



paying for care

We're here to help you understand how your health plan works financially. This can make it easier to stay on top of your expenses and get the most out of your plan.

A deductible plan works a little differently than a traditional HMO plan. But you get all the same quality care and convenient resources you expect from Kaiser Permanente. The steps in this brochure will help you know what to expect before, during, and after each visit.

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Before your visit
Getting an estimate
of your costs



②

During your visit
What to expect
when getting care



③

After your visit
Managing bills
and expenses

A focus on prevention

An important way to stay healthy is to find 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 cost, even before you reach your deductible.

Visit kp.org/deductibleplans for more information about your plan.

1

Before your visit getting an estimate of your costs



Use our online Estimates tool

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



Call us for an estimate

If you can't get an estimate for a service online, call **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m. One of our representatives will be happy to help.

2

During your visit what to expect when getting care



You make a payment 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 unscheduled services during your visit. In that case, you'll get a bill for the difference later.



If you get unscheduled services, you may have extra costs

During your visit, your doctor may recommend services that weren't scheduled. For example, he or she might order a blood test and an X-ray to get more information about your health. When you go to the lab or radiology department, you may need to make another payment for these services. If what you pay doesn't cover everything you owe, you'll get a bill for the difference later.

3

After your visit managing bills and expenses



Getting your bill

You'll get a bill if:

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

If you've signed up for electronic billing, you'll get an email alert instead of a bill. Depending on the kinds of care you received, you may get a "physician bill," a "hospital bill," or both.



Paying your bill

You have several convenient options:

- **Online:** Visit kp.org/paymedicalbills to securely pay your bill online – 24/7.
- **By mail:** Send your payment in the return envelope that came with your bill.
- **Over the phone:** Call us at **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m., to pay with a credit or debit card.



Tracking your expenses

You can also track your costs and see how close you are to reaching your deductible and out-of-pocket maximum.

Once you reach your deductible, you'll pay just a copay or coinsurance for covered services. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible. If you reach your out-of-pocket maximum, you won't pay for covered services for the rest of the year. For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.*

- **Your Summary of Accumulation (SOA):** This statement tracks the care you've received and how close you are to reaching your deductible and out-of-pocket maximum. It is not a bill. You'll only get an SOA for the months you get services that count toward your deductible or out-of-pocket maximum.
- **Our online Out-of-Pocket Summary tool:** Visit kp.org/outofpocket anytime for an update on how close you are to reaching your deductible and out-of-pocket maximum.

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

Getting the most out of your plan



Have an HRA, HSA, or FSA?

If so, don't forget: You can use the money in your health reimbursement arrangement (HRA), health savings account (HSA), or flexible spending account (FSA) to pay for care.* Just use the debit card for your account, if you have one, when you check in for your visit or when paying a bill later. Be sure to keep all receipts, bills, and Summary of Accumulations.

For more information

To check whether you've reached 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.

Key terms

Here are some terms to help you understand your plan. See your *Evidence of Coverage* for your plan details, including the date your deductible and out-of-pocket maximum will start over.

Deductible: The amount you pay each year for covered services 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 maximum amount 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.

*You can use your HRA, HSA, or FSA to pay for qualified medical expenses, which are defined under Internal Revenue Code Section 213(d) in IRS Publication 502, Medical and Dental Expenses, available at irs.gov/publications. Your employer may limit which qualified medical expenses HRA funds can be used for.