSAs, go to [www.irs.gov/publications](http://www.irs.gov/publications).

## Kaiser Permanente for Individuals and Families – HSA-Qualified Plans

DEDUCTIBLE 0/1500 with HSA	DEDUCTIBLE 0/2700 with HSA	DEDUCTIBLE 30/2700 with HSA
<b>MEDICAL CALENDAR-YEAR DEDUCTIBLE<sup>1</sup></b>		
<b>INDIVIDUAL (self-enrollment, one member)</b>		
\$1,500	\$2,700	\$2,700
<b>FAMILY (two or more members)</b>		
Any one member \$3,000	\$5,450	\$5,450
Entire family \$3,000	\$5,450	\$5,450
<b>BENEFITS</b>		
<b>ROUTINE OFFICE VISIT</b>		
No charge after deductible	No charge after deductible	\$30 per visit after deductible
<b>HOSPITALIZATION</b>		
No charge after deductible	No charge after deductible	30% coinsurance per admission after deductible
<b>EMERGENCY DEPARTMENT</b>		
No charge after deductible	No charge after deductible	30% coinsurance per visit after deductible
<b>AMBULANCE SERVICES</b>		
No charge after deductible	No charge after deductible	\$100 per trip after deductible
<b>OUTPATIENT SURGERY</b>		
No charge after deductible	No charge after deductible	30% coinsurance per procedure after deductible
<b>ROUTINE LAB TESTS/X-RAY</b>		
No charge after deductible	No charge after deductible	\$10 per encounter after deductible
<b>PRESCRIPTION (per prescription)</b>		
Plan Pharmacy (up to a 100-day supply) No charge after deductible	(up to a 100-day supply) No charge after deductible	Not covered
Mail-order (up to a 100-day supply) No charge after deductible	No charge after deductible	Not covered

<sup>1</sup>For more information on how to meet your deductible, call **1-800-464-4000**.

This chart is only a summary. See the *Individual Plan Membership Agreement and Disclosure Form* and *Evidence of Coverage* for more information.

# Senior Advantage Plan

If you want all the advantages of Medicare and Kaiser Permanente membership, look no further.

## KAISER PERMANENTE SENIOR ADVANTAGE

With Senior Advantage, you get Kaiser Permanente coverage combined with Medicare coverage, giving you all the benefits of Medicare and more. Plus, you can keep seeing your doctor and continue to receive the quality care you've come to expect as a Kaiser Permanente member.

**No medical review required.**

If you are a Senior Advantage member whose group coverage is ending, you don't need to do anything right now. We'll send you information about Individual Plan benefits (which may be different from your group coverage) and what you need to do to continue your membership.

If you have any questions, call our Member Service Call Center toll free at **1-800-443-0815** or **1-800-777-1370** (TTY for the deaf, hard of hearing, or speech impaired), seven days a week, 8 a.m. to 8 p.m.

Kaiser Permanente is a Medicare Advantage organization with a Medicare contract.

# Government- and Kaiser Permanente—Subsidized Plans

## At-a-glance

Below you'll see several categories of subsidized plans. State and federal programs such as Medi-Cal and Healthy Families provide health care coverage at low or no cost to people who qualify.

Kaiser Permanente also offers programs, such as our Child Health and Steps Plans, for which we provide some financial assistance to qualified members.

## Easy lifestyle tools for everyone.

Good health is the result of decisions you make every day. Even if you're no longer a member, you can still access many of the free resources available to you on [kaiserpermanente.org](http://kaiserpermanente.org).



MEDI-CAL	MAJOR RISK MEDICAL INSURANCE PLAN	HEALTHY FAMILIES PROGRAM	THE STEPS PLAN	CHILD HEALTH PLAN
<p>Not sure if you can afford health coverage? Think you might qualify for aid from the government? You might want to find out if you qualify for Medi-Cal, California's Medicaid program.</p> <p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• People living in California with income below established limits (see Web site below for details).</li> <li>• People age 65 and older, or those under age 21.</li> <li>• Certain adults ages 21 to 65 who have minor children living with them.</li> <li>• People who are blind or disabled, and/or receiving nursing home care.</li> <li>• Pregnant women.</li> <li>• Certain people with specific diseases such as tuberculosis, breast cancer, or HIV/AIDS.</li> </ul> <p>Kaiser Permanente participates in Medi-Cal in many, but not all, California counties.</p> <p><b>For more information:</b></p> <ul style="list-style-type: none"> <li>• Call the Department of Health Care Services, Medi-Cal Eligibility, at <b>(916) 552-9200</b>.</li> <li>• Go to the State of California Department of Health Care Services at <a href="http://dhcs.ca.gov/services/medi-cal">dhcs.ca.gov/services/medi-cal</a>.</li> </ul>	<p>If you can't qualify for individual health coverage because you have a pre-existing condition, you may consider the Major Risk Medical Insurance Program (MRMIP). Californians qualifying for the program participate in the cost of their coverage by paying premiums. The state of California supplements those premiums to cover the cost of care in MRMIP. Tobacco tax funds currently subsidize the MRMIP.</p> <p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• California resident.</li> <li>• Cannot be eligible for both Part A and Part B of Medicare, unless eligible solely because of end-stage renal disease.</li> <li>• You may find out if you qualify for the Major Risk Medical Insurance Plan if you have not been eligible for benefits under COBRA or Cal-COBRA.</li> <li>• Unable to secure adequate coverage.</li> </ul> <p><b>Funding for MRMIP is limited, so there is often a waiting list for coverage.</b></p> <p><b>For more information:</b></p> <ul style="list-style-type: none"> <li>• Call <b>1-800-289-6574</b> for a copy of the MRMIP handbook and application.</li> <li>• Visit the MRMIP Web site at <a href="http://mrmib.ca.gov">mrmib.ca.gov</a>.</li> </ul>	<p>If you're looking for government-aided coverage for your children, you may look into your eligibility for Healthy Families Program coverage. The Healthy Families Program provides low-cost health, dental, and vision coverage to uninsured children, until age 19, in working families.</p> <p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Children under the age of 19.</li> <li>• Uninsured children with no employer-sponsored health insurance.</li> <li>• California resident.</li> <li>• Not eligible for or enrolled in no-cost Medi-Cal.</li> <li>• Children must meet citizenship or immigration rules.</li> <li>• A family's income must be greater than 100% and less than 250% of the Federal Income Guideline.</li> </ul> <p>Kaiser Permanente participates in the Healthy Families Program in most California counties.</p> <p><b>For more information:</b></p> <ul style="list-style-type: none"> <li>• Call <b>1-800-880-5305</b>, the Healthy Families and Medi-Cal Programs Information Line.</li> <li>• Visit the Healthy Families Web site at: <a href="http://healthyfamilies.ca.gov">healthyfamilies.ca.gov</a>.</li> </ul>	<p>The Steps Plan makes health care coverage available to low-income, uninsured people at four premium "steps," based on family income and other factors.</p> <p><b>Note:</b> The Healthy Families Program or the Child Health Plan may be a better choice for dependent children under 19 years of age.</p> <p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• You cannot be eligible for health care coverage under government or employer-based health plans.</li> <li>• Coverage is limited from one to four years, depending at which "step" it begins.</li> </ul> <p><b>Funding is limited, and the Steps Plan may be closed to new applicants without notice.</b></p> <p><b>For more information:</b></p> <ul style="list-style-type: none"> <li>• Call <b>1-800-255-5053</b> and select option <b>2</b>, Steps Plan, then option <b>3</b> for an enrollment package, or option <b>4</b> for recorded information.</li> <li>• Visit us at <a href="http://kaiserpermanente.org">kaiserpermanente.org</a>.</li> </ul>	<p>For those looking for coverage (including dental) for uninsured children up to age 19, and whose family income meets a certain qualifying level, Child Health Plan coverage may be an option.</p> <p><b>Qualifications:</b></p> <ul style="list-style-type: none"> <li>• Children under the age of 19.</li> <li>• Cannot be eligible for government coverage such as Medi-Cal or the Healthy Families Program.</li> </ul> <p><b>Funding is limited, and the Child Health Plan may be closed to new members without notice.</b></p> <p><b>For more information:</b></p> <ul style="list-style-type: none"> <li>• Call <b>1-800-255-5053</b> and select option <b>1</b>, Child Health Plan, then option <b>3</b> for an enrollment package, or option <b>4</b> for recorded information.</li> <li>• Visit us at <a href="http://kaiserpermanente.org">kaiserpermanente.org</a>.</li> </ul>

## Maintain your healthy outlook

- Listen to podcasts and audio programs to help you relax, beat stress, and sleep well.
- Unwind and stay positive with helpful mind-body techniques such as meditation and guided imagery.
- Take a break and try brainteaser, yoga, and calorie counter widgets, a fun new way to stimulate your mind, calm your spirit, and strengthen your body.
- Learn how to make changes in your life with positive thinking and better communication.

## Keep up a healthy lifestyle

- Check out featured health topics, audio and video libraries, and health and drug encyclopedias.
- Use health calculators to determine your healthy weight and target heart rate.
- Cook healthier with delicious, easy-to-prepare recipes and tips for smart shopping and meal planning.
- Your children can learn healthy habits with The Incredible Adventures of the Amazing Food Detective and other fun and educational games.

It's also nice to know that much of this information is also available in Spanish at [kaiserpermanente.org/espanol](http://kaiserpermanente.org/espanol).



Maintain a  
**healthy** outlook

**Kaiser Permanente  
Member Services**

1-800-464-4000

1-800-777-1370 TTY

7 a.m.–7 p.m., weekdays

7 a.m.–3 p.m., weekends

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