

Kaiser Permanente DHMO Plan Talking Points and Q&A

QUESTIONS AND ANSWERS:

Q: Does the deductible accumulate from January through December or July through June?

A: For the State of Colorado plans, your deductible, out-of-pocket maximum (OPM) and other accumulators are on a plan year basis. So, for this next plan year, it is July 1, 2015 – June 30, 2016.

Q: How is a DHMO plan different from my HMO plan?

- With the DHMO plan, you will pay the full charges for some services until you reach your deductible.
- Once the deductible is met, you will pay coinsurance for those services.
- For certain services, you'll still pay a copayment and won't have to meet your deductible first.
- You'll have an out-of-pocket maximum (OPM), and once you satisfy the OPM, Kaiser Permanente will pay 100% for most covered services for the rest of the plan year.

Q: How does the deductible work?

- The deductible is the amount you pay for covered services, each plan year, before Kaiser Permanente starts paying.
- The deductible will start July 1, 2015 and will run through June 30, 2016.
- The individual deductible for the DMHO plan is \$750 and the family deductible is \$1500.
- With the DHMO plan, each family member has their own individual deductible, which will count towards the family deductible.

Q: What is coinsurance and when do I pay it?

- A coinsurance is the percentage of the cost of covered services you'll pay *after* you've reached your deductible.
- Once the deductible is met, Kaiser Permanente will pay for 90% of most covered services and you will be responsible for 10% of covered services.

Q: How do I pay for prescriptions?

- Most prescription drugs are still handled with convenient copay, not subject to the overall deductible. Some prescriptions require you to pay coinsurance.
- Your cost share amount (copay or coinsurance) is determined by the drug type: brand name vs. generic or specialty drug.
- You will pay the applicable copays and coinsurance until your out-of-pocket maximum is met.
- Once the out-of-pocket maximum is met, Kaiser Permanente will pay 100% for most covered services for the rest of the plan year.

Q: Please explain the Out-of-Pocket Maximum (OPM)?

- The OPM is the maximum amount you'll pay in a plan year for most services covered under your plan.
- Once the OPM is met, Kaiser Permanente will pay 100% of the cost for covered services for the rest of the plan year.
- Your deductible, prescription copayments and coinsurance payments apply towards your OPM.
- The individual OPM for the DHMO is \$2000 and the family OPM is \$4000.
- If you cover other members of your family on your plan, you are subject to the family OPM. All members of the family work together, to satisfy the family OPM.

Q: How much do I pay for Primary Care Physicians (PCP) and Specialty Office Visits?

- Primary Care and Specialty office visits are not subject to a deductible, just the plan copay.
- Additional procedures, like x-rays, removal of a mole, breathing tests, received during an office visit, would be subject to your deductible and then 10% coinsurance.
- The amount you pay in copays and coinsurance will accumulate towards your OPM.
- Once the OPM is met, Kaiser Permanente will pay 100% of most covered services for the rest of the plan year.

Q: Do I pay for my lab and imaging?

- There is no charge for lab/blood draws, if performed at a Kaiser Permanente medical office.
- Additional services, such as x-rays, CT/PET scans, MRIs would be subject to your deductible and then 10% coinsurance.
- The amount you pay accumulates towards your OPM.
- Once the OPM is met, Kaiser Permanente will pay the full cost of most covered services for the rest of the plan year.

Q: What if I go to the Emergency room, Urgent Care or After Hours?

- Treatment received at an Emergency Room, Urgent Care facility or After-Hours Care facility is not subject to a deductible, just the plan copay. If you receive imaging (MRI, CT/PET scans) in an emergency room, they are subject to your deductible.
- Copay amounts may differ depending upon where the treatment is received.
- Consult your *Evidence of Coverage*, to find out what your plan covers and at what cost share to you.
- The amount you pay accumulates towards your OPM.
- Once the out-of-pocket maximum is met, Kaiser Permanente will pay 100% of most covered services for the rest of the plan year.