

Understanding your costs



At Kaiser Permanente, your health and well-being come first. To help you get the most out of your deductible plan, we want to make it easier to understand what you'll pay when you come in for care and after your visit.

Important terms to know

DEDUCTIBLE

The amount you pay for covered services each year before Kaiser Permanente starts paying. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

COPAY

The set amount you pay for covered services. For example, a \$10 copay for an office visit.

COINSURANCE

A percentage of the charges that you pay for covered services. For example, a 20 percent coinsurance for a \$200 procedure means you pay just \$40.

OUT-OF-POCKET MAXIMUM

The most you'll pay for covered services each year. For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.[†]

Payments during your visit

Your plan covers certain services at a copay or coinsurance all year round. But, in general, you'll need to pay the full cost for covered services until you reach your deductible. See "Important Terms to Know" for details.

When you check in

The receptionist will ask you to make a payment, based on your scheduled services.* This may cover only part of what you owe for your visit, especially if your doctor orders more services that weren't scheduled. You'll get a bill later for any money you still need to pay.

Lab tests and radiology visits

If your doctor sends you to the Laboratory or Radiology Department, you may also need to pay when you check in there. If what you pay doesn't cover the cost of your lab or radiology services, you'll get a bill later for any money you still need to pay.

Pharmacy visits

If your doctor prescribes medications that you pick up at the pharmacy, you'll pay a copay, coinsurance, or the full amount, depending on your plan.

*If your plan comes with a flexible spending account (FSA), health incentive account (HIA), health reimbursement arrangement (HRA), or health savings account (HSA), you can pay using the debit card for your account, if you have one, when you check in for your visit or when paying your bill later.

[†]See your *Evidence of Coverage* for your plan details, including the date your deductible and out-of-pocket maximum will start over.

YOUR DEDUCTIBLE PLAN TOOLBOX

Plan ahead for peace of mind. These tools and documents can help you know what to expect before, during, and after your visit so you can stay on top of your finances.

BEFORE YOUR VISIT

Get an estimate

Visit kp.org/memberestimates for an estimate of what you'll pay for common services. Estimates are based on your plan benefits and whether you've reached your deductible – so you get personalized information every time.

OR

Call us at **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m., and we'll be happy to help.

Know what to expect

At kp.org/deductibleplans, click on "Resources" to find our Paying for Care brochure. It goes into more detail about the payment process, how to read your bill, and how to make the most of your plan.

DURING YOUR VISIT

Pay when you check in

When you come in for care, the receptionist will ask you to make a payment for your scheduled services. Your payment may only cover part of what you owe, especially if you get any unscheduled services during your visit. In that case, you'll get a bill for the difference later.

Expect a bill for unscheduled services

Your doctor may recommend services that weren't scheduled – for example, a blood test or an X-ray. If so, you may also have to pay for these services. If what you pay doesn't cover everything you owe, you'll get a bill for the difference later.

AFTER YOUR VISIT

Understand your bills

You can expect to get a bill after most visits. It will show all the charges for the services you got, what you paid, what Kaiser Permanente paid, and anything you owe.

Track your expenses

The Summary of Accumulation is a statement for your records. It is not a bill. Use it to keep track of how close you are to reaching your deductible and out-of-pocket maximum. You can also track your progress online at kp.org/outofpocket.

WHEN A PREVENTIVE VISIT LEADS TO NON-PREVENTIVE SERVICES

Preventive care is an important part of catching health problems early – that's why most preventive care services are covered at little or no cost. But sometimes when you come in for preventive care, you end up getting other, non-preventive services, which you may have to pay for.

For example, during a routine physical exam, your doctor might find a mole that needs to be removed for testing. Removing the mole and testing it are types of non-preventive services. Later, you'd get a bill for those extra services.

If you have questions about costs or billing, call **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m.