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## COPAYMENT PLANS

What is a copayment plan? • How does it work? • Features at a glance

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1-800-232-5100

# COPAYMENT PLANS

Our copayment plans feature set payments (or copayments) for certain covered services, so you'll always know in advance what your out-of-pocket costs for prescriptions and doctor visits will be.<sup>1</sup> You won't have to meet a deductible, so you're eligible to pay copayments for covered services from Day 1 of coverage.

**How do you know whether a copayment plan is right for you or your family?**

The scenario on page 5 illustrates why a couple might choose a copayment plan and how they might use that coverage throughout the year.



## KEY TERMS

**Copayment (or copay):** This is the specific dollar amount that you pay when you receive a covered service or prescription. Copayments vary depending on the plan and the service.

**Deductible:** A deductible is the fixed amount you must pay in a calendar year before Kaiser Permanente will cover certain services in that calendar year. **Copayment plans have no medical deductible.**

**Formulary:** For benefit plans that cover prescription drugs, the formulary is the comprehensive list of the medications available to Kaiser Permanente members. Kaiser Permanente pharmacists and physicians carefully design our formulary, and regularly review and update it, to ensure your medication is safe, effective, and appropriate for your condition.

**Monthly rate/premium:** This is the amount you pay every month for health care coverage.

**Out-of-pocket maximum (OOPM):** The OOPM is the maximum amount that you will pay for certain covered services that you receive in the same calendar year. With copayment plans, you can meet your OOPM in two ways: You can meet your individual OOPM, or your family's combined copayments can meet the family OOPM. After you or your family reach your OOPM, you will not have to pay any copayments or coinsurance for those covered services for the rest of the calendar year.

**Preventive care:** Our goal is to help you enjoy the best health possible for you. One way we do that is to provide services that monitor you when you're well and can give an advance warning when you're at risk of becoming ill. Preventive care does just that. Preventive care includes routine checkups, immunizations, and preventive labs and X-rays. For more information, please refer to the *Your Partner in Health* booklet.

<sup>1</sup>These plans are underwritten by Kaiser Foundation Health Plan, Inc. (KFHP).

# FEATURES AT A GLANCE

This is a summary of the most frequently asked-about benefits and their copayments and coinsurance. For more information on benefits, copayments, and coinsurance, please refer to the *Disclosure Form* enclosed in this kit. Detailed information about your plan is included in the *Membership Agreement*, which will be mailed to you upon acceptance.

	COPAYMENT 25 <sup>1</sup>	COPAYMENT 50 <sup>1,2</sup>
<b>MEDICAL CALENDAR-YEAR DEDUCTIBLE</b>		
Individual plan (subscriber only)		None
Family plan (any one member/all members)		None
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>		
Individual plan (subscriber only)	\$2,500	\$3,500
Family plan (any one member/all members)	\$2,500/\$5,000	\$3,500/\$7,000
<b>LIFETIME BENEFIT MAXIMUM</b>		
Individual/Family		None
<b>BENEFITS</b>		
<b>YOU PAY</b>		
<b>Professional services (plan provider office visits)</b>		
Primary and specialty care visits (includes routine and urgent care appointments)	\$25 per visit	\$50 per visit
Routine preventive physical exams (includes vision and hearing exams)	\$25 per visit	\$50 per visit
Well-child visits from 0 to 23 months	No charge	\$15 per visit
Family planning visits	\$25 per visit	\$50 per visit
Scheduled prenatal care	No charge	\$15 per visit
<b>Maternity coverage</b>		
Maternity care		Covered
Coverage varies by plan. See the plan's <i>Membership Agreement</i> for details.		
<b>Hospitalization services</b>		
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	\$200 per day	\$500 per day
<b>Emergency health coverage</b>		
Emergency Department visits (charge waived if admitted directly to hospital)	\$100 per visit	\$150 per visit
<b>Ambulance services</b>		
Emergency ambulance services	\$100 per trip	\$300 per trip

<sup>1</sup>These plans are offered by Kaiser Foundation Health Plan, Inc.

<sup>2</sup>This plan does not offer prescription coverage.

	COPAYMENT 25	COPAYMENT 50
BENEFITS	YOU PAY	
<b>Prescriptions</b>		
Plan pharmacy (up to a 30-day supply)	Generic: \$10; brand-name: \$35	Not covered
Mail-order (up to a 100-day supply)	Generic: \$20; brand-name: \$70	Not covered
<b>Outpatient services</b>		
Outpatient surgery	\$100 per procedure	\$250 per procedure
Allergy injection visits	\$5 per visit	
Vaccines (immunizations)	No charge	
Most X-rays and lab tests	\$10 per encounter	
MRI, CT, and PET	\$50 per procedure	
<b>Mental health services</b>		
Inpatient psychiatric care (up to 30 days)	\$200 per day	\$500 per day
Outpatient individual psychiatric visits	\$25 per visit	\$50 per visit
Outpatient group psychiatric visits	\$12 per visit	\$25 per visit
Outpatient individual/group visits per calendar year	Up to a total of 20 visits	
Note: Visit and day limits do not apply to severe mental illness and serious emotional disturbances of children as described in the "Benefits and Cost Sharing" section of the <i>Membership Agreement</i> .		
<b>Chemical dependency services</b>		
Inpatient detoxification	\$200 per day	\$500 per day
Outpatient individual therapy visits	\$25 per visit	\$50 per visit
Outpatient group therapy visits	\$5 per visit	
Transitional residency recovery services (up to 60 days, not to exceed 120 days in any five-year period)	\$100 per admission	
<b>Home health services</b>		
Home health care (up to 100 two-hour visits)	No charge	
<b>Health education</b>		
Individual visits	\$25 per visit	\$50 per visit
Group visits	No charge	
<b>Other</b>		
Skilled nursing facility care (up to 100 days per benefit period)	No charge	
Hospice care	No charge	

## MEET KEN AND MAY PARK<sup>1</sup>

Ken and May have one child—Lee, age 4. They are looking for a health care plan that features low copayments for office visits and preventive care because Lee, like most small children, sees her pediatrician frequently. The couple would like to have more children one day, so they are interested in maternity coverage as well.<sup>2</sup> They decide to enroll in the **Copayment 25** plan.

### What they want:

- No deductibles
- Low copayments
- Maternity coverage
- Prescription drug coverage

### The Parks' plan: Copayment 25

- No deductibles
- \$25 copay for office visits
- No charge for scheduled prenatal care and first postpartum visit
- No charge for well-child visits (0 to 23 months)
- Prescription drug coverage



### HOW THIS PLAN WORKS FOR THEM

Since the Copayment 25 plan has no deductible, the Parks are able to pay a copay for covered services from Day 1. Lee's immunizations are no charge, and her pediatrician visits are a \$25 copay. And if May becomes pregnant, her prenatal visits will be no charge. The family can also pay a copay from the first day of coverage for all their prescription drugs.

#### Want to know more?

*Copayment plan benefits: See pages 3 and 4.  
Copayment plan rates: See the Rates & Benefits brochure.*



<sup>1</sup>This example is for illustrative purposes only. Individual situations will vary depending on the specifics of the health care plan and other factors.

<sup>2</sup>Applicants who are pregnant or responsible for a pregnancy are not eligible to enroll in Kaiser Permanente for Individuals and Families.

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