

Kaiser Permanente HIPAA

This brochure will give the details of HIPAA and the rates for MD, DC. & VA. If applying for a HIPAA plan, download the appropriate brochure (MD, DC, or VA) and return with payment of HIPAA premium listed here. Also include your “certificate of credible coverage” from current COBRA plan. Keep in mind that you **MUST** use all 18 months of COBRA to qualify.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Eligibility Guidelines

The Health Insurance Portability and Accountability Act was signed by President Clinton in 1996. A significant portion of the law intended to reduce barriers for **Eligible Individuals** to obtain health insurance coverage through an individual plan. Health plan carriers serving the individual market must offer coverage to an eligible individual and may not impose any preexisting condition exclusions with respect to such coverage.

An Eligible Individual is:

1. A person who:

- Has at least 18 months of aggregate **Creditable Coverage**;
- Has been under a group health plan, a governmental plan, or church plan (or health insurance offered in connection with such plans) during the most recent period of creditable coverage;
- Is not eligible for coverage under a group health plan, Medicare, or Medicaid, and **does not** have other health insurance coverage;
- Has not had their most recent coverage canceled for nonpayment of premiums or fraud; **and**
- Has elected **and** exhausted any option for continuation of coverage ("COBRA" coverage) that was available under the prior plan; or

2. A person who:

- Has had at least 12 months of aggregate **Creditable Coverage**;
- During the most recent period of creditable coverage has been covered under individual health coverage which was not renewed by the health insurance issuer because the health insurance issuer discontinued all coverage in the individual market; and
- Is not eligible for coverage under a group health plan, Medicare, or Medicaid, and **does not** have other health insurance coverage;

Creditable Coverage means coverage under any of the following:

- A group health plan;
- Health insurance coverage;
- Part A or B of Title XVIII of the Social Security Act (U.S.C. § 1395c or § 1395);
- Title XIX of the Social Security Act (42 U.S.C. § 1396 et seq.), other than coverage consisting solely of benefits under section 1928;
- Chapter 55 of Title 10, United States Code (10 U.S.C. § 1071 et seq.);
- A medical care program of the Indian Health Service or of a tribal organization;

- A state health benefits risk pool;
- A health plan offered under Chapter 89 of Title 5, United States Code (5 U.S.C. § 8901 et seq.);
- A public health plan (as defined in federal regulations); or
- A health benefit plan under section 5 (e) of the Peace Corps Act (22 U.S.C. § 2504(e)).
- Individual Health Insurance.

HIPAA rates

MARYLAND

To find your rate, locate your age range and family type. If you are applying for two-party or family coverage, the age range you select should be for the oldest person among those who will be covered.

The rate you pay for your coverage depends on the age of the oldest member of the family, where you live, and how many family members are enrolling.

\$10/\$20 Copay Option Plan				
Age \ Category	Single	Family of 2	Family of 3+	
18-19	\$221.00	\$441.00	\$639.00	
20-24	\$247.00	\$493.00	\$715.00	
25-29	\$269.00	\$538.00	\$781.00	
30-34	\$295.00	\$590.00	\$856.00	
35-39	\$320.00	\$639.00	\$927.00	
40-44	\$392.00	\$785.00	\$1,137.00	
45-49	\$467.00	\$934.00	\$1,355.00	
50-54	\$575.00	\$1,150.00	\$1,667.00	
55-59	\$719.00	\$1,438.00	\$2,086.00	
60-64	\$780.00	\$1,559.00	\$2,261.00	
65+	\$780.00	\$1,559.00	\$2,261.00	
65+ w/Medicare	\$556.00	\$1,111.00	\$1,612.00	

\$30/\$40 Copay Option A Plan				
Age \ Category	Single	Family of 2	Family of 3+	
18-19	\$172.00	\$344.00	\$498.00	
20-24	\$193.00	\$386.00	\$559.00	
25-29	\$210.00	\$420.00	\$610.00	
30-34	\$229.00	\$458.00	\$665.00	
35-39	\$247.00	\$493.00	\$715.00	
40-44	\$304.00	\$608.00	\$882.00	
45-49	\$365.00	\$729.00	\$1,058.00	
50-54	\$434.00	\$868.00	\$1,259.00	
55-59	\$512.00	\$1,025.00	\$1,487.00	
60-64	\$552.00	\$1,104.00	\$1,601.00	
65+	\$552.00	\$1,104.00	\$1,601.00	
65+ w/Medicare	\$432.00	\$865.00	\$1,254.00	

HIPAA rates

WASHINGTON, D.C.

To find your rate, locate your age range and family type. If you are applying for two-party or family coverage, the age range you select should be for the oldest person among those who will be covered.

The rate you pay for your coverage depends on the age of the oldest member of the family, where you live, and how many family members are enrolling.

\$10/\$20 Copay Option Plan				
Age	Category	Single	Family of 2	Family of 3+
18-19		\$336.00	\$672.00	\$974.00
20-24		\$375.00	\$750.00	\$1,088.00
25-29		\$408.00	\$816.00	\$1,183.00
30-34		\$446.00	\$892.00	\$1,293.00
35-39		\$485.00	\$970.00	\$1,407.00
40-44		\$595.00	\$1,190.00	\$1,726.00
45-49		\$776.00	\$1,552.00	\$2,250.00
50-54		\$958.00	\$1,916.00	\$2,778.00
55-59		\$1,197.00	\$2,394.00	\$3,471.00
60-64		\$1,520.00	\$3,040.00	\$4,408.00
65+		\$1,520.00	\$3,040.00	\$4,408.00

\$20/\$30 Copay Option Plan				
Age	Category	Single	Family of 2	Family of 3+
18-19		\$331.00	\$662.00	\$960.00
20-24		\$370.00	\$740.00	\$1,073.00
25-29		\$402.00	\$804.00	\$1,166.00
30-34		\$440.00	\$880.00	\$1,276.00
35-39		\$478.00	\$956.00	\$1,386.00
40-44		\$586.00	\$1,172.00	\$1,699.00
45-49		\$765.00	\$1,530.00	\$2,219.00
50-54		\$943.00	\$1,886.00	\$2,735.00
55-59		\$1,179.00	\$2,358.00	\$3,419.00
60-64		\$1,498.00	\$2,996.00	\$4,344.00
65+		\$1,498.00	\$2,996.00	\$4,344.00

\$30/\$40 Copay Option A Plan				
Age	Category	Single	Family of 2	Family of 3+
18-19		\$300.00	\$600.00	\$870.00
20-24		\$334.00	\$668.00	\$969.00
25-29		\$363.00	\$726.00	\$1,053.00
30-34		\$398.00	\$796.00	\$1,154.00
35-39		\$432.00	\$864.00	\$1,253.00
40-44		\$530.00	\$1,060.00	\$1,537.00
45-49		\$692.00	\$1,384.00	\$2,007.00
50-54		\$853.00	\$1,706.00	\$2,474.00
55-59		\$1,066.00	\$2,132.00	\$3,091.00
60-64		\$1,355.00	\$2,710.00	\$3,930.00
65+		\$1,355.00	\$2,710.00	\$3,930.00

\$30/\$40 Copay Option B Plan				
Age	Category	Single	Family of 2	Family of 3+
18-19		\$292.00	\$584.00	\$847.00
20-24		\$326.00	\$652.00	\$945.00
25-29		\$354.00	\$708.00	\$1,027.00
30-34		\$388.00	\$776.00	\$1,125.00
35-39		\$422.00	\$844.00	\$1,224.00
40-44		\$517.00	\$1,034.00	\$1,499.00
45-49		\$675.00	\$1,350.00	\$1,958.00
50-54		\$832.00	\$1,664.00	\$2,413.00
55-59		\$1,040.00	\$2,080.00	\$3,016.00
60-64		\$1,322.00	\$2,644.00	\$3,834.00
65+		\$1,322.00	\$2,644.00	\$3,834.00

HIPAA rates

VIRGINIA

To find your rate, locate your age range and family type. If you are applying for two-party or family coverage, the age range you select should be for the oldest person among those who will be covered.

The rate you pay for your coverage depends on the age of the oldest member of the family, where you live, and how many family members are enrolling.

\$10/\$20 Copay Option Plan				
Age	Category	Single	Family of 2	Family of 3+
18-19		\$360.00	\$720.00	\$1,044.00
20-24		\$402.00	\$804.00	\$1,166.00
25-29		\$437.00	\$874.00	\$1,267.00
30-34		\$478.00	\$956.00	\$1,386.00
35-39		\$520.00	\$1,040.00	\$1,508.00
40-44		\$638.00	\$1,276.00	\$1,850.00
45-49		\$832.00	\$1,664.00	\$2,413.00
50-54		\$1,026.00	\$2,052.00	\$2,975.00
55-59		\$1,282.00	\$2,564.00	\$3,718.00
60-64		\$1,629.00	\$3,258.00	\$4,724.00
65+		\$1,629.00	\$3,258.00	\$4,724.00

\$20/\$30 Copay Option Plan				
Age	Category	Single	Family of 2	Family of 3+
18-19		\$355.00	\$710.00	\$1,030.00
20-24		\$396.00	\$792.00	\$1,148.00
25-29		\$430.00	\$860.00	\$1,247.00
30-34		\$471.00	\$942.00	\$1,366.00
35-39		\$512.00	\$1,024.00	\$1,485.00
40-44		\$628.00	\$1,256.00	\$1,821.00
45-49		\$820.00	\$1,640.00	\$2,378.00
50-54		\$1,011.00	\$2,022.00	\$2,932.00
55-59		\$1,263.00	\$2,526.00	\$3,663.00
60-64		\$1,605.00	\$3,210.00	\$4,655.00
65+		\$1,605.00	\$3,210.00	\$4,655.00

\$30/\$40 Copay Option A Plan				
Age	Category	Single	Family of 2	Family of 3+
18-19		\$321.00	\$642.00	\$931.00
20-24		\$358.00	\$716.00	\$1,038.00
25-29		\$389.00	\$778.00	\$1,128.00
30-34		\$426.00	\$852.00	\$1,235.00
35-39		\$463.00	\$926.00	\$1,343.00
40-44		\$568.00	\$1,136.00	\$1,647.00
45-49		\$741.00	\$1,482.00	\$2,149.00
50-54		\$914.00	\$1,828.00	\$2,651.00
55-59		\$1,142.00	\$2,284.00	\$3,312.00
60-64		\$1,451.00	\$2,902.00	\$4,208.00
65+		\$1,451.00	\$2,902.00	\$4,208.00

\$30/\$40 Copay Option B Plan				
Age	Category	Single	Family of 2	Family of 3+
18-19		\$273.00	\$546.00	\$792.00
20-24		\$305.00	\$610.00	\$885.00
25-29		\$331.00	\$662.00	\$960.00
30-34		\$362.00	\$724.00	\$1,050.00
35-39		\$394.00	\$788.00	\$1,143.00
40-44		\$483.00	\$966.00	\$1,401.00
45-49		\$630.00	\$1,260.00	\$1,827.00
50-54		\$777.00	\$1,554.00	\$2,253.00
55-59		\$971.00	\$1,942.00	\$2,816.00
60-64		\$1,234.00	\$2,468.00	\$3,579.00
65+		\$1,234.00	\$2,468.00	\$3,579.00