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DEDUCTIBLE PLANS

What deductible plans offer
and how they work



IN THIS BROCHURE

- How our deductible plans work
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Support your goals with a plan that supports you

Deductible plans generally offer lower monthly premiums in exchange for higher out-of-pocket payments for covered services.

With deductible plans, you pay full charge for most covered services until your expenses meet an annual medical deductible. Then you can pay a copayment or coinsurance. When your deductible and cost-sharing payments reach your out-of-pocket maximum (OOPM), you won't have to pay anything for covered services for the rest of the year.

A choice of plans

We offer different types of deductible plans to help you find the right one for your needs.

- Some of our deductible plans offer both individual and family coverage. You can enroll just yourself—or your entire family.
- Other deductible plans offer individual coverage only. A family can be covered by these plans, but each family member must apply separately. To help lower premiums, these plans do not offer maternity benefits and may have higher deductibles, copayments, and coinsurance.

Preventive services not subject to deductible

No matter which plan you choose, you can receive many preventive care services for a copayment before you meet your deductible. That means you can pay a copay from the first day of coverage for services such as annual checkups and preventive screenings. And some services, such as immunizations, are available at no charge.

Meet the Romeros

Juan and Nancy Romero have a daughter, Anna, age 11.¹ They are starting their own business and need health care coverage. They choose the Deductible 30/1500 plan.

- **The deductible:** In deductible plans with family coverage, each family member can meet the deductible in two ways. Each can pay full charge for covered services until his or her separate expenses meet the \$1,500 individual deductible. Or, the family's combined out-of-pocket expenses can meet the \$3,000 family deductible.
- **Not subject to the deductible:** The Romeros are happy to learn that many services are not subject to the deductible. So, from the first day of coverage, they can pay a \$30 copay for the services they use most, such as doctor's office visits, urgent care visits, and most preventive care.
- **Primary care visits:** Each member of the Romero family gets an annual checkup for a \$30 copay. And since the medical office nearest their home has doctors' offices, lab, X-ray, and pharmacy under one roof, they can see the doctor, get lab tests, and pick up their prescriptions in one stop.



The family signs up for My Health Manager, a secure site on kp.org that enables them to manage most of their health care needs online. When Nancy needs a list of Anna's immunizations for school, she downloads it on her home computer. And when the family needs their annual checkups, they request their appointments online.

The Romeros want to take care of their health, so they take full advantage of Healthy Living classes offered at their local medical offices.² Plus, both Juan and Nancy sign up for HealthMedia® Succeed™, an online wellness program that evaluates their health and helps them create a self-improvement program.³

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

² Classes vary by location. Some classes may charge a fee.

³ Offered in collaboration with HealthMedia, Inc.

Benefit highlights

	20/500	25/1000	30/1500
FEATURES			
Individual plan annual deductible (subscriber only)	\$500	\$1,000	\$1,500
Family plan annual deductible (individual/family)	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000
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		
BENEFITS SERVICES NOT SUBJECT TO DEDUCTIBLE UNLESS OTHERWISE INDICATED			
Preventive care			
Immunizations	No charge		
Routine physical exam	\$20 copay	\$25 copay	\$30 copay
Well-child visit (0–23 months)	No charge	\$10 copay	\$30 copay
Well-woman visit	\$20 copay	\$25 copay	\$30 copay
Mammogram	\$10 copay		
Outpatient services (per visit or procedure)			
Primary care/Specialty office visit	\$20 copay	\$25 copay	\$30 copay
Most X-rays and lab tests	\$10 copay (after deductible)		
MRI, CT, and PET	\$10 copay (after deductible)	\$50 copay (after deductible)	
Outpatient surgery	\$50 copay (after deductible)	\$150 copay (after deductible)	\$250 copay (after deductible)
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	\$100 copay per day (after deductible)	\$250 copay per day (after deductible)	\$500 copay per day (after deductible)
Maternity Coverage varies. For details, please consult the plan's <i>Membership Agreement</i> .			
Maternity care	Covered		
Emergency and urgent care			
Emergency Department visit (waived if admitted)	\$100 copay (after deductible)		\$150 copay (after deductible)
Urgent care visit	\$20 copay	\$25 copay	\$30 copay
Ambulance service	\$150 copay (after deductible)		
Prescription drugs			
Plan pharmacy (up to a 30-day supply)	Generic: \$10 copay/Brand: \$35 copay		
Mail-order (up to a 100-day supply)	Generic: \$20 copay/Brand: \$70 copay		

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* or *Certificate of Insurance*, which will be mailed to you upon acceptance or upon request.

		NEW!	NEW!
	40/2000	40/3000 NM¹	50/5000 NM¹
FEATURES			
Individual plan annual deductible (subscriber only)	\$2,000	\$3,000	\$5,000
Family plan annual deductible (individual/family)	\$2,000/\$4,000	No dependent coverage	
Individual plan annual out-of-pocket maximum (subscriber only)	\$4,000	\$6,000	\$7,500
Family plan annual out-of-pocket maximum (individual/family)	\$4,000/\$8,000	No dependent coverage	
Lifetime benefit maximum	None	\$5 million	
BENEFITS SERVICES NOT SUBJECT TO DEDUCTIBLE UNLESS OTHERWISE INDICATED			
Preventive care			
Immunizations	No charge		
Routine physical exam	\$40 copay	\$50 copay	
Well-child visit (0–23 months)	\$40 copay	\$30 copay	
Well-woman visit	\$40 copay	\$50 copay	
Mammogram	\$10 copay		
Outpatient services (per visit or procedure)			
Primary care/Specialty office visit	\$40 copay	\$50 copay (after deductible)	
Most X-rays and lab tests	\$10 copay (after deductible)		
MRI, CT, and PET	\$50 copay (after deductible)		
Outpatient surgery	\$250 copay (after deductible)	20% coinsurance (after deductible)	30% coinsurance (after deductible)
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	\$500 copay per day (after deductible)	20% coinsurance (after deductible)	30% coinsurance (after deductible)
Maternity Coverage varies. For details, please consult the plan's <i>Membership Agreement</i> or <i>Certificate of Insurance</i> .			
Maternity care	Covered	Not covered	
Emergency and urgent care			
Emergency Department visit (waived if admitted)	\$150 copay (after deductible)		
Urgent care visit	\$40 copay	\$50 copay (after deductible)	
Ambulance service	\$150 copay (after deductible)		
Prescription drugs			
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

Note: For services subject to a deductible, you will have to pay health care expenses out of pocket until you meet your deductible. For information describing the benefits and limitations, cost-sharing amounts, premiums, and dental plans, please review the details in your enrollment material. To request a copy of the *Membership Agreement* or *Certificate of Insurance* for a particular plan, please call us at 1-800-232-5100 or contact your broker.

¹ These plans are offered by Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc.

Meet Jason Choi

Jason just graduated from college and is freelancing while he looks for his dream job.¹ He's active and healthy and plans to stay that way. He wants an affordable health care plan that covers the big stuff—just in case. He chooses the Deductible 50/5000 NM, a deductible plan with a \$5,000 deductible and a \$50 copay for preventive care. The premium is low because there's no coverage for dependents, maternity care, or prescription medications—services Jason isn't interested in anyway.

Here's how Jason's plan works over the year.

- **Preventive care:** Because preventive care is not subject to the deductible, Jason pays a \$50 copay for his routine physical exam without having to meet the deductible. His flu shot is no charge.

Jason has an accident that requires him to have surgery.

- **Meeting the deductible:** Since Jason has a \$5,000 medical deductible, he pays full charges out of pocket until his covered medical expenses total \$5,000.
- **Paying coinsurance:** After Jason meets his deductible, he pays a copay or 30 percent coinsurance for subsequent covered medical expenses.
- **How the out-of-pocket maximum works:** The OOPM for Jason's plan is \$7,500. The \$5,000 that Jason pays to meet his deductible, plus \$2,500 of copayment and coinsurance payments, meet his OOPM of \$7,500. Now Jason will not have to pay anything for covered services for the rest of the year.



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

Understanding deductibles and OOPMs

Deductibles

Under a deductible plan, many covered services are subject to the **deductible**—the set amount for which you pay full charge in a calendar year.

This means you'll pay full charge for many services until you reach your deductible. Of course, an exception to the deductible requirement is preventive care, such as a routine physical exam. For preventive care, you'll pay a copay, even if you have not met your deductible.

OOPMs

The out-of-pocket maximum, or **OOPM**, is the maximum amount you would have to pay out of pocket for certain services in a calendar year. Your deductible, coinsurance, and copayments all contribute toward your OOPM. If you meet your OOPM, you will not be required to pay anything out of pocket for certain services for the remainder of the calendar year.



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