

Understanding costs and billing

Understand the basics and take charge

Your HMO plan gives you great care and services, and a pretty simple way to pay for them.

- You usually pay copays or coinsurance for covered services.
- There's no deductible.
- You have an out-of-pocket maximum, which helps limit how much you'll spend for care in a year.*

Stay on top of expenses

Here's how payment and billing works along with some tips to stay informed about your expenses.

Before your visit

Get an idea of what you'll need to pay for your scheduled services at kp.org/costestimates.

If you don't see the information you want online, call the Member Service Contact Center. The number is on the back of this flier or on your Kaiser Permanente ID card.

During your visit

You'll make a payment when you check in. Your payment may only cover the services you're scheduled to get.

After your visit

You can expect a bill if you didn't pay your copay at check-in or if you received additional services during your visit. The bill will show the costs of the services you received, what you paid, what Kaiser Permanente paid, and the amount you owe.



When a preventive visit leads to non-preventive services

Preventive care is an important part of catching health problems early – that's why preventive care services are covered at no cost or at a copay.† But sometimes when you come in for a preventive care visit, you end up getting other non-preventive services, which you will have to pay more for.

For example: During a routine physical exam, your doctor finds a mole and removes it for testing. Removing the mole and testing it are non-preventive services (also known as diagnostic services), and you'll get a bill later for them.

*See your *Evidence of Coverage* for your plan details, including the date your out-of-pocket maximum will start over.

†Depending on your plan, preventive care services are covered at no cost or at a copay. For more information, please see your *Evidence of Coverage*.

Anytime

See how close you are to reaching your out-of-pocket maximum at kp.org/costestimates. You can also view your Explanation of Benefits (EOB) at kp.org/mydocuments. Your EOB is not a bill. It's a summary of the services you received, how much they cost, and how much your plan paid. Use it to keep track of your expenses and check how close you are to reaching your out-of-pocket maximum.

Words to know

Coinsurance

A percentage of the charges that you pay for covered services. For example, a 20% coinsurance on a \$200 procedure means you pay \$40.

Copay

The set amount you pay for covered services – for example, a \$10 copay for an office visit.

Out-of-pocket maximum

The maximum amount you'll pay for covered services each year. For a small number of services, such as infertility services and durable medical equipment, you may need to keep paying a copay or coinsurance after you reach your out-of-pocket maximum. See your *Evidence of Coverage* for your plan details, including the date your out-of-pocket maximum will start over.

Questions?

We're happy to help. Call Member Services at **1-800-813-2000**, Monday through Friday, 8 a.m. to 6 p.m. In the Northwest, you can also connect you with financial counselors, who can help with financial assistance for medically necessary care, and patient navigators who can connect you with local community resources.

1-800-813-2000	English
1-800-324-8010	Language interpretation services
711	TTY

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Language Assistance Services

English: We provide interpreter services at no cost to you, 24 hours a day, 7 days a week, during all hours of operation. You can have an interpreter help answer your questions about our health care coverage. You can also request materials translated in your language at no cost to you. Just call us at **1-800-813-2000**, Monday through Friday, 8 a.m. to 6 p.m. TTY users call **711**. For language interpretation services, please call **1-800-324-8010**.