

Understanding your costs



With your deductible plan, you'll pay the full charges for covered services until you reach your deductible. Then you'll start paying less – a copay or a coinsurance.* These steps show what to expect before, during, and after your visit – so you can avoid surprises and better understand and manage your health care costs.



Get an estimate

Visit kp.org/costestimates 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.

You can also call **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m.

Visit kp.org/deductibleplans

You'll find a wide range of information and resources to help you understand your plan and manage your costs.

Pay when you check in

When you come in for care, you'll be asked to make a payment for your scheduled services.†

Your payment may only cover part of what you owe for your visit, especially if you get any additional services. In that case, you'll get a bill for the difference later.

Expect a bill for additional services

During your visit, your doctor may decide you also need services that weren't scheduled – like a blood test or an X-ray. If what you pay for these services doesn't cover everything you owe, you'll get a bill later.

Understand your bills

You'll get a bill after most visits. It will show the charges for the services you got, what you paid, what your health plan paid, and the amount you owe.

You can pay your bill:

- Online anytime at kp.org/paymedicalbills
- By mail
- By phone at **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m.

Track your expenses

You'll also get an Explanation of Benefits (EOB). It isn't a bill. It's a summary of your services and charges, and shows how close you are to reaching your deductible and out-of-pocket maximum. Visit kp.org/mydocuments anytime to see your EOBs online.

See the next page for important terms and more information about services that can result in a bill. 

*Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

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

When a preventive visit includes non-preventive care

Preventive care services are an important part of catching health problems early – that’s why they’re covered at no cost or at a copay.* But sometimes when you come in for preventive care, you’ll get non-preventive services too, which you’ll need to pay for.

For example, during a routine physical exam, your doctor might find a mole and remove it for testing. Because the mole removal and testing are non-preventive services, you’ll get a bill for them later.

Have questions or need help paying for care?

Call **1-800-390-3507**, weekdays from 7 a.m. to 5 p.m., if you have questions about your costs or bills. You can also get information about financial assistance and payment options available for members who need help paying for care.

Important terms

Deductible

The amount you pay for covered services each year before your health plan 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% coinsurance for a \$200 procedure means you pay \$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.†

*Depending on your plan, preventive care services are covered at no cost or at a copay. For more information, see your *Evidence of Coverage* or *Summary Plan Description*.

†If you have an HSA-qualified deductible plan, once you reach your out-of-pocket maximum, you won’t have to pay anything for covered services for the rest of the year. If you are enrolled through a group’s self-funded EPO plan, your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente Insurance Company provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.

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Language Assistance Services

English: We provide interpreter services at no cost to you, 24 hours a day, 7 days a week, during all hours of operation. You can have an interpreter help answer your questions about our health care coverage. You can also request materials translated in your language at no cost to you. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

Spanish: Ofrecemos servicios de traducción al español sin costo alguno para usted durante todo el horario de atención, 24 horas al día, siete días a la semana. Puede contar con la ayuda de un intérprete para responder las preguntas que tenga sobre nuestra cobertura de atención médica. Además, puede solicitar que los materiales se traduzcan a su idioma sin costo alguno. Solo llame al **1-800-788-0616**, 24 horas al día, siete días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

Chinese: 我們每週 7 天，每天 24 小時在所有營業時間內免費為您提供口譯服務。您可以請口譯員協助回答有關我們健康保險的問題。您也可以免費索取翻譯成您所用語言的資料。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。