

Understanding your costs



At Kaiser Permanente, your health and well-being are our top priority. To help you take full advantage of your deductible plan, we want to make it easier to understand what you can expect to pay — when you come in for care and after your visit.

IMPORTANT TERMS FOR GETTING STARTED

DEDUCTIBLE

The set amount you'll need to reach before you start paying copays or coinsurance for most services covered by your plan. You'll pay the full charges for these services until you reach your deductible. Your deductible resets to zero on January 1 each year. For HSA-qualified plans, all services, except preventive, are subject to the deductible.

COPAYMENT

A set dollar amount you'll pay for certain services covered by your plan. For example, if you have a \$10 office visit copay, you'll pay \$10 for each office visit.

COINSURANCE

A percentage of charges you'll pay for certain covered services. For example, if you have a 20 percent coinsurance on a \$200 procedure, you'll pay \$40 for that procedure.

OUT-OF-POCKET MAXIMUM

The maximum amount you'll pay in a calendar year for most of your care. After you reach this amount, you'll receive most services covered by your plan at no charge for the rest of the year. Beginning in 2014, for most plans, your deductible and most copays and coinsurance will apply toward your out-of-pocket maximum. For HSA-qualified plans, charges for all services apply to the out-of-pocket maximum.

PAYMENTS DURING YOUR VISIT

Your plan may cover certain services at a copay all year round. But in general, you'll need to pay the full charge for most services until you reach your deductible. See "Important Terms for Getting Started" for details.

When you check in

The receptionist may 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 additional services that weren't scheduled. You'll receive a bill in the mail later for any balance you owe.

If your plan comes with a health savings account (HSA) or health reimbursement arrangement (HRA), you can pay using the debit card for your account if one was provided.

Lab tests and radiology visits

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

Pharmacy visits

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



YOUR DEDUCTIBLE PLAN TOOLBOX

Plan ahead for peace of mind. These tools and documents can help you know what to expect before and after your visit so you can better manage your financial health.

BEFORE YOU GET CARE

UNDERSTAND YOUR PLAN

If you're a current Kaiser Permanente member, you can obtain a copy of your benefit summary at kp.org. Here you will find detailed information about your plan benefits, including deductibles, copays, coinsurance, and out-of-pocket maximums.

KNOW WHAT TO EXPECT

At kp.org/eductibleplans, click on "Resources" to find our Paying for Care brochure. It provides details about the payment process, help on reading your bill and EOB, and tools such as a sample fees list to help you estimate costs.

AFTER YOU GET CARE

UNDERSTAND YOUR BILLS

You can expect to receive a bill after your visit. The bill will show your payment at check-in, the amount we paid, and what you owe. It will also list all the services you received during your visit.

TRACKING YOUR EXPENSES

The Explanation of Benefits (EOB) is a statement for your records and describes the services you've received and the amounts paid by Kaiser Permanente — and shows how close you are to reaching your deductible and out-of-pocket maximum.

ANYTIME YOU HAVE QUESTIONS

CHECK YOUR PLAN DETAILS

Your *Evidence of Coverage* contains detailed information about your benefits and coverage. It can help you understand your costs for your care. Visit kp.org to view your *Evidence of Coverage* online or call **1-800-813-2000** to request a copy.

CONTACT US

If you have any questions about your plan benefits, costs, or billing, call Membership Services at **1-800-813-2000**.

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COSTS FOR NON-PREVENTIVE CARE SERVICES

Preventive care is an important part of catching potential health problems early. That's why most preventive care services are offered at little or no cost to you — even before you reach your deductible.

However, keep in mind that you may receive preventive and non-preventive care services during the same visit. While you'll have little or no cost for most preventive care services, you'll probably need to pay for any non-preventive services you receive during your visit.

For example, your doctor might find a mole during a routine physical exam and decide to remove it for testing. Because the mole removal is considered diagnostic rather than preventive, you might have to pay a copay, coinsurance, or deductible payment for this procedure. The actual lab tests ordered by your doctor would probably require an additional payment. So, although your routine physical exam would be covered at little or no cost as a preventive care service, you probably would have to pay for the two additional non-preventive services connected with your visit.