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# CHOOSE A PLAN

## DEDUCTIBLE PLANS

What deductible plans offer  
and how they work



### IN THIS BROCHURE

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# Support your goals with a plan that supports you

## How our deductible plans work

Deductible plans generally offer lower monthly premiums in exchange for higher out-of-pocket payments for covered services. With these plans, you pay full charge for most covered services until your expenses meet an *annual medical deductible*. Then, for covered services, you pay a *coinsurance* payment.

## No deductible for many services

With our deductible plans, many services, such as primary and specialty care visits and emergency care, are available for a copayment before you meet your deductible.

To encourage you to receive preventive care, many preventive care services are **available for no charge before** you meet your medical deductible. From the first day of coverage, you pay no charge for services such as annual checkups, preventive care screenings, and immunizations.

In a family plan, there are two ways for enrolled family members to meet their deductible:

- Each family member can separately meet the individual deductible.
- The family's combined expenses can meet the family deductible.

## Out-of-pocket maximums

In our deductible plans, the deductible does not apply toward the out-of-pocket maximum (OOPM). To meet your OOPM, you must first meet your deductible and then meet your OOPM. For example, if your deductible is \$2,000 and your OOPM is \$4,000, you would pay the \$2,000 deductible plus an additional \$4,000 in coinsurance before you would meet your OOPM.

In a family plan, an individual family member only has to meet the individual OOPM.

## Meet the Romeros

Juan and Nancy Romero have a daughter, Anna, age 11.<sup>1</sup> They are starting their own business and need health care coverage. They choose the \$1,000 Deductible Plan (80%) with Rx.

- **The deductible:** In deductible plans with family coverage, each family member can meet the deductible in two ways: They can pay full cost for covered services until their separate expenses each meet the \$1,000 individual deductible, or their 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 medical deductible. So, from the first day of coverage, they can pay a copay for the services they use most, such as doctor's office visits, generic prescription drugs, and after-hours care visits. Preventive care services are no charge. There is a separate \$200 drug deductible for brand-name prescription drugs.
- **Primary care visits:** Each member of the Romero family gets an annual checkup for no charge, since physical exams are preventive care. And since the Kaiser Permanente 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](http://kp.org) that enables them to manage many 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, including yoga and fitness, offered at their local medical offices.<sup>2</sup> 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.<sup>3</sup>

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

<sup>2</sup> Classes vary by location. Some classes may charge a fee.

<sup>3</sup> Offered in collaboration with HealthMedia, Inc.

# Benefit highlights

	\$1,000 DEDUCTIBLE PLAN (80%) with Rx	\$1,500 DEDUCTIBLE PLAN (80%) with Rx	\$2,000 DEDUCTIBLE PLAN (70%) with Rx
<b>Features</b>			
Individual plan annual deductible (subscriber only) <sup>1</sup>	\$1,000	\$1,500	\$2,000
Family plan annual deductible (individual/family) <sup>1,2</sup>	\$1,000/\$3,000	\$1,500/\$4,500	\$2,000/\$6,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$4,000	\$6,000	\$5,000
Family plan annual out-of-pocket maximum (individual/family) <sup>2</sup>	\$4,000/\$8,000	\$6,000/\$12,000	\$5,000/\$10,000
Lifetime benefit maximum	None		
<b>Benefits</b>			
Services not subject to deductible unless otherwise indicated			
<b>Preventive care</b>			
Immunizations	No charge		
Adult preventive care exam	No charge		
Well-child visit	No charge		
Well-woman visit	No charge		
Adult preventive care screening	No charge		
Colorectal cancer screening	No charge		
<b>Outpatient services (per visit or procedure)</b>			
Primary care/Specialty care office visit	\$30 copay/\$50 copay		
Ambulatory surgery	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
Diagnostic lab	No charge		
Therapeutic and diagnostic X-ray	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
<b>Inpatient hospital care</b>			
Hospital care and professional visits	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
<b>Maternity</b>			
Prenatal care/Delivery and inpatient well-baby care	Not covered		
<b>Emergency and urgent care</b>			
Emergency room visit (waived if admitted)	20% coinsurance (after deductible)	30% coinsurance (after deductible)	
Nonroutine care	\$30 copay		
After-hours care	\$75 copay		
Ambulance service	20% coinsurance (up to \$500 per trip)	30% coinsurance (up to \$500 per trip)	
<b>Prescription drugs</b>			
Rx subject to \$200 drug deductible unless otherwise indicated			
Pharmacy (up to a 30-day supply) <sup>3</sup>	Generic: \$5 copay (not subject to drug deductible) Brand: \$30 copay	Generic: \$15 copay Brand: \$30 copay	
Mail-order (up to a 90-day supply) <sup>3</sup>	Generic: \$10 copay (not subject to drug deductible) Brand: \$60 copay	Generic: \$30 copay Brand: \$60 copay	

<sup>1</sup>In deductible plans, the deductible does not apply to the out-of-pocket maximum.

<sup>2</sup>For families in a deductible plan, individual family members are responsible for meeting the family deductible and out-of-pocket maximum only up to the individual deductible and out-of-pocket maximum amount, until the family out-of-pocket maximum is met.

<sup>3</sup>The drug deductible does not apply to the medical deductible or the out-of-pocket maximum. There are different copays and coinsurance for nonpreferred and specialty drugs. See the *Membership Agreement* for specific details.



## Meet the Wilsons

Sara Wilson is a single mom with a 7-year-old daughter, Tanya. Sara is working part-time while she finishes community college. She can't afford health care for the family right now, but she wants to make sure that Tanya is covered. So she enrolls Tanya in our Children's Plan, the \$5,000 Deductible Plan (60%) with Rx.

Here's how Tanya uses her plan over the year.

- **Preventive care:** Sara takes Tanya in for a checkup and to get her immunizations up to date before school starts. The checkup and the immunizations are no charge and are not subject to the deductible.
- **Same-day appointments:** Tanya comes home early from school with a sore throat, so Sara makes a same-day appointment with her pediatrician. The doctor examines Tanya and prescribes a generic antibiotic. Sara pays a \$10 copay for the visit, which is not subject to the deductible.
- **Prescription drugs:** The pharmacy is right down the hall from the doctor's office, so Sara picks up Tanya's generic prescription before she leaves. The generic prescription is a \$5 copay and is not subject to the drug deductible.
- **Emergency care:** Tanya falls on the playground and injures her arm. Sara takes her to the emergency room. Since the Children's Plan features a copay for emergency room visits, Sara can pay the \$300 copay without first meeting the deductible.



- **Not subject to the deductible:** None of Tanya's charges are subject to the deductible. That means that Sara can pay a copay from the first day of coverage, without first meeting the \$5,000 deductible. However, if Tanya needed services such as surgery or hospitalization, Sara would have to pay full charge for such services until her expenses met the \$5,000 deductible. At that point, she would be eligible to pay the coinsurance payment.

Sara is really happy with Tanya's plan. Although the plan has a high deductible, most of the services Tanya needs are available for a copayment right away.

<sup>1</sup> 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, most 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 certain medical services until you reach your deductible. Of course, an exception to the deductible requirement is preventive care, such as immunizations, routine physical exams, and preventive health screenings. Our preventive care services are no charge from the first day of coverage.

## OOPMs

The out-of-pocket maximum, or **OOPM**, is the maximum amount of coinsurance you have to pay out of pocket for certain covered services in a calendar year. If you meet your OOPM, you will not be required to pay anything out of pocket for these services for the remainder of the calendar year.

In deductible plans, the amount you pay to reach your deductible does not apply toward your OOPM.



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