

PAYING FOR CARE

We're here to help you better understand the financial aspects of your deductible plan. Understanding your costs can help you feel more comfortable in deciding how to spend your health care dollars.

While a deductible plan works a little differently than a traditional HMO plan, you still get the high quality of care you've come to expect from Kaiser Permanente. The steps in this brochure will help guide you through the basics of what to expect and where to go for financial information before, during, and after a visit.



A FOCUS ON PREVENTION

One important way to stay healthy is by detecting problems before they become serious. That's why your deductible plan offers most preventive care services—like routine physical exams, mammograms, and cholesterol screenings—at little or no out-of-pocket cost to you, even before you've met your deductible.

Visit kp.org/deductibleplans to see a list of preventive care services or to use our online Estimates tool to see how much upcoming services might cost.

Learn more about how your deductible plan works at kp.org/deductibleplans.

1

Before your visit—getting an estimate.

Before coming in for an appointment, it helps to have an estimate of how much your visit will cost, depending on the care you expect to receive.

For a personalized cost estimate:*

- **Try our online Estimates tool:** Use this convenient resource to get an estimate of what you'll pay out of your own pocket for many of the most common exams, tests, and procedures. The Estimates tool knows your plan benefits and whether or not you've met your annual deductible—so estimates are based on your personal situation. You can find the tool at kp.org/memberestimates.
- **Call us:** While you can get cost estimates for most common services on our website, estimates for certain services may not be available. If you can't get an estimate for a particular service online, call **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m.

Kaiser Permanente

My health manager

My plan and coverage

How much will I pay?

Estimate number: 001234

Reported date: 01/01/15

Your estimated cost:

	Typical network	Most complete network
Your plan allows	\$1,100	\$1,100
Your plan pays	\$1,100	\$1,100
Your estimated cost	\$1,100	\$200
Out-of-pocket	\$1,100	\$200

These amounts are based on your deductible and out-of-pocket maximum. If you have not met your deductible, the out-of-pocket maximum, the estimate will be higher.

*Estimates are based partly on services that have been processed by our billing system.

COMMON TERMS

Annual out-of-pocket maximum: The maximum amount you'll pay for certain covered services in a calendar year. Once you've reached that maximum, you won't have to pay any deductibles, copays, or coinsurance for most covered services for the rest of the calendar year. Not all services apply toward the annual out-of-pocket maximum. For HSA-qualified plans, all services, except for certain preventive services, are subject to the deductible, and all services apply toward the out-of-pocket maximum.

Coinsurance: The percentage of charges you pay when receiving certain covered services. For example, 30 percent coinsurance for hospitalization means you pay 30 percent of the charges for covered hospital services. Coinsurance, which varies depending on your plan, doesn't apply toward your deductible. But it does count toward your annual out-of-pocket maximum.

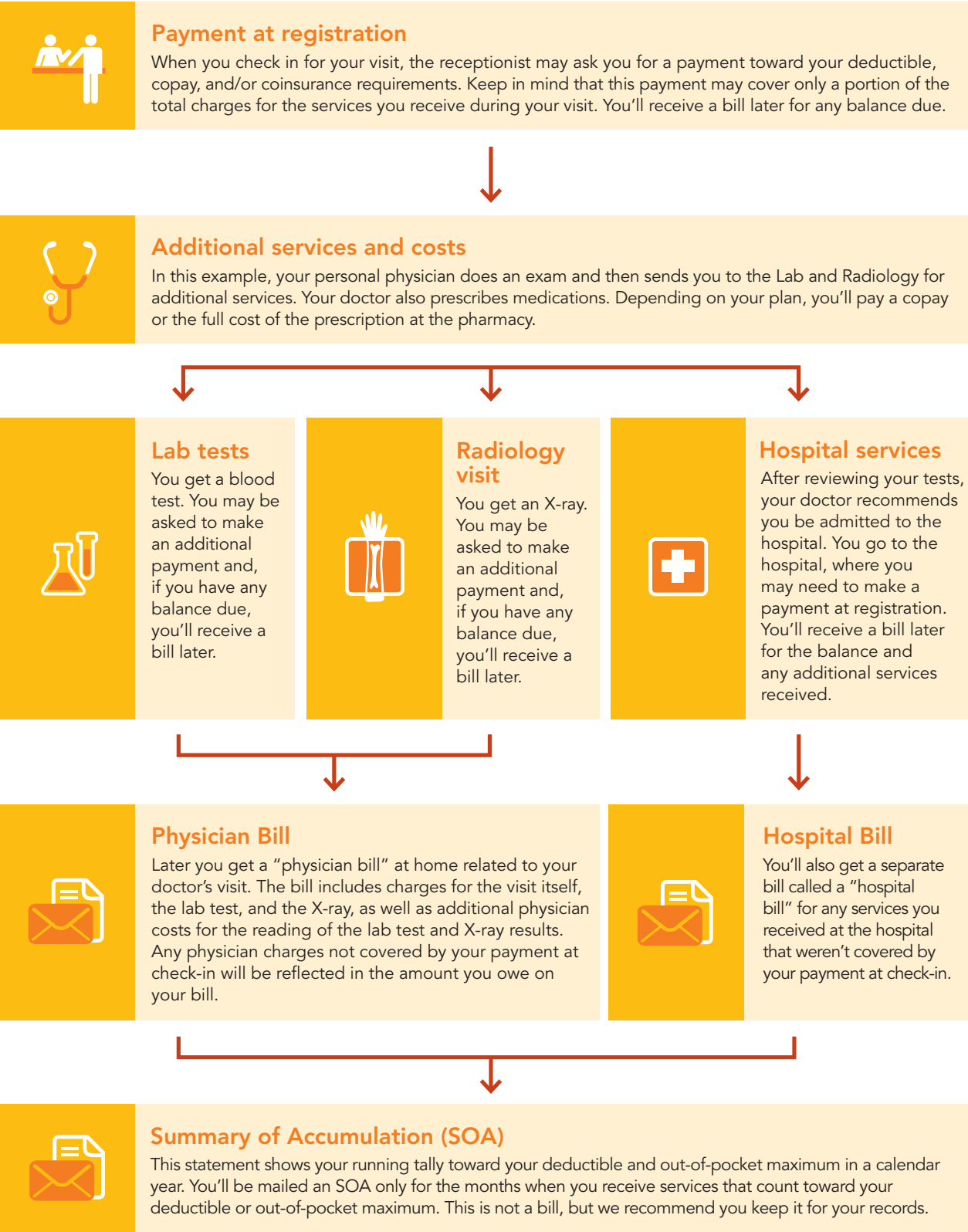
Copayment (or copay): The fixed amount you pay when you receive certain covered services or prescriptions. For example, a \$10 office visit copay means you pay \$10 for each office visit. Copayments, which vary depending on your plan, don't apply toward your deductible. But they do count toward your annual out-of-pocket maximum.

Deductible: The set amount you need to pay in a calendar year before we provide most covered services at a copay or coinsurance. Not all services may count toward the deductible. For HSA-qualified plans, all services, except for certain preventive services, are subject to the deductible, and all services apply toward the out-of-pocket maximum.

2

During your visit—what to expect.

This chart shows how the services you receive affect how much and when you pay for care.




3

After your visit—receiving your bill.

You'll get a bill after your visit if:

- Your payment at check-in didn't cover the full cost of the services you received during your visit.
- You received additional services during your visit.

Reading your bill



**KAISER
PERMANENTE®**

JANE DOE
71234 MAIN ST
ANYWHERE, CA 99999-4444

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PHYSICIAN BILL ACTIVITY

Guarantor Account #: 123456789101
Bill Date: 08/14/2011
Amount You Owe: \$150.00
Due Date: 09/14/2011


BILLING DETAIL
Itemized charges and associated payment activity

Service Date	Post Date	Location	Provider	Description	B Charges	C Paid by Insurance/ Adjustments	D Paid by You	Amount You Owe
DOE, JANE								
03/31/11	03/31/11	ANYWHERE CLINIC	BROWN, J.	OFFICE VISIT: MEDICAL EXAM (LEVEL 2, ESTABLISHED PATIENT) PATIENT PAYMENT (AT CHECK-IN)	\$200.00	-\$130.00		\$50.00
							-\$20.00	
03/31/11		ANYWHERE CLINIC	GREEN, M.	LAB: ELECTROLYTE BLOOD MEASUREMENT	\$65.00	-\$35.00		\$30.00
03/31/11	04/03/11	ANYWHERE CLINIC	GREEN, M.	LAB: CREATININE BLOOD MEASUREMENT PATIENT PAYMENT (CHECK #111)	\$120.00	-\$70.00		\$40.00
							-\$10.00	
03/31/11		ANYWHERE CLINIC	GREEN, M.	LAB: THYROID MEASUREMENT	\$60.00	-\$30.00		\$30.00
				TOTAL FOR DOE, JANE	\$445.00	-\$265.00	-\$30.00	\$150.00
				TOTAL	\$445.00	-\$265.00	-\$30.00	\$150.00

- A Service and post date:** The service date is the date you came in for care or services. The post date is the date we processed any payments and adjustments related to those services.
- B Charges:** The total cost for services you received before we make any insurance payments or adjustments based on your benefits. Think of it as the price we would charge non-Kaiser Permanente members.
- C Paid by insurance/adjustments:** This column lists any adjustments we've made to the charges, and any payments we made based on your health plan benefits.
- D Paid by you:** The amount you've already paid for care and services—for example, the amount you paid at check-in.

Understanding your bill

Now that you know the key elements of a bill, let's go over some sample charges.



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PHYSICIAN BILL ACTIVITY

JANE DOE
71234 MAIN ST
ANYWHERE, CA 99999-4444

Guarantor Account #: 123456789101

Bill Date: 08/14/2011

Amount You Owe: \$150.00

Due Date: 09/14/2011

BILLING DETAIL
Itemized charge and associated payment activity

Service Date	Post Date	Location	Provider	Description	Charges	Paid by Insurance/ Adjustments	Paid by You	Amount You Owe
DOE, JANE								
03/31/11		ANYWHERE CLINIC	BROWN, J.	OFFICE VISIT: MEDICAL EXAM (LEVEL 2, ESTABLISHED PATIENT)	\$200.00	-\$130.00		\$50.00
	03/31/11			PATIENT PAYMENT (AT CHECK-IN)			-\$20.00	
03/31/11		ANYWHERE CLINIC	GREEN, M.	LAB: ELECTROLYTE BLOOD MEASUREMENT	\$65.00	-\$35.00		\$30.00
03/31/11		ANYWHERE CLINIC	GREEN, M.	LAB: CREATININE BLOOD MEASUREMENT	\$120.00	-\$70.00		\$40.00
	04/03/11			PATIENT PAYMENT (CHECK #111)			-\$10.00	
03/31/11		ANYWHERE CLINIC	GREEN, M.	LAB: THYROID MEASUREMENT	\$60.00	-\$30.00		\$30.00
				TOTAL FOR DOE, JANE	\$445.00	-\$265.00	-\$30.00	\$150.00
				TOTAL	\$445.00	-\$265.00	-\$30.00	\$150.00

- E Office visit charges:** In the example above, Jane Doe visited Dr. Brown on March 31, 2011. The doctor's office visit cost \$200, but her Kaiser Permanente plan paid \$130 of that amount. That makes her actual cost \$70 ($\$200 - \$130 = \70). Jane paid \$20 when she checked in, so she still owes \$50 ($\$70 - \$20 = \50) for her visit.
- F Additional charges:** That same day, Jane's doctor sent her to get three different lab tests with total charges of \$245 ($\$65 + \$120 + \60). Her Kaiser Permanente plan paid \$135 ($\$35 + \$70 + \30), which means she's responsible for paying a total of \$110 for the three tests ($\$245 - \$135 = \$110$). Jane paid \$10 when she checked in at the lab, which means she still owes \$100.
- G Amount you owe:** This is the total amount Jane owes on her current physician's bill. It's determined by adding up the remaining costs of her office visit (\$50) and lab tests (\$100), which equal \$150.

MORE ABOUT YOUR BILL

Your current bill may not always reflect your most recent charges or payments. Services and related payments may take up to 125 days to appear on your bill, but occasionally some may take longer. These services and payments will appear on a future bill.


Sometimes, you may see a payment but not the related charges for a service. That could be because your payment was recorded before the charges for a service were processed. If so, the charges will appear on a future bill.

Also, remember that you may receive more than one bill for a single service—a "physician bill" and a "hospital bill." If you don't see all the charges for a service on one bill, they will appear on a future bill.


4

At home—tracking your expenses.

Reading your Summary of Accumulation (SOA): This document lists all your medical costs that have been applied toward your deductible and out-of-pocket maximum during the calendar year. You'll be mailed an SOA only for the months in which you receive services that count toward your deductible or out-of-pocket maximum. Keep in mind that services may take up to four months to show up on your SOA. **This is not a bill.**




P.O. BOX 830913
BIRMINGHAM, AL 35283-0913



ADDRESSEE:

----- manifest line -----



JANE DOE
71234 MAIN ST
ANYWHERE, CA 99999-4444

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Summary of Accumulation (SOA): This is sent following any activity on your account and lists all the services applied toward your medical deductible and out-of-pocket maximum. FSA/HRA/HSA members should keep this Summary of Accumulation and other health care receipts for tax purposes.

Date: 08/31/2010

Subscriber Number: 110011110011

Group ID: 000000001

Benefit Package ID: D286364

Questions?
Contact: Deductible Products Service Team
Hours of Operation: Mon.–Fri., 7 a.m.–5 p.m.
Phone: 1-800-390-3507

Thank you for selecting Kaiser Foundation Health Plan, Inc. for your health care needs.

PLEASE RETAIN FOR YOUR RECORDS

Summary of Amounts Applied Toward Your Individual and Family Deductible and OOP Max
01/01/10–12/31/10

Individual Deductible = \$1,500.00

Family Deductible = \$3,000.00

Individual OOP Max = \$3,500.00

Family OOP Max = \$7,000.00

	Applied This Period		Applied Year to Date	
	Deductible	OOP Max	Deductible	OOP Max
B Individual Accumulation Totals				
JANE DOE	63.00	83.00	150.00	200.00
JOHN DOE			100.00	150.00
C Family Accumulation Totals				
Accumulation Totals	63.00	83.00	250.00	350.00

- A Amounts applied so far:** These are the total charges applied to your deductible and out-of-pocket maximum for the year. If you reach your deductible and out-of-pocket maximum, you won't receive SOAs for the rest of the year.
- B Tracking individual amounts:** These are the deductible and out-of-pocket maximum totals for you and each family member in your household. When a family member reaches his or her individual deductible, that family member will pay only a copay or coinsurance for most covered services.*
- C Tracking family amounts:** These are the total charges applied to your calendar-year family deductible. After this deductible is met, every family member will pay only copay or coinsurance for most covered services.

*Some of our HSA-qualified deductible plans only feature family deductibles. That means that once the family collectively satisfies the deductible, then all family members pay just a copay or coinsurance for most covered services.

Date: 08/31/2010
Subscriber Number: 110011110011
Group ID: 000000001
Benefit Package ID: D286364

THIS IS NOT A BILL

The information below only includes amounts that have been applied toward your deductible or out-of-pocket maximum since your last summary.

Service Description	Date of Service	Patient's Name	Claim No.	Allowed Amount (Charge-Insurance Adjustment)	Insurance Adjustment	Patient Responsibility			Applied Toward OOP Max	Explanation Code*
						Applied Toward Deductible	Copay	Coinsurance		
OFFICE VISIT LOW MOD	07/31/10	JANE DOE	I4392340DE566	\$60.00	(\$40.00)		\$20.00		\$20.00	
Laboratory Tests	07/31/10	JANE DOE	I234DFF4060	\$63.00		\$63.00			\$63.00	
Total Applied Toward Deductible:						\$63.00				
Total Applied Toward Out-of-Pocket Maximum:									\$83.00	

D Our responsibility: The amounts under "Allowed Amount" show the Kaiser Permanente member charges for services. The amounts under "Insurance Adjustment" show what Kaiser Permanente is responsible for paying. "Insurance Adjustment" amounts depend on which deductible HMO plan you have.

E Your responsibility: The amounts listed under "Patient Responsibility" show what you're responsible for paying. This is the difference between the "Allowed Amount" and the "Insurance Adjustment." What you pay can fall into three categories: "Applied Toward Deductible," "Copay," or "Coinsurance."

Keep in mind that copays and coinsurance aren't applied to your deductible.

But the amounts listed in the deductible, copay, and coinsurance columns do apply toward your out-of-pocket maximum for the calendar year.

To find out if you've met your deductible or out-of-pocket maximum, or if you have questions about your bill or Summary of Accumulation (SOA):

Call **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m. To get a quick look at your deductible or out-of-pocket maximum accumulations online, use our Out-of-Pocket Summary tool at kp.org/outofpocket.

QUESTIONS AND ANSWERS

ABOUT YOUR DEDUCTIBLE HMO PLAN

Why do I seem to pay a different copay each time I check in for a visit?

The amount you pay at check-in isn't always just a copay, and will vary depending on how much of your deductible or out-of-pocket maximum you've satisfied, as well as on the actual cost of the service. After you've met your deductible, you'll pay a simple copay or coinsurance amount, depending on your plan coverage.

Why are the cost estimates given to me before my visit different from what I'm finally billed?

The cost estimates you get from our online Estimates tool or our telephone representatives are based not only on the cost of procedures and services you expect to receive, but also on your plan details and how close you are to meeting your deductible and out-of-pocket maximum at the time you receive the estimate. Since not everything about your visit can be known in advance, you may end up owing more or less than your original estimate. You'll receive a bill if your payment at check-in didn't cover the full cost of the services you received, or if you received additional services.

If I have a health reimbursement arrangement (HRA) or health savings account (HSA), can I use it to pay for care?

Yes. You can use these funds to pay for qualified medical expenses,* either when registering for a visit or when you get a bill. If you'd like to pay a bill with your HRA or HSA, complete the credit card portion of the bill with your HRA or HSA card information. Then mail it back to us to complete the payment process. For more information on HRAs and HSAs, go to kp.org/deductibleplans.

Do the bills or SOAs provide information on my HRA or HSA balance? Where can I get that information?

No, neither the bills nor the SOAs provide information on your HRA or HSA balance. To get this information, please contact your HRA or HSA administrator.

*To view the list of qualified medical expenses as defined under Internal Revenue Code Section 213(d), download IRS Publication 502, *Medical and Dental Expenses*, at www.irs.gov/publications. As an HSA holder, you'll ultimately be responsible for determining whether an expense is a qualified medical expense under the tax laws. For HRA accounts, the HRA administrator is responsible for that determination. The Internal Revenue Service requires that all HRA and HSA transactions be validated, so it's important that you save all your receipts in case your HRA administrator or the tax authorities require additional information.

kp.org/deductibleplans