

# PAYING FOR CARE

We're here to help you better understand the financial aspects of your deductible plan. Understanding your costs can help you better decide how to spend your health care dollars.

While a deductible plan works a little differently than a traditional copay 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 what to expect and where to go for financial information before, during, and after a visit.



## A FOCUS ON PREVENTION

One important way to stay healthy is by detecting problems before they become serious. That's why your deductible plan offers most preventive care services — like routine preventive visits, mammograms, and cholesterol screenings — at little or no additional cost to you, even before you've met your deductible. Visit [kp.org/deductibleplans](http://kp.org/deductibleplans) to see a list of preventive care services or to use our online Estimates tool to see how much upcoming services might cost.

Learn more about how your deductible plan works at [kp.org/deductibleplans](http://kp.org/deductibleplans).

# 1

## Before your visit — understanding your plan

Before coming in for an appointment, it helps to understand how your plan works and what you may expect to pay for common services.

### • How to access benefit information:

If you're a current Kaiser Permanente member, you can obtain a copy of your benefit summary at [kp.org](http://kp.org). Here you will find detailed information about your plan benefits, including applicable deductibles, copays, coinsurance, and out-of-pocket maximums.

• **Call us:** We're always here to help. If you have questions about your plan benefits, call Membership Services at **1-800-813-2000**, 8 a.m. to 6 p.m. Monday through Friday.

• **Estimates:** For certain scheduled services, Pre-Registration staff may contact you with an estimate for your services and provide options for payment. Or, try our Estimates tool to get an idea of how much your visit may cost. You can find the tool at [kp.org/memberestimates](http://kp.org/memberestimates).

The screenshot shows the Kaiser Permanente website interface. The main content area is titled 'Estimate details' and displays a 'Knee Replacement estimate for Sample Patient'. It includes an 'Estimate number: 002138' and a 'Requested date: 09-23-2010'. A table compares 'Your plan allows', 'Your plan pays', and 'Your estimated cost' for 'Typical service' and 'Most complex service'. The 'Total Fee' is shown as \$500 for both. A note states: 'These amounts are based on your deductible and out-of-pocket balances at the time this estimate was created. See the out-of-pocket summary below for more information.' There are also sidebars with links like 'Save money, be healthy' and 'What will health reform mean to you?'.

	Typical service	Most complex service
Your plan allows	\$37610	\$62565
Your plan pays	\$37110	\$62065
Your estimated cost	\$500	\$500
<b>Total Fee</b>		
Deductible	\$500	\$500

\*Estimates are based partly on services that have been processed by our billing system.

## COMMON TERMS

**Annual out-of-pocket maximum:** The maximum amount you'll pay for certain covered services in a calendar year. Once you've reached that maximum, you won't have to pay further deductibles or coinsurance for most covered services for the rest of the calendar year. Not all services apply toward the annual out-of-pocket maximum, such as those that are not subject to the deductible. For HSA-qualified plans, all services, except for certain preventive services, are subject to the deductible, and all services apply toward the out-of-pocket maximum.

**Coinsurance:** The percentage of charges you pay when receiving certain covered services. For example, 30 percent coinsurance for hospitalization means you pay 30 percent of the charges for covered hospital services. Coinsurance, which varies depending on your plan, applies after you meet your deductible and counts toward your annual out-of-pocket maximum.

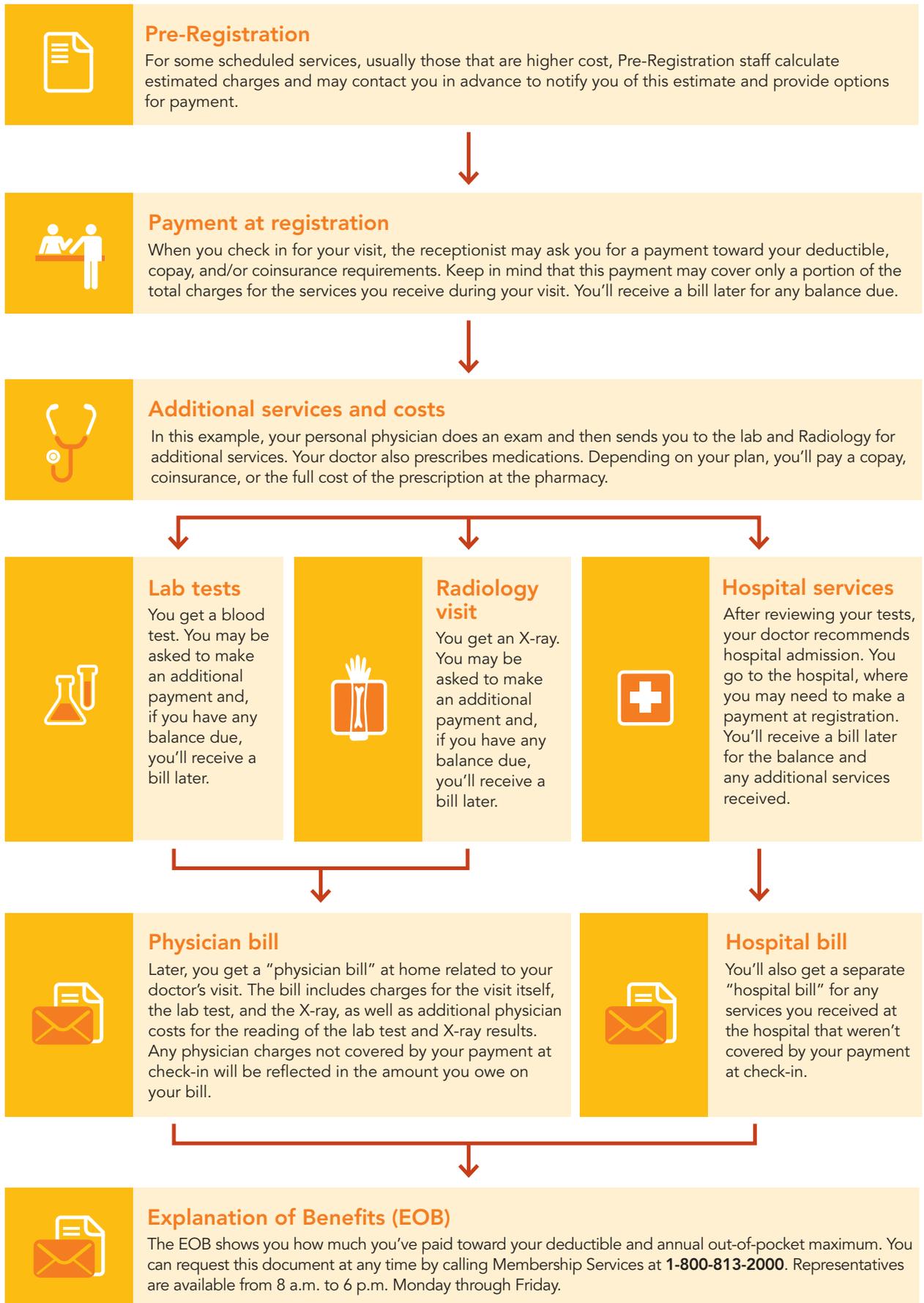
**Copayment (or copay):** The fixed amount you pay when you receive certain covered services or prescriptions. For example, a \$10 office visit copay means you pay \$10 for each office visit. Copayments, which vary depending on your plan, typically apply without having to meet your deductible first and do not count toward your annual out-of-pocket maximum. Copayments for some services may be subject to the deductible.

**Deductible:** The set amount you need to pay in a calendar year before we provide most covered services at a copay or coinsurance. Not all services may count toward the deductible. For HSA-qualified plans, all services, except for certain preventive services, are subject to the deductible, and all services apply toward the out-of-pocket maximum.

# 2

## During your visit — what to expect

This chart shows how the services you receive affect how much and when you pay for care.



# 3

## After your visit — receiving your bill

You'll get a bill after your visit if:

- Your payment at check-in or Pre-Registration didn't cover the full cost of the services you received during your visit.
- You received additional services during your visit.

### Reading your bill



**KAISER  
PERMANENTE**

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**PHYSICIAN BILL ACTIVITY**

**Guarantor Account #: 123456789101**

Bill Date: 08/14/2011  
Amount You Owe: \$150.00  
Due Date: 09/14/2011

**JANE DOE**  
71234 MAIN ST  
ANYWHERE, CA 99999-4444

**BILLING DETAIL**  
Itemized charges and associated payment activity

Service Date	Post Date	Location	Provider	Description	Charges	Paid by Insurance/ Adjustments	Paid by You	Amount You Owe
<b>DOE, JANE</b>								
03/31/11	03/31/11	ANYWHERE CLINIC	BROWN, J.	OFFICE VISIT: MEDICAL EXAM (LEVEL 2, ESTABLISHED PATIENT) PATIENT PAYMENT (AT CHECK-IN)	\$200.00	-\$130.00	-\$20.00	\$50.00
03/31/11		ANYWHERE CLINIC	GREEN, M.	LAB: ELECTROLYTE BLOOD MEASUREMENT	\$65.00	-\$35.00		\$30.00
03/31/11	04/03/11	ANYWHERE CLINIC	GREEN, M.	LAB: CREATININE BLOOD MEASUREMENT PATIENT PAYMENT (CHECK #111)	\$120.00	-\$70.00	-\$10.00	\$40.00
03/31/11		ANYWHERE CLINIC	GREEN, M.	LAB: THYROID MEASUREMENT	\$60.00	-\$30.00		\$30.00
<b>TOTAL FOR DOE, JANE</b>					<b>\$445.00</b>	<b>-\$265.00</b>	<b>-\$30.00</b>	<b>\$150.00</b>
<b>TOTAL</b>					<b>\$445.00</b>	<b>-\$265.00</b>	<b>-\$30.00</b>	<b>\$150.00</b>

- A Service and post date:** The service date is the date you came in for care or services. The post date is the date we processed any payments and adjustments related to those services.
- B Charges:** The total cost for services you received before we make any insurance payments or adjustments based on your benefits. Think of it as the price we would charge non-Kaiser Permanente members.
- C Paid by insurance/adjustments:** This column lists any adjustments we've made to the charges, and any payments we made based on your health plan benefits.
- D Paid by you:** The amount you've already paid for care and services — for example, the amount you paid at check-in.

## Understanding your bill

Now that you know the key elements of a bill, let's go over some sample charges.

Service Date	Post Date	Location	Provider	Description	Charges	Paid by Insurance/ Adjustments	Paid by You	Amount You Owe
<b>DOE, JANE</b>								
E	03/31/11	ANYWHERE CLINIC	BROWN, J.	OFFICE VISIT: MEDICAL EXAM (LEVEL 2, ESTABLISHED PATIENT) PATIENT PAYMENT (AT CHECK-IN)	\$200.00	-\$130.00	-\$20.00	\$50.00
	03/31/11	ANYWHERE CLINIC	GREEN, M.	LAB: ELECTROLYTE BLOOD MEASUREMENT	\$65.00	-\$35.00		\$30.00
F	03/31/11	ANYWHERE CLINIC	GREEN, M.	LAB: CREATININE BLOOD MEASUREMENT PATIENT PAYMENT (CHECK #111)	\$120.00	-\$70.00	-\$10.00	\$40.00
	04/03/11	ANYWHERE CLINIC	GREEN, M.	LAB: THYROID MEASUREMENT	\$60.00	-\$30.00		\$30.00
				<b>TOTAL FOR DOE, JANE</b>	<b>\$445.00</b>	<b>-\$265.00</b>	<b>-\$30.00</b>	<b>\$150.00</b>
				<b>TOTAL</b>	<b>\$445.00</b>	<b>-\$265.00</b>	<b>-\$30.00</b>	<b>\$150.00</b>

- E Office visit charges:** In the example above, Jane Doe visited Dr. Brown on March 31, 2011. The doctor's office visit cost \$200, but her Kaiser Permanente plan paid \$130 of that amount. That makes her actual cost \$70 ( $\$200 - \$130 = \$70$ ). Jane paid \$20 when she checked in, so she still owes \$50 ( $\$70 - \$20 = \$50$ ) for her visit.
- F Additional charges:** That same day, Jane's doctor sent her to get three lab tests with total charges of \$245 ( $\$65 + \$120 + \$60$ ). Her Kaiser Permanente plan paid \$135 ( $\$35 + \$70 + \$30$ ), which means she's responsible for paying a total of \$110 for the three tests ( $\$245 - \$135 = \$110$ ). Jane paid \$10 when she checked in at the lab, which means she still owes \$100.
- G Amount you owe:** This is the total amount Jane owes on her current physician's bill. It's determined by adding up the remaining costs of her office visit (\$50) and lab tests (\$100), which equal \$150.

### MORE ABOUT YOUR BILL

Your current bill may not always reflect your most recent charges or payments. These services and payments will appear on a future bill.

Also, remember that you may receive more than one bill for a single service — a "physician bill" and a "hospital bill." If you don't see all the charges for a service on one bill, they will appear on a future bill.

# 4

## At home — tracking your expenses

**Reading your Explanation of Benefits (EOB):** This document describes the services you've received and the amounts paid by Kaiser Permanente — and shows how close you are to reaching your deductible and out-of-pocket maximum. An EOB will be mailed to you after services are provided. **It's important to keep in mind that this is not a bill.**

Kaiser Permanente  
Kaiser Foundation Health Plan of the Northwest  
500 NE Multnomah St Ste 100  
Portland OR 97232-2099



000844-000001-000002-000001 KNB1 2401054  
JANE DOE  
71234 MAIN ST  
ANYWHERE,CA 99999-4444



### EXPLANATION OF BENEFITS

Subscriber Name	JANE DOE
Subscriber ID	123456789101
Member Name	JANE DOE
Member ID	123456789101
Group Name	ACME INC
Group ID	1234-001
Product Type	HMO-I
Statement Date	
October 29, 2012	

THIS IS NOT A BILL

Service Date From/To	Claim Number	Service Provider and Description	Billed Amount	Allowed Amount	Other Insurance Payment	Not Covered	Member Responsibility		Kaiser Paid	Remarks	
							Deductible	Coinsurance Copay			
9/11/12	CLM1111111111	BROWN, J. / SURGERY	1,454.00	892.00	0.00	0.00	500.00	78.40	313.60	PA001 BI044 BD001	
10/10/12	CLM2222222222	GREEN, M. / OFFICE-OTHER OUTPATIENT	238.00	184.00	0.00	0.00	0.00	20.00	164.00	PA001 BC002	
Claims Grand Total			1,692.00	1,076.00	0.00	0.00	500.00	98.40	477.60		
<small>Fraud Warning: Any person who, with intent to defraud, or knowing that they are facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement is guilty of insurance fraud.</small>							<b>**Member Responsibility**</b>		<b>Kaiser Paid</b>		
							598.40		477.60		
<small>If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, please call us as soon as possible to explain the situation.</small>							<small>In addition to any deductible, coinsurance and/or copayment amounts, Member Responsibility may include all or a portion of any amount listed as Not Covered, based on the remark codes. Please see inserts for additional information including your appeal rights.</small>				
<b>**Member Responsibility amount does not reflect any payment at the time of service.</b>											
<b>Remarks Area: For any clarification of the remarks below or to report possible fraud, please contact Kaiser Permanente's Membership Services at 503-813-2000, 1-800-813-2000, Option 4, and TTY/TDD 1-800-735-2900.</b>											
<small>The following are remarks associated with the claims on this EOB. If a remark repeats on the EOB the description will only be provided once.</small>											
Remark	Description										
BC002	Member responsible, specialist copay										
BD001	Member responsible, deductible, annual deductible										
BI044	Member responsible, surgery coinsurance										
PA001	Allowed amount										

C Member Liability Satisfied for Contract Year 2012 as of 23-Oct-12

Tier 1	Deductible	\$ Satisfied	% Satisfied	Out-of-Pocket	\$ Satisfied	% Satisfied
Individual	\$500.00	\$500.00	100.00%	\$2,000.00	\$184.00	9.20%
Family	\$1,500.00	\$500.00	33.33%	\$6,000.00	\$184.00	3.07%

- A **Service details:** This includes the service date along with the deductible, coinsurance, or copay amounts applied for each service.
- B **Our responsibility:** This column lists any payments we made based on your health plan benefits.\*
- C **Tracking your expenses:** This section summarizes your deductible and out-of-pocket amounts that have been credited to date, including any amounts reflected on this EOB. Keep in mind that not all member charges apply to the annual out-of-pocket maximum.

\*Our HSA-qualified deductible plans only feature family deductibles and out-of-pocket maximums for families of two or more. That means that one or more family members can satisfy the deductible and out-of-pocket maximum.

# QUESTIONS AND ANSWERS

## ABOUT YOUR DEDUCTIBLE PLAN

### **Why do I seem to pay a different copay each time I check in for a visit?**

The amount you pay at check-in isn't always just a copay, and will vary depending on how much of your deductible or out-of-pocket maximum you've satisfied, as well as the actual cost of the service. After you've met your deductible, you'll pay a simple copay or coinsurance amount, depending on your plan coverage.

### **Why are the cost estimates given to me before my visit different from what I'm finally billed?**

The cost estimates you get from our online Estimates tool or our telephone representatives are based not only on the cost of procedures and services you expect to receive, but also on your plan details and how close you are to meeting your deductible and out-of-pocket maximum at the time you receive the estimate. Since not everything about your visit can be known in advance, you may end up owing more or less than your original estimate. You'll receive a bill if your pre-service payment or payment at check-in didn't cover the full cost of the services you received, or if you received additional services.

### **If I have a health reimbursement arrangement (HRA) or health savings account (HSA), can I use my debit card to pay for care?**

Yes. You can use these funds to pay for qualified medical expenses,\* either when registering for a visit or when you get a bill. If you'd like to pay a bill with your HRA or HSA, complete the credit card portion of the bill with your HRA or HSA card information. Then mail it back to us to complete the payment process. For more information on HRAs and HSAs, go to [kp.org/deductibleplans](http://kp.org/deductibleplans).

### **Do the bills or EOBs provide information on my HRA or HSA balance? Where can I get that information?**

No, your Kaiser Permanente medical bills and Explanation of Benefits do not provide information on your financial account balance. To get this information, please contact your HRA or HSA administrator.

**To find out if you've met your deductible or out-of-pocket maximum, or if you have questions about your bill or Explanation of Benefits (EOB):**

Call **1-800-813-2000**, weekdays from 8 a.m. to 6 p.m.

\*To view the list of qualified medical expenses as defined under Internal Revenue Code Section 213(d), download IRS Publication 502, *Medical and Dental Expenses*, at [www.irs.gov/publications](http://www.irs.gov/publications). As an HSA holder, you'll ultimately be responsible for determining whether an expense is a qualified medical expense under the tax laws. For HRA accounts, the HRA administrator is responsible for that determination. The Internal Revenue Service requires that all HRA and HSA transactions be validated, so it's important that you save all your receipts in case your HRA administrator or the tax authorities require additional information.

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

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