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## DEDUCTIBLE PLANS

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

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**1-800-232-5100**

# DEDUCTIBLE PLANS

Deductible plans generally offer lower monthly premiums in exchange for higher out-of-pocket payments for covered services.<sup>1</sup> Once you meet an annual medical deductible, you'll be eligible to receive covered services for a coinsurance payment or copayment.

The scenarios on pages 3 and 4 illustrate why an individual or a family might choose a deductible plan and how they might use that coverage throughout the year.

## HOW DEDUCTIBLE PLANS WORK

### How to meet your deductible

There are two ways for enrolled family members to meet their deductibles:

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

*For more explanation of key terms, see page 5.*



### No deductible for many services!

With our deductible plans, many services are available for a copayment before you meet your deductible. **You can pay a copay from the first day of coverage for:**

- Preventive care
- Primary care visits
- Specialty care visits
- Urgent care appointments
- Well-child visits
- Family planning visits
- Prescription drugs
- Eye exams
- Hearing tests
- Physical, occupational, and speech therapy visits
- Health education visits
- Home health care
- Hospice care

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

## MEET MIGUEL AND LUPE GARCIA<sup>1</sup>

Miguel and Lupe have two children: Elena, 12, and Eddie, 16. The couple wants to keep their out-of-pocket expenses as low as possible while maintaining quality coverage for the family.

### What the Garcias want:

- ✓ A low deductible
- ✓ Moderate premiums
- ✓ Copay for office visits with no deductible

### The Garcias' plan: Deductible 25/1000

- \$1,000 individual/\$2,000 family deductible
- \$3,000 individual/\$6,000 family out-of-pocket maximum (OOPM)
- \$25 copay for primary care office visits (not subject to deductible)

**The Garcias' health care coverage protects their savings when Miguel suffers major injuries.**



### HOW THIS PLAN WORKS FOR THEM

During the year, Miguel is in an automobile accident. He is hospitalized for a few days and receives weeks of physical therapy. The couple pays full costs for the \$1,000 of covered services that Miguel receives (his individual deductible). Then Miguel is eligible to pay coinsurance or copayments.

After Miguel's covered medical expenses reach \$2,000 (the family deductible), his whole family is eligible for coinsurance payments. And if Miguel's covered costs reach \$3,000 (his individual OOPM), he will not have to pay anything for covered services for the rest of the year.

#### Want to know more?

*Deductible plan benefits: See pages 6 and 7.*

*Deductible plan rates: See the Rates & Benefits brochure.*



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

## MEET WAYNE TAYLOR<sup>1</sup>

Wayne is a single 32-year-old man who's in great shape and very proactive about his health. Except for annual checkups and preventive tests, he rarely needs to see his doctor.

### What Wayne wants:

- Lower premiums
- Preventive care with no deductible
- Coverage for the big things

### Wayne's plan: Deductible 30/1500

- \$1,500 individual deductible
- \$30 copay for primary care office visits (not subject to deductible)
- \$15 copay for chiropractic services (not subject to deductible)
- \$30 copay for preventive care visits (not subject to deductible)



### HOW THIS PLAN WORKS FOR HIM

During the year, Wayne enjoys his usual good health. He sees his primary care physician for a checkup for a \$30 copay (not subject to the deductible). And because he works out a lot, he sees a chiropractor regularly for a \$15 copay. Since he does not incur enough expenses to meet his \$1,500 deductible, he is responsible for paying his health care costs out of pocket. Fortunately, since Wayne is young and healthy, those expenses are few.

#### Want to know more?

*Deductible plan benefits: See pages 6 and 7.  
Deductible plan rates: See the Rates & Benefits brochure.*



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



## KEY TERMS

**Copayment:** This is the specific dollar amount you pay when you receive certain covered services or prescriptions. Copayments vary depending on the plan and the service.

**Coinsurance:** Coinsurance is the percentage of charges you pay when you receive a covered service. Coinsurance amounts 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. There are two ways for enrolled family members to meet their deductibles: Each family member can separately meet the individual deductible, or the family's combined expenses can meet the family 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 most you will have to pay for covered medical services in a calendar year. In a family plan, family members can meet their OOPM in one of two ways: Each family member can meet his or her individual OOPM, or the combined copayments and coinsurance of various family members can meet the family OOPM.

**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, refer to the *Your Partner in Health* booklet.

# 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.

	DEDUCTIBLE 20/500 <sup>1</sup>	DEDUCTIBLE 25/1000 <sup>1</sup>	DEDUCTIBLE 30/1500 <sup>1</sup>
<b>MEDICAL CALENDAR-YEAR DEDUCTIBLE</b>			
Individual plan (subscriber only)	\$500	\$1,000	\$1,500
Family plan (any one member/all members)	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000
<b>ANNUAL OUT-OF-POCKET MAXIMUM</b>			
Individual plan (subscriber only)	\$2,500	\$3,000	\$3,500
Family plan (any one member/all members)	\$2,500/\$5,000	\$3,000/\$6,000	\$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)	\$20 per visit	\$25 per visit	\$30 per visit
Routine preventive physical exams (includes vision and hearing exams)	\$20 per visit	\$25 per visit	\$30 per visit
Well-child visits from 0 to 23 months	No charge	\$10 per visit	\$30 per visit
Family planning visits	\$20 per visit	\$25 per visit	\$30 per visit
Scheduled prenatal care	No charge	\$10 per visit	\$30 per visit
<b>Maternity coverage</b>			
Maternity care	Covered		
Coverage varies by plan and some services may be subject to a deductible. 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	\$100 per day (after deductible)	\$250 per day (after deductible)	\$500 per day (after deductible)
<b>Emergency health coverage</b>			
Emergency Department visits (charge waived if admitted directly to hospital)	\$100 per visit (after deductible)		\$150 per visit (after deductible)
<b>Ambulance services</b>			
Emergency ambulance services	\$150 per trip (after deductible)		

**Note: Unless otherwise specified, services are not subject to the deductible.**

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

	DEDUCTIBLE 20/500	DEDUCTIBLE 25/1000	DEDUCTIBLE 30/1500
<b>BENEFITS</b>	<b>YOU PAY</b>		
<b>Prescriptions</b>			
Plan pharmacy (up to a 30-day supply)	Generic: \$10; brand-name: \$35		
Mail-order (up to a 100-day supply)	Generic: \$20; brand-name: \$70		
<b>Outpatient services</b>			
Outpatient surgery	\$50 per procedure (after deductible)	\$150 per procedure (after deductible)	\$250 per procedure (after deductible)
Allergy injection visits	\$5 per visit (after deductible)		
Vaccines (immunizations)	No charge		
Most X-rays and lab tests	\$10 per encounter (after deductible)		
MRI, CT, and PET	\$10 per procedure (after deductible)	\$50 per procedure (after deductible)	
Note: Deductible does not apply to preventive screenings as described in the "Benefits and Cost Sharing" section of the <i>Membership Agreement</i> .			
<b>Mental health services</b>			
Inpatient psychiatric care	\$100 per day (after deductible) (up to 30 days)	\$250 per day (after deductible) (up to 30 days)	\$500 per day (after deductible) (up to 10 days)
Outpatient individual psychiatric visits	\$20 per visit	\$25 per visit	\$30 per visit
Outpatient group psychiatric visits	\$10 per visit	\$12 per visit	\$15 per visit
Outpatient individual/group visits per calendar year	Up to a total of 20 visits		Up to a total of 10 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	\$100 per day (after deductible)	\$250 per day (after deductible)	\$500 per day (after deductible)
Outpatient individual therapy visits	\$20 per visit	\$25 per visit	\$30 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 (after deductible)		
<b>Home health services</b>			
Home health care (up to 100 two-hour visits)	No charge		
<b>Health education</b>			
Individual visits	\$20 per visit	\$25 per visit	\$30 per visit
Group visits	No charge		
<b>Other</b>			
Skilled nursing facility care	No charge (after deductible) (up to 100 days per benefit period)		\$50 per day (after deductible) (up to 60 days per benefit period)
Hospice care	No charge		

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