

Paying for care



Your deductible plan works differently than a traditional HMO plan. But you get the same quality care and convenience you expect from Kaiser Permanente.

With your 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.* The steps in this brochure show what happens before, during, and after each visit – so you can avoid surprises and better understand and manage your health care costs.

1

Before your visit

Get a cost estimate



2

During your visit

Know what to expect



3

After your visit

Manage your bills and costs

Visit kp.org/deductibleplans to find a wide range of information and resources to help you understand your plan and manage your costs.

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



1

Before your visit

Get a cost estimate



Use our online Estimates tool

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



Call us for an estimate

If you can't get an estimate for a service online, call Member Services at **1-800-813-2000 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. One of our representatives will be happy to help.



Local Member Services representatives are available to help Monday through Friday, 8 a.m. to 5 p.m. They are located near the check-in area at our hospitals and most medical office buildings.

2

During your visit

Know what to expect



You make a payment 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. When you go to the lab or Radiology Department, you may be asked to make a payment for these services. If what you pay doesn't cover everything you owe, you'll get a bill later.

Costs for non-preventive care

Preventive care services are a good way to catch 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. For example, during a routine physical exam, your doctor might remove a mole for testing. Because mole removal and testing are non-preventive, you'll get a bill for them later.

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

3

After your visit Manage your bills and costs



Understanding 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. Depending on the care you received, you may get a physician bill, a hospital bill, or both. If you've signed up for electronic billing, you'll get an email alert instead of a paper bill.



Paying your bill

You have several convenient options:

- **Online:** The easiest way to pay is to visit kp.org/paymedicalbills. You can securely pay your bill anytime.
- **By mail:** Send your payment in the return envelope that came with your bill.
- **By phone:** Call Member Services at **1-800-813-2000 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m., to pay with credit or debit card.



Tracking your expenses

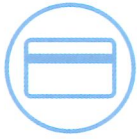
You can also track your costs and see how close you are to reaching your deductible and out-of-pocket maximum. Once you reach your deductible, you'll pay a copay or coinsurance for covered services instead of the full charges. If you reach your out-of-pocket maximum, you won't pay for covered services for the rest of the year.*

- **Your Explanation of Benefits (EOB):** You'll get an EOB for your records. It isn't a bill. It's a summary that shows the services you received, how much they cost, and how much your health plan paid. Use it to keep track of your expenses, your deductible, and your out-of-pocket maximum. To see your EOBs online, visit kp.org/mydocuments.
- **Visit kp.org/costestimates:** It's a quick, easy way to check your progress toward reaching your deductible and out-of-pocket maximum.
- **Track your costs online, anytime:** Sign on to kp.org and go to My Coverage and Costs to see your claims summary. It lists the charges for services you've received.

Visit kp.org/choosepaperless to switch to electronic bills, EOBs, and more.

*Depending on your plan, for a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.

Additional resources



Do you have an HRA, HSA, or FSA?

You can use the money in your health reimbursement arrangement (HRA), health savings account (HSA), or flexible spending account (FSA) to pay for care.¹ Just use the debit card for your account, if you have one, when you check in for your visit or when paying a bill later. Be sure to keep all receipts, bills, and EOBs in case you need to document your expenses later.

Have questions or need help paying for care?

If you have questions about your costs or bills, call Member Services at **1-800-813-2000 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. In the Northwest, they can also connect you with financial counselors who can help with financial assistance for medically necessary care, and patient navigators who can connect you with local community resources.

For information about your plan or benefits, call call Member Services at **1-800-813-2000 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m., or see local Member Services representatives at most medical office buildings and hospitals.

Important terms

Here are some terms to help you understand your plan. See your *Evidence of Coverage* for your plan details, including the date your deductible and out-of-pocket maximum will start over.

Deductible: The amount you pay each year for covered services 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% coinsurance for a \$200 procedure means you pay \$40.

Out-of-pocket maximum: The maximum amount 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.²

¹You can use your HRA, HSA, or FSA to pay for qualified medical expenses, which are defined under Internal Revenue Code Section 213(d) in IRS Publication 502, *Medical and Dental Expenses*, available at [irs.gov/publications](https://www.irs.gov/publications). Your employer may limit which qualified medical expenses HRA funds can be used for.

²For HSA-qualified plans, once you reach your out-of-pocket maximum, you won't have to pay anything for covered services for the rest of the year.