

Understanding billing and costs with your Kaiser Permanente HMO plan

Understand the basics and take charge

Your HMO plan gives you great care and services, and a pretty simple way to pay for them.

- You usually pay copays or coinsurance for covered services.
- There's no deductible.
- You have an out-of-pocket maximum, which helps limit how much you'll spend for care in a year.*

Staying on top of expenses

Here's how payment and billing works, and some tips to stay informed about your expenses.

Before your visit

Get an idea of what you'll need to pay for your scheduled services at kp.org/eligibilityandbenefits. If you don't see the information you want online, call Member Services at the number on the back of this flier or on your Kaiser Permanente ID card.

During your visit

You'll make a payment when you check in. Your payment may only cover the services you're scheduled to get. If you get unscheduled services during your visit or you didn't pay your copay at check-in, you may get a bill later for any extra copays or coinsurance you owe.

After your visit

See how close you are to reaching your out-of-pocket maximum at kp.org/outofpocket. Or you can ask for a statement of your out-of-pocket expenses so far – called a Summary of Accumulation – from Member Services.

When a preventive visit leads to non-preventive services

Preventive care is an important part of catching health problems early – that's why most preventive care services are covered at little or no cost. But sometimes when you come in for a preventive care visit, you end up getting other, non-preventive services, which you may have to pay more for.

For example, you come in for a routine physical exam. During your visit, your doctor finds a mole that needs to be removed for testing. Removing the mole and testing it are non-preventive care services. Later, you get a bill for a copay or coinsurance for those services.

*See your *Evidence of Coverage* for your plan details, including the date your out-of-pocket maximum will start over.

Words to know

Coinsurance: A percentage of the charges that you pay for covered services. For example, a 20 percent coinsurance on a \$200 procedure means you pay \$40.

Copay: The set amount you pay for covered services – for example, a \$10 copay for an office visit.

Out-of-pocket maximum: The maximum amount you'll pay for covered services each year. For a small number of services, you may need to keep paying a copay or coinsurance after you reach your out-of-pocket maximum.

See your *Evidence of Coverage* for your plan details, including the date your out-of-pocket maximum will start over.

Questions?

We're happy to help. Call our Member Service Contact Center, 24 hours a day, 7 days a week (closed holidays).

1-800-464-4000 English

1-800-788-0616 Spanish

1-800-757-7585 Chinese dialects

1-800-777-1370 TTY for the hearing/speech impaired

You can also visit kp.org/ca/hmo for more information and resources.

kp.org/ca/hmo