



# flip the **SWITCH**

with a new plan for a healthier you

It's your move – **apply now.**



# Changing the way you **look at health**

Kaiser Permanente combines health plans, facilities, and practitioners in one package — which makes your membership easy to use.

**CONVENIENCE** You don't need to drive all over town to get care. Services from office visits to lab tests to X-rays to pharmacy are often at one location, saving you time. And you can take care of many health tasks, such as scheduling routine appointments and ordering prescription refills, online at [kp.org](https://www.kp.org).

**OPTIMAL HEALTH** We offer tools, classes, and services that help you live a healthy lifestyle. Our online tools help you set up a customized fitness program, cook nutritious meals, even exercise your brain. And most facilities offer classes in topics such as parenting and stress management—many of which are free with your membership.

**ROUND-THE-CLOCK ACCESS** From emergency care coverage around the world to telephone health advice from registered nurses, you have peace of mind knowing you'll get care when you need it most.

**GREAT DOCTORS** You choose your own doctor, with whom you can build a trusting relationship. And if you forget to ask something during an office visit, you can always email your doctor's office later.<sup>1</sup>

**CUTTING-EDGE TECHNOLOGY** Our electronic health record lets you take control of your health while giving your entire care team your most up-to-date information. No more faxing files, shipping X-rays, or duplicating medications. All your information is at your care team's fingertips.<sup>1</sup>

We want to encourage you to see health differently. At Kaiser Permanente, your plan offers all the tools and services you need to be well and stay healthy.

<sup>1</sup> Most features are available only to members receiving care at Kaiser Permanente medical facilities.

**WHAT ARE YOU WAITING FOR? FLIP THE SWITCH TO GOOD HEALTH! CHOOSE KAISER PERMANENTE.**



# It's go time

At Kaiser Permanente, you can take charge of your health with a variety of online tools — widgets, calculators, podcasts, health links — right at your fingertips. Think of them as your dashboard for healthy living. As a member, here are 10 helpful tools you can use:

## CALCULATORS

Enter your numbers online and check your health information such as your body mass index (BMI) or your daily calorie count.

[kp.org/calculators](http://kp.org/calculators)

## QUIT TOBACCO

Get help to take the steps toward a smoke-free you. Connect with helpful resources like an online action plan or phone coaching.

[kp.org/quitsmoking](http://kp.org/quitsmoking)

## WIDGETS

Download these tiny gadgets for your desktop to help you keep track of your fitness, learn yoga poses, or exercise your mind with brain teasers.

[kp.org/widgets](http://kp.org/widgets)

## MANAGING YOUR WEIGHT

Being overweight can lead to serious health conditions, so take steps to lose weight or maintain a healthy weight.

[kp.org/weight](http://kp.org/weight)

## PODCASTS

Get healthy living on the go with these audio downloads for your mobile music player.

[kp.org/listen](http://kp.org/listen)

## FITNESS

Get moving with online resources like a walking program and fitness tips.

[kp.org/fitness](http://kp.org/fitness)

## VIDEOS

Tune in to our videos and watch your health improve.

[kp.org/video](http://kp.org/video)

## HEALTH ENCYCLOPEDIA

Learn more about various health topics with our online health encyclopedia.

[kp.org/health](http://kp.org/health)

## HEALTHY LIFESTYLES

It's easier with a plan, so start with an online action plan from HealthMedia® that's customized to you. Get a total picture of your health or find a plan to help you manage your weight, eat right, reduce stress, sleep better, and more!

[kp.org/healthylifestyles](http://kp.org/healthylifestyles)

## CLASSES

There's something for everyone with our health classes offered at our facilities. Classes vary by location and fees may apply.

[kp.org/classes](http://kp.org/classes)

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<sup>1</sup>Endura is a service mark of Kaiser Permanente.

**HAVE A QUESTION? WE'RE HERE TO HELP.**

Contact your broker today!

# IT'S TIME FOR A CHANGE



Choosing good health is not a single decision but a lifetime of little decisions.

Our new Endura plans can help make at least one decision—choosing health care—a lot easier. Our plans are designed to keep you and your budget in top shape. We offer excellent doctors, personalized care, and convenience—all at lower premiums.

## CHOOSE YOUR OWN PERSONAL PHYSICIAN.

At Kaiser Permanente, your primary care physician works with you and for you. Because our doctors are not burdened with claim forms and other paperwork, they can focus on being doctors. Their most important job is to listen and take care of you.

## CHOOSE TO BE CONNECTED.

You can manage many health care needs from your computer. Plus, your electronic health record—a Kaiser Permanente innovation—helps your doctors coordinate your care effectively in our own medical offices.

## CHOOSE TO TAKE CHARGE.

With Kaiser Permanente, your health care goes beyond checkups. You can design a fitness program online and share your fitness goals with your Kaiser Permanente doctor.

Our entire health system—doctors, medical facilities, technology—is centered around you and your personal needs.

## CHOOSE TO INVEST IN YOURSELF.

Today, more than ever, you want value for your money. You need a choice of affordable plans that provide high-quality care.

That's why we offer a selection of plans and plan types. All feature the benefits you need, including our preventive care services, which are no charge from the first day of coverage.

WE WISH YOU GOOD HEALTH. CHOOSE TO APPLY NOW.

HAVE A QUESTION? WE'RE HERE TO HELP.

Contact your broker today!

# STAY HEALTHY WITH PREVENTIVE CARE



Staying healthy is the ultimate goal. We believe preventive care is the foundation of good health, and we back that up with our coverage.

Most of our preventive health care services are available for no charge. And you don't have to meet a deductible first.

## PREVENTIVE SERVICES TO HELP KEEP YOU WELL

Our goal is to help you stay healthy. That's why we provide preventive care services that monitor you when you're well and can warn you when you're at risk of becoming ill.

For a complete list of our preventive care services, visit [kp.org/prevention](http://kp.org/prevention).

Here's just a sampling of these services:

- Immunizations
- Well-child care
- Routine preventive laboratory tests
- Routine preventive physical exams
- Well-woman care
- Mammogram screening
- Cholesterol tests (lipid panel and profile)
- Colorectal cancer screening

**HAVE A QUESTION? WE'RE HERE TO HELP.**

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# MANAGE YOUR HEALTH ONLINE



Choose simplicity with online access. You can manage many of your health needs from your own computer.

Imagine emailing your doctor's office with a question you forgot to ask, or checking most lab results as soon as they're available.

My Health Manager, available to members at [kp.org](http://kp.org), makes managing your health easier. My Health Manager is available 24 hours a day, seven days a week—and registering is quick and easy.

#### WITH MY HEALTH MANAGER, YOU CAN:

- Email your doctor's office.
- View most test results as soon as they're available.
- Receive reminders for checkups and immunizations.
- Order prescription refills (most can be mailed to you—postage paid).
- Schedule, cancel, or review routine appointments.
- Review recent office visits, including recommended follow-up steps.

These free, secure features can help you spend less time managing your health and more time enjoying it. With My Health Manager, you're in charge of your own health.

FOR A TOUR OF ALL THE SERVICES MY HEALTH MANAGER HAS TO OFFER, PLEASE VISIT [kp.org/experience](http://kp.org/experience).

HAVE A QUESTION? WE'RE HERE TO HELP.

Contact your broker today!

# CHOOSE AN ENDURA PLAN THAT **FITS YOUR NEEDS**



Our new Endura plans offer more choice at lower premiums—with the same benefits and quality of care you’ve come to expect from Kaiser Permanente. Our plans are simple to understand, easy to use, and have deductible levels to fit every budget. With a choice of eight deductible HMO plans and three HSA-qualified deductible plans, you’re bound to find the right fit for your needs and your budget.

## DEDUCTIBLE HMO PLANS

- Range of deductible levels
- Office visits for a copay before deductible

With deductible plans, some services, such as prenatal care and office visits, are available for a copay before you meet the annual deductible.

### Our deductible HMO plans:

- KP Deductible HMO 1000/30/Rx
- KP Deductible HMO 1500/30/Rx
- KP Deductible HMO 2000/30/Rx
- KP Deductible HMO 3000/30/Rx
- KP Deductible HMO 3500/40/Rx
- KP Deductible HMO 5000/40/Rx
- KP Deductible HMO 6000/50
- KP Deductible HMO 7500/50

## HSA-QUALIFIED DEDUCTIBLE HMO PLANS

- Deductible contributes toward out-of-pocket maximum
- Pay for health care with tax-deductible dollars

These plans offer quality medical coverage and a tax-free way to build savings for qualified medical expenses.<sup>1</sup>

### Our HSA-qualified deductible HMO plans:

- KP 3500/0/HSA/Rx
- KP 4500/0/HSA/Rx
- KP 5500/0/HSA/Rx

<sup>1</sup>Tax references relate to federal income tax only. Please consult a tax adviser for tax savings information.

**HAVE A QUESTION? WE’RE HERE TO HELP.**

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# HOW DEDUCTIBLE PLANS WORK



With deductible plans, you pay full charge for most covered services until your expenses meet an annual deductible. Then, for covered services, you pay a coinsurance.

## 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 certain medical services until you reach your annual deductible.

## FAMILY DEDUCTIBLES

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.

## NO DEDUCTIBLE FOR MANY SERVICES

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

And to encourage you to receive preventive care, many services are available for no charge before you meet your deductible.

## OUT-OF-POCKET MAXIMUMS

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

In our deductible plans, the deductible does not apply toward the out-of-pocket maximum. You must first meet your deductible and then meet your out-of-pocket maximum.

In a family plan, there are two ways for enrolled family members to meet their out-of-pocket maximum:

- Each family member can separately meet the individual out-of-pocket maximum.
- The family's combined expenses can meet the family out-of-pocket maximum.

**HAVE A QUESTION? WE'RE HERE TO HELP.**

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# USING A DEDUCTIBLE PLAN

Let's say you injure your ankle and visit your primary care physician, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication.

On the KP Deductible HMO/1000/30/Rx plan, you have to pay \$1,000 out of pocket before you are eligible to pay a copayment or coinsurance for most covered services.

In this example, even if you have not met your deductible, you would pay only a \$30 copayment (or copay) for the doctor's office visit and a \$15 copay for the generic drug, because these services are not subject to the deductible under our deductible plans.

However, you would pay full charge for the X-ray. And the amount you pay for the X-ray would be applied to your \$1,000 annual deductible. (After you meet your deductible, you would pay a 30 percent coinsurance for the X-ray.)

Visit the treatment fee tool at [kp.org/treatmentestimates](https://kp.org/treatmentestimates) to estimate the cost of your next appointment or your potential out-of-pocket medical costs for the year.

## THE HSA DIFFERENCE

Some of our deductible plans are HSA-qualified HMO deductible plans. These plans can be paired with an optional health savings account, or HSA. HSA-qualified HMO plans work similarly to traditional deductible plans with just a few differences:

- If you're eligible, you can open an HSA with an HSA-qualified plan.
- Money you deposit into your HSA is deductible from your federal income tax.
- You can use funds from your HSA to pay for qualified medical expenses.
- In traditional deductible plans, the deductible **does not apply** to the out-of-pocket maximum. In HSA-qualified deductible HMO plans, the deductible **does apply** to the out-of-pocket maximum.
- In HSA-qualified plans with family coverage, there are no individual deductibles or out-of-pocket maximums. The family must meet family deductibles or out-of-pocket maximums.

Tax savings relate to federal income tax only. For more information, please consult your financial tax adviser. To learn more about health savings accounts, visit [irs.gov/publications/p969/ar02.html](https://irs.gov/publications/p969/ar02.html).

HAVE A QUESTION? WE'RE HERE TO HELP.

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# BENEFIT HIGHLIGHTS

	DEDUCTIBLE PLANS			
	KP DEDUCTIBLE HMO 1000/30/Rx	KP DEDUCTIBLE HMO 1500/30/Rx	KP DEDUCTIBLE HMO 2000/30/Rx	KP DEDUCTIBLE HMO 3000/30/Rx
<b>FEATURES</b>				
Annual deductible (individual/family) <sup>1,2</sup>	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000
Annual out-of-pocket maximum (individual/family) <sup>2</sup> (does not include medical or pharmacy deductible)	\$3,750/\$7,500			
<b>BENEFITS</b> Services not subject to deductible unless otherwise indicated				
<b>PREVENTIVE CARE</b>				
Many preventive care services, such as routine physical exams and mammogram screenings, are no charge from the first day of coverage.				
<b>OUTPATIENT SERVICES</b> (per visit or procedure)				
Primary care/Specialty care office visit	\$30 copay/\$50 copay			
Ambulatory surgery	30% coinsurance (after deductible)			
Diagnostic lab (in a medical office or contracted free-standing facility)	No charge			
Therapeutic and diagnostic X-ray	30% coinsurance (after deductible)			
<b>INPATIENT HOSPITAL CARE</b>				
Hospital care and professional visits	30% coinsurance (after deductible)			
<b>MATERNITY</b>				
Routine prenatal care visit	No charge			
Delivery and inpatient well-baby care	30% coinsurance (after deductible)			
<b>EMERGENCY AND URGENT CARE</b>				
Emergency room visit	\$250 copay			
Nonroutine care	\$30 copay			
After-hours care	\$75 copay			
Ambulance service	30% coinsurance (up to \$500 per trip)			
<b>PRESCRIPTION DRUGS</b> \$200 pharmacy deductible for brand drugs				
Pharmacy (up to a 30-day supply filled at a Kaiser Permanente pharmacy) <sup>3</sup>	Generic: \$15 copay/Brand: \$30 copay			
Mail-order (up to a 90-day supply) <sup>3</sup>	Generic: \$30 copay/Brand: \$60 copay			

<sup>1</sup>In deductible plans, the deductible does not apply to the out-of-pocket maximum. In HSA-qualified deductible HMO plans, the deductible does 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. For family memberships in an HSA-qualified deductible HMO plan, the individual deductible and out-of-pocket maximum do not apply. The family deductible and out-of-pocket maximum can be met by a combination of family members.

<sup>3</sup>There are different copays and coinsurance for nonpreferred and specialty drugs. Prescribed contraceptives are no charge. See the *Membership Agreement* for specific details.

**HAVE A QUESTION? WE'RE HERE TO HELP.**

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# BENEFIT HIGHLIGHTS

	DEDUCTIBLE PLANS			
	KP DEDUCTIBLE HMO 3500/40/Rx	KP DEDUCTIBLE HMO 5000/40/Rx	KP DEDUCTIBLE HMO 6000/50	KP DEDUCTIBLE HMO 7500/50
<b>FEATURES</b>				
Annual deductible (individual/family) <sup>1,2</sup>	\$3,500/\$7,000	\$5,000/\$10,000	\$6,000/\$12,000	\$7,500/\$15,000
Annual out-of-pocket maximum (individual/family) <sup>2</sup> (does not include medical or pharmacy deductible)	\$2,500/\$5,000			
<b>BENEFITS</b> Services not subject to deductible unless otherwise indicated				
<b>PREVENTIVE CARE</b>				
Many preventive care services, such as routine physical exams and mammogram screenings, are no charge from the first day of coverage.				
<b>OUTPATIENT SERVICES</b> (per visit or procedure)				
Primary care/Specialty care office visit	\$40 copay/\$60 copay		\$50 copay/\$75 copay	
Ambulatory surgery	40% coinsurance (after deductible)			
Diagnostic lab (in a medical office or contracted free-standing facility)	No charge			
Therapeutic and diagnostic X-ray	40% coinsurance (after deductible)			
<b>INPATIENT HOSPITAL CARE</b>				
Hospital care and professional visits	40% coinsurance (after deductible)			
<b>MATERNITY</b>				
Routine prenatal care visit	No charge		No charge	
Delivery and inpatient well-baby care	40% coinsurance (after deductible)			
<b>EMERGENCY AND URGENT CARE</b>				
Emergency room visit	\$350 copay		\$500 copay	
Nonroutine care	\$40 copay		\$50 copay	
After-hours care	\$100 copay			
Ambulance service	40% coinsurance (up to \$500 per trip)			
<b>PRESCRIPTION DRUGS</b> \$2,000 pharmacy deductible for brand drugs				
Pharmacy (up to a 30-day supply filled at a Kaiser Permanente pharmacy) <sup>3</sup>	Generic: \$15 copay / Brand \$30 copay		Not covered	
Mail-order (up to a 90-day supply) <sup>3</sup>	Generic: \$30 copay / Brand \$60 copay		Not covered	

<sup>1</sup>In deductible plans, the deductible does not apply to the out-of-pocket maximum. In HSA-qualified deductible HMO plans, the deductible does 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. For family memberships in an HSA-qualified deductible HMO plan, the individual deductible and out-of-pocket maximum do not apply. The family deductible and out-of-pocket maximum can be met by a combination of family members.

<sup>3</sup>There are different copays and coinsurance for nonpreferred and specialty drugs. Prescribed contraceptives are no charge. See the *Membership Agreement* for specific details.

**HAVE A QUESTION? WE'RE HERE TO HELP.**

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# HOW HSA-QUALIFIED DEDUCTIBLE HMO PLANS WORK



An HSA-qualified deductible HMO plan is a deductible plan that is eligible to be paired with an optional health savings account, or HSA. If you sign up for an HSA-qualified deductible HMO plan and open an HSA, you can pay for qualified medical expenses with tax-deductible dollars.<sup>1</sup>

An HSA-qualified plan works much like a traditional deductible plan: You pay full charges for certain covered services out of pocket until you reach your deductible. After that, you're eligible to pay coinsurance or copayments for covered services. But with HSA-qualified plans, most covered services are no charge after you meet your deductible. You can also save money with HSA-qualified plans. This is because you can pay for qualified medical expenses—even those not covered by your health plan—with tax-deductible dollars. However, qualified expenses not covered by your health plan will not contribute to your deductible or out-of-pocket maximum.

All you have to do is:

- Sign up for an HSA-qualified health plan.
- If you are eligible, open a health savings account.
- Contribute tax-deductible dollars to this account.<sup>2</sup>
- Use those tax-free funds to pay for qualified health care expenses.

What you don't use rolls over to the next year and continues earning interest.<sup>3</sup>

<sup>1</sup>Tax references relate to federal income tax only. The tax treatment of health savings account contributions and distributions under state income tax laws differs from the federal tax treatment. Consult with your financial or tax adviser for more information.

<sup>2</sup>For 2012, the federally established maximum contribution for an eligible individual with self-only coverage is \$3,100. The annual maximum contribution for an eligible individual with family coverage is \$6,250. This annual maximum is indexed annually for inflation. Tax savings refer to federal income tax only. For more information, please consult your financial or tax adviser.

<sup>3</sup>Earnings vary depending on the type of investment plan you opt for and/or the HSA provider you choose. Amount earned is based on the investment plan and market value, and in some instances, the account may actually lose money.

## ADVANTAGES OF OPENING AN HSA

- **Portability.** The money belongs to you, so if you change health plans, you can take your HSA with you.
- **Rollover of unused funds.** There is no "use it or lose it" restriction each year. What you don't use stays in your account until you are ready to use it.<sup>3</sup>
- **Control.** You decide when to put the money in and when to take it out.
- **Retirement savings.** The money in your account can be invested through the institution where you open it. And after age 65, you can use the funds, taxed at your ordinary income rate, for any reason without penalties.
- **Flexibility.** You can use the money in your HSA to pay for qualified medical expenses, even those your deductible plan does not cover.

HAVE A QUESTION? WE'RE HERE TO HELP.

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# USING A HEALTH SAVINGS ACCOUNT

## WHAT ARE QUALIFIED MEDICAL EXPENSES?

You can use an HSA to pay for deductibles, copays, coinsurance, and many supplies and services not covered by your health plan. Generally, these are expenses that would qualify for the medical and dental expense deduction on your income tax.

Here are just a few examples of HSA-qualified expenses:

- Eyeglasses and laser eye surgery
- Dental care
- Acupuncture
- Chiropractic services
- Hearing aids

For a complete list, see *Publication 502, Medical and Dental Expenses* at [irs.gov](https://www.irs.gov).

## WHO'S ELIGIBLE FOR AN HSA?

To be eligible for an HSA, you need to meet the following requirements:

- You can't be enrolled in Medicare.
- You can't be eligible to be claimed as a dependent on someone else's tax return.
- You can't have additional health coverage that is not a qualified deductible plan (with certain exceptions).
- You can't have received benefits from the Department of Veterans Affairs in the past three months.

You may set up your HSA through any financial institution that offers these accounts.<sup>1</sup>

## AN HSA OFFERS TRIPLE TAX ADVANTAGES

- Tax-deductible contributions to your account
- Tax-free investment earnings
- Tax-free withdrawals when funds are used for qualified medical expenses

## USING AN HSA-QUALIFIED DEDUCTIBLE PLAN

Let's say you injure your ankle and visit your primary care physician, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication.

With our HSA-qualified deductible HMO plans, **all covered services other than preventive care are subject to your deductible.** On the KP 3500/0/HSA/Rx with HSA plan, you would pay the first \$3,500 of your medical and pharmacy expenses out of pocket. On our HSA plans, you can receive most covered services for no charge after you meet your deductible.

In this example, you would pay full charge for the doctor's office visit, the X-ray, and the medication. All your out-of-pocket costs for covered services would be applied to your \$3,500 deductible.

And, if you opened an HSA, you would be able to pay for these services with tax-free dollars. (Tax savings relate to federal income tax only. For more information, please consult your financial tax adviser. For more information on health savings accounts, please visit [irs.gov/publications/p969/ar02.html](https://www.irs.gov/publications/p969/ar02.html).)

<sup>1</sup>Kaiser Permanente does not provide or administer financial products, including HSAs, and does not offer financial, tax, or investment advice. Members are responsible for their own investment decisions. If a member uses his or her HSA debit card to pay for something other than a qualified medical expense, the expenditure is subject to tax and, for individuals who are not disabled or over 65, a 20 percent tax penalty. Please note that when an HSA provider pays disbursements, it does not monitor whether they are for qualified medical expenses. It is the member's responsibility to determine whether expenses qualify for tax-free reimbursement from his or her HSA.

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# BENEFIT HIGHLIGHTS

	HSA-QUALIFIED DEDUCTIBLE HMO PLANS		
	KP 3500/0/HSA/Rx	KP 4500/0/HSA/Rx	KP 5500/0/HSA/Rx
<b>FEATURES</b>			
Annual deductible (individual/family) <sup>1,2</sup>	\$3,500/\$7,000	\$4,500/\$9,000	\$5,500/\$11,000
Annual out-of-pocket maximum (individual/family) <sup>2</sup> (includes medical deductible)	\$3,500/\$7,000	\$4,500/\$9,000	\$5,500/\$11,000
<b>BENEFITS</b> All services except preventive care and routine prenatal care visits are subject to deductible			
<b>PREVENTIVE CARE</b>			
Many preventive care services, such as routine physical exams and mammogram screenings, are no charge from the first day of coverage.			
<b>OUTPATIENT SERVICES</b> (per visit or procedure)			
Primary care/Specialty care office visit	No charge (after deductible)		
Ambulatory surgery	No charge (after deductible)		
Diagnostic lab (in a medical office or contracted free-standing facility)	No charge (after deductible)		
Therapeutic and diagnostic X-ray	No charge (after deductible)		
<b>INPATIENT HOSPITAL CARE</b>			
Hospital care and professional visits	No charge (after deductible)		
<b>MATERNITY</b>			
Routine prenatal care visit	No charge (not subject to deductible)		
Delivery and inpatient well-baby care	No charge (after deductible)		
<b>EMERGENCY AND URGENT CARE</b>			
Emergency room visit	No charge (after deductible)		
Nonroutine care	No charge (after deductible)		
After-hours care	No charge (after deductible)		
Ambulance service	No charge (after deductible)		
<b>PRESCRIPTION DRUGS</b>			
Pharmacy (up to a 30-day supply filled at a Kaiser Permanente pharmacy) <sup>3</sup>	No charge (after medical deductible)		
Mail-order (up to a 90-day supply) <sup>3</sup>	No charge (after medical deductible)		

<sup>1</sup>In deductible plans, the deductible does not apply to the out-of-pocket maximum. In HSA-qualified deductible HMO plans, the deductible does 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. For family memberships in an HSA-qualified deductible HMO plan, the individual deductible and out-of-pocket maximum do not apply. The family deductible and out-of-pocket maximum can be met by a combination of family members.

<sup>3</sup>There are different copays and coinsurance for nonpreferred and specialty drugs. Prescribed contraceptives are no charge. See the *Membership Agreement* for specific details.

**HAVE A QUESTION? WE'RE HERE TO HELP.**

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# FIND A PROVIDER NEAR YOU

Whether you need routine care from a physician, inpatient hospital care, or a specialized medical test, Kaiser Permanente offers you many convenient locations to choose from, so it's easy to find a facility near you.

For a complete directory of primary care providers, specialists, and medical office locations, visit [kp.org](http://kp.org).

## MEDICAL OFFICES

We have 21 medical offices throughout the Denver/Boulder metro area for your convenience. We also offer after-hours care at designated locations.

## BEHAVIORAL HEALTH CENTERS

We have three behavioral health offices where we provide support for mental health issues, chemical dependency, and eating disorders.

## PLAN HOSPITALS

Kaiser Permanente's full-service contracted hospitals provide complete, coordinated emergency room and inpatient care services. Kaiser Permanente physicians, specialists, and other clinicians at these plan hospitals have easy access to your secure medical records.

## EMERGENCY CARE HOSPITALS

In addition to emergency care services at our plan hospitals, Kaiser Permanente also contracts for emergency services with affiliated hospitals throughout our service area.



- LEGEND:**
- ◆ Plan hospital
  - Medical offices
  - ▲ Behavioral health center
  - Emergency care services
  - ★ Regional administrative office

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Contact your broker today!

# KEY TERMS



**COINSURANCE:** This is the percentage of charges you pay when you receive a covered service. Coinsurance amounts vary depending on the plan and the service.

**COPAYMENT (COPAY):** 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.

**DEDUCTIBLE:** In a deductible plan, the deductible is the fixed amount you must pay in a calendar year before Kaiser Permanente will cover certain services in that calendar year.

**HEALTH SAVINGS ACCOUNT (HSA):** An HSA is a savings account intended to be used for qualified medical expenses. HSAs have certain federal tax advantages as well as certain restrictions.

**HSA-QUALIFIED DEDUCTIBLE HMO PLANS:** These are deductible plans eligible to be paired with an optional health savings account. They are similar to deductible plans but work differently in certain respects.

**NOT SUBJECT TO DEDUCTIBLE:**

In deductible plans, some medical services are covered immediately and therefore are not subject to deductible. This means that from your first day of coverage, you can receive these services for a copayment or coinsurance, without having to first satisfy the deductible.

**OUT-OF-POCKET MAXIMUM:**

The out-of-pocket maximum is the maximum amount you will have to pay for many covered medical services in a calendar year.

**RATE:** This is the amount you pay every month for health coverage.

Note: For more detailed definitions, please consult the *Membership Agreement*.

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# FREQUENTLY ASKED QUESTIONS



Some of the most common questions people have about our plans are included here. If you have questions about a specific type of plan or a particular benefit, please see the “Benefit Highlights.” Or you may contact your broker. He or she will be happy to answer any questions.

## CAN I APPLY TO ENROLL MY FAMILY?

Yes. You may apply to enroll yourself or your entire family. Child-only plans may be available only during state-mandated open enrollment periods.

## TO WHAT AGE CAN MY CHILDREN BE COVERED ON MY PLAN?

Your children can be covered as dependents on your plan until they turn 26.

## CAN FAMILY MEMBERS APPLY FOR DIFFERENT PLANS?

Yes. Family members age 19 and over can apply for different plans at any time of the year. Children under age 19 must apply with a parent under a family plan except during open enrollment periods.

## I HAVE CHILDREN AWAY AT SCHOOL. ARE THEY COVERED OUTSIDE THE SERVICE AREA?

Out-of-area students who are legal dependents of Kaiser Permanente members are covered for routine, urgent, and emergency care. Students will pay 20 percent of charges, with a limit of \$1,200 per year. Students must register for this benefit each year.

To find out if your student is eligible, or to enroll, contact Member Services at **303-338-3800**.

<sup>1</sup>Tax references relate to federal income tax only.

## ARE PREVENTIVE SERVICES COVERED?

Yes. They are available for no charge from the first day of coverage. You don't have to meet a deductible first for preventive services. For a full list of preventive services, please see the *Membership Agreement*.

## ARE PRESCRIPTION MEDICATIONS COVERED? HOW DO I GET MY PRESCRIPTIONS FILLED? CAN I ORDER MY PRESCRIPTIONS BY MAIL?

Most of our plans offer prescription coverage. You can order most refills online with My Health Manager and pick them up at your medical office or receive them by mail at no extra charge.

## HOW DO HSA-QUALIFIED DEDUCTIBLE HMO PLANS WORK?

HSA-qualified plans are a type of deductible plan designed to work with a health savings account, or HSA. The advantage of an HSA-qualified plan is that you can deposit tax-deductible dollars into the account that you can later use to pay for qualified medical expenses.<sup>1</sup> Plus, any interest that the HSA might earn is tax free. And any funds you don't use in one year will roll over to the next. There's no “use it or lose it” with HSAs.

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# FREQUENTLY ASKED QUESTIONS

## DO I HAVE A COPAY OR COINSURANCE ON A DEDUCTIBLE PLAN?

In a deductible plan, you must meet your deductible before you are eligible to pay a copay or coinsurance for most covered services. However, there is no charge from the first day of membership for our preventive services.

## WHAT IS THE DIFFERENCE BETWEEN THE DEDUCTIBLE AND THE OUT-OF-POCKET MAXIMUM?

In deductible plans and HSA-qualified deductible plans, the **deductible** is the **set amount** you must pay in a calendar year before Kaiser Permanente will begin to cover certain services. Once you pay that amount out of pocket, you are eligible to pay coinsurance.

Deductible plans with family coverage have both an individual deductible and a family deductible. That means an individual in a family plan can meet the lower individual deductible and qualify for a copay or coinsurance before the higher family deductible is satisfied.

In HSA-qualified plans with family coverage, there is no individual deductible. That means the family deductible must be met before any family member is eligible to pay coinsurance for most services.

The **out-of-pocket maximum** is the **maximum amount** of copayments and/or coinsurance you will have to pay for certain covered services in a calendar year. In a deductible plan with family coverage, there is both an individual out-of-pocket maximum and a family out-of-pocket maximum. In an HSA-qualified deductible plan with family coverage, there is no individual out-of-pocket maximum. That means the family out-of-pocket maximum must be met by an individual family member or by a combination of family members.

The out-of-pocket maximum is calculated differently for different types of plans.

- For deductible plans, your coinsurance payments contribute toward the out-of-pocket maximum. Your deductible does not contribute toward the out-of-pocket maximum.
- In HSA-qualified plans, your copayments, coinsurance, and deductible all contribute toward your out-of-pocket maximum.

For more information, see the *Membership Agreement*.

## ARE ALTERNATIVE SERVICES, SUCH AS CHIROPRACTIC AND MASSAGE THERAPY, COVERED?

Centers for Complementary Medicine (CCM), located at three of our medical offices, provide alternative and nontraditional therapies that treat the whole you. Services include acupuncture, chiropractic, massage therapy, and mind-body medicine, as well as yoga classes.<sup>1</sup> You don't need a referral because our CCM practitioners work within the same Kaiser Permanente health program as your personal doctor.

## WHAT IF I NEED CARE WHEN I'M TRAVELING?

You're covered for emergency care anywhere in the world. If you're temporarily outside your service area, you're also covered for urgent care to prevent serious deterioration of your health if the care cannot be delayed until you return to your service area.

## HOW SHOULD I COMPLETE THE APPLICATION?

Call your broker for assistance. He or she will be able to provide you with a link to the online application and answer any questions you may have.

<sup>1</sup>These products and services are provided on a fee-for-service basis and are neither offered nor guaranteed under your Kaiser Permanente health plan. Results of services vary among patients. Kaiser Permanente does not endorse or make any representations regarding the quality or medical efficacy of products and services offered by other entities, nor the financial integrity of those entities.

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