

# PLAN FINDER

## Choose the plan that works best for you

This simple Plan Finder tool is designed to help you find a plan that best suits your lifestyle and financial needs.

### DEFINITIONS

#### Copayment:

The fixed amount you must pay when you receive a prescription or covered service

#### Deductible:

In a deductible plan, the set amount you must pay in a calendar year for certain services before Kaiser Permanente begins to cover your medical costs

#### Generic and brand:

Generic medications are less expensive but chemically identical copies of their brand-name equivalents.

#### Out-of-pocket maximum:

The most you would have to pay for certain covered health care services in a calendar year

#### Preventive and nonpreventive care:

Preventive care includes such services as well-child visits, immunizations, prenatal care, periodic health screenings for adults, etc. Nonpreventive care refers to any other medical service.

**Single?** Rarely need a doctor's advice? Want health coverage only for the big things? You may prefer our **deductible plans**, which offer coverage for major expenses when you really need it and feature a deductible that you must meet before you're eligible to pay a copayment or coinsurance for your care.

## DEDUCTIBLE PLANS



See "Understanding health care terms," page 8, for more information.

\*Preventive care services include well-child visits to age 2, eye exams for eyeglass prescriptions, scheduled prenatal care and first postpartum visit, family planning visits, and hearing exams.

For more detailed information, refer to the deductible and copayment rates and features sections. You may also contact your broker, who will be happy to guide you through your decision process.

**Have a family?** Need to see a doctor more frequently? Have young children, or planning a family? You may prefer the predictable costs of our **copayment plans**. With these plans, you pay a consistent copayment or coinsurance for your care from Day 1 of your coverage.

## COPAYMENT PLANS

Moderate monthly rate Predictable out-of-pocket costs	Higher monthly rate Predictable, lower out-of-pocket costs
<p><b>\$50</b> <b>Copayment Plan</b></p> <ul style="list-style-type: none"> <li>■ Out-of-pocket maximum: \$3,500/individual or \$7,000/family</li> <li>■ No medical deductible</li> <li>■ Office visit: \$50 per visit</li> <li>■ Lab and X-rays: \$10 per encounter</li> <li>■ Hospital care: \$500 per day</li> <li>■ Emergency services: \$150 per visit</li> <li>■ Prescription drugs:                             <ul style="list-style-type: none"> <li>- Most prescription drugs not covered</li> </ul> </li> </ul>	<p><b>\$25</b> <b>Copayment Plan</b></p> <ul style="list-style-type: none"> <li>■ Out-of-pocket maximum: \$2,500/individual or \$5,000/family</li> <li>■ No medical deductible</li> <li>■ Office visit: \$25 per visit</li> <li>■ Lab and X-rays: \$10 per encounter</li> <li>■ Hospital care: \$200 per day</li> <li>■ Emergency services: \$100 per visit</li> <li>■ Prescription drugs:                             <ul style="list-style-type: none"> <li>- \$10 generic</li> <li>- \$35 brand after \$250 pharmacy deductible</li> </ul> </li> </ul>