



# 2019 HSA Qualified High Deductible HMO Plan Presentation for: County of Sacramento

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## Key terms

- **Deductible:** The amount you pay, each year, for covered services before Kaiser Permanente starts paying.
- **Copay:** A set amount you pay for covered services — for example, a \$10 pharmacy copay for a prescription.
- **Out-of-pocket maximum (OOPM):** The most you'll pay for covered services each calendar year. This amount includes deductibles and copays. (For a small number of services, you may need to keep paying copays or coinsurance after reaching your out-of-pocket maximum.)

*Note: Your deductible and out-of-pocket maximum will reset on January 1<sup>st</sup> of each plan year.*

### **KP TIP:**

**Always ask your representative to verify the FAMILY DEDUCTIBLE/OOPM amounts as well as the individual amounts.**

# Highlights of this plan's benefits\*

**Deductible:** \$ 1,350 self-only / \$ 2,700 family member / \$ 2,700 family

**Out-of-pocket maximum (OOPM):** \$ 2,700 self-only / \$ 2,700 family member / \$ 2,700 family

Covered service	You pay
Routine physical exams	No charge (Plan Deductible doesn't apply)
Primary care office visits	100% covered after Plan Deductible
Specialty care office visits	100% covered after Plan Deductible
Lab tests	100% covered after Plan Deductible
Outpatient surgery	100% covered after Plan Deductible
Hospitalization	100% covered after Plan Deductible
Urgent care visits	100% covered after Plan Deductible
Emergency Department visits	100% covered after Plan Deductible
Generic prescription drugs	\$10 up to a 30 day supply after Individual Plan Deductible 100% covered after Family Plan Deductible
Brand-name prescription drugs	\$30 up to a 30 day supply after Individual Plan Deductible 100% covered after Plan Deductible
Specialty prescription drugs	\$30 up to a 30 day supply after Plan Deductible

\*This is just a summary of some examples of covered services and their corresponding copay and coinsurance amounts. Please see your *Evidence of Coverage* for information about coverage, limitations, and exclusions for all benefits, including those not listed in this summary.



## Self Only deductible and out-of-pocket maximum



If you have just yourself covered on your plan:

- Your individual deductible is **\$1,350**.
- Your individual out-of-pocket maximum is **\$2,700**.

## Family deductibles and out-of-pocket maximums

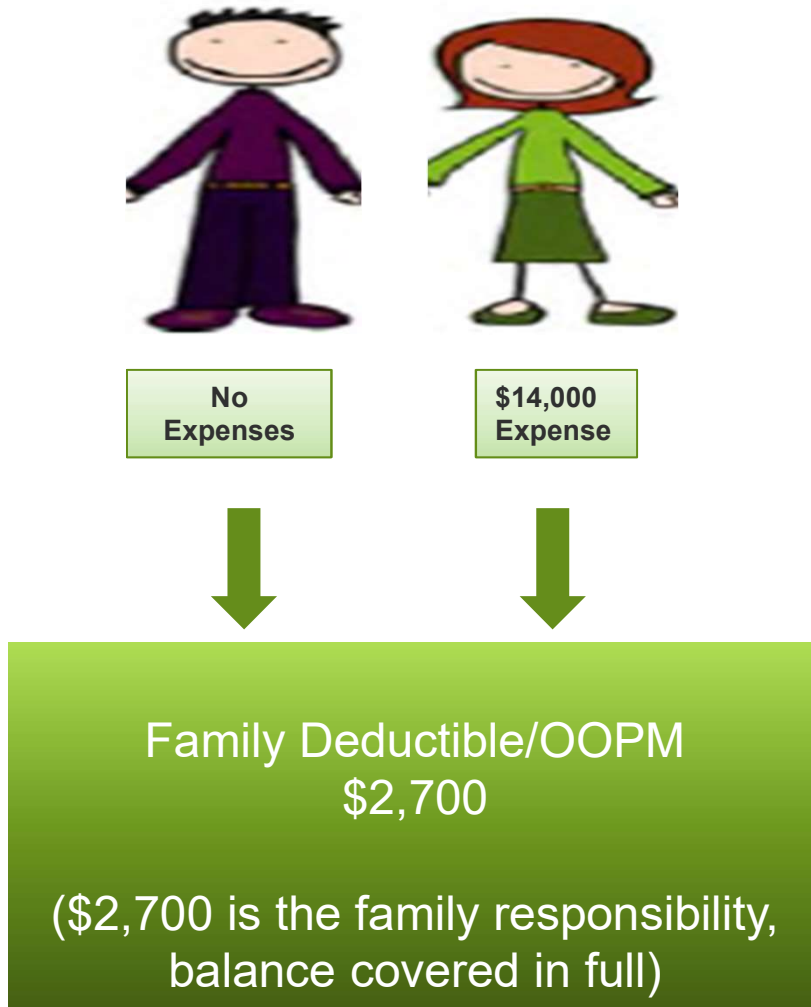
If your family is covered under your plan:



- Each family member has an individual deductible, that applies to the family deductible and the family, as a whole, has a family deductible.
- Each family member has an individual out-of-pocket maximum, that applies to the family out-of-pocket maximum, and the family, as a whole, has an family out-of-pocket maximum.
- Your family deductible is **\$2,700**.
- Your family out-of-pocket maximum is **\$2,700**.

**\*\* Deductibles and OOPM can change each year under IRS regulations. \*\***

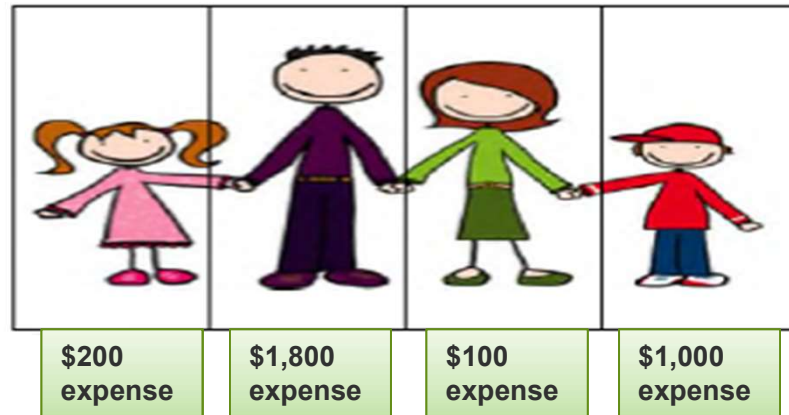
## An individual Family Member Deductible/OOPM 2 Buckets that accumulate simultaneously



- Each individual family member's expenses can accumulate to the family deductible of \$2,700
- All family member can contribute a little, or one family member can contribute a lot.
- Here, assume just 2 individuals are covered on the plan. One individual delivers a baby in January and incurs \$14,000 in expenses. \$2,700 of this expense is the individual's deductible and OOPM, BUT this also satisfies the family deductible/OOPM. Going forward, all members of the family will be covered for most services at 100%.
- *If there are changes to your active enrollment status within the County, but you stay on the Consumer Driven Health plan, deductible and OOPM carry over within the County's Consumer Driven Health plan.*

***P.S. – Don't forget to contact your County Benefits Office if you need to add dependents to your plan!***

## An individual Family Member Deductible/OOPM 2 Buckets that accumulate simultaneously



Family Deductible/OOPM  
\$2,700

(\$600 of son's expense would be subject to the deductible, balance covered in full)

- Each individual family member's expenses can accumulate to the family deductible of \$2,700
- All family member can contribute a little, or one family member can contribute a lot.
- Here, assume **daughter** had three visits for an ear infection and a prescription. **Father** needed specialty drug prescription of \$1,500 and \$300 in office visit expenses. **Mother** had just a pharmacy expense for a low cost maintenance medication. **Son** had an ER visit for bad skateboard accident.
- *If there are changes to your active enrollment status within the County, but you stay on the Consumer Driven Health plan, deductible and OOPM carry over within the County's Consumer Driven Health plan.*





# Getting care



# Preventive care at no cost

Because finding and treating problems before they get serious is an important part of staying healthy, you get most preventive care at no cost— even before you reach your deductible.

Preventive care includes:

- Cancer screenings
- Cholesterol and high blood pressure screenings
- Diabetes screenings
- Immunizations
- Routine prenatal care
- Well-child visits



**Understanding preventive care**

At Kaiser Permanente, we believe in the power of prevention.

Preventive care services can catch problems early, when they're easier – and safer – to treat. That's why preventive services are covered at no cost or at a copay.\* By working with your doctor to get the preventive care that's right for you, you can stay on track for good health.

**What is preventive care?**  
You get preventive care services when you're healthy, so you can stay that way. They help keep track of your health when you haven't shown any symptoms. They include routine checkups and preventive screenings, like mammograms and cholesterol screenings.

So which services should you get and when? That depends on your age, gender, overall health, and other factors. Your doctor can help you decide exactly when and how often to get specific preventive care services.

**Costs for non-preventive care services**  
During any visit, you may get different kinds of services. If you go in for preventive care, you might also get non-preventive services. Most preventive care is covered no cost or at a copay. But you'll need to pay an extra copay, coinsurance, or deductible payment for any non-preventive services you receive.

**Examples of preventive care services**  
Here are some common preventive care services:

**For adults:**

- Cholesterol screenings
- Colon cancer screenings
- Diabetes screenings
- Family planning services, including (but not limited to):
  - Contraceptive and family planning counseling
  - Contraceptive devices and contraceptive drugs
- Immunizations
- Routine physical exams

**Additional services for women:**

- Breastfeeding support, supplies, and counseling
- Prenatal care
- Routine mammograms
- Routine Pap tests

**For children:**

- Hearing screening for newborns
- Immunizations
- Periodic well-child visits
- Sexually transmitted infection (STI) screenings and prevention counseling for adolescents
- Vision screenings

**KAISER PERMANENTE. thrive**

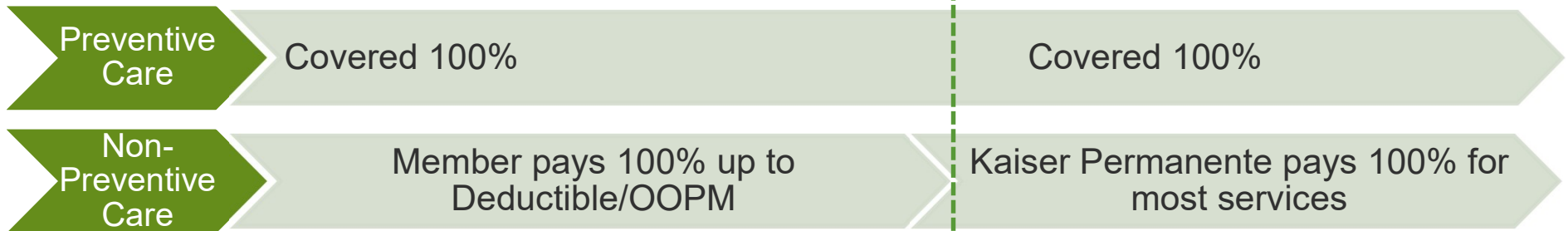
**\*\*If a non-preventive service is performed during the same visit, you may be responsible for certain costs.\*\***

# How your deductible plan works

Plan Year Starts:  
January 1<sup>st</sup>

Plan Year Ends:  
December 31<sup>st</sup>

\$2,700  
Family  
Deductible/OOPM



- You'll pay full charges for covered services (other than preventive services) until you reach your deductible.
- After meeting your deductible, you'll start paying less for these services — a copay or coinsurance — until you reach your out-of-pocket maximum.

*Note: Your deductible and out-of-pocket maximum will reset on January 1<sup>st</sup> of each plan year.*

# Before your visit — getting an estimate

Use our online Estimates tool to:

- Get an estimate of how much a treatment, procedure, test, or other medical service will cost.
- Track how close you are to reaching your deductible and out-of-pocket maximum, **BASED ON CLAIMS** that have been processed. *(Please allow at least 30 days for claims and payments to post to your account)*

Member Services at 1-800-464-4000  
 Deductible Team at 1-800-390-3507  
[www.kp.org/costestimates](http://www.kp.org/costestimates)

The screenshot shows the Kaiser Permanente Treatment Cost Calculator interface. At the top, it says "KAISER PERMANENTE TREATMENT COST CALCULATOR" with navigation links for HOME, MY BENEFITS, ESTIMATE HISTORY, HELP, and SIGN OUT. A search bar contains "New estimate:" and "GO". Below this, it shows "GENERAL ESTIMATE FOR Knee arthroscopy". A callout box states: "This estimate considers your benefits and how much you've spent so far in reaching your deductible (if you have a deductible plan). It may not reflect any unprocessed claims." The main result shows "Your likely out-of-pocket cost is: \$2,000" with a "How is this calculated?" link. A table below breaks down the costs:

	In-Network
<b>Your estimated share -</b>	<b>\$2,000</b>
Deductible	\$1,000
Copayment	\$0
Coinurance	\$1,000
<b>Your plan pays -</b>	<b>\$5,036</b>
<b>Total estimated costs</b>	<b>\$7,036</b>
Primary Procedure	\$734
Other Procedures	\$0
Facility	\$6,302
Lab, X-ray, Anesthesia	\$0
Other Costs	\$0



## During your visit — paying for care

- When you check in for your visit, you'll be asked to make a payment. If you have an HSA Account you can use your HSA Bank card, to make this payment.
- You'll only get a bill after your visit if:
  - Your payment at check-in didn't cover the full amount you owe for the services you received during your visit.
  - You received additional services during your visit.
- If you need to pay a bill, you can complete the credit card section of the bill, using your HSA bank card or any other form of payment.

# During your visit — paying for care

When you check in for your visit, you'll be asked to make a payment. You can expect to get a bill later for any remaining amount you owe.

**Kaiser Permanente Deductible HMO Plan**



## Paying for care

Your deductible plan works a little differently than a traditional HMO plan. But you get the same quality care and convenience you expect from Kaiser Permanente.

With your plan, you'll pay the full charges for covered services until you reach your deductible. Then you'll start paying less — a copay or a coinsurance.\* The steps in this brochure show what happens before, during, and after each visit — so you can avoid surprises and better understand and manage your health care costs.



You can get an estimate of your costs anytime at [kp.org/costestimates](http://kp.org/costestimates). See the next page for details. ➔

\* Depending on your plan, you may have to meet a deductible before you start paying less.



**For Kaiser Permanente Deductible Plan Members**



## Understanding your costs

When your deductible plan, you'll pay the full charges for covered services until you reach your deductible. Then you'll start paying less — a copay or a coinsurance.\* These steps show what to expect before, during, and after your visit — so you can avoid surprises and better understand and manage your health care costs.

- 1 Before your visit**

**Get an estimate**  
Visit [kp.org/costestimates](http://kp.org/costestimates). For an estimate of what you'll pay for covered services, estimates are based on your plan benefits and whether we've tested your deductible. When you get some initial testing, we'll email you.

You can also call 1-800-390-3507, weekdays from 7 a.m. to 6 p.m.

Visit [kp.org/deductibleplans](http://kp.org/deductibleplans). You'll find a wide range of information and resources to help you understand your plan and manage your costs.
- 2 During your visit**

**Pay when you check in**  
When you come in for care, you'll be asked to make a payment for your scheduled services.  
Your payment may only cover part of what you owe for your visit, especially if you have additional services. In that case, you'll get a bill for the rest you owe.

**Expect a bill for additional services**  
During your visit, your doctor may discuss your scheduled services that you aren't scheduled for — like a blood test or an X-ray. If all of your care is included in your payment, we won't charge you. If you owe, you'll get a bill later.
- 3 After your visit**

**Understand your bills**  
You'll get a bill after most visits. It will show the charges for the services you got, what you paid, what your health plan paid, and the amount you owe.  
You can pay your bill:  
• Or, on any time at [kp.org/paymedicalbills](http://kp.org/paymedicalbills)  
• By mail  
• By phone at 1-800-390-3507, weekdays from 7 a.m. to 6 p.m.

**Track your expenses**  
You'll see an explanation of Benefits (EOB). It lists your charges, and shows how much you owe in reaching your deductible and how it's tracked. Visit [kp.org/mydocuments](http://kp.org/mydocuments) anytime to see your EOBs online.

See the next page for important terms and more information about services that can result in a bill. ➔

\* Depending on your plan, you may have to meet a deductible before you start paying less. See the next page for details. † Your insurance may not fully cover all services. For more information, visit [kp.org/mydocuments](http://kp.org/mydocuments) or call 1-800-390-3507. ‡ See the next page for details. †† See the next page for details. ††† See the next page for details.

[kp.org/deductibleplans](http://kp.org/deductibleplans)

# After your visit — what to expect

You'll get an **Explanation of Benefits (EOB)** statement to help you track the care you've received and how close you are to reaching your deductible and out-of-pocket maximum.

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California Claims Administration  
P.O. Box 12923  
Oakland, CA 94604-2923

**This is not a bill**  
If you owe anything, you'll get a bill. This Explanation of Benefits is a summary of services you've received. It shows the charges, the date of your visit, and the name of the provider you visited. Use it to:  
• Keep track of your expenses and make sure everything is accurate.  
• Check your progress—have you reached your deductible or out-of-pocket maximum?

**Call us if you have questions**  
Weekdays 7:00 am – 7:00 pm (Pacific Time)  
1.800.390.3610 or TTY/TDD 711  
kp.org

**Track your care**

Medical record number: \_\_\_\_\_ Group identification: \_\_\_\_\_  
Plan type: HMO - HMO COMMERCIAL-OHMO Account holder identification: \_\_\_\_\_

**Explanation of Benefits for Cynthia K Ruiz**

Here's a snapshot of your share of the charges for the services you've received.

June 26, 2016

**\$130.00** Amount you owe or have already paid

Here's how close you are to reaching your deductibles and out-of-pocket maximums.

Deductible - Plan year to date		Out-of-pocket maximum - Plan year to date	
\$0	\$137.00	\$0	\$137.00
	\$1000.00		\$3600.00
<b>Family Total</b> \$0	\$226.00	<b>Family Total</b> \$0	\$266.00
	\$2000.00		\$7000.00

For more information, see next pages.

**KAISER PERMANENTE.** PAGE 1 OF 4  
**HOSPITAL BILL ACTIVITY**  
Guarantor Account #: 1111122222  
Bill Date: 07/18/2011  
Amount You Owe: \$499.00  
Due Date: 08/18/2011

**Hospital Bill Summary**

Charges	\$4,499.00
Paid by Insurance / Adjustments	-\$4,000.00
Paid by You	\$0.00
<b>Amount You Owe</b>	<b>\$499.00</b>

**Please Pay This Amount: \$499.00**  
**Due Date: 08/18/2011**

**Billing Questions?**  
Contact: Member Services Call Center  
Hours of Operation: Monday – Friday 7:00 a.m. to 5:00 p.m. PT  
Phones: (800) 390-3607

Please see back of statement for important notices.  
Ver at reverse del comunicado: 815.888.8222

Thank you for choosing Kaiser Permanente. We're here to help you THRIVE!  
Please review your bill and pay the amount owed in full.

Please make check or money order payable to Kaiser Permanente Health Plan. Check number and name will appear on your payment.

KAISER PERMANENTE. PO BOX 830913  
BIRMINGHAM, AL 35283-0913

1111122222  
JOHN DOE  
1234 MAIN ST  
ANYWHERE, CA 99999

1111122222  
JOHN DOE  
1234 MAIN ST  
ANYWHERE, CA 99999

KAISER FOUNDATION HEALTH PLAN, INC.  
P.O. BOX 10445  
LOS ANGELES, CA 90014-0445

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You'll also get a bill if your payment at check-in didn't cover the full cost of the services you received.





# Your Health Savings Account (HSA)

## Qualifying for an HSA Bank Account

According to IRS regulations, you are able to contribute to an HSA if you meet the following requirements:

- ✓ You are covered under a Qualifying High Deductible Plan
- ✓ You, the employee and account holder, can't have Double Coverage, unless it is another HSA Qualified High Deductible Plan. **\*\*Deductible is NOT waived if you have Double Coverage\*\***
- ✓ You cannot be enrolled in Medicare

**\*\* The Kaiser Permanente plan is one of the Qualified HSA Deductible plan options provided by the County of Sacramento \*\***

\*The tax references in this document relate to federal income tax only. Consult with a qualified professional for tax, investment, or legal advice.

†To view the list of qualified medical expenses defined under the Internal Revenue Code Section 213(d), download IRS Publication 502, *Medical and Dental Expenses*, at [irs.gov/publications](https://www.irs.gov/publications).





# Tips and Resources



## KP Tips

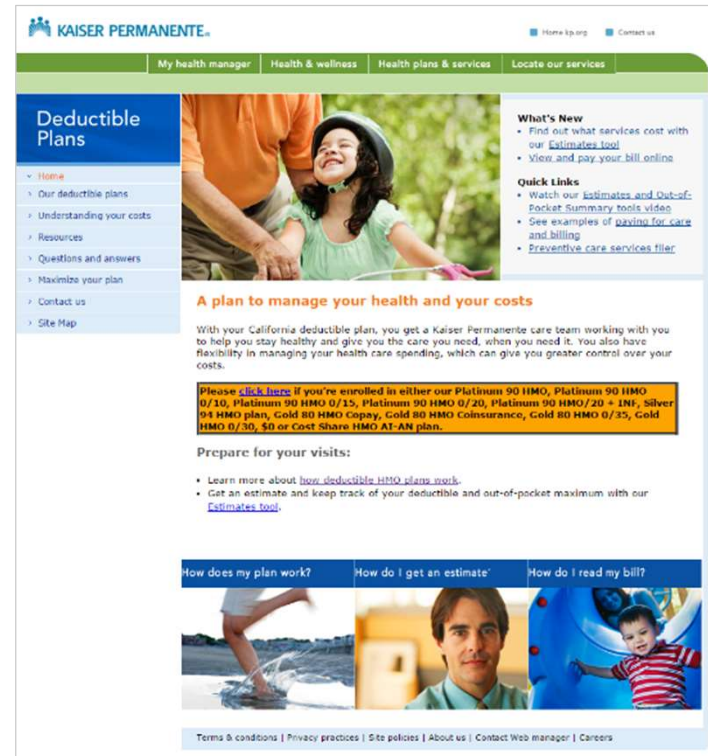
- **Always ask your representative to verify the FAMILY DEDUCTIBLE/OOPM amounts as well as the individual amounts.**
  - Remember: All members of your family on your plan help to satisfy your Family Deductible and Family Out-of-pocket, so make sure your KP representative not only verifies amounts for each family member, but also the amount for the family as a whole!
- **Remember you can check Deductible/OOPM on kp.org**
  - You are able to check these amounts 24/7 online, where it will show how much of your deductible/OOPM has been met by each family member and combined as a family.
- **Allow at least 30 days for claims to be processed**
  - KP needs time to process the claims and credit your deductible/OOPM amounts correctly.
- **Pay attention to the Date of Service on your bills**
  - This is an important tip! You may receive a bill after your Deductible/OOPM has been met, but again, this amount may have been applied to your Deductible/OOPM already. It is important to verify if the Date of Service occurred before you met your Deductible/OOPM.
  - Remember, OOPM amounts are based off claims that have been processed.

# Visit [kp.org/deductibleplans](http://kp.org/deductibleplans)

Access information and tools to help you better understand and manage your deductible plan coverage and costs.

For example, you can:

- View claims summaries.
- View and pay medical bills.
- Use the Estimates tool



## Resources

- Member Service Contact Center **1-800-464-4000** English / **711** TTY
  - Available 24/7 (closed holidays).
- Deductible Team - **(800) 390-3507**
  - Available Weekdays 7am – 5pm PST (closed holidays)
  - Benefit/Cost Estimate Questions
  - Claims/Billing Questions
  - Payment Questions

Language Assistance is available (to include but not limited to):  
English, Spanish, Armenian, Chinese, Russian, Hindi, Vietnamese, Punjabi,  
Korean, Cambodian/Khmer, Farsi and Tagalog.



### **KP TIP:**

**Always ask your representative to verify the FAMILY DEDUCTIBLE/OOPM amounts as well as the individual amounts.**



# Grievances

**A grievance is any expression of dissatisfaction expressed by our members. A grievance includes a complaint or an appeal.**

**You may submit a grievance in the following ways:**

- **By completing a Complaint or Benefit Claim/Request Form. This form is available on [kp.org](http://kp.org), at any Member Services office within a Kaiser Permanente facility or as an attachment to this presentation.**
- **By mailing your written grievance to a Member Services office within a Kaiser Permanente facility.**
- **By calling our Member Service Contact Center toll free at 1-800-464-4000 (TTY users call 711)**
- **By completing the grievance form on our website at [kp.org](http://kp.org)**

**Please call our Member Service Contact Center if you need help submitting a grievance.**



An aerial photograph of seven people of various ages and ethnicities hula hooping on a lush green lawn. They are arranged in a loose circle, each with a hula hoop around their waist. The hoops are in shades of blue and green. Long shadows are cast across the grass, indicating it is either early morning or late afternoon. The overall mood is active and positive.

thank you