Kaiser Permanente 2016

One Care Delivery Model
Three Plan Choices Tailored to Meet your Needs

Traditional HMO Plan

Hospital Services DHMO Plan

Deductible First DHMO Plan

Support for employee health extends to all members regardless of plan choice

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Agenda

- What are the 3 Kaiser Permanente plans?
- How do I decide what plan meets my family's needs
- How do I project health expenses?
- What tools are available to help me manage cost?
- How can I better manage my health?
- Microsite: my.kp.org/sonomacounty

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Quality of Care

At Kaiser Permanente we are dedicated to:

- **Quality care**
- **Convenient care**
- **Choice**

Medicare 5-Star Rated

19 of the "Best Hospitals" according to *U.S. News & World Report*

— Aon Hewitt Health Value Initiative benchmarking study — Kaiser Foundation Health Plan, Inc. Aon Hewitt, September 24, 2015

Highest rating in customer satisfaction by J.D. Power for the eighth consecutive year in Northern California

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Resources for Health Affordability and Convenience

- **Preventive Care Services**
- **Email your Doctor**
- **Video and Phone Appointments with your Doctor**
- **24/7 Advice Nurse**
- **Emergency and Urgent Coverage while traveling**
- **In Person and Online Health and Wellness Classes**
- **Wellness Coaching**

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Access Care Where You Want It

Santa Rosa – Petaluma – Novato – San Rafael – Napa

U Urgent Care E Emergency Care P Pharmacy

Novato Medical Offices
97 San Marin Drive
Novato, CA 94945
P

Petaluma Medical Offices
3900 Lakeville Hwy.
Petaluma, CA 94954
U P

Rohnert Park Medical Offices
5900 State Farm Drive
Rohnert Park, CA 94928
P

San Francisco Medical Center
2425 Geary Blvd.
San Francisco, CA 94115
U E P

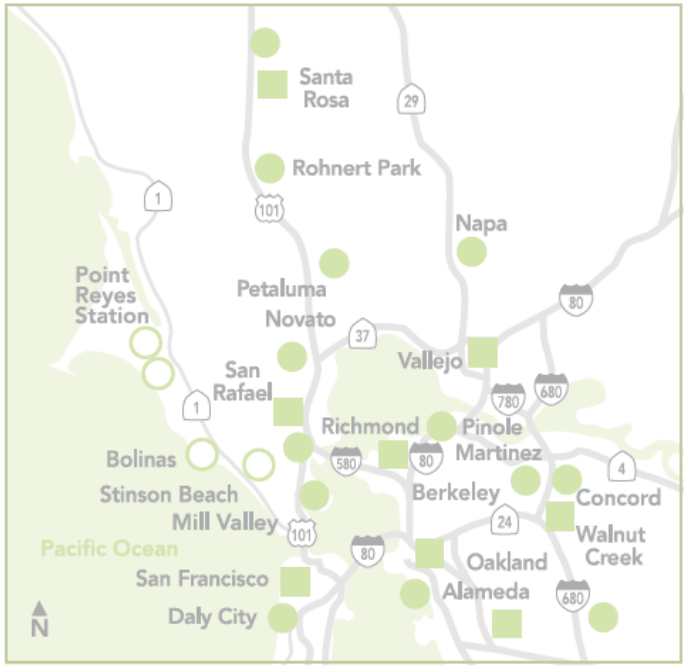
San Rafael Medical Center
99 Montecillo Road
San Rafael, CA 94903
U E P

Downtown San Rafael Medical Offices
1033 3rd St.
San Rafael, CA 94901
P

Santa Rosa Medical Center
401 Bicentennial Way
Santa Rosa, CA 95403
U E P

Santa Rosa Richard Stein Medical Offices
3925 and 3975
Old Redwood Hwy.
Santa Rosa, CA 95403
P

Medical Center Medical Office



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What are my 3 plan options?

3 Plan Options		
Traditional HMO Plan	Hospital Services Plan	Deductible First Plan
Premium Costs		
Think Through Total Annual Premium	Think Through Total Annual Premium	Think Through Total Annual Premium
Medical Expenses		
Copays	Deductible for Hospital Services	Deductible for all services

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How would you rate your health?

1	2	3	4	5
Good care of health, follow preventive guidelines. Maybe only one Dr. visit / year	Generally healthy. 2 or 3 visits per year. Periodic generic medication	Good overall but have unique condition requiring brand name drugs	Have need for higher cost encounter. (ex. Baby delivery or shoulder surgery) High risk activities (ex. Motocross, injury prone basketball player	Significant ongoing medical condition

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Next think through family members

Spouse	Stable, one prescription generic
Child 1	Out of injury prone phase in high school, no prescriptions
Child 2	Junior high age – plays lacrosse and soccer. Takes high cost brand name drug to control acne

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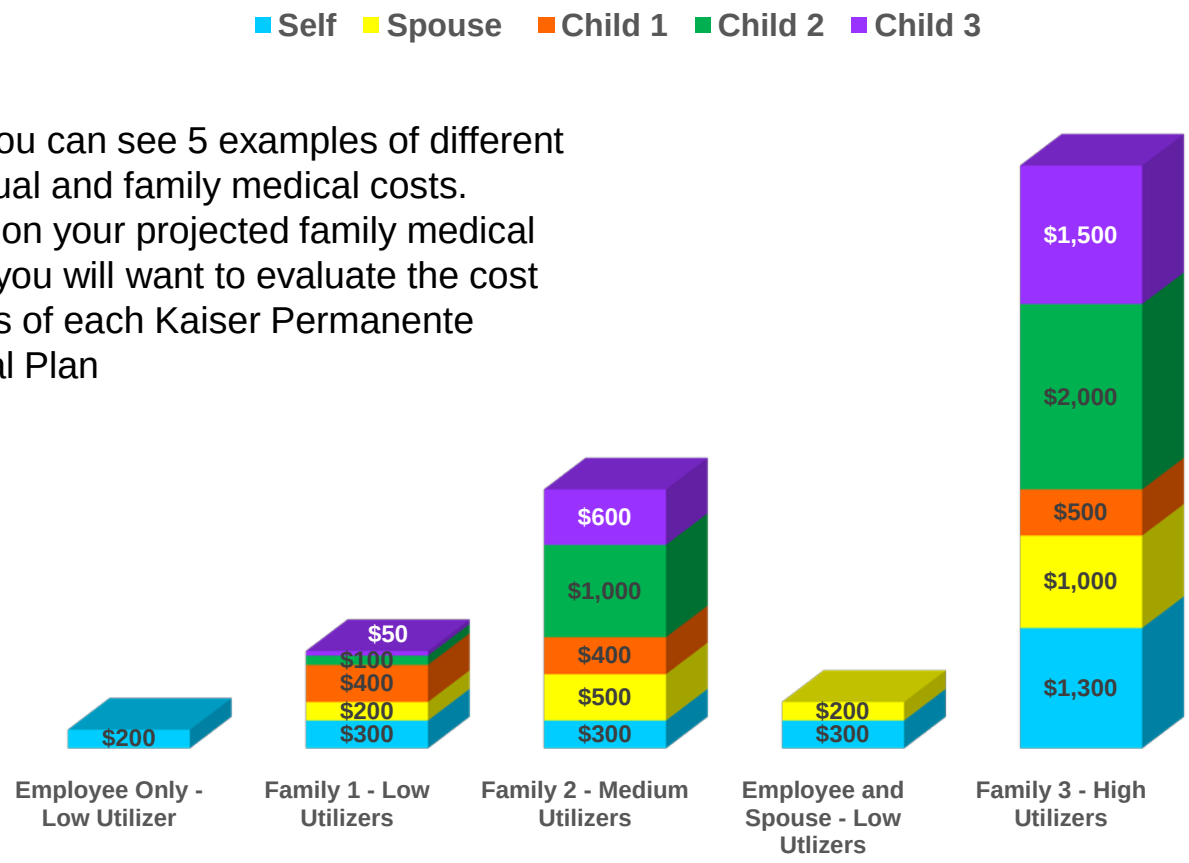
Which plan is right for me?

Here you can see 5 examples of different individual and family medical costs. Based on your projected family medical costs, you will want to evaluate the cost savings of each Kaiser Permanente Medical Plan



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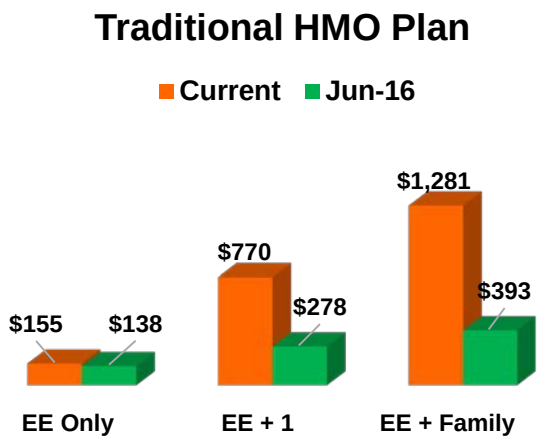
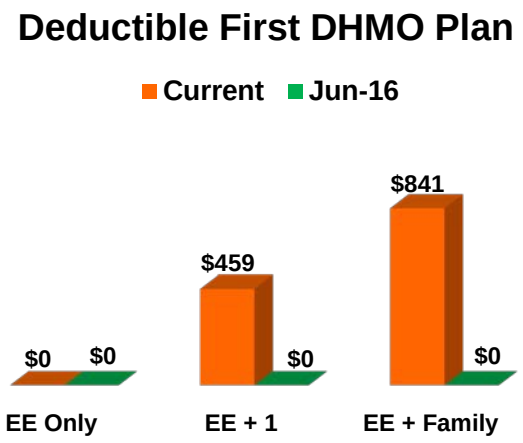
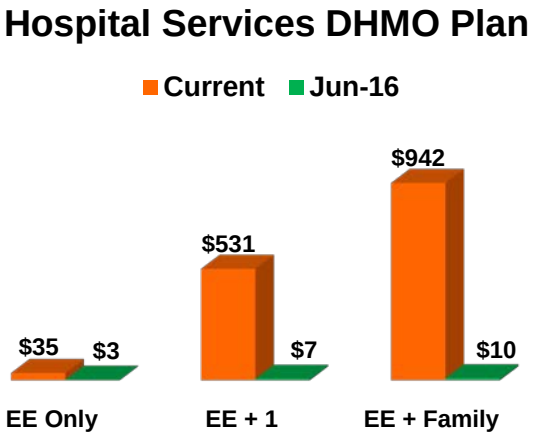
NEW Employee Cost Share

Are you currently covering your family on your Sonoma County plan?







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Terminology

- **<u>Copayment</u>: The set dollar amount you'll pay for identified covered services or prescriptions**
- **<u>Deductible</u>: The set amount you will need to reach in a calendar year before you start paying copays or coinsurance for the identified services in your plan**
- **<u>Coinsurance</u>: A percentage of charges you pay for identified covered services. Example: A 20% coinsurance on a $200 service means you'll pay $40 for that service, if you have already met your deductible.**
- **<u>Out of Pocket Maximum</u>: The maximum amount you would possibly pay out of pocket in a plan year for covered services.**

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What roll do these terms play in the Kaiser Permanente Plans?

Term	Hospital Services Plan	Deductible First Plan
Copay	All routine care	After the deductible is satisfied
Deductible	Inpatient stays, outpatient surgery, emergency room	All non-preventive services
Coinsurance	20% coinsurance after deductible	Durable medical equipment only
Out of Pocket Maximum	Overflow protection	Overflow protection

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Recap of 2016 Deductible HMO Plan Options

This chart highlights the benefits and differences of the new Deductible HMO Plans

Benefits	Hospital Services DHMO Plan	Deductible First DHMO Plan
Annual deductible	$1,500 individual enrollment $1,500 / $3,000 family enrollment	$1,300 individual enrollment $2,600 family enrollment
Annual OOP Max	$4,000 individual / $4,000 / $8,000 family	$3,000 individual / $6,000 family
Preventive care	No Charge	No Charge
Doctor's office visit	$20 / visit copay	$20 / visit copay✵
Lab tests and X-rays	$10 / $50 / test	$10 / $50 / test✵
Outpatient surgery	20% coinsurance✵	$150 / procedure ✵
Hospitalization	20% coinsurance ✵	$250 / admit✵
Emergency care	20% coinsurance ✵	$100 / visit copay✵
Ambulance	$150 / trip	$100 / trip✵
Prescription drugs (30-day supply) MOI (Up to 100 day supply)	$10 copay - Generic $30 copay - Brand $20 Gen / $60 - Brand	$10 copay - Generic✵ $30 copay - Brand✵ $20 Gen / $60 - Brand✵

✵ After Plan Deductible is Met.

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How do these deductible plans compare?

Incident Examples	Sample Cost Of Services	HMO	Hospital Services	Deductible First
Annual physical exam	$95	No charge	No charge	No charge
Office visit (level 4)	$145	$10	$20	$145
Lab/X-Ray	$100	No charge	$10	$100
Hospital Stay	$10,000	No charge	$3,200	$1,550
Severe Hospital Stay	$120,000	No charge	$4,000	$1,550
Emergency Room Visit	$1,500	$50	$1,500	$1,400
Prescription (generic)	$65	$5	$10	$65

- Your annual physical exam is a preventive service. You end up paying “no charge” for this service, while Kaiser Permanente pays $95.
- With this plan, you’ll pay full charges for most covered services, until you reach your deductible. You’ll end up paying $145 for your office visit and $65 for your generic prescription, in this example, before you reach your deductible.
- Once you’ve reached your deductible, you’ll only pay a coinsurance for your office visits and prescriptions.

Note: These are estimated costs only.

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Which Kaiser Permanente Plan is Best for Me? Scenario 1

		Traditional HMO Plan	Hospital Services Plan	Deductible First Plan
Mom	2 non-preventive doctors appointments	$20	$40	$120
	1 well woman visit	$0	$0	$0
Dad	1 non-preventive doctors appointment	$10	$20	$60
	2 maintenance generic medications	$40	$160	$230
	1 skin biopsy (outpatient)	$10	$220	$220
Son	3 non-preventive doctors appointments	$30	$60	$180
	1 minor injury ER visit	$50	$275	$275
	1 antibiotic generic prescription	$5	$10	$40
	Total Medical Expenses	$165	$785	$1,125
	Total Annual Premium (Employee + Family)	$4,717	$116	$0
	Total Out of Pocket	$4,882	$901	$1,125

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Which Kaiser Permanente Plan is Best for Me? Scenario 2

		Traditional HMO Plan	Hospital Services Plan	Deductible First Plan
Mom	Baby delivery hospital stay	$0	[$14,000] Mom will first pay deductible= $1,500 and then 20% coinsurance of the remainder = $2,500. Mom has now met her out of pocket maximum of $4,000	[$14,000] Mom will first pay the deducible = $2,600 then her $250 copay for the remainder.
	2 non-preventive doctors appointments	$20	$0	$40
	1 well woman visit	$0	$0	$0
Dad	1 non-preventive doctors appointment	$10	$20	$40
	2 maintenance generic medications	$40	$160	$160
	1 skin biopsy (outpatient)	$10	$220	$150
Son	3 non-preventive doctors appointments	$30	$60	$60
	1 minor injury ER visit	$50	$275	$100
	1 antibiotic generic prescription	$5	$10	$10
	Total Medical Expenses	$165	$4,745	$3,410
	Total Annual Premium (Employee + Family	$4,717	$116	$0
	Total Out of Pocket	$4,882	$4,861	$3,410

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Preventive care services

Prevention has always been an essential part of Kaiser Permanente's care philosophy. It's about staying healthy and preventing illness. Most preventive care services at no cost to you, even before you reach your deductible. Examples include:

Some examples of preventive care include

- cervical cancer screenings
- cholesterol screenings
- colon cancer screenings
- diabetes screenings
- immunizations
- mammogram screenings
- prenatal care visits
- preventive annual exams
- prostate cancer screenings
- well-child visits
- routine eye exams
- routine hearing screenings
- annual wellness exams

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Paying for care

KAISER PERMANENTE DEDUCTIBLE HMO PLAN

PAYING FOR CARE

We're here to help you understand how to use your deductible plan, so you can get the most out of your health care.

Part of using your deductible plan is knowing how much and when to pay for services. While your deductible plan works a little differently than our traditional HMO plan, you still get the high quality of care you've come to expect from Kaiser Permanente. The steps in this brochure will help guide you through the basics of how your plan works so you can get the care you need.

1 → 2 → 3 → 4

Before your visit — GETTING AN ESTIMATE
During your visit — WHAT TO EXPECT
After your visit — RECEIVING YOUR BILL
At home — TRACKING YOUR EXPENSES

A NOTE ABOUT PREVENTION

One of the key features of our deductible plans is that certain preventive care services, like routine physical exams, mammograms, and cholesterol screenings, are available to you for a copay or coinsurance, whether or not you've met your deductible. So don't put off any preventive care you may need. And start living healthier today.

Learn more about how your deductible plan works at kp.org/deductibleplans.

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When you check in for your visit, you will be asked to make an initial payment

Have Not met your deductible?

- Payment goes toward your deductible and out-of-pocket maximum.

Already met your deductible?

- Payment is your copay or coinsurance. These payments count towards your calendar year out-of-pocket maximum.

You will get a bill after your visit if:

- Your payment at check-in didn't cover the full amount you owe for the services you received during your visit.
- You received additional services during your visit.

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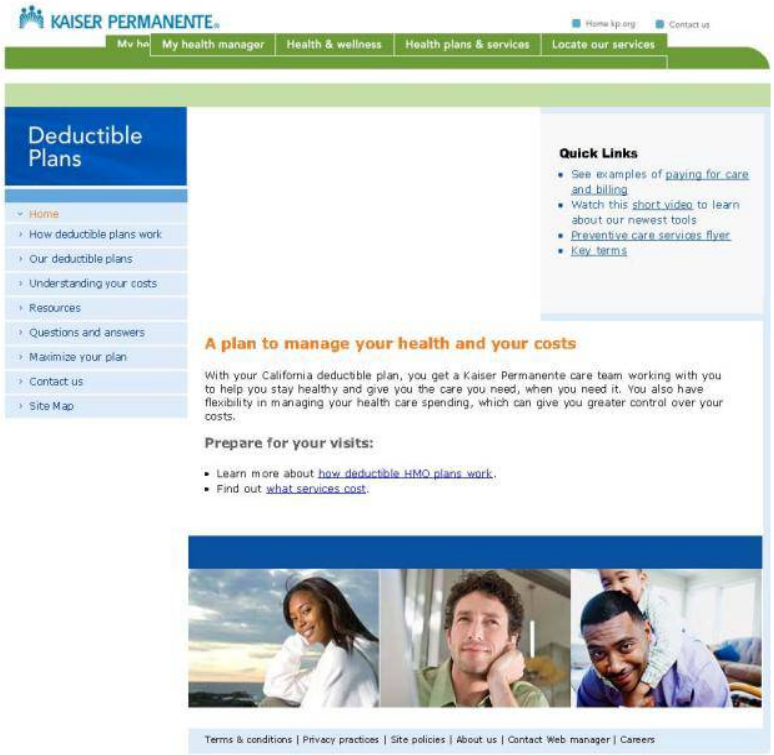
Manage your health plan costs

Manage your health care costs with our convenient and easy-to-use online tools on **kp.org/deductibleplans.**



- **Cost Estimator Tool**
- **Sample Fee List**
- **Preventive Care Services**
- **Summary of Accumulation**
- **Online Bill Pay: If you have an HRA or FSA to pay,** you can now pay your bills safely and conveniently on our secure web site.

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Tools to Help Manage Your Health

Take control of your health

As a Kaiser Permanente member, you can save time and money, and enjoy the 24/7 convenience of My Health Manager on **kp.org**.

- Request appointments online
- View most lab test results
- E-mail your doctor's office
- Order prescription refills online
- Get informed with our online health and drug encyclopedias

Video Visits: A Picture is Worth a Thousand Words

The next time you schedule an appointment at Kaiser Permanente, you may be offered a video visit with your doctor.

- Convenient access from your home or office
- Secure and easy way to visit your doctor
- Saves travel time and expense

All you need is a computer with a high-speed internet connection and a webcam or a smartphone mobile device using the latest version of the KP Preventive Care App

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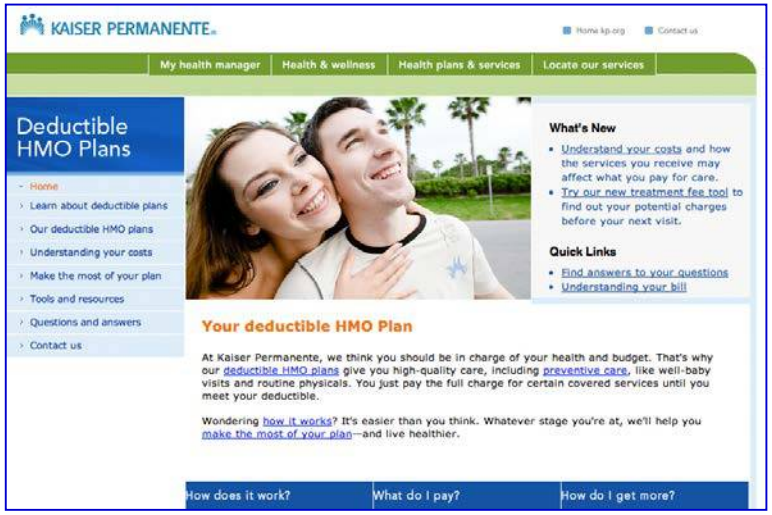
Tools to Plan and Budget Medical Expenses

Information to help you plan and budget

Knowing how much different medical services might cost can help you prepare for your health care needs and make decisions about treatment options. You'll find this information at **kp.org/deductibleplans**.

- See a sample **Summary of Accumulation (SOA)** and learn how to read it.
- Use our interactive **Treatment Fee Tool and Cost Estimation Calculators** to help you plan your budget wisely.
- See a sample bill and learn how to read it.



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Healthy Lifestyle Programs and Discounts

Kaiser Permanente encourages you to live healthy and thrive. Get active and take control of your health.

Health classes at nearby Kaiser Permanente facilities offer group support. (Some classes may require a fee.)

On line or in person Healthy lifestyle programs help you:

- Lose weight
- Eat healthy
- Manage diabetes
- Reduce stress
- Quit smoking
- Live with ongoing conditions
- Reduce pain
- Manage depression
- Get a good night's sleep

Discounts on additional health care services give you more options.

- Acupuncture
- Chiropractic
- Massage therapy

HEALTHY RESULTS

*For KP members in healthy lifestyle programs**

- 56% lost weight
- 57% quit smoking
- **57%** reduced their stress
- 78% were better able to manage their health

*Kaiser Permanente Program Outcomes, HealthMedia®, June 2008.
Outcomes are self-reported by members after 90 days of program participation.

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County of Sonoma Microsite

Home | Thrive with KP | KP.org | Your Region: California - Northern Select

KAISER PERMANENTE®

Sign-on to My Health Manager | Contact us

Why KP | Plans and services | Healthy extras | Support | Members

Your Choice of Top Doctors

Our doctors are among the best, and caring for people is their passion. Plus, you've got the power to change doctors anytime.

Show me

Get started | Top doctors | All under one roof | Personalized care | Easy online access | Healthy extras

Welcome, Sonoma County employees!

At Kaiser Permanente, you receive more than just a health plan. We deliver the top doctors, personalized care, and all the services you need — tailored to fit you and your lifestyle.

View your benefit plans

Get support

3 Kaiser Permanente Plan Choices

Learn more about your plan options and see how easy health can be.

Watch video now

Need Help Boosting Your Health?

Find the advice, encouragement and tools you need to make healthy changes.

Get started

New members: How to get started

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Closing Thoughts

Kaiser Permanente is dedicated to providing:

- Doctors, insurance, hospitals working together
- Convenient access
- Technology to improve access, help you manage your care
- Coordination between:
  - Primary care
  - Specialties
  - Pharmacy

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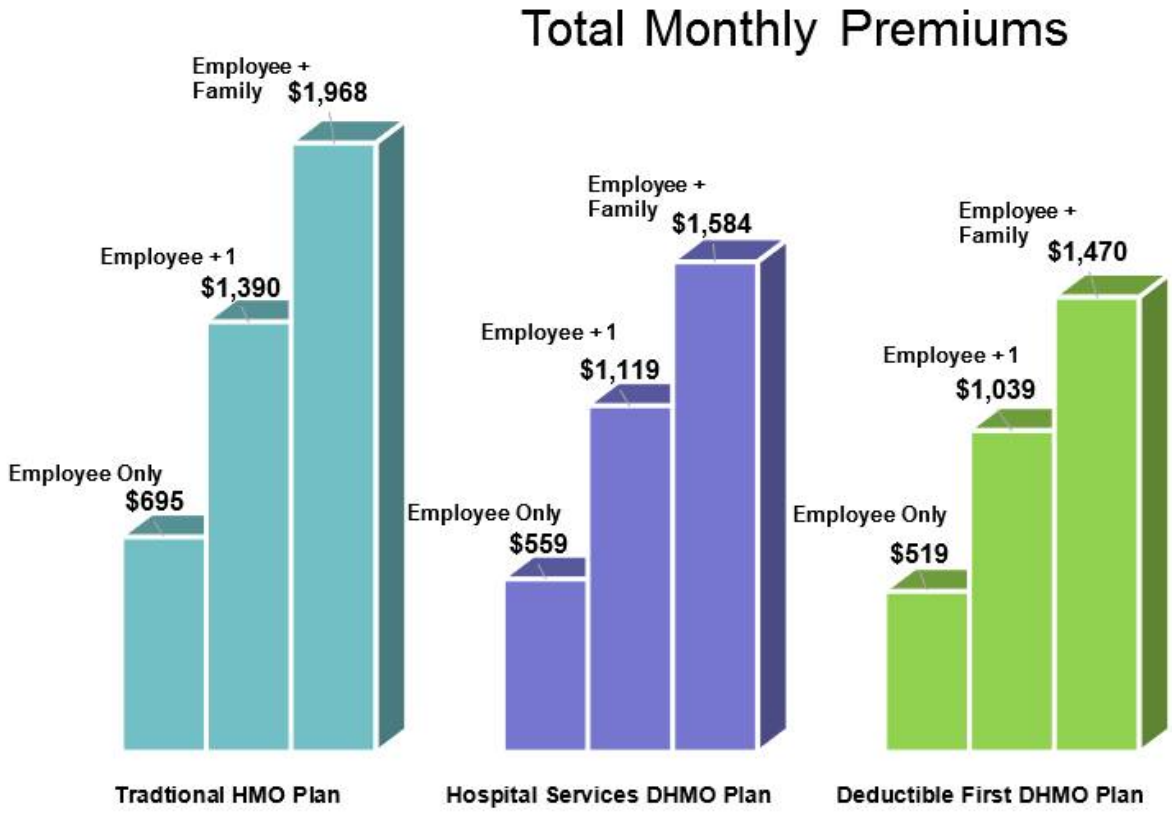
Apendix

Which plan is right for me?

Here you can evaluate the cost savings of each Kaiser Permanente Medical Plan



2016 HMO Plan Summary

This chart highlights the 2016 HMO Plan

Benefits	2015 HMO Plan
Annual deductible	None
Annual OOP Max	$1,500 per individual up to $3,000 for the entire family
Preventive care	No Charge
Doctor's office visit	$10 per visit
Lab tests and X-rays	No Charge
Outpatient surgery	$10 per procedure
Hospitalization	No Charge
Emergency care	$50 per visit
Ambulance	$50 per trip
Prescription drugs	$5 copay - Generic for up to 100-day supply $10 copay - Brand for up to 100-day supply

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Your two new Deductible HMO Plans

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What is a Deductible?

- A deductible is the set amount you'll pay for services cost calendar year before you start paying copays or coinsurance for most services covered by your plan.
- Beginning June 1st, 2016, for identified deductible services, you will pay **100% -** out of your own pocket, until you reach the deductible amount. Afterwards, you will only pay the associated copay or coinsurance.
- Deductibles reset at the start of each calendar year (January 1st).

* Refer to list of preventative services.
https://healthy.kaiserpermanente.org/static/health/enus/pdfs/nat/nat_preventive_services_under_health_reform.pdf

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What is an Out-Of-Pocket Maximum?

- Your annual out-of-pocket limits the total amount you could pay for covered services each calendar year.
- Your deductibles, copays, and coinsurance payments, including prescription medications, count towards your calendar year out-of-pocket maximum.
- After you reach your calendar year out-of-pocket maximum, Kaiser Permanente will pay the full amount for all covered services for the rest of the calendar year.

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Kaiser Permanente
Hospital Services DHMO plan

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2016 Hospital Services DHMO Plan Summary

Deductible Only applies to hospital related services noted

Benefits	2015 Hospital Services DHMO Plan
Annual deductible	$1,500 per individual up to $3,000 for the entire family
Annual OOP Max	$4,000 per individual up to $8,000 or the entire family
Preventive care	No Charge
Doctor's office visit	$20 per visit (Plan deductible does not apply)
Lab tests and X-rays	$10 per encounter (Plan deductible does not apply)
Outpatient surgery	20% Coinsurance (After plan deductible) ✵
Hospitalization	20% Coinsurance (After plan deductible) ✵
Emergency care	20% Coinsurance (After plan deductible) ✵
Ambulance	$150 per trip (Deductible does not apply)
Prescription drugs	$10 copay - Generic for up to 30-day supply (Deductible does not apply) $30 copay - Brand for up to 30-day supply (Deductible does not apply)
MOI (Up to 100 day supply)	$20 Generic / $60 - Brand (Deductible does not apply)

✵After Calendar Year $1,500/$3,000 deductible is met.

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Hospital Services DHMO plan

Non-Hospital Services

With this plan, most of your doctor's office visits, radiology services and lab tests, and prescription medications are covered by a copay and are not subject to the deductible.

Preventative care services are covered at no cost to you.*

Hospital Services

For Hospital Services (including ER and Out patient surgery) and Skilled Nursing-related services, you will have to reach your deductible before you are covered for services with a coinsurance.

Once you have reached the maximum out-of-pocket costs, Kaiser Permanente will pay the full cost of covered services, including prescription medications, for the rest of the year.

* Refer to list of preventative services.
https://healthy.kaiserpermanente.org/static/health/enus/pdfs/nat/nat_preventive_services_under_health_reform.pdf

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Hospital Services DHMO plan

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What services count toward my deductible on the Hospital Services DHMO Plan?

Payments for certain covered services will accumulate towards your calendar year deductible on this Hospital Services DHMO plan. Examples of payments that do apply include:

- Emergency Department visits
- Hospital care
- Outpatient surgery
- Skilled Nursing
- In patient psychiatric or chemical dependency treatment programs

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Kaiser Permanente
Deductible First DHMO plan

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2016 Deductible First DHMO Plan Summary

This chart highlights the 2016 Deductible First DHMO Plan

Benefits	2015 Deductible First DHMO Plan
Annual deductible	$1,300 per individual enrollment / $2,600 per family enrollment
Annual OOP Max	$3,000 per individual enrollment/ $6,000 per family enrollment
Preventive care	No Charge
Doctor's office visit	$20 per visit (After plan deductible) ✵
Lab tests and X-rays	$10 per encounter (After plan deductible) ✵
Outpatient surgery	$150 Per procedure (After plan deductible) ✵
Hospitalization	$250 Per admit (After plan deductible) ✵
Emergency care	$100 Per visit (After plan deductible) ✵
Ambulance	$100 Per trip (After plan deductible) ✵
Prescription drugs MOI (Up to 100 day supply)	$10 copay - Generic for up to 30-day supply (After plan deductible) ✵ $30 copay - Brand for up to 30-day supply (After plan deductible) ✵ $20 Generic / $60 Brand (After plan deductible) ✵

✵After annual $1,300/$2,600 deductible is met.

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Our Deductible First DHMO Plan

Preventive care services are covered at no cost to you, even if you have not reached your deductible.

For most other covered services, including prescription medications, you first pay for cost of services until you meet your deductible first before such services are covered with a copay or coinsurance.

Once you have reached the maximum out-of-pocket, Kaiser Permanente will pay the full cost of all covered services for the rest of the year.

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What services count toward my deductible on the Deductible First DHMO Plan?

You pay the cost of services up to the calendar year deductible

- Ambulance services
- Emergency Department visits
- Hospital care
- Imaging, laboratory, and special procedures
- Intensive psychiatric treatment programs
- Office visits (including services such as dialysis and physical, occupational, and speech therapy)
- Outpatient surgery
- Prescription drugs
- Transitional residential recovery services for chemical dependency

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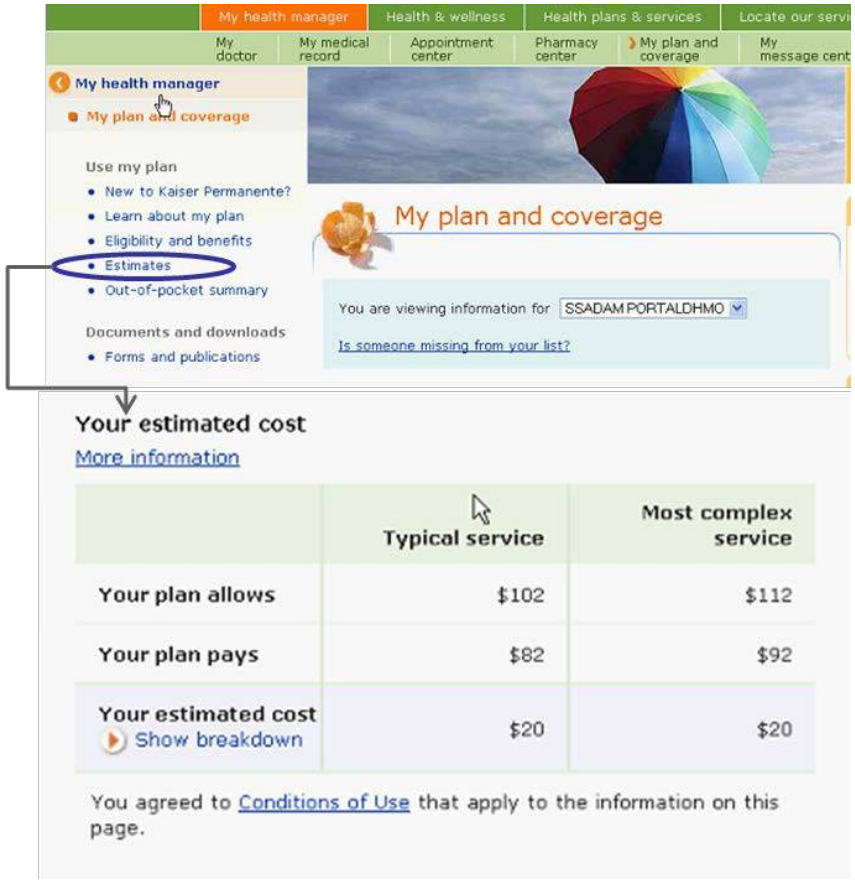
kp.org/deductibleplans

- Find information and resources for understanding your deductible plan on our deductible website.

- Describes how Kaiser Permanente deductible plans work
- Provides information about costs and billing
- Links to additional resources

Estimates and Out-of-Pocket Summary

Get personalized cost estimates and track expenses at home.



Our online Estimates tool

- Get a cost estimate of your scheduled services before you come in for care.
- Go to kp.org or kp.org/memberestimates to use our Estimates tool.
- Estimates are based on your plan benefits and how close you are to reaching your deductible and out-of- pocket maximum.

Our online Out-of-Pocket Summary tool

- See a summary of how much you've spent, and how close you are to reaching your deductible and out-of-pocket maximum.
- Go to kp.org or kp.org/outofpocket to use our Out-of-Pocket Summary tool.
- This can give you a better idea of whether you'll pay a copay, coinsurance, or deductible payment the next time you come in for care.

Preventive care services flier

Understanding
Preventive Care Services

At Kaiser Permanente, prevention has always been an essential part of our care philosophy. That's why your deductible plan offers most preventive care services—like routine physical exams, mammograms, and cholesterol screenings—at little or no cost to you, even before you reach your deductible.

See the list below for some of the most common preventive care services, which can help you stay on track for good health. Depending on your plan, your coverage for preventive care may vary. For a complete list of preventive care services covered under your plan, please see your *Evidence of Coverage*, *Summary Plan Description*, or other plan documents.

Covered preventive care services for adults

- cholesterol screenings
- colorectal cancer screenings
- family planning services, including (but not limited to):
  - contraceptive counseling
  - family planning counseling
  - implantable contraceptives, such as intrauterine devices (IUDs)
  - injectable contraceptive drugs
- immunizations
- routine physical exams
- sexually transmitted infection (STI) counseling and screenings (including HIV, chlamydia, gonorrhea, herpes, and syphilis screenings)
- type 2 diabetes screenings

Additional covered preventive care services for women

- breastfeeding support, supplies, and counseling
- female sterilization procedures
- first postpartum care visit
- gestational diabetes screenings
- human papillomavirus (HPV) screenings
- osteoporosis screenings
- prenatal care
- routine mammograms
- routine Pap tests

Covered preventive care services for children

- developmental and behavioral screenings and assessments
- hearing and vision screenings for all newborns and children
- oral health risk assessments
- periodic well-child visits, including immunizations
- sexually transmitted infection (STI) screenings and prevention counseling for adolescents

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You can get most preventive care services at little or no cost—even before you reach your deductible. See a list of common preventive care services for:

- Adults
- Women
- Children

View our preventive care services flier at kp.org/deductibleplans.

Sample Fee List

Kaiser Permanente 2013 Sample Fee List

Members in any deductible plan[1] can use this list to help estimate their charges.

NORTHERN CALIFORNIA

As your partner in health, we want to help you manage your health care spending. Knowing how much you can expect to pay for care and services can give you peace of mind so you can concentrate on the things you enjoy in life.

This Sample Fee List[2] shows you estimated charges for many common medical services—like office visits, lab tests, and X-rays—when you receive care at Kaiser Permanente facilities. Your charges may be different if you receive care or services from a contracted provider at a non–Kaiser Permanente facility.

The amount you pay out of your own pocket for a service will depend on your plan coverage, whether you've reached your deductible or out-of-pocket maximum, and other factors. The amount you are asked to pay may be a copay (a fixed dollar amount you pay for services) or coinsurance (a percentage of charges you pay for services).

Use this Sample Fee List to help with the following:

- Review your benefit options during open enrollment. If you have a choice of plans, the amount you pay out of your own pocket for care may vary, so knowing how much services cost can help you choose the best Kaiser Permanente plan for you.
- Estimate how much you'll spend throughout the year for care and services at our facilities.
- Manage funds in your health savings account (HSA) or health reimbursement arrangement (HRA) to cover upcoming medical services.[3]
- Estimate the funds you may need for your flexible spending account, and manage them throughout the year.

For more information or to ask about a service not found on the list, please call the Member Services or Customer Service number on your ID card.

[1]This Sample Fee List does not apply to medical services received from any network providers who are not Kaiser Permanente providers.

[2]The estimated member charges in this Sample Fee List are valid as of January 1, 2013, and may change without notice.

[3]You must be enrolled in an HSA-qualified deductible plan or a deductible plan with HRA to use these features.

If you are enrolled through a group's self-funded 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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Kaiser Permanente Estimated Charges Northern California

SERVICE	ESTIMATED CHARGE
Office Visits	
New patient visit, level 1 (low severity)	$55
New patient visit, level 2	$95
New patient visit, level 3	$140
New patient visit, level 4	$210
New patient visit, level 5 (high severity)	$260
Established patient visit, level 1 (low severity)	$25
Established patient visit, level 2	$55
Established patient visit, level 3	$95
Established patient visit, level 4	$135
Established patient visit, level 5 (high severity)	$185
Office Visits (Preventive)	
Well-baby office visit, new patient (under 1 year)*	$145
Well-child office visit, new patient (1–4 years)*	$150
Well-child office visit, new patient (5–11 years)*	$155
Well-child office visit, new patient (12–17 years)*	$175
Well-adult office visit, new patient (18–39 years)*	$170
Well-adult office visit, new patient (40–64 years)*	$195
Well-adult office visit, new patient (65 and older)*	$210
Well-baby office visit, established patient (under 1 year)*	$125
Well-child office visit, established patient (1–4 years)*	$135
Well-child office visit, established patient (5–11 years)*	$135
Well-child office visit, established patient (12–17 years)*	$145
Well-adult office visit, established patient (18–39 years)*	$150
Well-adult office visit, established patient (40–64 years)*	$160
Well-adult office visit, established patient (65 and older)*	$175
Emergency Care by a Physician (excluding other fees such as X-rays, lab tests, or additional procedures)	
Emergency care by a physician, level 1 (low severity)	$120
Emergency care by a physician, level 2	$175
Emergency care by a physician, level 3	$255
Emergency care by a physician, level 4 (high severity)	$385

*These services may be covered at little or no cost to you. Check your plan documents (such as your *Evidence of Coverage* or *Summary Plan Description*) to determine whether a service is subject to your deductible. If it is not subject to the deductible, you may have no cost or you may only have to pay a copay or coinsurance, depending on your plan.

These estimated member charges are valid as of January 1, 2013, and may change without notice.

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Summary of Accumulation (SOA)

- This document lists all of your medical charges that accumulate towards your deductible and annual out-of-pocket maximum throughout the calendar year.
- Once you begin using your deductible plan, you will receive an SOA for periods when you have charges that count toward your deductible and annual out-of-pocket maximum.
- Keep in mind, services take an average of 30 to 45 days to appear on your SOA.

Your SOA is not a bill.

KAISER PERMANENTE.
P.O. BOX 830913
BIRMINGHAM, AL 35283-0913

ADDRESSEE:
------ manifest line ---------
JANE DOE
1234 MAIN STREET
ANYTOWN, CALIFORNIA 90000-0000

Summary of Accumulation (SOA): This is sent following any activity on your account and lists all the services applied toward your medical deductible and out-of-pocket maximum. FSA/HRA/HSA members should keep this Summary of Accumulation and other health care receipts for tax purposes.

Date:	10/14/2011
Subscriber Number:	000123456789
Group ID:	00123456
Benefit Package ID:	D113456

Questions?
Contact: Deductible Products Service Team
Hours of Operation: Mon. – Fri., 7 AM – 5 PM
Phone: **1-800-390-3507**

Thank you for selecting Kaiser Foundation Health Plan, Inc. for your healthcare needs.

PLEASE RETAIN FOR YOR RECORDS

Summary of Amounts Applied Toward Your Individual and Family Deductible and OOP Max
01/01/11–12/31/11

Individual Deductible = $500.00 **Individual OOP Max = $2,500.00**
Family Deductible = $1,000.00 **Family OOP Max = $5,000.00**

Individual Accumulation Totals	Applied This Period		Applied Year to Date	
	Deductible	OOP Max	Deductible	OOP Max
Jane Doe	$40.00	$40.00	$40.00	$60.00

Family Accumulation Totals	Applied This Period		Applied Year to Date	
	Deductible	OOP Max	Deductible	OOP Max
Accumulation Totals	$40.00	$40.00	$40.00	$60.00

THIS IS NOT A BILL

DEFINITIONS
Individual Deductible: A fixed amount of money you must pay in a calendar year before we'll pay for certain services. Not all services may be applied to a deductible.
Out-of-pocket maximum (OOP Max): The maximum amount you'll pay for eligible covered services in a calendar year. Once you've reached that maximum you won't have to pay any copayments, deductibles, or coinsurance for those covered services for the rest of the calendar year. Not all services apply toward the annual out-of-pocket maximum.