

CHOOSE A PLAN

COPAYMENT PLANS

What copayment plans offer
and how they work



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Choose the plan that's best for *you*



With copayment plans, you pay specific costs (or copayments) for certain covered services, so you know your out-of-pocket costs for doctor visits and prescriptions in advance. And since you don't have to meet a deductible, you can pay copayments and coinsurance for covered services from the first day of coverage.

Meet the Bishops

Deb and James Bishop are self-employed and have two children: Seth, 4, and Lauren, 14 months.¹ Because the children tend to visit their pediatrician frequently, the Bishops choose the \$35 Copayment Plan with Rx.

Here's how they use their plan over the year:

- **Preventive care:** Deb, James, and Seth get checkups. They pay no charge for these visits because they are preventive care. There's also no charge for immunizations and Lauren's well-baby care.
- **Primary care office visits:** Seth and Lauren visit the pediatrician for various colds throughout the year. And James sees his primary care physician for a stomach problem. The family pays a \$35 copay for each primary care visit.
- **Lab and X-ray:** James' physician orders some tests to diagnose his stomach problem. The lab test and X-ray are no charge.
- **Prescription drugs:** James' physician prescribes a medication. James pays a \$5 copay for the generic drug.

Since this Kaiser Permanente medical office has doctors' offices, lab, X-ray, and pharmacy under one roof, James simply walks down the hall to get his lab and X-ray done and his prescription filled. Plus, James' physician orders his lab test, X-ray, and prescription online, so the lab and X-ray offices are ready for James when he walks in. And his prescription is waiting for him at the pharmacy.

¹This example is for illustrative purposes only. Individual situations will vary depending on the specifics of the health care plan.

Benefit highlights

| | \$35 Copayment Plan with Rx | \$40 Copayment Plan with Rx |
|---|--|-----------------------------|
| Features | | |
| Individual plan annual deductible (subscriber only) | None | |
| Family plan annual deductible (individual/family) | None | |
| Individual plan annual out-of-pocket maximum (subscriber only) | \$3,000 | |
| Family plan annual out-of-pocket maximum (individual/family) | \$3,000/\$7,500 | |
| Lifetime benefit maximum | None | |
| Benefits | | |
| Preventive care | | |
| Immunizations | No charge | |
| Adult preventive care exam | No charge | |
| Well-child visit | No charge | |
| Well-woman visit | No charge | |
| Adult preventive care screening | No charge | |
| Colorectal cancer screening | No charge | |
| Outpatient services (per visit or procedure) | | |
| Primary care/Specialty care office visit | \$35 copay/\$50 copay | \$40 copay/\$60 copay |
| Ambulatory surgery | \$200 copay | |
| Diagnostic lab and X-ray | No charge | |
| Therapeutic X-ray | \$50 copay | \$60 copay |
| Inpatient hospital care | | |
| Hospital care and professional visits | 30% coinsurance | |
| Maternity | | |
| Prenatal care/Delivery and inpatient well-baby care | Not covered | |
| Emergency and urgent care | | |
| Emergency room visit (waived if admitted) | \$200 copay | |
| Nonroutine care | \$35 copay | \$40 copay |
| After-hours care | \$100 copay | |
| Ambulance service | 30% coinsurance (up to \$700 per trip) | |
| Prescription drugs | | |
| Rx subject to \$200 drug deductible unless otherwise indicated | | |
| Pharmacy (up to a 30-day supply) ¹ | Generic: \$5 copay (not subject to drug deductible)/Brand: \$30 copay | |
| Mail-order (up to a 90-day supply) ¹ | Generic: \$10 copay (not subject to drug deductible)/Brand: \$60 copay | |

This is only a summary. For more detailed information, refer to the *Health Benefit Plan Description Form*, which you may obtain by calling 1-800-634-4579. Once you become a member, you will receive your *Membership Agreement*, which can be used to determine the exact terms and conditions of your coverage.

¹The drug deductible does not apply to the out-of-pocket maximum. There are different copays and coinsurance for nonpreferred and specialty drugs. See the *Membership Agreement* for specific details.

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