We give meaning to affordable, quality care

Additional modules in this series:
Chronic problems * Inpatient care * Maternity
Family Claims * Tools
Deductible HMO (DHMO)

Enjoy the same great care and convenience the current Kaiser Permanente HMO plan offers

- No referral required by any Kaiser Permanente physician
- Preventive care services are *no charge*
- *Fully integrated, coordinated care with online health record availability*
Only payment mechanisms change July 1

- Monthly premiums remained unchanged
- Services may require paying the deductible and/or coinsurance; others require a familiar copayment
- Special procedures received may incur additional charges
- *Explanation of Benefit* and *Patient Billing Statement* documents will be sent to your home
## Terminology

<table>
<thead>
<tr>
<th><strong>Copayment</strong></th>
<th>A fixed amount charged for a specific covered benefit service</th>
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<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>The amount you or your family must pay (“satisfy”) before the health plan shares in the expense of services received</td>
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<tr>
<td><strong>Coinsurance</strong></td>
<td>The percentage of the cost of services received for which you are responsible. You are charged coinsurance for certain services even after satisfying your deductible.</td>
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<tr>
<td><strong>Out-of-pocket maximum (OPM)</strong></td>
<td>The upper limit you pay each year in coinsurance (not copayments) for covered services received.</td>
</tr>
<tr>
<td><strong>Explanation of Benefit (EOB)</strong></td>
<td>A tracking document for each date of service outlining copayment applied, any office-based procedures (if applicable), deductible status, and out-of-pocket tracking</td>
</tr>
<tr>
<td><strong>Patient Billing Statement</strong></td>
<td>Statement outlining member financial responsibility after claim has processed through claims system</td>
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Contract year out-of-pocket costs at a glance

- The deductible is **$500** for an individual enrollee and **$1,000** for the enrollee and family (spouse, children, or both)
- The out-of-pocket maximum is **$2,000** for an individual enrollee and **$4,000** for a family
- After satisfying the deductible, you will pay
  - 20% coinsurance for office-based procedures, ER, nuclear medicine, urgent care
  - 20% coinsurance for inpatient & outpatient hospital services
- Note copayments **do not count** towards the deductible or the out-of-pocket maximum
- Out-of-pocket maximum does not include deductible
Coverage for commonly used benefits

- Preventive care and diagnostic labs are fully covered
- Routine primary care and specialist consultations require only a copayment (no deductible to meet)

<table>
<thead>
<tr>
<th>Preventive care services</th>
<th>100% covered (no charge)</th>
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<tr>
<td>Diagnostic labs</td>
<td></td>
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<tr>
<td>Pre-natal visit *</td>
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</tbody>
</table>

| Routine primary care visit * | $15 copayment |

| Specialist office visit * | $50 copayment |
| After-hours visit *       |               |

| Procedures received during office visit | 20% coinsurance after deductible |
| Diagnostic X-ray, CAT, MRI, & PET scans | |

* Office-based procedures are covered after the deductible is met
Pharmacy copayments

- Generic prescriptions: $10 copayment
- Brand name prescriptions: $30 copayment
- Non-formulary prescriptions: $50 copayment
- Specialty injectable medications: 20% up to $250 max.
- For maintenance prescriptions, receive a 90-day supply for two copayments

30-day supply

- Pharmacies at each Kaiser Permanente medical office
- Mail-order is convenient for maintenance prescriptions
What to remember

- The new DHMO plan offers the same convenience and great care as the HMO plan.
- The basic financial differences between the current HMO and the new Deductible HMO (DHMO) plan are deductibles and coinsurance.
- See the additional modules for specific examples of costs that will increase your understanding.
- Member Services 303-338-3800.