

COPAYMENT PLANS

Our copayment plans feature set payments (or copayments) for certain covered services so you'll always know in advance what your out-of-pocket costs for prescriptions and doctor visits will be. You'll pay a higher monthly premium for these plans but you won't have to meet a deductible, so you're eligible to pay copayments for covered services from the first day of coverage.

The scenario below illustrates why a couple might choose a copayment plan and how they might use that coverage throughout the year.

MEET KEN AND MAY PARK¹

Ken and May Park have one child, Lee, age 4. They are looking for a health care plan that offers affordable copayments for office visits and preventive care. They decide to enroll in the **\$35 Copayment Plan with Rx**.

What they want:

- No deductible
- Predictable copayments
- Preventive care services
- Prescription coverage

Ken and May's plan: **\$35 Copayment Plan with Rx**

- No deductible
- \$7,500 family out-of-pocket maximum (OOPM)
- No charge for preventive care services
- No charge for diagnostic laboratory tests
- \$35 copay for primary care office visits
- \$5 copay for generic drugs (not subject to drug deductible), \$30 copay for brand-name drugs (after \$200 drug deductible)



HOW THIS PLAN WORKS FOR THEM

With the \$35 Copayment Plan with Rx, there is no annual medical deductible, so the Parks are able to pay a copay for covered services from Day 1 of coverage. The family's annual checkups and immunizations are no charge because they are preventive care. And Lee's pediatrician visits are a \$35 copay. The Parks especially appreciate the \$5 copay for generic prescription drugs, which is not subject to the drug deductible.

Want to know more?

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¹These examples are for illustrative purposes only. Individual situations will vary depending on the specifics of the health care plan and other factors.

KEY TERMS

Copayment (or copay): This is the fixed dollar amount that you pay when you receive a covered service or prescription. Copayment amounts vary depending on the services and plan chosen.

Coinsurance: This is the percentage you pay of the full charge for certain services and supplies. Coinsurance amounts vary depending on the services and the plan.

Deductible: This is an annual amount that members must pay out of pocket for most covered services before they are eligible for copayment or coinsurance payments. **Our copayment plans do not have deductibles for medical services.**

Monthly rate/premium: This is the fixed amount you pay every month for health care coverage. The amount depends on the benefit plan as well as the age of the oldest covered family member (the subscriber), and the number of family members enrolling. The oldest applicant will become the subscriber on the account.

Not subject to deductible: In deductible plans, some medical services are covered immediately and therefore are “not subject to deductible.” This means that from your first day of coverage, you can receive these services for the standard copayment or coinsurance, without having to first satisfy the deductible.

Out-of-pocket maximum (OOPM): This is the most that an individual or family will have to pay for certain covered medical services in a calendar year. Once you satisfy your plan’s OOPM, Kaiser Permanente will pay 100 percent for those covered services for the remainder of the calendar year.

You continue to pay the applicable copayment or coinsurance for the covered services that do not apply to the OOPM.

In a family plan, members can meet their OOPM in one of two ways: with each family member meeting his or her individual OOPM, or with the combined expenses of various family members meeting the family OOPM.

Preventive care: Our goal is to help you achieve the best health possible for you. One way we do that is to provide services that monitor you when you’re well and can give an advance warning when you’re at risk of becoming ill. Preventive care does just that. For young children, preventive care services include well-child care and immunizations. Preventive care also includes adult preventive care exams, adult preventive care screening, well-woman care, and routine immunizations for adults.

FEATURES AT A GLANCE

Features	\$30 COPAYMENT PLAN	\$35 COPAYMENT PLAN with Rx	\$40 COPAYMENT PLAN with Rx
Annual deductible			
Individual/Family	None	None	None
Maximums			
Annual out-of-pocket maximum Individual/Family	\$3,000/\$7,500	\$3,000/\$7,500	\$3,000/\$7,500
Lifetime maximum paid by the Plan for all care	No lifetime maximum	No lifetime maximum	No lifetime maximum
Transplant lifetime benefit maximum	\$1 million	\$1 million	\$1 million
Benefits			
Routine medical office visits			
Primary care visit	\$30	\$35	\$40
Specialty care visit	\$40	\$50	\$60
Preventive services ¹	No charge	No charge	No charge
Maternity			
Prenatal care	Not covered	Not covered	Not covered
Delivery and inpatient well-baby care	Not covered	Not covered	Not covered
Prescription drugs			
Pharmacy (up to 30-day supply, after \$200 drug deductible)	Not covered	\$5 generic/\$30 brand-name/ \$50 nonpreferred/20% coinsurance for specialty drugs ²	\$5 generic/\$30 brand-name/ \$50 nonpreferred/20% coinsurance for specialty drugs ²
Mail-order (up to 90-day supply, after \$200 drug deductible)	Not covered	\$10 generic/\$60 brand-name/ \$100 nonpreferred/20% coinsurance for specialty drugs ²	\$10 generic/\$60 brand-name/ \$100 nonpreferred/20% coinsurance for specialty drugs ²
Inpatient hospital			
Hospital care	20% coinsurance per admission	30% coinsurance per admission	30% coinsurance per admission
Inpatient professional visits	20% coinsurance	30% coinsurance	30% coinsurance
Outpatient			
Ambulatory surgery	\$150	\$200	\$200
Laboratory and X-ray			
Diagnostic lab and X-ray	No charge	No charge	No charge
Therapeutic X-ray	\$40	\$50	\$60
MRI/CT/PET (per procedure)	\$100	\$150	\$150
Emergency and urgent care			
Emergency room visits (at a designated Kaiser Permanente emergency room or a non-Plan emergency room) ³	\$150	\$200	\$200
Ambulance	20% coinsurance (up to a maximum of \$500 per trip)	30% coinsurance (up to a maximum of \$700 per trip)	30% coinsurance (up to a maximum of \$700 per trip)
Nonroutine care (per visit at a Kaiser Permanente medical office or non-Plan facility outside the service area during office hours)	\$30	\$35	\$40
After-hours care (per after-hours visit at a designated Kaiser Permanente after-hours medical office)	\$75	\$100	\$100

For more detailed information, refer to the *Health Plan Description Form*, which you may obtain by calling **1-800-634-4579**. Once you become a member, you will receive your *Membership Agreement*, which can be used to determine the exact terms and conditions of your coverage.

¹Preventive services include adult preventive care exams, adult preventive care screenings, well-woman care, immunizations, and well-child care.

²Drug deductible does not apply to generic drugs. The 20 percent coinsurance for specialty drugs includes self-injectibles up to a maximum of \$250 per drug dispensed.

³Waived if admitted as an inpatient

MONTHLY RATES AT A GLANCE

The monthly rate you pay for your coverage depends on the age of the oldest applicant, the number of family members applying, the plan chosen, and the rates in effect on the enrollment date. The oldest applicant will become the subscriber on the account. All family members applying must pass a medical review to qualify for these rates. Rates are effective January 1, 2009, and are subject to change.

When the subscriber's age changes from one age band to the next during the course of the year, the subscriber will be charged the rate of the higher age band for his or her family status, effective the first of the following month.

Family members may apply for different plans, which may result in a lower combined monthly premium. For details, see "Frequently Asked Questions" in the *Your Partner in Health* booklet.

Subscriber age ¹	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64 ¹
COLORADO COPAY RATES										
\$30 Copayment Plan										
Child/Subscriber only	\$158.06	\$158.06	\$164.40	\$192.87	\$200.78	\$221.31	\$252.90	\$316.16	\$395.22	\$474.22
Subscriber & spouse	\$316.15	\$316.15	\$328.83	\$385.68	\$401.54	\$442.60	\$505.81	\$632.28	\$790.45	\$948.43
Subscriber & child(ren)	\$363.54	\$363.54	\$369.90	\$405.00	\$411.58	\$431.54	\$467.88	\$505.85	\$592.83	\$663.91
Subscriber, spouse, & child(ren)	\$521.62	\$521.62	\$534.29	\$597.85	\$612.37	\$652.86	\$720.77	\$821.98	\$988.04	\$1,138.11
\$35 Copayment Plan with Rx										
Child/Subscriber only	\$160.86	\$160.86	\$167.31	\$196.28	\$204.33	\$225.23	\$257.38	\$321.76	\$402.22	\$482.61
Subscriber & spouse	\$321.75	\$321.75	\$334.65	\$392.51	\$408.65	\$450.43	\$514.76	\$643.47	\$804.44	\$965.22
Subscriber & child(ren)	\$369.97	\$369.97	\$376.45	\$412.17	\$418.86	\$439.18	\$476.16	\$514.80	\$603.32	\$675.66
Subscriber, spouse, & child(ren)	\$530.85	\$530.85	\$543.75	\$608.43	\$623.21	\$664.42	\$733.53	\$836.53	\$1,005.53	\$1,158.25
\$40 Copayment Plan with Rx										
Child/Subscriber only	\$159.13	\$159.13	\$165.52	\$194.18	\$202.15	\$222.81	\$254.62	\$318.31	\$397.91	\$477.44
Subscriber & spouse	\$318.30	\$318.30	\$331.07	\$388.30	\$404.27	\$445.61	\$509.25	\$636.58	\$795.83	\$954.88
Subscriber & child(ren)	\$366.01	\$366.01	\$372.42	\$407.75	\$414.38	\$434.47	\$471.06	\$509.29	\$596.86	\$668.42
Subscriber, spouse, & child(ren)	\$525.17	\$525.17	\$537.92	\$601.92	\$616.53	\$657.30	\$725.67	\$827.57	\$994.76	\$1,145.85

¹If you are 65+ years of age and Medicare eligible, or are under age 65 and entitled to Medicare on the basis of Social Security disability, call **1-800-509-7570** for information about our Kaiser Permanente Senior Advantage plans.

buykp.org/applyonline/co

QUESTIONS? CALL US. WE HAVE ANSWERS.

1-800-678-0470

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What is a copayment plan? • How does it work? • Features and rates

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