

# PLAN FINDER

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for instant online quotes 

I WANT TO BE ABLE TO VISIT MY DOCTOR REGULARLY, so a plan with **no deductible** and **fixed copayments** for office visits is best for me. I'm willing to pay a **higher** monthly rate for a plan that offers broad coverage and predictable out-of-pocket costs.

## DEFINITIONS

### Coinsurance

In a deductible plan, this is a percentage of charges you must pay when you receive a prescription or covered service.

### Copayment

This is a fixed dollar amount you pay for certain supplies and services.

### Deductible

In plans with a medical and/or pharmacy deductible, this is the set amount you must pay in a calendar year for certain services or supplies before Kaiser Permanente begins to cover them at the copayment or coinsurance amount.

### Generic and brand

Generic medications are less expensive but chemically identical copies of their *brand-name* equivalents.

### HSA (health savings account)

This is a savings account intended to be used for health care expenses. HSAs have certain tax advantages as well as certain restrictions. Kaiser Permanente does not offer HSAs—they must be set up separately through a financial institution.

### Out-of-pocket maximum

This is the most you would have to pay for certain covered health care services in a calendar year.

### Preventive care

Preventive care services include well-child visits from 0 to 23 months, scheduled prenatal care, and vaccines (immunizations).

See "Understanding Health Care Terms," page 8, for more detailed information.

## COPAYMENT PLANS

Moderate monthly rate  
Predictable out-of-pocket costs

Higher monthly rate  
Predictable out-of-pocket costs

**\$50**  
Copayment Plan

**\$25**  
Copayment Plan

- Annual out-of-pocket maximum: \$3,500/individual or \$7,000/family
- No medical deductible

- Office visit: \$50 per visit

- Most lab and X-rays: \$10 per encounter
- Hospital care: \$500 per day

- Emergency services: \$150 per visit

- Prescription drugs:  
– Most prescription drugs not covered

- Annual out-of-pocket maximum: \$2,500/individual or \$5,000/family
- No medical deductible

- Office visit: \$25 per visit

- Most lab and X-rays: \$10 per encounter
- Hospital care: \$200 per day

- Emergency services: \$100 per visit

- Prescription drugs:  
– \$10 generic  
– \$35 brand



May we assist you?

Click here to have a Specialist call you.

Call Me