

Deductible HMO Plan – Preventive Care Services and Doctor's Office Visits

With this Kaiser Permanente health plan, you get a wide range of care and support to help you stay healthy and get the most out of life. Even before you reach your deductible, your doctor's office visits are covered at a copay or coinsurance, and preventive care services – like routine physical exams, mammograms, and cholesterol screenings – are covered at no cost or at a copay.* For other covered services, you'll pay a copay or coinsurance after you reach your deductible.



You pay copays or coinsurance for doctor's office visits and prescription drugs.



Preventive care services are covered at no cost or at a copay.*



After you reach your deductible, other services are available at a copay or coinsurance.



You don't need a referral for certain specialties, like optometry and obstetrics-gynecology.



Our personalized online Estimates tool gives you a better understanding of what you'll pay for care so you can plan ahead.



Your out-of-pocket maximum helps limit how much you could spend for care each year.

*Depending on your plan, preventive care services are covered at no cost or at a copay. For more information, contact your employer.

A plan for healthy living

Know what to expect with useful tools that help you understand when and how much you can expect to pay. This makes it easier for you to manage your care and get the most out of your plan.

Limits on how much you pay for care

When you get care, you'll pay a copay or a percentage of the charges (a coinsurance) for doctor's office visits. For other services, you'll pay the full charges until you reach a set amount, known as your deductible. Then you'll start paying less – a copay or a coinsurance – for the rest of the year.

You also have an out-of-pocket maximum. It helps limit how much you'll pay for care. If you reach your out-of-pocket maximum, you won't pay for covered services for the rest of the year. This helps protect you financially if you ever get seriously sick or injured. For a few services, you may keep paying copays or coinsurance after reaching your out-of-pocket maximum.

Limits on how much your family pays

If your family is covered under your plan, you also have a family deductible and out-of-pocket maximum. When you reach your family deductible, everyone will start paying copays or coinsurance for covered services instead of the full charges. If a family member reaches their individual deductible first, they'll start paying copays or coinsurance before the rest of the family.

If you reach your family out-of-pocket maximum, no one in your family will pay for most covered services for the rest of the year. And if any family members reach their individual out-of-pocket maximums before the rest of the family, they won't have to pay for most covered services for the rest of the year.

Care away from home

If you get hurt or sick while traveling, we'll help you get care. We can also help you before you leave town by checking to see if you need to get vaccinations, refill prescriptions, and more. Just call our 24/7 Away from Home Travel Line* at **951-268-3900** or visit [kp.org/travel](https://www.kp.org/travel).

Deductible

The amount you pay each year for covered services before Kaiser Permanente starts paying.

Example: If you have a \$500 deductible, you'll pay the full charges up to \$500 before you start paying copays or coinsurance.

Copay

A set amount you pay for covered services.

Example: You'll pay \$10 for an office visit, and \$20 for generic prescription drugs.

*This number can be dialed inside and outside the United States. Before the phone number, dial "001" for landlines and "+1" for mobile lines if you're outside the country. Long-distance charges may apply, and we can't accept collect calls. The phone line is closed on major holidays (New Year's Day, Easter, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas). It closes early the day before a holiday at 10 p.m. Pacific time (PT), and it reopens the day after a holiday at 4 a.m. PT.

For details about your deductible, copays, coinsurance, and out-of-pocket maximum, see the *Disclosure Form Part One* at the front of this book. For other details about your plan, see the *Disclosure Form Part Two* at the back of this book or ask your benefits manager for your *Evidence of Coverage*.

Know before you go

Knowing what you can expect to pay for certain services can help you plan ahead for the care you need. Once you're a member, you can register on kp.org, where you can get a personalized estimate for over 500 services using our Estimates tool. It also shows how close you are to reaching your deductible and out-of-pocket maximum.

How payments work

When you come in for care, you'll make a payment for the services you're scheduled to receive. Your payment may only cover part of what you owe, especially if you get additional services during your visit. In that case, you'll get a bill later for the difference.

Your prescription drug coverage

Generic, brand-name, and specialty drugs are covered at a copay or coinsurance. If your plan has a separate deductible for prescription drugs, you'll need to reach your drug deductible before you begin to pay a copay or coinsurance. See the *Disclosure Form Part One* at the front of this book for details on your prescription coverage.

To fill your prescriptions, simply visit one of our pharmacies, which are conveniently located at most Kaiser Permanente facilities. For refills, you can order:

- Online or on the Kaiser Permanente app
- By phone
- By mail
- In person



For more information, including resources for managing your costs, visit kp.org/deductibleplans.

Coinsurance

A percentage of the charges that you pay for covered services.

Example: 20% coinsurance for a \$200 outpatient procedure = \$40

Out-of-pocket maximum

The maximum amount you'll pay for covered services each year. For a small number of services, such as durable medical equipment and fertility services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.

Example: If you have a \$3,000 out-of-pocket maximum and you reach it before the year's end, you'll pay no charges for most covered services for the rest of the year.



Understanding your costs during preventive care visits

You get preventive care services at no cost or at a copay, depending on your plan. During a preventive care visit, you might find out that you need non-preventive services to treat a condition or test for a problem. If that happens, you might have extra costs. Understanding the difference between preventive and non-preventive care can help you know what's covered and when you might get a bill.

Preventive care is covered at no cost or at a copay

The purpose of preventive care is to help keep you healthy and find problems early. Examples include routine checkups, preventive screenings, and immunizations.

➔ Look on the back for a list of common preventive care services.

Non-preventive care may come with an additional cost

Tests and procedures to diagnose or treat health problems are considered non-preventive, so you may get a bill for them later.* Here are some examples of non-preventive care you could receive during a preventive care visit:

Discussing new symptoms

If you ask your doctor to look at a rash, they might **diagnose the problem**. You may get a bill for an office visit and any treatment you needed.

Unplanned procedures

If your doctor finds a suspicious mole, they may remove it and have it tested. You'll be charged for the **procedure** to remove the mole, and for the test.

Treatment or testing for existing conditions

If you're taking a new medication, your doctor might order a **lab test** to see if it's working and make sure you're on the right dose.

Treatment or testing for new conditions

If you complain of knee pain, your doctor might order an **X-ray** to see if you have an injury that needs to be treated.

*See your *Evidence of Coverage, Summary Plan Description*, or other plan documents for information on your benefit coverage.

Common preventive care services

Different people have different preventive care needs. Talk to your doctor about which preventive care services are right for you.

For all adults

- Cholesterol screenings
- Colon cancer screenings
- Diabetes screenings
- Routine physical exams
- Immunizations
- Family planning services, including
(but not limited to):
 - Contraceptive and family planning counseling
 - Contraceptive devices and drugs

For women

- Breastfeeding support, supplies, and counseling
- Prenatal care
- Routine mammograms
- Routine Pap tests

For children

- Hearing screening for newborns
- Immunizations
- Periodic well-child visits
- Sexually transmitted infection (STI) screenings and prevention counseling for adolescents
- Vision screenings

Visit kp.org/prevention for a complete list of preventive services.

How do I pay for non-preventive services?

You'll usually get a bill in the mail later. However, in some cases you may need to pay for unscheduled non-preventive services during your visit.

Have questions about your costs or bills?

Call **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). For TTY, call **711**.

We also offer options like payment plans and financial assistance for members who qualify.

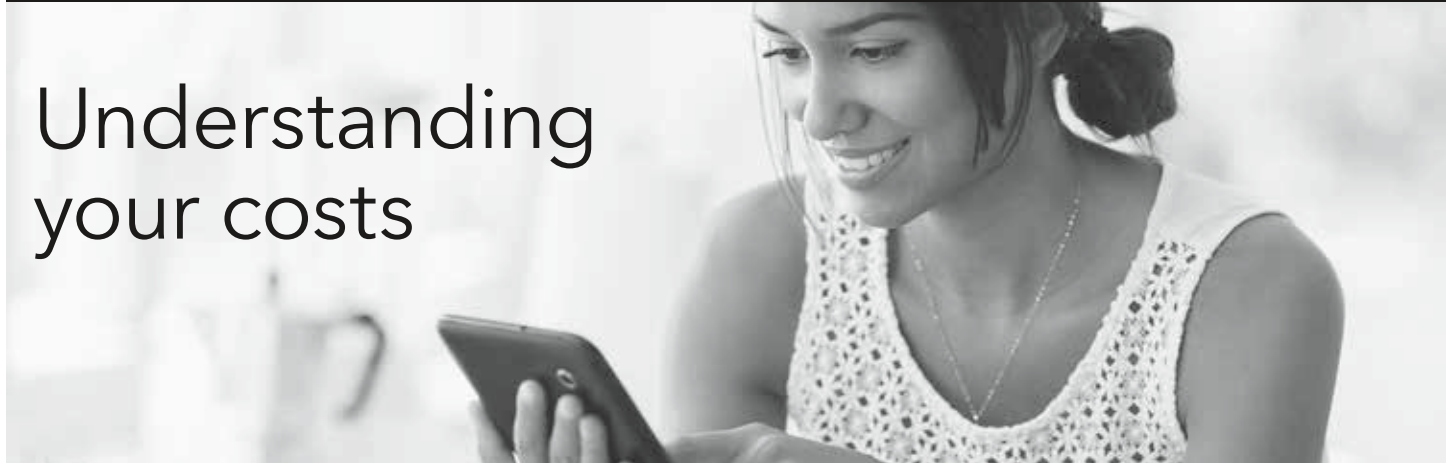
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Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

Spanish: Contamos con asistencia de idiomas sin costo alguno para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

Chinese: 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

Understanding your costs



With your deductible plan, you'll pay the full charges for covered services until you reach your deductible. Then you'll start paying less – a copay or a coinsurance.* These steps show what to expect before, during, and after your visit – so you can avoid surprises and better understand and manage your health care costs.



Get an estimate

Visit kp.org/costestimates for an estimate of what you'll pay for common services. Estimates are based on your plan benefits and whether you've reached your deductible – so you get personalized information every time.

You can also call **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m.

Visit kp.org/deductibleplans

You'll find a wide range of information and resources to help you understand your plan and manage your costs.

Pay when you check in

When you come in for care, you'll be asked to make a payment for your scheduled services.†

Your payment may only cover part of what you owe for your visit, especially if you get any additional services. In that case, you'll get a bill for the difference later.

Expect a bill for additional services

During your visit, your doctor may decide you also need services that weren't scheduled – like a blood test or an X-ray. If what you pay for these services doesn't cover everything you owe, you'll get a bill later.

Understand your bills

You'll get a bill after most visits. It will show the charges for the services you got, what you paid, what your health plan paid, and the amount you owe.

You can pay your bill:

- Online anytime at kp.org/paymedicalbills
- On the Kaiser Permanente app
- By mail
- By phone at **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m.

Track your expenses

You'll also get an Explanation of Benefits (EOB). It isn't a bill. It's a summary of your services and charges, and shows how close you are to reaching your deductible and out-of-pocket maximum. Visit kp.org/mydocuments anytime to see your EOBs online.

See the next page for important terms and more information about services that can result in a bill. ➔

*Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

†If your plan comes with a flexible spending account (FSA), health reimbursement arrangement (HRA), or health savings account (HSA), you can pay using the debit card for your account, if you have one. Use it when you check in for your visit or when paying your bill later.

When a preventive visit includes non-preventive care

Preventive care services are an important part of catching health problems early – that’s why they’re covered at no cost or at a copay.* But sometimes when you come in for preventive care, you’ll get non-preventive services too, which you’ll need to pay for.

For example, during a routine physical exam, your doctor might find a mole and remove it for testing. Because the mole removal and testing are non-preventive services, you’ll get a bill for them later.

Have questions or need help paying for care?

Call **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m., if you have questions about your costs or bills. You can also get information about financial assistance and payment options available for members who need help paying for care.

Important terms

Deductible

The amount you pay for covered services each year before your health plan starts paying. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

Copay

The set amount you pay for covered services. For example, a \$10 copay for an office visit.

Coinsurance

A percentage of the charges that you pay for covered services. For example, a 20% coinsurance for a \$200 procedure means you pay \$40.

Out-of-pocket maximum

The most you’ll pay for covered services each year. For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.†

*Depending on your plan, preventive care services are covered at no cost or at a copay. For more information, see your *Evidence of Coverage* or *Summary Plan Description*.

†If you have an HSA-qualified deductible plan, once you reach your out-of-pocket maximum, you won’t have to pay anything for covered services for the rest of the year. If you are enrolled through a group’s self-funded EPO plan, your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.