

DEDUCTIBLE PLANS

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

QUESTIONS? CALL US. **WE HAVE ANSWERS.**

1-800-678-0470



DEDUCTIBLE PLANS

Deductible plans generally offer lower monthly premiums in exchange for higher deductibles. With this type of plan, you must meet an annual medical deductible for most services before you're eligible for coinsurance payments. Read the scenarios on pages 4 and 5 to see how these plans work.

No deductible for many services

With our deductible plans, many services are available for cost sharing **before** you meet your deductible. You can pay a copay or coinsurance from the first day of coverage for:

- Primary care visits
- Specialty care visits
- Nonroutine and after-hours care
- Ambulance services

Plus, the following preventive care services are available for **no charge** from the first day of coverage:

- Physical exams
- Well-woman care
- Well-child care
- Routine immunizations



INTRODUCING OUR NEW CHILDREN'S PLAN

Sometimes, parents only want to insure a child instead of the entire family. We have responded to that need with the **\$5,000 Deductible Plan (60%) with Rx**, a plan with rates and benefits designed with children in mind.

For example, this plan offers our lowest (\$10) copay for primary care office visits and there's no charge for preventive care, such as immunizations. Generic prescription drugs have just a \$5 copay and are not subject to the deductible. There's also a copay for emergency room visits because we know kids often spike high temperatures in the middle of the night or break wrists sliding into home. Finally, we've added three additional age bands (under 1, 1–4, and 5–19) so rates can accurately reflect children's age groups.

This plan is designed for single subscribers. So if you have more than one child, each would have his or her own plan with rates reflecting each child's age. And finally, although the \$5,000 Deductible Plan (60%) with Rx is designed for children, people of any age can subscribe.

MEET KAYLEE WEST¹

Mimi West is looking for a health care plan only for her 8-year-old daughter, Kaylee. Kaylee is an active little girl who has her share of scrapes and bruises, so Mimi wants a plan that covers prescription drugs, doctor visits, nonroutine care, and emergency room fees for a copay. Plus, she wants Kaylee to have preventive and routine care for a low copay. Lower rates are also a consideration.

What they want:

- Lower premiums
- Low copays for primary care office visits
- Preventive care coverage
- Prescription drug coverage

Kaylee's plan: **\$5,000 Deductible Plan (60%) with Rx**

- 5,000 individual deductible
- \$0 for preventive care (not subject to deductible)
- \$10 copay for primary care office visits (not subject to deductible)
- \$10 for nonroutine care (not subject to deductible)
- \$300 copay for emergency room visits (not subject to deductible)
- \$5 copay for generic drugs (not subject to deductible)



HOW THIS PLAN WORKS FOR THEM

During the year, Kaylee sees her pediatrician for checkups and immunizations. She also visits a dermatologist to check out a rash and goes to nonroutine care for a couple of stitches on her finger. Mimi always requests generic prescriptions so she only pays a \$5 copay for Kaylee's medications.

Since doctor visits are not subject to the deductible and preventive care is available for no charge on her plan, Mimi West can pay a copay for the services Kaylee is likely to use the most from the first day of coverage. And she's still covered for the big stuff—just in case.

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

MEET MIGUEL AND LUPE GARCIA¹

Miguel and Lupe have two children: Elena, 16, and Eddie, 14. The couple wants to keep their out-of-pocket expenses as low as possible while maintaining quality coverage for the family.

What they want:

- A low deductible
- Moderate premiums
- Preventive care with no deductible

The Garcias' plan: \$2,000 Deductible Plan (70%) with Rx

- \$2,000 individual deductible/\$6,000 family deductible
- \$5,000 individual out-of-pocket maximum (OOPM)/\$10,000 family OOPM
- \$0 for preventive care (not subject to deductible)
- \$30 copay for primary care office visits (not subject to deductible)
- 30% coinsurance for emergency room visits (after deductible)
- Prescription coverage (after \$200 individual drug deductible) \$15 generic, \$30 brand-name, 50 percent nonpreferred



HOW THIS PLAN WORKS FOR THEM

During the year, Miguel is in an automobile accident and is hospitalized, followed by months of physical therapy. After Miguel's medical expenses reach his \$2,000 individual deductible, he is eligible to pay coinsurance for covered services.

After his coinsurance payments reach his \$5,000 individual OOPM, Miguel does not have to pay anything for covered expenses that apply to the OOPM for the remainder of the year. And if the family's coinsurance payments reach the \$10,000 family OOPM, none of the family members will have to pay anything for covered services that apply to the OOPM for the rest of the calendar year. Covered services that do not apply to the OOPM will still be subject to the applicable copayment or coinsurance.

Bottom line: The Garcias' health care coverage protects their savings when a family member suffers major injuries.



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 specific 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 coinsurance payments.

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

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 covered services for the remainder of the calendar year, except 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, well-woman care, adult preventive care screenings, and routine immunizations for adults.

FEATURES AT A GLANCE

Features	\$1,000 DEDUCTIBLE PLAN (80%) with Rx	\$1,500 DEDUCTIBLE PLAN (80%) with Rx	\$2,000 DEDUCTIBLE PLAN (70%) with Rx
Annual deductible¹			
Individual/Family	\$1,000/\$3,000	\$1,500/\$4,500	\$2,000/\$6,000
Maximums			
Annual out-of-pocket maximum Individual/Family	\$4,000/\$8,000	\$6,000/\$12,000	\$5,000/\$10,000
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 ²	\$30 ²	\$30 ²
Specialty care visit	\$50 ²	\$50 ²	\$50 ²
Preventive services ³	No charge ²	No charge ²	No charge ²
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)	\$5 generic/\$30 brand-name/ \$50 nonpreferred/20% coinsurance for specialty drugs ⁴	\$5 generic/\$30 brand-name/ \$50 nonpreferred/20% coinsurance for specialty drugs ⁴	\$15 generic/\$30 brand-name/ 50% nonpreferred
Mail-order (up to 90-day supply, after \$200 drug deductible)	\$10 generic/\$60 brand-name/ \$100 nonpreferred/20% coinsurance for specialty drugs ⁴	\$10 generic/\$60 brand-name/ \$100 nonpreferred/20% coinsurance for specialty drugs ⁴	\$30 generic/\$60 brand-name/ 50% nonpreferred
Inpatient hospital			
Hospital care	20% coinsurance per admission	20% coinsurance per admission	30% coinsurance per admission
Inpatient professional visits	20% coinsurance	20% coinsurance	30% coinsurance
Outpatient			
Ambulatory surgery	20% coinsurance per admission	20% coinsurance per admission	30% coinsurance per admission
Laboratory and X-ray			
Diagnostic lab and X-ray	No charge ²	No charge ²	No charge ²
Therapeutic X-ray	20% coinsurance	20% coinsurance	30% coinsurance
MRI/CT/PET (per procedure)	20% coinsurance	20% coinsurance	30% coinsurance
Emergency and urgent care			
Emergency room visits (at a designated Kaiser Permanente emergency room or a non-Plan emergency room)	20% coinsurance	20% coinsurance	30% coinsurance
Ambulance	20% coinsurance (up to a maximum of \$500 per trip) ²	20% coinsurance (up to a maximum of \$500 per trip) ²	30% coinsurance (up to a maximum of \$500 per trip) ²
Nonroutine care (per visit at a Kaiser Permanente medical office or non-Plan facility outside the service area during office hours)	\$30 ²	\$30 ²	\$30 ²
After-hours care (per after-hours visit at a designated Kaiser Permanente after-hours medical office)	\$75 ²	\$75 ²	\$75 ²

¹The deductible applies toward the out-of-pocket maximum.

²Not subject to deductible

³Preventive services include adult preventive care exams, adult preventive care screenings, well-woman care, immunizations, and well-child care.

⁴Drug 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.

FEATURES AT A GLANCE

\$2,000 DEDUCTIBLE PLAN (70%)	\$3,000 DEDUCTIBLE PLAN (70%) with Rx	\$5,000 DEDUCTIBLE PLAN (60%) with Rx	\$5,000 DEDUCTIBLE PLAN (70%)
\$2,000/\$6,000	\$3,000/\$9,000	\$5,000	\$5,000/\$15,000
\$5,000/\$10,000	\$9,000/\$18,000	\$15,000	\$5,000/\$10,000
No lifetime maximum	No lifetime maximum	No lifetime maximum	No lifetime maximum
\$1 million	\$1 million	\$1 million	\$1 million
\$30 ²	\$30 ²	\$10 ²	\$30 ²
\$50 ²	\$50 ²	\$40 ²	\$50 ²
No charge ²	No charge ²	No charge ²	No charge ²
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
Not covered	\$5 generic/\$30 brand-name/ \$50 nonpreferred/20% coinsurance for specialty drugs ⁴	\$5 generic/\$30 brand-name/ \$50 nonpreferred/20% coinsurance for specialty drugs ⁴	Not covered
Not covered	\$10 generic/\$60 brand-name/ \$100 nonpreferred/20% coinsurance for specialty drugs ⁴	\$10 generic/\$60 brand-name/ \$100 nonpreferred/20% coinsurance for specialty drugs ⁴	Not covered
30% coinsurance per admission	30% coinsurance per admission	40% coinsurance per admission	30% coinsurance per admission
30% coinsurance	30% coinsurance	40% coinsurance	30% coinsurance
30% coinsurance per admission	30% coinsurance per admission	40% coinsurance per admission	30% coinsurance per admission
No charge ²	No charge ²	No charge ²	No charge ²
30% coinsurance	30% coinsurance	\$40	30% coinsurance
30% coinsurance	30% coinsurance	\$200	30% coinsurance
30% coinsurance	30% coinsurance	\$300 ²	30% coinsurance
30% coinsurance (up to a maximum of \$500 per trip) ²	30% coinsurance (up to a maximum of \$500 per trip) ²	40% coinsurance (up to a maximum of \$700 per trip) ²	30% coinsurance (up to a maximum of \$500 per trip) ²
\$30 ²	\$30 ²	\$10 ²	\$30 ²
\$75 ²	\$75 ²	\$75 ²	\$75 ²

Important note: This is only a summary. 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.

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	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64 ¹
COLORADO DEDUCTIBLE PLAN RATES										
\$1,000 Deductible Plan (80%) with Rx										
Child/Subscriber only	\$134.64	\$134.64	\$140.04	\$164.29	\$171.02	\$188.51	\$215.42	\$269.31	\$336.65	\$403.94
Subscriber & spouse	\$269.30	\$269.30	\$280.10	\$328.52	\$342.03	\$377.01	\$430.85	\$538.58	\$673.31	\$807.87
Subscriber & child(ren)	\$309.66	\$309.66	\$315.08	\$344.98	\$350.58	\$367.59	\$398.54	\$430.88	\$504.97	\$565.52
Subscriber, spouse, & child(ren)	\$444.32	\$444.32	\$455.11	\$509.25	\$521.62	\$556.11	\$613.95	\$700.16	\$841.61	\$969.44
\$1,500 Deductible Plan (80%) with Rx										
Child/Subscriber only	\$119.90	\$119.90	\$124.71	\$146.31	\$152.31	\$167.89	\$191.85	\$239.84	\$299.81	\$359.74
Subscriber & spouse	\$239.83	\$239.83	\$249.45	\$292.58	\$304.61	\$335.76	\$383.71	\$479.65	\$599.64	\$719.48
Subscriber & child(ren)	\$275.78	\$275.78	\$280.61	\$307.23	\$312.22	\$327.37	\$354.93	\$383.74	\$449.72	\$503.64
Subscriber, spouse, & child(ren)	\$395.70	\$395.70	\$405.31	\$453.53	\$464.54	\$495.26	\$546.78	\$623.55	\$749.53	\$863.37
\$2,000 Deductible Plan (70%) with Rx										
Child/Subscriber only	\$108.93	\$108.93	\$113.28	\$132.90	\$138.33	\$152.50	\$174.27	\$217.85	\$272.34	\$326.78
Subscriber & spouse	\$217.84	\$217.84	\$226.56	\$265.79	\$276.70	\$305.01	\$348.57	\$435.70	\$544.64	\$653.54
Subscriber & child(ren)	\$250.53	\$250.53	\$254.87	\$279.07	\$283.64	\$297.36	\$322.41	\$348.57	\$408.49	\$457.49
Subscriber, spouse, & child(ren)	\$359.42	\$359.42	\$368.15	\$411.96	\$421.97	\$449.87	\$496.68	\$566.41	\$680.83	\$784.26

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.

MONTHLY RATES AT A GLANCE

Subscriber age	<20	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64 ¹
COLORADO DEDUCTIBLE PLAN RATES										
\$2,000 Deductible Plan (70%)										
Child/Subscriber only	\$102.68	\$102.68	\$106.77	\$125.27	\$130.39	\$143.74	\$164.26	\$205.34	\$256.69	\$308.01
Subscriber & spouse	\$205.32	\$205.32	\$213.55	\$250.53	\$260.81	\$287.49	\$328.56	\$410.68	\$513.36	\$616.01
Subscriber & child(ren)	\$236.14	\$236.14	\$240.23	\$263.05	\$267.35	\$280.28	\$303.90	\$328.56	\$385.03	\$431.21
Subscriber, spouse, & child(ren)	\$338.78	\$338.78	\$347.01	\$388.31	\$397.73	\$424.04	\$468.16	\$533.88	\$641.72	\$739.22
\$3,000 Deductible Plan (70%) with Rx										
Child/Subscriber only	\$92.81	\$92.81	\$96.54	\$113.25	\$117.90	\$129.95	\$148.50	\$185.65	\$232.07	\$278.46
Subscriber & spouse	\$185.64	\$185.64	\$193.09	\$226.47	\$235.78	\$259.89	\$297.01	\$371.27	\$464.15	\$556.92
Subscriber & child(ren)	\$213.47	\$213.47	\$217.21	\$237.82	\$241.68	\$253.40	\$274.74	\$297.04	\$348.11	\$389.85
Subscriber, spouse, & child(ren)	\$306.30	\$306.30	\$313.74	\$351.06	\$359.58	\$383.36	\$423.24	\$482.67	\$580.18	\$668.30
\$5,000 Deductible Plan (70%)										
Child/Subscriber only	\$78.64	\$78.64	\$81.80	\$95.95	\$99.87	\$110.11	\$125.83	\$157.30	\$196.63	\$235.94
Subscriber & spouse	\$157.29	\$157.29	\$163.57	\$191.92	\$199.78	\$220.23	\$251.66	\$314.58	\$393.25	\$471.87
Subscriber & child(ren)	\$180.88	\$180.88	\$184.01	\$201.49	\$204.79	\$214.71	\$232.79	\$251.66	\$294.95	\$330.33
Subscriber, spouse, & child(ren)	\$259.52	\$259.52	\$265.81	\$297.45	\$304.66	\$324.82	\$358.62	\$408.95	\$491.57	\$566.26

Our Children's Plan

Children use health care very differently than adults. So why should they be charged adult rates? Usually, children are healthier than adults and have fewer serious illnesses. That's why we added three age categories for children only. Two of the categories (1–4 and 5–19) have much lower rates than any adult age range. The exception is the category for infants, who generally visit the doctor frequently.

Our plan is set up for single subscribers, so if you want to insure more than one child, you'll need to enroll each child in his or her own separate plan.

Adults can also sign up for this plan. However, you may find lower rates for your age group in some of our other plans.

CHILDREN'S PLAN	
\$5,000 Deductible Plan (60%) with Rx	
<1	\$275.44
1–4	\$62.25
5–19	\$73.78
20–24	\$102.79
25–29	\$119.83
30–34	\$139.69
35–39	\$162.85
40–44	\$189.84
45–49	\$221.31
50–54	\$258.00
55–59	\$300.77
60–64	\$350.63

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.

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