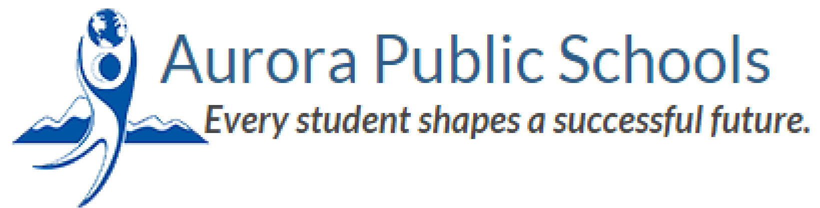
Kaiser Permanente Plans
July 1, 2017 – June 30, 2018



KAISER PERMANENTE®

Glossary

A Copayment is a fixed amount charged for a specific covered service.

The Deductible is the amount you or your family must pay (satisfy) before the health plan shares in the expense of services received (coinsurance).

Coinsurance is the percentage of the cost of services received for which you are responsible. You are charged coinsurance for certain services after satisfying your deductible.

The Out-of-Pocket Maximum is the upper limit you pay each year in copayments, deductible, and coinsurance for covered services received.

On an Embedded accumulation, each individual on the policy is responsible for their own individual deductible and individual out-of-pocket maximum, up to the collective family amount.

On an Aggregate accumulation if there is more than one person enrolled on the plan, then there is no individual deductible or individual out-of-pocket maximum to satisfy. Instead, all enrolled on the plan are responsible for collectively meeting the family amount.

DHMO 1000 Plan

Deductible - Embedded	$1,000 individual / $3,000 family
Out-of-Pocket Maximum (OPM) – Embedded	$4,000 individual / $9,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	You pay
Preventive care	No charge
Doctor's office visit	$25 copay for Primary Care / $50 copay for Specialty Care 10% coinsurance after the deductible is met for covered services received during an office visit
Diagnostic lab test	No charge in a Kaiser Permanente Medical Offices Building
Imaging (x-ray, MRI, CT/PET scan)	10% coinsurance after the deductible is met
Outpatient surgery	10% coinsurance after the deductible is met
Hospitalization	10% coinsurance after the deductible is met
Urgent care	$50 copay / 10% coinsurance after the deductible is met for covered services received during an office visit
Ambulance	10% coinsurance up to $500/trip
Emergency care	$250 copay
Retail prescriptions (30-day supply) Mail order (up to a 90 day supply) for 2 copays	$15 copay for generic prescriptions $30 copay for brand prescriptions $50 copay for non-preferred prescriptions 20% coinsurance up to $75 per drug per fill for specialty prescriptions

DHMO 2500 Plan

Deductible - Embedded	$2,500 individual / $5,000 family
Out-of-Pocket Maximum (OPM) – Embedded	$4,000 individual / $9,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	**You pay**
Preventive care	No charge
Doctor's office visit	$25 copay for Primary Care / $25 copay for Specialty Care 20% coinsurance after the deductible is met for covered services received during an office visit
Diagnostic lab test	No charge in a Kaiser Permanente Medical Offices Building
Imaging (x-ray, MRI, CT/PET scan)	20% coinsurance after the deductible is met
Outpatient surgery	20% coinsurance after the deductible is met
Hospitalization	20% coinsurance after the deductible is met
Urgent care	$50 copay / 20% coinsurance after the deductible is met for covered services received during an office visit
Ambulance	20% coinsurance up to $500/trip
Emergency care	$250 copay
Retail prescriptions (30-day supply) Mail order (up to a 90 day supply) for 2 copays	$15 copay for generic prescriptions $30 copay for brand prescriptions $50 copay for non-preferred prescriptions 20% coinsurance up to $75 per drug per fill for specialty prescriptions

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DHMO 1000 – Example (Individual and Family)

Single Member's Claims (costs are illustrative)	Claim Amount	Copayment	Amount Applied to Deductible ($1,000)	Amount Applied to Coinsurance (10%)	Amount Paid by Kaiser Permanente	Amount Applied to Out-of-Pocket Maximum ($4,000)	Total Member Responsibility
Primary Care Visit	$75	$25			$50	$25	$25
Lab Tests	$200				$200	$0	$0
Specialty Care Visit	$150	$50			$100	$50	$50
Test in Office Visit	$90		$90			$90	$90
X-Ray	$80		$80			$80	$80
Hospital Stay	$7,000		$830	$617	$5,553	$1,447	$1,447
Anesthesia	$500		(met)	$50	$450	$50	$50
Surgeon	$3,000		(met)	$300	$2,700	$300	$300
30-Day Supply of Generic Prescription	$80	$15			$65	$15	$15
TOTAL	**$11,175**	$90	$1,000 (met)	$967	**$9,118**	$2,057	$2,057

After the above services, you have now met your annual individual **deductible**.

You have **$1,943** to go before you meet your annual individual **out-of-pocket maximum**.

Once you meet your individual out-of-pocket maximum, you no longer have to pay for covered services (that apply to the out-of-pocket maximum) for the rest of the plan year (July 1, 2017-June 30, 2018).

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DHMO 2500 – Example (Individual and Family)

Single Member's Claims (costs are illustrative)	Claim Amount	Copayment	Amount Applied to Deductible ($2,500)	Amount Applied to Coinsurance (20%)	Amount Paid by Kaiser Permanente	Amount Applied to Out-of-Pocket Maximum ($4,000)	Total Member Responsibility
Primary Care Visit	$75	$25			$50	$25	$25
Lab Tests	$200				$200	$0	$0
Specialty Care Visit	$150	$25			$125	$25	$25
Test in Office Visit	$90		$90			$90	$90
X-Ray	$80		$80			$80	$80
Hospital Stay	$7,000		$2,330	$934	$3,736	$3,264	$3,264
Anesthesia	$500		(met)	$100	$400	$100	$100
Surgeon	$3,000		(met)	$600 (-$184)	$2,400 (+$184)	$416 (met)	$416
30-Day Supply of Generic Prescription	$80	$15			$80	(met)	$0
TOTAL	**$11,175**	$65	$2,500 (met)	$1,450	**$7,175**	$4,000	**$4,000**

After the above services, you have now met your annual individual deductible.

You have met your annual individual out-of-pocket maximum, so you no longer have to pay for covered services (that apply to the out-of-pocket maximum) for the rest of the plan year (July 1, 2017-June 30, 2018).

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HDHP 1500 Plan

Deductible - Aggregate	$1,500 individual / $3,000 family
Out-of-Pocket Maximum (OPM) - Aggregate	$4,000 individual / $6,850 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	**You pay**
Preventive care	No charge
Doctor's office visit	10% coinsurance after the deductible is met
Diagnostic lab test	10% coinsurance after the deductible is met
Imaging (x-ray, MRI, CT/PET scan)	10% coinsurance after the deductible is met
Outpatient surgery	10% coinsurance after the deductible is met
Hospitalization	10% coinsurance after the deductible is met
Urgent care	10% coinsurance after the deductible is met
Ambulance	10% coinsurance after the deductible is met
Emergency care	10% coinsurance after the deductible is met
Retail prescriptions (30-day supply) Mail order (up to a 90 day supply) for 2 copays	$20 copay after the deductible is met for generic prescriptions $40 copay after the deductible is met for brand prescriptions $60 copay after the deductible is met for non-preferred prescriptions 20% coinsurance after the deductible is met for specialty prescriptions

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HDHP 3000 Plan

Deductible - Embedded	$3,000 individual / $6,000 family
Out-of-Pocket Maximum (OPM) - Embedded	$5,000 individual / $10,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	You pay
Preventive care	No charge
Doctor's office visit	20% coinsurance after the deductible is met
Diagnostic lab test	20% coinsurance after the deductible is met
Imaging (x-ray, MRI, CT/PET scan)	20% coinsurance after the deductible is met
Outpatient surgery	20% coinsurance after the deductible is met
Hospitalization	20% coinsurance after the deductible is met
Urgent care	20% coinsurance after the deductible is met
Ambulance	20% coinsurance after the deductible is met
Emergency care	20% coinsurance after the deductible is met
Retail prescriptions (30-day supply) Mail order (up to a 90 day supply) for 2 copays	$20 copay after the deductible is met for generic prescriptions $40 copay after the deductible is met for brand prescriptions $60 copay after the deductible is met for non-preferred prescriptions 20% coinsurance after the deductible is met for specialty prescriptions

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HDHP 1500 – Example (Individual)

Single Member's Claims (costs are illustrative)	Claim Amount	Copayment	Amount Applied to Deductible ($1,500)	Amount Applied to Coinsurance (10%)	Amount Paid by Kaiser Permanente	Amount Applied to Out-of-Pocket Maximum ($4,000)	Total Member Responsibility
Primary Care Visit	$75		$75			$75	$75
Lab Tests	$200		$200			$200	$200
Specialty Care Visit	$150		$150			$150	$150
Test in Office Visit	$90		$90			$90	$90
X-Ray	$80		$80			$80	$80
Hospital Stay	$7,000		$905	$609.50	$5,485.50	$1,514.50	$1,514.50
Anesthesia	$500		(met)	$50	$450	$50	$50
Surgeon	$3,000		(met)	$300	$2,700	$300	$300
30-Day Supply of Generic Prescription	$80	$20	(met)		$60	$20	$20
TOTAL	**$11,175**	$20	$1,500 (met)	$959.50	**$8,695.50**	$2,479.50	$2,479.50

After the above services, you have now met your annual individual **deductible**.

You have **$1,520.50** to go before you meet your annual individual **out-of-pocket maximum**.

Once you meet your individual out-of-pocket maximum, you no longer have to pay for covered services (that apply to the out-of-pocket maximum) for the rest of the plan year (July 1, 2017-June 30, 2018).

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HDHP 1500 – Example (Family)

This example assumes others in the family haven't had any claims in the plan year.

Single Member's Claims (costs are illustrative)	Claim Amount	Copayment	Amount Applied to Deductible ($3,000)	Amount Applied to Coinsurance (10%)	Amount Paid by Kaiser Permanente	Amount Applied to Out-of-Pocket Maximum ($6,850)	Total Member Responsibility
Primary Care Visit	$75		$75			$75	$75
Lab Tests	$200		$200			$200	$200
Specialty Care Visit	$150		$150			$150	$150
Test in Office Visit	$90		$90			$90	$90
X-Ray	$80		$80			$80	$80
Hospital Stay	$7,000		$2,405	$459.50	$4,135.50	$2,864.50	$2,864.50
Anesthesia	$500		(met)	$50	$450	$50	$50
Surgeon	$3,000		(met)	$300	$2,700	$300	$300
30-Day Supply of Generic Prescription	$80	$20			$60	$20	$20
TOTAL	**$11,175**	$20	$3,000 (met)	$809.50	**$7,345.50**	$3,829.50	$3,829.50

After the above services, all family members on the plan have met their annual **deductible**.

You have **$3,020.50** to go before you meet your annual family **out-of-pocket maximum**.

Once you meet your family out-of-pocket maximum, you no longer have to pay for covered services (that apply to the out-of-pocket maximum) for the rest of the plan year (July 1, 2017-June 30, 2018).

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HDHP 3000 – Example (Individual and Family)

Single Member's Claims (costs are illustrative)	Claim Amount	Copayment	Amount Applied to Deductible ($3,000)	Amount Applied to Coinsurance (20%)	Amount Paid by Kaiser Permanente	Amount Applied to Out-of-Pocket Maximum ($5,000)	Total Member Responsibility
Primary Care Visit	$75		$75			$75	$75
Lab Tests	$200		$200			$200	$200
Specialty Care Visit	$150		$150			$150	$150
Test in Office Visit	$90		$90			$90	$90
X-Ray	$80		$80			$80	$80
Hospital Stay	$7,000		$2,405	$919	$3,676	$3,324	$3,324
Anesthesia	$500		(met)	$100	$400	$100	$100
Surgeon	$3,000		(met)	$600	$2,400	$600	$600
30-Day Supply of Generic Prescription	$80	$20	(met)		$60	$20	$20
TOTAL	**$11,175**	$20	$3,000 (met)	$1,619	**$6,536**	$4,639	$4,639

After the above services, you have now met your annual individual deductible.

You have **$361** to go before you meet your annual individual out-of-pocket maximum.

Once you meet your individual out-of-pocket maximum, you no longer have to pay for covered services (that apply to the out-of-pocket maximum) for the rest of the plan year (July 1, 2017-June 30, 2018).

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POS Plan – Tier 1 (Kaiser Permanente)

Deductible - Embedded	$1,000 individual / $3,000 family
Out-of-Pocket Maximum (OPM) - Embedded	$3,000 individual / $6,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	**You pay**
Preventive care	No charge
Doctor's office visit	$25 copay for Primary Care / $40 copay for Specialty Care 10% coinsurance after the deductible is met for covered services received during an office visit
Diagnostic lab test	No charge in a Kaiser Permanente Medical Offices Building
Imaging (x-ray, MRI, CT/PET scan)	10% coinsurance after the deductible is met
Outpatient surgery	10% coinsurance after the deductible is met
Hospitalization	10% coinsurance after the deductible is met
Urgent care	$50 copay / 10% coinsurance after the deductible is met for covered services received during an office visit
Ambulance	10% coinsurance up to $500/trip
Emergency care	10% coinsurance after the deductible is met
Retail prescriptions (30-day supply) Mail order (up to a 90 day supply) for 2 copays	$15 copay for generic prescriptions $30 copay for brand prescriptions 50% coinsurance for non-preferred prescriptions 20% coinsurance up to $75 per drug per fill for specialty prescriptions

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POS Plan – Tier 2 (Kaiser Permanente PHCS)

Deductible - Embedded	$2,000 individual / $6,000 family
Out-of-Pocket Maximum (OPM) - Embedded	$3,500 individual / $7,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM. Cost shares that apply to the Deductible and OPM in Tier 2 will also apply to your Tier 1 Deductible and OPM.	
Covered service	**You pay**
Preventive care	No charge
Doctor's office visit	$35 copay for Primary Care / $50 copay for Specialty Care 20% coinsurance after the deductible is met for covered services received during an office visit
Diagnostic lab test	No charge in a Kaiser Permanente Medical Offices Building
Imaging (x-ray, MRI, CT/PET scan)	20% coinsurance after the deductible is met
Outpatient surgery	20% coinsurance after the deductible is met
Hospitalization	20% coinsurance after the deductible is met
Urgent care	$60 copay / 20% coinsurance after the deductible is met for covered services received during an office visit
Ambulance	10% coinsurance up to $500/trip
Emergency care	10% coinsurance after the deductible is met
Retail prescriptions (30-day supply) Mail order (up to a 90 day supply) for 2 copays	$25 copay for generic prescriptions $40 copay for brand prescriptions 50% coinsurance for non-preferred prescriptions 20% coinsurance up to $250 per drug per fill for specialty prescriptions

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POS Plan – Tier 3 (Out-of-Network)

Deductible - Embedded	$5,000 individual / $15,000 family
Out-of-Pocket Maximum (OPM) - Embedded	$16,000 individual / $48,000 family
Most Copays, your Deductible, and most covered services subject to coinsurance are included in your OPM.	
Covered service	You pay
Preventive care	$70 copay
Doctor's office visit	50% coinsurance after the deductible is met
Diagnostic lab test	50% coinsurance after the deductible is met
Imaging (x-ray, MRI, CT/PET scan)	50% coinsurance after the deductible is met
Outpatient surgery	50% coinsurance after the deductible is met
Hospitalization	50% coinsurance after the deductible is met
Urgent care	50% coinsurance after the deductible is met
Ambulance	10% coinsurance up to $500/trip
Emergency care	10% coinsurance after the deductible is met
Retail prescriptions (30-day supply)	50% coinsurance after the deductible is met

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Denver/Boulder Service Area

22 Medical Office Buildings, including the following Specialty Centers:

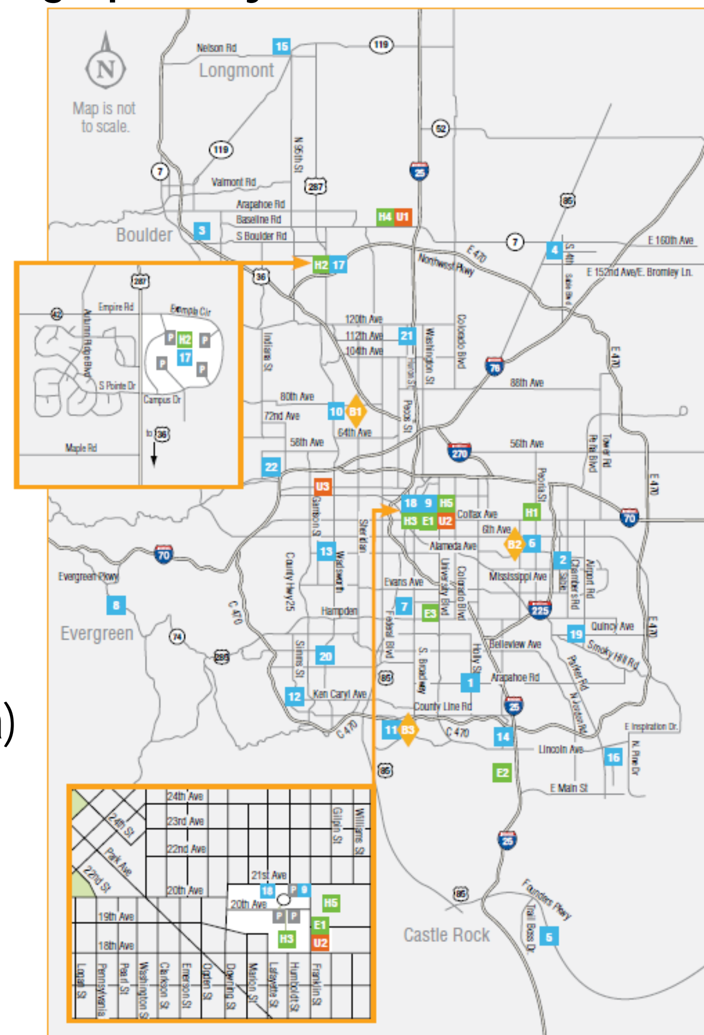
- Franklin Medical Offices
- Rock Creek Medical Offices
- Lone Tree Medical Offices

4 Urgent Care Locations

- Lone Tree Medical Offices (RADAR)
- Lakewood Medical Offices (RADAR)
- East Denver Medical Offices
- Westminster Medical Offices

Hospital Partnerships

- Good Samaritan Medical Center (Lafayette)
- Saint Joseph Medical Center (Denver)
- Children's Hospital Colorado Main Campus (Aurora)
- HealthONE Skyridge Medical Center (Lone Tree)
    - Limited services



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Denver/Boulder Service Area

Member Services: (303) 338-3800

Appointments, Medical Advice, and Urgent Care: (303) 338-4545

- Specialist Appointments made by calling the specialty department directly (phone numbers can be found on KP.org or in the Member Resource Guide)

New Member Connect Team: 1 (844) 639-8657

Physician Selection Services: (303) 338-4477 or on KP.org

Pharmacy

- Clinical Pharmacy Call Center: (303) 338-4503
- Automated Mail Order Refill Service: 1 (866) 938-0077
- Mail Order Information and Questions: 1 (866) 523-6059

Behavioral Health: (303) 471-7700

Supportive Care Services – counseling, education information of programs, etc.

- Franklin Medical Offices: (303) 861-3481
- Rock Creek Medical Offices: (720) 536-6404
- Lone Tree Medical Offices: (303) 649-5989

International Travel Clinic: (303) 283-2650

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Financial Counseling

Medical Financial Counseling Services

- Cost estimation for upcoming or potential procedures
- Payment options
- Payment plans

Inquiries: (303) 338-3025 or **1 (877) 803-1929**
Hours: 8 a.m. to 6 p.m., Monday through Friday

For questions about costs for services outside of Kaiser Permanente medical offices, contact the provider directly.

Pay Medical Bills Online – kp.org/paymedicalbills

Cost Estimator Tool

The **KP Treatment Cost Calculator** is an online tool that can be used to get personalized cost estimates for many common treatments and services.

- Members can use it before a visit for an idea of what they'll be responsible for financially
- Log on to KP.org, visit My Health Manager, My Coverage and Costs, Estimates, and then Estimate Health Costs

KAISER PERMANENTE
TREATMENT COST CALCULATOR

HOME | MY BENEFITS | ESTIMATE HISTORY | HELP | SIGN OUT

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New estimate: GO

Or browse by

GENERAL ESTIMATE FOR

Back | Open as PDF | Email as PDF

Chest CT scan without dye

(Procedure code: 71250) A CT scan of the chest uses spe ... More

Related Services

This estimate is calculated as if services are provided on today's date. The actual cost may be higher depending on when the services are provided.

Your likely out-of-pocket cost is:

How is this calculated?

DIAGNOSTIC

$358

Based on average costs for in-network healthcare providers in Atlanta GA

Low | Likely | High

	In-Network	Out-of-Network
Your estimated share -	$358	$446
Deductible	$358	$358
Copayment	$0	$0
Coinsurance	$0	$0
Additional Out-of-Network Responsibility *		$88
Your plan pays -	$53	$53
Total estimated costs	$411	$499
Professional	$0	$0
Technical Component	$411	$499

My Health Manager

Manage Your Health on KP.org

- Email your doctor's office anytime, day or night*
- View lab results
- Order prescription refills (Pick Up or Mail Order)
- View, request, or cancel appointments
- Review recent office visits, including recommended follow-up steps
- See your list of allergies and immunizations
- View and download your medical record
- View coverage and costs
- Order an ID card

** Colorado Permanente Medical Group P.C., physicians/specialists.*

Resources and Information

As a Kaiser Permanente member, there are a lot of great services available at your fingertips. But what types of services are available? – Simply click the link associated with your service area below to learn more!

Denver/Boulder Service Area*
Northern Colorado Service Area*
Southern Colorado Service Area*
Mountain Colorado Service Area*

These documents and flyers will help you better understand your plan, learn how to make the best use of your healthcare, discover where you can access care, and financially plan for any upcoming procedures.

*For the best online experience, use Google Chrome or Firefox as your internet browser when viewing these pages.

Are you a new member? Don't forget to call the New Member Connect department at 1-844-639-8657 (M-F, 7am-6pm) for help with:

- Choosing a Primary Care Physician
- Transitioning prescriptions
- Accessing care
- Registering for kp.org
- And more!

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Recursos y Información

Si es un **miembro nuevo**, es posible que tenga muchas dudas y se pregunte por dónde empezar. Con sólo una llamada, el Departamento de Contacto con Miembros Nuevos puede ayudarle a:

- elegir un médico de atención primaria;
- transferir sus recetas médicas;
- acceder a la atención
- obtener más información sobre sus beneficios;
- registrarse para tener acceso de manera segura a kp.org/español
- ¡y mucho más!

Puede comunicarse con el Departamento de Contacto con Miembros Nuevos al **1-844-639-8657** (línea TTY 711), de lunes a viernes, de 7 a.m. a 6 p.m.

Aproveche al máximo su atención con los diversos servicios, recursos, y herramientas de Kaiser Permanente.

Área de servicio (haga clic en):

Denver/Boulder
Northern Colorado
Southern Colorado
Mountain Colorado

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