

CHOOSE A PLAN

Choose from 17 plans, including copayment, deductible, and deductible plans that are compatible with a health savings account (HSA).

IN THIS BROCHURE

- Traditional copayment plan
- Deductible plans
- HSA-qualified plans
- Benefit highlights
- Understanding deductibles and out-of-pocket maximums



All plans are offered and underwritten by
Kaiser Foundation Health Plan of the Northwest.
500 NE Multnomah St., Suite 100, Portland, OR 97232

HOW OUR TRADITIONAL COPAYMENT PLAN WORKS



Our copayment plan offers the security of predictable out-of-pocket expenses.

With our traditional copayment plan, you pay specific copayments for certain covered services, so you know what you'll pay for doctor visits and prescriptions in advance. And since you don't have to meet a deductible, you can pay copayments for covered services from the first day of coverage.

A QUICK GUIDE TO OUR PLAN NAMES

We've designed our plan names so you can easily tell what each one offers. The first number indicates your deductible and the second is your copay or coinsurance. The plan name also indicates whether the plan is HSA-qualified and whether it includes prescription benefits.

For example, our KP 1500/35 plan has a \$1,500 deductible, a \$35 copay for select covered services, and does not offer prescription benefits. And our KP 1500/20%/HSA/Rx plan has a \$1,500 deductible and a 20 percent coinsurance payment for select covered services. It's also HSA-qualified and includes prescription benefits.

HOW OUR DEDUCTIBLE PLANS WORK

Deductible plans generally offer lower monthly premiums in exchange for higher out-of-pocket payments for covered services.

With these plans, you pay full charge for most covered services until your expenses meet a calendar-year medical deductible. Then, for covered services, you pay a copayment or coinsurance.

To encourage you to receive preventive care, preventive care services are **available at no charge before** you meet your deductible.

For more information on deductible plans, visit kp.org/deductibleplans.

Child-only deductible plans

We offer two child-only deductible options: the KP 2500/25/Rx plan and the KP 5000/25/Rx plan. These plans are designed specifically for children up to age 19 and their needs. Our child-only plans are for individual subscribers only. You may enroll more than one child, but each child must be a subscriber on a separate plan. Child enrollment may be subject to state-mandated open enrollment periods.

Estimate your costs

Visit the treatment fee tool at kp.org/treatmentestimates to estimate the cost of your next appointment or your potential out-of-pocket medical costs for the year.



Get a faster response when you apply online. Ask your producer how!

HOW OUR HSA-QUALIFIED PLANS WORK

Save for future expenses with an HSA-qualified deductible plan

You may be looking for a plan that not only saves you money but also allows you to save for health expenses today and in the future. Our HSA-qualified deductible plans, designed for people who want to take charge of their health care costs, may be right for you. When you enroll in one of these plans and choose to open a health savings account (HSA), you can use tax-free savings to pay for qualified medical expenses, such as deductibles, copays, and coinsurance.¹

How an HSA-qualified plan works

An HSA-qualified plan works much like a standard deductible plan. You pay full charge for certain covered services out of pocket until you reach your deductible, and then you are eligible to pay a copay or coinsurance. The main difference is that you can save money with HSA-qualified plans.

All you have to do is:

- Enroll in an HSA-qualified health plan.
- If you are eligible, open a health savings account.
- Contribute tax-deductible dollars to this account.²
- Use those tax-free funds to pay for qualified health care expenses.

What you don't use rolls over to the next year and continues earning interest.³

An HSA offers triple tax advantages

- Tax-deductible contributions to your account
- Tax-free investment earnings
- Tax-free withdrawals when funds are used for qualified medical expenses

Other advantages of opening an HSA

- **Portability.** The money belongs to you, so if you change health plans, you can take your HSA with you.
- **Unused funds roll over.** There is no "use it or lose it" restriction each year. What you don't use stays in your account until you are ready to use it.
- **Control.** You decide when to put the money in and when to take it out.
- **Retirement savings.** The money in your account can be invested through the institution where you open it. And after age 65, you can use the funds, taxed at your ordinary income rate, for any reason without penalties.
- **Flexibility.** You can use the money in your HSA to pay for qualified medical expenses, even those your deductible plan does not cover.



¹Tax references relate to federal income tax only. The tax treatment of health savings account contributions and distributions under state income tax laws differs from the federal tax treatment. Consult with your financial or tax adviser for more information.

²For 2011, the federally established maximum contribution for an eligible individual with self-only coverage is \$3,050, and the annual maximum contribution for an eligible individual with family coverage is \$6,150. This annual maximum is indexed annually for inflation. Tax savings refer to federal income tax only. For more information, please consult your financial or tax adviser.

³Earnings vary depending on the type of investment plan you opt for and/or the HSA provider you choose. Amount earned is based on the investment plan and market value, and in some instances, the account may actually lose money.

What are qualified medical expenses?

You can use an HSA to pay for deductibles, copays, coinsurance, and many supplies and services not covered by your health plan. Generally, these are expenses that would qualify for the medical and dental expense deduction on your income tax.

Here are just a few examples of HSA-qualified expenses:

- Eyeglasses and laser eye surgery
- Dental and orthodonture care
- Acupuncture
- Chiropractic services
- Hearing aids



For a complete list, see *Publication 502, Medical and Dental Expenses* at www.irs.gov.

Who's eligible for an HSA?

To be eligible for an HSA, you need to meet the following requirements:

- You can't be enrolled in Medicare.
- You can't be eligible to be claimed as a dependent on someone else's tax return.
- You can't have additional health coverage that is not a compatible deductible plan (with certain exceptions).
- You can't have received benefits from the Department of Veterans Affairs in the past three months.

How to set up an HSA

You may set up your HSA through any financial institution that offers these accounts.¹

¹Kaiser Foundation Health Plan of the Northwest does not provide or administer financial products, including HSAs, and does not offer financial, tax, or investment advice. Members are responsible for their own investment decisions. If a member uses his or her HSA debit card to pay for something other than a qualified medical expense, the expenditure is subject to tax and, for individuals who are not disabled or over 65, a 20 percent tax penalty. It is the member's responsibility to determine whether the expenses qualify for tax-free reimbursement from his or her HSA.

Get a faster response when you apply online. Ask your producer how!

UNDERSTANDING DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

Deductibles

Under a deductible plan, many covered services are subject to the **deductible**—the **set amount** for which you pay full charge in a calendar year.

This means you'll pay full charge for certain medical services until you reach your calendar-year deductible. Of course, an exception to the deductible requirement is preventive care. Our preventive care services are no charge from the first day of coverage.

Out-of-pocket maximums

The **out-of-pocket maximum** is the **maximum amount** of coinsurance you have to pay out of pocket for certain health care services in a calendar year. If you meet your out-of-pocket maximum, you will not be required to pay anything out of pocket for certain covered services for the remainder of the calendar year.

In our deductible plans, the deductible does not apply toward the out-of-pocket maximum. You must first meet your deductible and then meet your out-of-pocket maximum. For example, if your deductible is \$1,000 and your out-of-pocket maximum is \$5,000, you would pay the \$1,000 deductible plus an additional \$5,000 in coinsurance before you would meet your out-of-pocket maximum.



The HSA difference

Some of our deductible plans are HSA-qualified deductible plans. These plans can be paired with an optional health savings account, or HSA. HSA-qualified plans work similarly to traditional deductible plans with just a few differences:

- If you're eligible, you can open an HSA with an HSA-qualified plan.
- Money you deposit into your HSA is deductible from your federal income tax.¹
- You can use funds from your HSA to pay for qualified medical expenses.
- With HSA-qualified deductible plans, the deductible contributes to the out-of-pocket maximum. With other deductible plans, the deductible does not contribute toward the out-of-pocket maximum.

¹Tax savings relate to federal income tax only.

Please open
to view benefit
highlights

BENEFIT HIGHLIGHTS

	PLATINUM COPAYMENT PLAN	GOLD DEDUCTIBLE PLANS	
	KP 0/20/Rx	KP 500/25/Rx	KP 1000/25/Rx
Features			
Deductible	None	\$500	\$1,000
Out-of-pocket maximum	\$2,000	\$5,000	
Benefits			
Preventive care (per visit)			
Immunizations	No charge	No charge	No charge
Yearly routine physicals			
Well-baby visits			
Mammograms			
Outpatient services (per visit or procedure)			
Primary care office visit	\$20 copay	\$25 copay	
Specialty office visit	\$30 copay	\$35 copay	
Nurse treatment visit (includes allergy injections) ¹	\$10 copay	\$10 copay	
Outpatient surgery ²	\$50 copay	\$150 copay (after deductible)	
Lab tests and X-ray ²	\$20 copay	\$25 copay	
Inpatient hospital care			
Inpatient care (including maternity)	\$300 copay per day	20% coinsurance (after deductible)	
Maximum per admittance	\$1,500	None	
Maternity coverage (outpatient)			
Prenatal care (applies to prenatal office visits, one postnatal visit, and lactation consultants)	No charge	No charge	
Emergency and urgent care			
Emergency department visit	\$100 copay ³	\$100 copay (after deductible) ³	
Urgent care visit	\$40 copay	\$45 copay	
Ambulance service	\$50 per trip	\$75 per trip (after deductible)	
Prescription drugs			
(up to a 30-day supply)	\$15 or 50% (whichever is greater)	\$15 or 50% (whichever is greater)	
Other			
Vision exams	\$20 copay	\$25 copay	
Vision hardware allowance (applies to lenses, frames, and/or contacts every 24 months)	\$150 allowance	\$100 allowance	
Dental plans	Optional coverage available. See the dental brochure.		

¹Waived if in conjunction with an office visit

²Preventive procedures and tests are no charge and not subject to deductible

³Waived if admitted

SILVER DEDUCTIBLE PLANS

BRONZE DEDUCTIBLE

KP 1500/ 30/Rx	KP 2500/ 30/Rx	KP 3500/ 30/Rx	KP 5000/ 30/Rx	KP 7500/ 30/Rx	KP 1500/35	KP 2500/35	KP 3500/35
\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$1,500	\$2,500	\$3,500
\$7,500					\$10,000		
Services not subject to deductible unless otherwise indicated							
Preventive care (per visit)							
No charge					No charge		
Outpatient services (per visit or procedure)							
\$30 copay					\$35 copay		
30% coinsurance (after deductible)					50% coinsurance (after deductible)		
Inpatient hospital care							
30% coinsurance (after deductible)					50% coinsurance (after deductible)		
None					None		
Maternity coverage (outpatient)							
No charge					No charge		
Emergency and urgent care							
30% coinsurance (after deductible)					50% coinsurance (after deductible)		
\$50 copay					\$55 copay		
30% coinsurance (after deductible)					50% coinsurance (after deductible)		
Prescription drugs							
\$15 or 50% (whichever is greater)					Not covered		
Other							
30% coinsurance					50% coinsurance		
Not covered					Not covered		
Optional coverage available. See the dental brochure.							

This brochure provides summaries of various plans and is not a contract. Plan details are provided in the *Member Agreement*. For specific plan information about the plans referred to in this brochure, see the following forms: for traditional copayment: *WOIdTrad0110, ENDWOIdTrad0110, BSOIDPLAT0111R, FSOIDPLAT0111, RORXGU0111, ROVHY0111*; for deductible and child-only plans: *EWOldDed0110, ENWOIdDed0110, BSOIDG0111R, BSUIDS0111R, BSUIDB0111R, BSUIDCO0111R, FSOID0111, RORXGU0111, ROIDVHI0111*; for HSA-qualified deductible plans (HDHP): *BSOIDHDHP0111R2, FSOID0111, WOIdHDHP0110, ENWOIdHDHP0110, ROIDRXH10111*. To obtain a *Member Agreement* for a particular plan, contact Membership Services.

PLANS		CHILD-ONLY DEDUCTIBLE PLANS		HSA-QUALIFIED PLANS	
KP 5000/35	KP 7500/35	KP 2500/25/Rx	KP 5000/25/Rx	KP 1500/20%/HSA/Rx	KP 2600/20%/HSA
\$5,000	\$7,500	\$2,500	\$5,000	\$1,500 individual/\$3,000 family	\$2,600 individual/\$5,200 family
		\$3,750		\$5,000 individual/\$10,000 family	
Services not subject to deductible unless otherwise indicated					
Preventive care (per visit)					
No charge		No charge		No charge	
Outpatient services (per visit or procedure)					
\$35 copay		\$25 copay		20% coinsurance (after deductible)	
50% coinsurance (after deductible)		\$35 copay			
		\$10 copay			
		\$150 copay (after deductible)			
		\$10 copay			
Inpatient hospital care					
50% coinsurance (after deductible)		\$750 per day (after deductible)		20% coinsurance (after deductible)	
None		\$3,750 (after deductible)		None	
Maternity coverage (outpatient)					
No charge		No charge		No charge	
Emergency and urgent care					
50% coinsurance (after deductible)		20% coinsurance (after deductible)		20% coinsurance (after deductible)	
\$55 copay		\$45 copay			
50% coinsurance (after deductible)		20% coinsurance (after deductible)			
Prescription drugs					
Not covered		\$15 or 50% (whichever is greater)		\$15 generic/\$30 brand after medical deductible	Not covered
Other					
50% coinsurance		\$25 copay		20% coinsurance (after deductible)	
Not covered		\$100 allowance		Not covered	

Optional coverage available. See the dental brochure.

This brochure provides summaries of various plans and is not a contract. Plan details are provided in the *Member Agreement*. To obtain a *Member Agreement* for a particular plan, contact Membership Services.

Get a faster response when you apply online. Ask your producer how!

Kaiser Permanente Individuals and Families Plans

kp.org