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# CHOOSE A PLAN

## COPAYMENT PLANS

What copayment plans offer  
and how they work



### IN THIS BROCHURE

- Meet the Bishops
- Benefit highlights

# Choose the plan that's best for *you*



With copayment plans, you pay specific costs (or copayments) for certain covered services, so you know your out-of-pocket costs for doctor visits and prescriptions in advance. And since you don't have to meet a deductible, you can pay copayments for covered services from the first day of coverage.

## Meet the Bishops

Deb and James Bishop are self-employed and have two children: Seth, 4, and Lauren, 14 months.<sup>1</sup> Because the children tend to visit their pediatrician frequently, the Bishops choose the Copayment 25 plan.

Here's how they use their plan over the year:

- **Preventive care:** Deb, James, and Seth get checkups, and Deb sees her gynecologist. There's a \$25 copay for each visit. Lauren's checkup is no charge because it's a well-child visit. There are also no charges for immunizations.
- **Primary care office visits:** Seth and Lauren visit the pediatrician for various colds throughout the year. And James sees his primary care physician for a stomach problem. The family pays a \$25 copay for each primary care visit.
- **Lab and X-ray:** James' physician orders some tests to diagnose his stomach problem. The lab test and X-ray are a \$10 copay each.
- **Prescription drugs:** James' physician prescribes a medication. James pays a \$10 copay for the generic drug.

Since the medical office has doctors' offices, lab, X-ray, and pharmacy under one roof, James simply walks down the hall to get his lab and X-ray done and his prescription filled. Plus, James' doctor orders his lab test, X-ray, and prescription online, so the lab and X-ray offices are ready for James when he walks in. And his prescription is waiting for him at the pharmacy.

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

# Benefit highlights

	COPAYMENT 25	COPAYMENT 40	COPAYMENT 50
<b>FEATURES</b>			
Individual plan annual deductible (subscriber only)	None		
Family plan annual deductible (individual/family)	None		
Individual plan annual out-of-pocket maximum (subscriber only)	\$2,500	\$3,000	\$3,500
Family plan annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$3,000/\$6,000	\$3,500/\$7,000
Lifetime benefit maximum	None		
<b>BENEFITS</b>			
<b>Preventive care</b>			
Immunizations	No charge		
Routine physical exam	\$25 copay	\$40 copay	\$50 copay
Well-child visit (0–23 months)	No charge	\$10 copay	\$15 copay
Well-woman visit	\$25 copay	\$40 copay	\$50 copay
Mammogram	\$10 copay		
<b>Outpatient services (per visit or procedure)</b>			
Primary care/Specialty office visit	\$25 copay	\$40 copay	\$50 copay
Most X-rays and lab tests	\$10 copay		
MRI, CT, and PET	\$50 copay		
Outpatient surgery	\$100 copay	\$200 copay	\$250 copay
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, and medication	\$200 copay per day	\$350 copay per day	\$500 copay per day
<b>Maternity</b> Coverage varies. Please consult the plan's <i>Membership Agreement</i> .			
Maternity care	Covered		
<b>Emergency and urgent care</b>			
Emergency Department visit (waived if admitted)	\$100 copay		\$150 copay
Urgent care visit	\$25 copay	\$40 copay	\$50 copay
Ambulance service	\$100 copay	\$200 copay	\$300 copay
<b>Prescription drugs</b>			
Plan pharmacy (up to a 30-day supply)	Generic: \$10 copay/Brand: \$35 copay		Not covered
Mail-order (up to a 100-day supply)	Generic: \$20 copay/Brand: \$70 copay		Not covered

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 or upon request.

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