

## Kaiser Permanente Medical Plan Comparison of 2014 Plans and **NEW** 2015 Plan Designs

Medical Plan	HMO – Current 2014-2015	DHMO 2015-2016	HDHP – Current 2014-2015	HDHP 2015-2016
<b>Annual Deductible</b> (per plan year)	Not Applicable	\$ 750 individual \$ 1,500 family	\$ 1,250 subscriber only \$ 2,500 family	\$ 1,500 subscriber only \$ 3,000 family
<b>Out-of-Pocket Maximum (OPM)</b> (per plan year)	\$ 2,000 individual \$ 4,000 family	\$ 2,000 individual \$ 4,000 family	\$ 2,500 subscriber only \$ 5,000 family	\$ 2,000 subscriber only \$ 4,000 family
<b>Office Visits</b> (no charge for federally mandated preventive care services)	<b>Primary Care</b> \$30 Copay <b>Specialist</b> \$50 Copay	<b>Primary Care</b> \$30 Copay <b>Specialist</b> \$50 Copay <b>Covered services received during a visit</b> 10% Coinsurance after deductible is met	<b>Primary Care</b> 10% Coinsurance after deductible is met <b>Specialist</b> 10% Coinsurance after deductible is met	<b>Primary Care</b> 10% Coinsurance after deductible is met <b>Specialist</b> 10% Coinsurance after deductible is met
<b>Prescription Drugs</b> (*For HDHP plans, prescription copays apply after deductible is met.)	<b>Generic</b> \$10 Copay <b>Brand Name</b> \$30 Copay <b>Non-Preferred</b> Not Covered <b>Specialty</b> 20% up to \$75 per drug per fill	<b>Generic</b> \$10 Copay <b>Brand Name</b> \$30 Copay <b>Non-Preferred</b> Not Covered <b>Specialty</b> 20% up to \$100 per drug per fill	<b>Generic</b> \$10 Copay* <b>Brand Name</b> \$40 Copay* <b>Non-Preferred</b> Not Covered* <b>Specialty</b> 20% up to \$100 per drug per fill*	<b>Generic</b> \$10 Copay* <b>Brand Name</b> \$30 Copay* <b>Non-Preferred</b> Not Covered* <b>Specialty</b> 20% up to \$100 per drug per fill*
<b>Inpatient Hospital</b>	\$750 Copay	10% Coinsurance after deductible is met	10% Coinsurance after deductible is met	10% Coinsurance after deductible is met
<b>Ambulance</b>	20% Coinsurance up to \$500	\$500 Copay	10% Coinsurance after deductible is met	10% Coinsurance after deductible is met
<b>Emergency Care</b>	\$300 Copay	\$500 Copay	10% Coinsurance after deductible is met	10% Coinsurance after deductible is met
<b>Urgent Care</b>	\$50 Copay	\$75 Copay	10% Coinsurance after deductible is met	10% Coinsurance after deductible is met

### Know the language...

**Deductible:** The amount you pay for covered services each plan year before Kaiser Permanente starts paying. Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.

**Copayment:** A set dollar amount you'll pay for certain services covered by your plan.

**Coinsurance:** A percentage of the cost of covered services you'll pay after you've reached your deductible.

**Out-of-pocket maximum (OPM):** The maximum amount you'll pay in a plan year for most services covered under your plan. Once this limit is reached, Kaiser Permanente will pay 100% for most covered services for the rest of the plan year.

### Understand the basics and take charge

Your new deductible HMO (DHMO) plan works a lot like the traditional HMO copay plan you are used to, but there are some important differences you should know about.

2014-2015 HMO Copay Plan	2015-2016 Deductible HMO (DHMO) Plan
You often paid just a copay for services	You'll need to pay the full cost for certain services until you meet your deductible. Then you pay a copay or coinsurance for most covered services for the rest of the plan year or until you meet your OPM.
You received most preventive care services at little or no cost	<b>No Change</b>
You could select your own personal doctor	<b>No Change</b>
You could receive care at any Kaiser Permanente facility	<b>No Change</b>
You could email your doctor and order prescriptions online at no cost	<b>No Change</b>
You typically did not receive bills after your visit.	What you pay at check-in may only be part of what you owe. You may receive a bill for any remaining balance for services or procedures received during your visit.