

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. All in all, it's a financial and physical win-win.



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 scheduled services 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, then jump in with both feet. Your plan helps keep your costs under control, and you get 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 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 small number of 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 a copay or coinsurance for covered services instead of the full charges. If a family member reaches his or her individual deductible first, he or she will 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 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 covered services for the rest of the year.

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: \$10 for an office visit and \$20 for generic prescription drugs.

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 our website to use our customized Estimates tool, which can help you better understand the costs of services you're scheduled to receive. You can also use the Estimates tool to see 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 unscheduled 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
- By phone
- By mail
- In person



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

Coinsurance

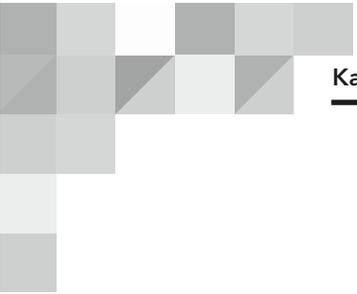
A percentage of the charges that you pay for covered services.

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 infertility 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 up, you'll pay no charges for covered services for the rest of the year.



Understanding preventive care

At Kaiser Permanente, we believe in the power of prevention.

Preventive care services can catch problems early, when they're easier – and safer – to treat. That's why preventive services are covered at no cost or at a copay.* By working with your doctor to get the preventive care that's right for you, you can stay on track for good health.

What is preventive care?

You get preventive care services when you're healthy, so you can stay that way. They help keep track of your health when you haven't shown any symptoms. They include routine checkups and preventive screenings like mammograms and cholesterol screenings.

So which services should you get and when? That depends on your age, gender, overall health, and other factors. Your doctor can help you decide exactly when and how often to get specific preventive care services.

Costs for non-preventive care services

During any visit, you may get different kinds of services. If you go in for preventive care, you might also get non-preventive services. Most preventive care is covered at no cost or at a copay. But you'll need to pay an extra copay, coinsurance, or deductible payment for any non-preventive services you receive.

Examples of preventive care services

Here are some common preventive care services:

For adults

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

Additional services 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

When is a service not preventive?

If you have symptoms of a condition, your doctor may order a service to help find out what it is or help treat it. Since you've shown symptoms, this service doesn't qualify as preventive. It's actually diagnostic, since it's used to diagnose your condition.

You may also get services to help treat a condition that's already been diagnosed. Since you're being treated for an existing condition, these services are also non-preventive.

Ask your doctor what's right for you

Talk to your doctor about which preventive care services you may need. Remember, services like routine physicals are covered at no cost or at a copay:

- All members are covered for routine physicals with their personal doctor. (These visits must be scheduled appointments.)
- Women are also covered for well-woman exams with an obstetrician-gynecologist.
- Children are covered for well-child preventive exams through 23 months.

You may need to pay for lab tests or X-rays ordered during these preventive exams.



Schedule a checkup online

At kp.org, you can schedule a routine physical with your Kaiser Permanente doctor, or email your doctor's office with routine health questions anytime. If you aren't registered on our website, visit kp.org/register today.

Questions?

For more information, see the questions and answers on the next page. Or call the member or customer service number on your Kaiser Permanente ID card.

Preventive or non-preventive?

Take a look at these examples. Then check whether the service is preventive or not.

Example 1

You visit your doctor for a routine physical exam. You have no symptoms and feel generally healthy.

Preventive: You're getting a physical exam as recommended for your age and gender. It wasn't scheduled because of any symptoms or an ongoing health condition.

Example 2

During a routine physical exam, your doctor finds a mole and decides to remove it for testing.

Non-preventive: Although your physical exam is preventive, the mole removal is diagnostic. That means you'll need to pay a copay, coinsurance, or deductible payment for this service. The lab tests ordered by your doctor would also have an extra cost.

Example 3

During a routine physical exam, you mention you've been more tired than usual. Your doctor orders a complete blood count (CBC) test to try to find out why.

Non-preventive: Your physical exam is preventive, but your blood test is diagnostic since your doctor is trying to figure out why you feel tired. You'll need to pay a copay, coinsurance, or deductible payment for the CBC test.

Example 4

You've been taking cholesterol medication. Your doctor orders regular blood tests to check your cholesterol level and make sure you're getting the right amount of medication.

Non-preventive: Your blood tests are to monitor a condition you already have. You'll need to pay a copay, coinsurance, or deductible payment for each test.

Questions and answers

Here are some answers to common questions about preventive care.

Q: Where can I get a complete list of preventive care services?

A: See your *Evidence of Coverage, Summary Plan Description*, or other plan documents for a full list of preventive care services covered by your plan. Or visit kp.org/prevention and click on “Preventive care services covered under health reform” to see a complete list.

Q: Can I get any preventive services?

A: Coverage for many services depends on your age, gender, overall health, and other factors. Services for women may not be appropriate for men, and services specifically for children won't be covered for adults. Work with your doctor to determine when and how often you should get specific services.

Q: Are prescription drugs considered preventive?

A: No. Prescription drugs are used to treat or manage a condition you already have. That means they're non-preventive. Our health plans cover prescription drugs, but you'll need to pay a copay, coinsurance, or deductible payment based on your plan details.

Q: Is there a limit on how often I can get preventive services?

A: Yes. But the limit varies depending on which services you need and your age, gender, and overall health. Your doctor can help you decide how often you should get any services you need.

Q: I went in for preventive care and got a bill later. Why?

A: Preventive care is offered at no cost or at a copay. But you may come in for preventive care and need other services too. For example, during a routine physical exam, your doctor might find a mole that needs to be removed for testing. Because mole removal and testing are non-preventive, you'd probably need to pay for these services. If you don't pay for them during your visit, you'll get a bill later.

Q: I went in for a routine physical exam and got a bill for blood tests. Why?

A: Your routine physical exam is a preventive care service, so it's covered at no cost or at a copay. But if your doctor orders blood tests during your visit, you may have extra costs.

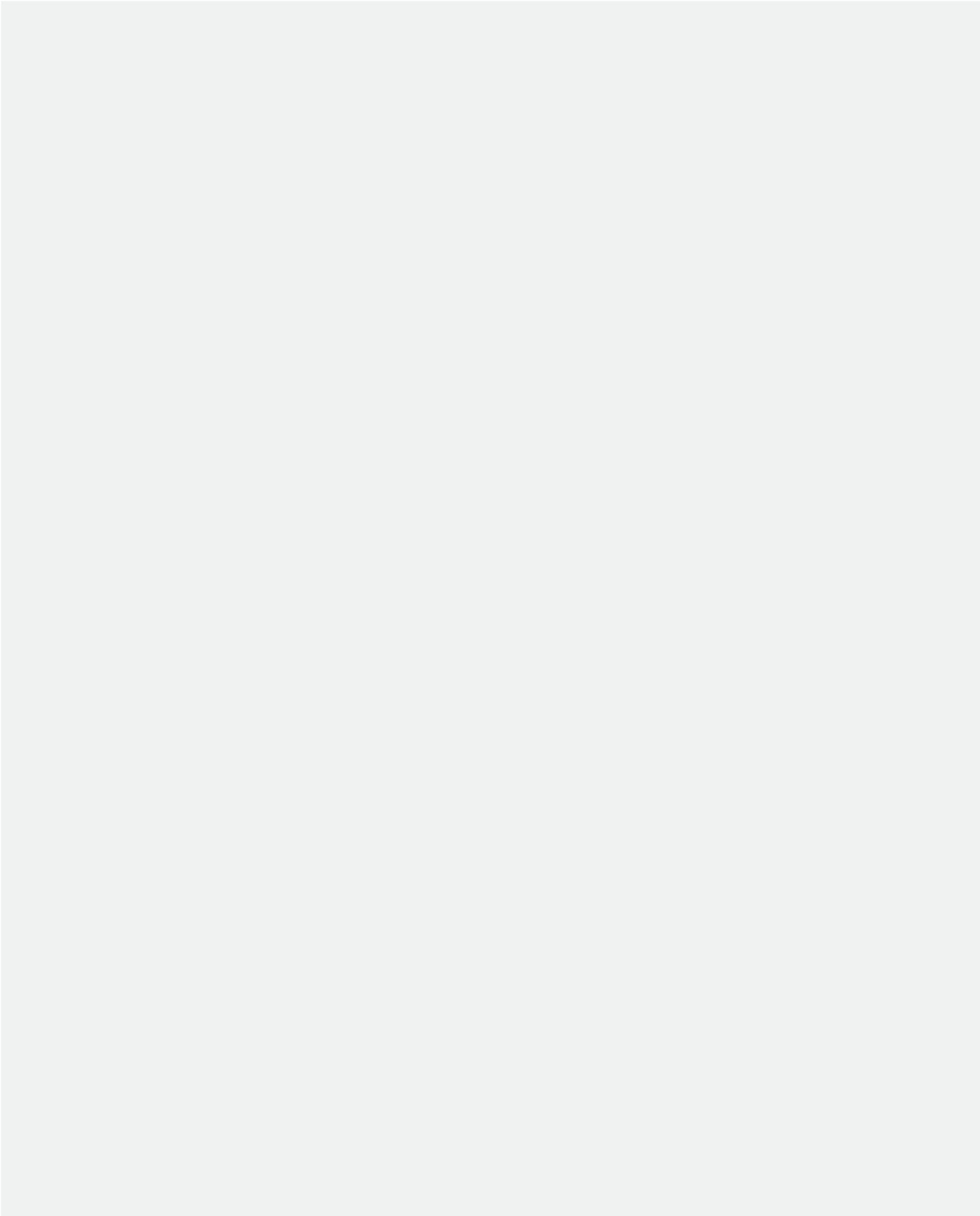
For example, if you're feeling more tired than usual, your doctor might order a complete blood count (CBC) test to help figure out why. Since the test is non-preventive, you'll probably need to pay an extra copay, coinsurance, or deductible payment. If you don't pay for the test during your visit, you'll get a bill later.

Q: If my plan has a deductible, does the deductible apply to preventive care services?

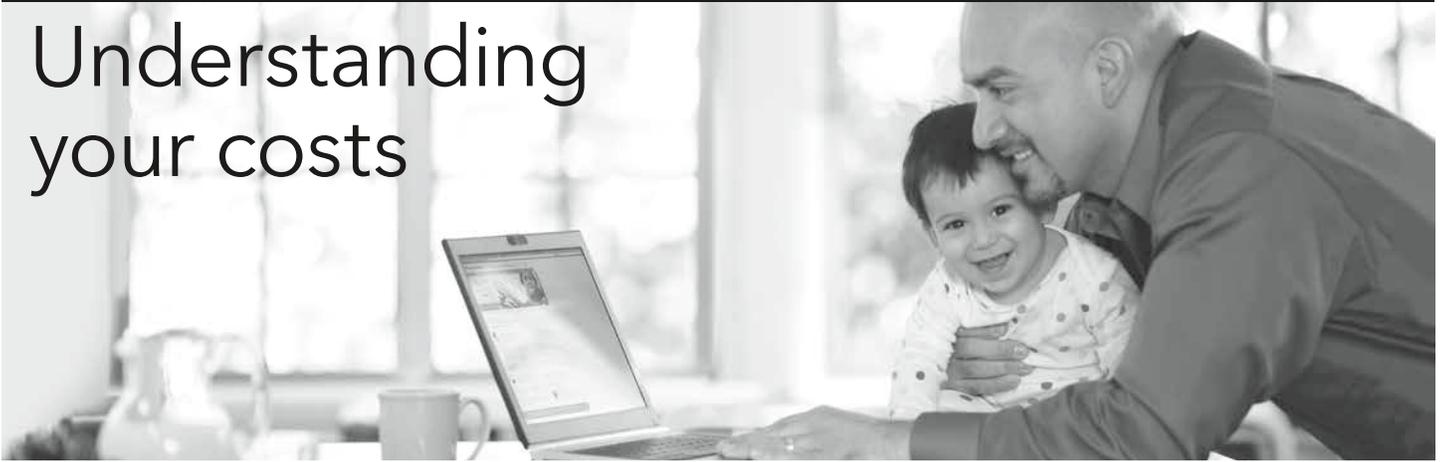
A: No. Most preventive care services are always covered at no cost or at a copay – even before you reach your deductible.

*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 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.



Understanding your costs



At Kaiser Permanente, your health and well-being come first. To help you get the most out of your deductible plan, we want to make it easier to understand what you'll pay when you come in for care and after your visit.

Important terms to know

DEDUCTIBLE

The amount you pay for covered services each year before Kaiser Permanente 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 percent coinsurance for a \$200 procedure means you pay just \$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.†

Payments during your visit

Your plan covers certain services at a copay or coinsurance all year round. But, in general, you'll need to pay the full cost for covered services until you reach your deductible. See "Important Terms to Know" for details.

When you check in

The receptionist will ask you to make a payment, based on your scheduled services.* This may cover only part of what you owe for your visit, especially if your doctor orders more services that weren't scheduled. You'll get a bill later for any money you still need to pay.

Lab tests and radiology visits

If your doctor sends you to the Laboratory or Radiology Department, you may also need to pay when you check in there. If what you pay doesn't cover the cost of your lab or radiology services, you'll get a bill later for any money you still need to pay.

Pharmacy visits

If your doctor prescribes medications that you pick up at the pharmacy, you'll pay a copay, coinsurance, or the full amount, depending on your plan.

*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, when you check in for your visit or when paying your bill later.

†See your *Evidence of Coverage* for your plan details, including the date your deductible and out-of-pocket maximum will start over.

YOUR DEDUCTIBLE PLAN TOOLBOX

Plan ahead for peace of mind. These tools and documents can help you know what to expect before, during, and after your visit so you can stay on top of your finances.

BEFORE YOUR VISIT

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.

OR

Call us at **1-800-390-3507**, 24 hours a day, 7 days a week (closed holidays), and we'll be happy to help.

Know what to expect

At kp.org/deductibleplans, click on "Resources" to find our Paying for Care brochure. It goes into more detail about the payment process, how to read your bill, and how to make the most of your plan.

DURING YOUR VISIT

Pay when you check in

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

Expect a bill for additional services

Your doctor may recommend services that weren't scheduled – for example, a blood test or an X-ray. If so, you may also have to pay for these services. If what you pay doesn't cover everything you owe, you'll get a bill for the difference later.

AFTER YOUR VISIT

Understand your bills

You can expect to get a bill after most visits. It will show all the charges for the services you got, what you paid, what Kaiser Permanente paid, and anything you owe.

Track your expenses

You will receive an Explanation of Benefits for your records. This statement is not a bill. It is a summary of the services you've received and related charges. Use it to keep track of how close you are to reaching your deductible and out-of-pocket maximum. You can also track your progress online at kp.org/costestimates.

WHEN A PREVENTIVE VISIT LEADS TO NON-PREVENTIVE SERVICES

Preventive care is an important part of catching health problems early – that's why preventive care services are covered at no cost or a copay.* But sometimes when you come in for preventive care, you end up getting other, non-preventive services, which you may have to pay for.

For example, during a routine physical exam, your doctor might find a mole that needs to be removed for testing. Removing the mole and testing it are types of non-preventive services. Later, you'd get a bill for those extra services.

Have questions? Contact us.

If you have questions about costs or billing, call **1-800-390-3507 (TTY 711)** weekdays from 7 a.m. to 5 p.m.

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



